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Cultural Sensitivity as a Professional Tool

Third Sector Preventative Mental Health Services
for Immigrant Women

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<p>The thesis aims to discover experiences and skills set of professionals' concerning cultural sensitivity (CS) in their work with first generation immigrant women in third sector services in Greater Helsinki region. Cultural sensitivity means applying culturally respectful interaction and interpersonal skills in one's work as a professional. It involves the understanding of freedom to maintain one's cultural views of the situation while being equally accepted and heard with the others present.</p> <p>The thesis looked at professionals of a Finnish intercultural families' association, Familia. Familia's work forms part of preventative mental health services through providing clients with social networks, low threshold counseling in legal matters regarding migration, language education, and peer support. Thus, in addition to CS, current professional needs for mental health related skills and professionals' familiarity with the Finnish service paths for mental health (MH) related needs were also examined.</p> <p>The theoretical framework of the thesis was Bronfenbrenner's Bio Ecological systems theory. The clients' status was considered from a more holistic starting point as noted in previous studies. Bronfenbrenner's theory provides a window for examining immigrant clients' situation when entering mental health related services as composed of various life situations such as migration status, unemployment, and family situation that all influence the effectiveness of gained service.</p> <p>In addition, the thesis reviews the social services working methods of narrative social work, active listening, and qualified empathy as methods connected to culturally sensitive interaction in client work. The study defined the current mental health needs of working age immigrant women in Finland based on previous research. Previous findings were later compared to the thesis' research data on participants' self-evaluation on their skills set concerning CS. The self-evaluation was based on prior experiences in CS and mental health related situations at Familia. The data collection method used was a questionnaire. The results of the data were examined based on the research questions.</p> <p>All the participants considered CS a necessary tool in their work. The majority considered their current skills in CS as excellent or very good. Yet, they also viewed additional CS training as beneficial. Regarding MH, the majority had encountered clients with MH related questions or needs and they considered their MH related service provision skills as insufficient. Most participants viewed additional MH training as beneficial. This confirms that third sector professionals working with immigrant women tend to have a wide knowledge and understanding of CS but lack understanding on MH related service needs and guidance. This can be one causing factor of immigrant clients' underrepresentation in the Finnish MH services, due to not receiving effective service guidance in the otherwise familiar service environments such as third sector organizations.</p>	
Key words:	immigrant women, preventative mental health, cultural sensitivity, professional skills set.

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<p>Opinnäytetyön tavoite oli tutkia ammattilaisten kokemuksia sekä kulttuurisensitiivistä osaamista kolmannen sektorin työssä maahanmuuttaja naisten keskuudessa. Kulttuurisensitiivinen työmuoto on asiakkaan kohtaamista tämän kulttuurillista taustaa kunnioittaen. Siinä ammattilainen ymmärtää vapauden oman ja eriävän kulttuurin ilmaisemiseen samalla ylläpitäen hyväksynnän ilmapiiriä, jossa kaikki osalliset kokevat tulevaisuutensa kuulluiksi.</p> <p>Opinnäytetyö tarkasteli suomalaisen kolmannen sektorin kahdenkulttuurin perheiden järjestön Familia ry:n työntekijöitä. Familian työ pitää sisällään ennaltaehkäiseviä mielenterveyspalveluita asiakkaille tarjottavien sosiaalisten verkostojen, matalan kynnyksen neuvonnan sekä vertaistuellisten palveluiden muodossa näin tukien asiakkaiden psyykkistä hyvinvointia. Täten kulttuurisensitiivisyyden lisäksi ammattilaisten osaaminen mielenterveydellisten teemojen ja suomalaisen palvelujärjestelmän kannalta kartoitettiin osana opinnäytetyötä.</p> <p>Teorianäkökulmaksi toimi Bronfenbrennerin ekologinen systeemi teoria. Kuten aikaisemmista tutkimuksista ilmenee, ekologisen systeemi teorian kautta asiakkaiden tilannetta voidaan tarkastella holistisemmalla kannalla. Se tarjoaa ikkunan, palveluissa olevan asiakkaan tilanteen tarkasteluun tämän elämän eri "tasojen" tai tilanteiden kautta. Esimerkkinä oleskelulupa, työttömyys ja perhetilanne, jotka vaikuttavat palvelun tehokkuuteen.</p> <p>Opinnäytetyö tarkastelee kulttuurisensitiivisyyteen yhteydessä olevia sosiaalialan työtapoja, kuten narratiivinen sosiaalityö, aktiivinen kuuntelu, ja ammatillinen empatia. Työssä maahanmuuttaja naisten palvelun tarpeet kartoitettiin aikaisemmin tuotettuja tutkimuksia hyödyntämällä. Löydöksiä verrattiin tutkimukseen osallistuneiden ammattilaisten täyttämään kyselyyn kulttuurisensitiivisen työtöiden osaamisen osalta. Datan keräys menetelmänä käytettiin kyselyä (liite 1. kysely). Tutkimustulokset analysoitiin tutkimuskysymysten valossa.</p> <p>Kaikki kyselyyn osallistuneet näkivät kulttuurisensitiivisen työtöiden tarpeelliseksi työssänsä. Suurin osa vastaajista koki omien taitojensa olevan erinomaiset tai vähintään erittäin hyvät. Silti suurin osa näki jatkokoulutustarpeen aiheeseen liittyen hyödyllisenä. Mielenterveydelliseen osaamiseen liittyen suurin osa vastaajista oli tavannut työssään asiakkaita, joilla oli ollut mielenterveyteen liittyviä kysymyksiä tai tarpeita. Suurin osa vastaajista koki oman osaamisensa mielenterveydelliseen palveluntarjontaan liittyen puutteelliseksi, mutta olivat myös halukkaita lisäkoulutustarjontaan aiheessa. Johtopäätöksenä maahanmuuttaja naisten kanssa työtä tekeville kolmannen sektorin ammattilaisilla on suuri tietotaito ja ymmärrys kulttuurisensitiivisyyden soveltamisesta työssä, mutta mielenterveydellisessä osaamisessa ilmenee tutkimuksen valossa puutteita. Tämä voi olla osatekijä maahanmuuttajien aliedustukseen suomalaisissa mielenterveyspalveluissa, jos asiakkaille muuten tutut palveluympäristöt kuten kolmannen sektorin organisaatiot eivät tarjoa tehokasta mielenterveyteen liittyvää tukea ja ohjausta.</p>	
Avainsanat	maahanmuuttaja naiset, ennaltaehkäisevä mielenterveys, kulttuurisensitiivisyys, ammatillinen osaaminen.

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1 Introduction

The Finnish Act on the Promotion of Immigrant Integration (Act 2010/138) states that the measures to promote integration taken by municipalities and other local-level authorities are to aim at supporting internationalisation, gender equality, and non-discriminatory practices at both regional as well as local levels (§29).

Furthermore, the municipality and other local authorities are to aim to produce a positive integration experience as well as, include the needs of immigrant populations in the planning, implementation, and evaluation of any municipal activities (§30 Immigrant Integration Act 2010/138). The section continues remarking that municipalities are also responsible for updating the staff's skill set in accordance with any needs regarding immigrants' integration.

The Finnish Social Welfare Act covers municipal social services including, but not limited to, mental health services (§2, §11, 2014/1301). The planning, guidance, and implementation of those services is provided on basis of the Social Welfare Act, overseen by The Ministry of Social Affairs and Health (MSAH, 2021).

In the mid 2010's an increase in immigration took place in Finland along with other European nations (Ministry of Interior, 2019). The number of foreign-born adults in 2015 was 296,295 (OSF, 2020) but only five years later in 2020 the number had gone up to 371, 204 (OSF, 2020). Towards the end of the decade, the number of foreign-born populations increased by fourth within five years. Though the number of the immigration populations has increased significantly in Finland, immigrants are still underrepresented in the Finnish mental health services as clients in comparison to the native population (Kieseppä and Lehti, 2021).

The Finnish Ministry of Employment and the Economy (TEM, 2015) brought up a need to better understand cultural barriers and further on develop the services' cultural accessibility (*in Finnish kulttuurillinen esteettömyys*) (TEM, 2015, p.59-60) with immigrant clients in the context of mental health service implementation. Regarding changed social position, roles, and social life (i.e., friendships, neighbor culture) and their influence on one's mental wellbeing. Stress prevention, loneliness and depression can be prevented through services such as third sector low threshold peer support activities.

This thesis examines 1st generation immigrants referring to persons who have moved into Finland from another nation and whose native country, therefore, is other than the country they currently aim to permanently reside in (OSF, 2020). Castaneda et al. (2020) studied the representation of the 1st generation immigrant groups of Kurdish, Russian and Somali backgrounded individuals in the Finnish mental health services. Reasons to low representation of immigrant backgrounded clients in mental health services based on Castaneda et al.'s research were insufficient cultural competence skills of the health professionals, stigma around mental health, challenge of encountering a service provider from same ethnic background as the client, lack of knowledge on the available mental health services, clients' unfamiliarity of psychiatric diagnosis and discrimination (Castaneda et al., 2020. p.14-16).

As solutions, Castaneda et al. suggest the public sector to adjust to the growing diversity in Finland. They also emphasize the importance of mental health promotion, the improvement of service paths for immigrant populations and the involvement of different actors. Potential actors to partner with the public sector are the 3rd sector service providers in Finland aiming to improve the wellbeing of their clients (Särkkä, 2020).

Familia (2021) is an intercultural association with the specialized focus on intercultural families and children. By improving the general wellbeing of client families through peer support, low threshold counselling and Finnish language courses as some of the services, Familia caters to the prevention of mental health challenges (Familia, 2022). In the context of immigrant populations understanding on mental health related symptoms, associations like Familia aid decrease stigma and increase awareness on mental wellbeing through creating conversation on the topic. Raising awareness also provides insight on Finnish service paths. This is the advocative side of 3rd sector services providing conversation topics and information as part of prevention (Särkkä, 2020).

The concept of mental health is influenced by one's cultural understanding of the term (Kieseppä & Lehti, 2021). This acknowledgement deepens the urgency for professionals to consider clients' cultural background not only concerning intercultural work but also other parts of social services such as, mental health related service provision (i.e., counselling).

Bronfenbrenner's Bio Ecological Systems theory (1979; 1994; 2006) argues one's life to entail multiple spheres or "levels" which all interact and influence each other. The theory provides professionals encountering immigrant clients with an approach helping

reduce generalizations of unique immigrant experiences (Stebleton, 2011). Yet, if the professional fails to apply this holistic approach in their work (Brady, 2019) it may cause the professional to consider the client solemnly through a singular life event (immigration). The result of this can be that the professional defines the overall life situation as consequence of immigration or based on culturally differing viewpoint. In such case, the chances on the success of service's effectivity and impact decline.

This thesis will provide a look into the experiences of professionals in 3rd sector intercultural work regarding cultural sensitivity (or CS), its application, and significance regarding preventative mental health services. Cultural sensitivity is culturally respectful interaction and interpersonal skills in one's work as a professional (THL, 2021; Familia, 2021). It involves the understanding of freedom to maintain one's cultural views of the situation while being equally accepted and heard with the others present. Improving the understanding of professionals on how and why to use CS in their work, can potentially improve the overall participation of immigrant women, as service users, in the Finnish mental health services (Kieseppä et al. 2021).

2 Working Life Partner: Familia ry



Image 1. Familia's Logo (Familia, 2022)

Familia is the leading 3rd sector organization advocating, supporting, and providing peer support focused services for intercultural families in Finland since 1988 (Familia, 2021). The association bases in Helsinki providing services throughout the capital region. It also cooperates nationwide through volunteers and other service providers with similar clientele, values and aims such as Espoon Monikulttuuriset lapset ja nuoret ry (Espoon Mokulat, 2022) or Kompassi Puijola (Settlementti Puijola, 2022), an intercultural organization based in Kuopio, Eastern Finland. The services of Familia are financed through the Funding Centre of Social and Health Care Organizations or STEA as project-based grants (STEA, 2022).

Familia's primary clientele consists of intercultural families. Within the main service user group are 1st generation immigrant women who assist the services as mothers of intercultural children or partners in an intercultural relationship. Familia defines the term intercultural family as a couple (or parents) who originate from two different countries, one of which may, or may not be the country they reside in currently (See table 1.) (Familia, 2021).

Table 1. Intercultural family as defined by Familia (2021).

Partner A is from Bulgaria and partner B is from Finland.	The family resides in Finland.	Intercultural
Partner A is from Spain and partner B is from United States.	The family resides in Finland.	Intercultural
Partner A is From Marocco, and partner B is also from Marrocco.	The Family Resides in Finland.	Not intercultural

In the first two cases the couple of which the family consists of (in addition to possible children) are of two different cultural backgrounds hence, they fit Familia's definition of an intercultural family.

2.1 Third Sector Work in Finland

In Finland, 3rd sector associations provide low threshold services for individuals (Särkelä, 2020). In this thesis, "association" refers specifically to 3rd sector work executed by social and health care associations. The aim of such associations in Finland is to support and advocate the physical, psychological, or social wellbeing of clients. The clients can have a certain social or health care related need for the service, such as a peer group activity for mentally disabled adults or counseling for clients experiencing domestic violence. The client base of an association can also be a group within general society such as foreign language speakers or young adults (Särkelä, 2013).

The 3rd sector work differs from the public and private sector in social and health care work by serving clients who may not be reached through the public municipal services or private operators, and so are in risk of marginalization (Särkelä, 2020). Traditionally, the Finnish association work stems from an ideological motive. Due to this the work does not aim to gain financial wealth from its services but rather sets the wellbeing of the clientele as its goal. Often, also the main values of the association dictate the context of wellbeing whether, physical, psychological, or social (Särkelä, 2020; Narikka, 2008).

Association work is tightly connected to voluntary work and many Finnish associations utilize it as a means for service provision. Voluntary work bases on the principles of non-monetary reimbursement for the done labor, is motivated by one's own free will, it aims to benefit a third party outside of one's personal social circles (i.e., family or friends), and universality (Pessi and Oravasaari, 2010).

Volunteering can take place as a long-term participation and commitment to the association performing other membership duties (i.e., board or general staff meetings). Voluntary work can also be occasional, done as one time participation in a project or an activity.

Iso-Aho (2022) concludes voluntary work's three academically more examined categories starting with the traditionally known altruistic non-profit paradigm (i.e., the Red Cross). According to Iso-Aho besides the non-profit category there exist civil society -paradigm and serious leisure -paradigm within the field of voluntary work (Pessi & Oravasaari, 2010; Rochester, Paine, Howlett & Zimmeck 2010, 10-15). In the civil society paradigm, the voluntary work aims at achieving societal influence through action and raising awareness (i.e., nature conservation, anti-racism). Serious leisure type of voluntary work again, aims at acquiring new skills sets through personal experiences (i.e., culture and sports related voluntary work).

In Finland, association work is traditionally funded through distributing the gains of the Finnish Gambling Organization RAY. More recently, the Funding Centre of Social and Health Care Organizations (or STEA) has taken on the task of distribution of the gambling sale related revenue. STEA works alongside the Finnish Ministry of Social Affairs and Health as an independent state grant authority (STM, 2022).

2.2 Services Provided by Familia ry



Image 2. Familia's DUO Father's Group's add (Familia, 2022).

The services of Familia consist of various peer support groups, as well as clubs and other activities in the form of seasonal projects such as the BE lingual project, aiming to promote bilingual language learning among children of intercultural families.

Familia also organizes a cooking activity named, "Kitchen Club". The club operates alongside the Finnish language classes to help support the students' language development. There, students will learn to prepare traditional Finnish meals as well as broaden their vocabulary as the teaching takes place in Finnish. In addition to this, the association provides low threshold couples counselling in matters of relationship, marriage, and family life. Familia also provides individual counselling in legal matters such as the residence permit process.



Image 3. Familia's DUO Job Hunting Group's add (Familia, 2022)

Familia's services are typically facilitated by trained volunteers though overseen by professional staff. The DUO groups are led by a professional or optionally by an expert by

experience (*in Fin. kokemusiantuntija*). The DUO groups consist of groups for fathers, mothers with under one-year-old babies, as well as prenatal groups for intercultural couples expecting a baby. In addition, Familia also offers DUO Job Hunting group and a peer support group for anyone interested called, DUO living room. The conversations and activities in the DUO groups function to promote inclusion, participation, as well as to build social networks, and to create friendships (Familia, 2022).



Image 4. Familia’s Guidebook “Tools for Speaking about Racism and Discrimination – A Guide for Families and Professionals” (Familia, 2021)

In addition to this, Familia’s work aims to advocate for the needs and rights of intercultural families and children via raising awareness in the form of projects, panels, and surveys. For instance, in the summer of 2020 Familia conducted a survey “Racism and discrimination as experienced by couples and families of two cultures in Finland” (Familia, 2020). In December 2021, in cooperation with the Ministry of the Exterior the association released a guidebook on the topic, “Tools for Speaking about Racism and Discrimination – A Guide for Families and Professionals” (Familia, 2021).

The guidebook was done in cooperation with various professionals of the social and health care field, alongside Familia’s staff. The guidebook’s topics are available digitally also in a workshop form nationwide. The book aims at creating conversation in families, among professionals (e.g., teachers) as well as to promote the understanding of the significance of cultural sensitivity on a societal level (Familia, 2021). Castaneda et al. (2020) noted in their study that one of the reasons for low rates in immigrant backgrounded clients service participation was discrimination. Hence, the subject matter aids at raising conversation on the topic on both the professionals as well as service user’s side.

The aim of Familia’s services is to support intercultural family's wellbeing by providing a space to form social ties through peer support. For instance, by participating in the

DUO living room clients may find others with similar experiences or situations (I.e., in an intercultural relationship or raising bilingual children).

Second motivator of Familia's services is creating awareness on the cultural, ethnic, and linguistic diversity in Finland by promoting intercultural families and Finnish families in the society. Promotion takes place also via participating in the development of the legislation and service system regarding bilingual and intercultural families (Familia, 2022).

As the association promotes the wellbeing of both Finnish and intercultural families, the positive attitude towards one's own culture as well as, developing social ties with the new culture are prompt to take place (acculturation, Berry, 1988). Furthermore, for social ties to form a common language or a common activity is required to facilitate the interaction. The activities provided by Familia's clubs and peer groups provide a safe space for clients to speak their mother tongue or other familiar language (Spanish language club for children, yoga club in English etc.).



Image 5. Learning Zone explained. Semminger, 2000.

Further, the activities such as the Finnish language course, provide a platform for clients to practice their second language safely. This provides an opportunity for the socio-pedagogical concept of learning zone to take place (Semninger, 2000) (See image 5.). In it, the individual finds themselves willing to step out of their zone of conformity (e.g., only speaking a language they manage fluently) and challenge themselves at trying to learn something they do not yet execute perfectly (i.e., speaking Finnish with other language learners). It is important to note that the other extreme in this concept is

the panic zone where the individual is pushed beyond their limits and where they no longer experience safety (i.e., having to speak without making any mistakes or being alone among native speakers). The safe environment Familia provides through aforementioned activities also promotes trust-forming. Thus, friendships are cultivated through a shared activity where bonding may take place.

Through all these aforementioned factors, clients may experience safety, social unity, inclusion, participation, empowerment, and acceptance as culturally unique individuals (*subjectivity*, Hämäläinen, 1999). These positive experiences in language learning as well as forming social ties support individuals' mental health thus, preventing stress accumulation and depression (Mieli, 2021) as well as strengthen their sense of belonging regarding integration.

2.2.1 First Generation Immigrant Women & Familia

In regards, to first generation immigrant women, Familia's services of DUO living room, DUO mother and baby groups as well as Finnish classes present service opportunities for the given clientele.

As mentioned in the introduction, the group activities at Familia are based on peer support. From a socio-pedagogical point of view, the peer and activity groups also provide a space for common third (Hatton, 2013; Nevala & Rynnänen 2019), where the client and the facilitator share an activity for trust building to take place. Conversations with topics related to mental wellbeing, everyday stressors (i.e., family life), and integration process may occur as a byproduct of the shared activities.

This presents the practitioner with an opportunity to potentially approach the conversation with the tools of active listening, accurate empathy and narrative social work whilst bearing in mind the principles of CS. These methods will be discussed in detail in Chapters 7. Social Services Methods (p. 24) and 8. Conclusion of the Theory (p. 27). Using these different socio-pedagogical methods requires the professional to practice self-reflection during and after the client encounter (Nevala & Rynnänen, 2019).

3 Bio Ecological Systems Theory

The Bio Ecological Systems Theory (also known as Socio Ecological theory or Socio Ecological Systems theory) by Uri Bronfenbrenner (1979; 1994; 2006) will function as the theoretical framework in this thesis. The ecological framework offers a way to highlight both individual and contextual surroundings as well as the interdependency of the relations between the two (Eriksson, M., Ghazinour, M. & Hammarström, A., 2018).

Bronfenbrenner initially drafted the theory's earliest version in the 1970's (Bronfenbrenner, 1977, 1979) and continued evolving it until the early 2000's (Bronfenbrenner and Evans, 2000; Bronfenbrenner 2005). The theory centres around the idea that an individual's development is in connection with her environment and the two interact with each other. The environment as according to Bronfenbrenner (1979) consists of four levels to which a fifth level (time or chrono level) was added and further developed in the later versions (1994). In the 1970's version however, Bronfenbrenner remarked that to explore the factors involved in human development one must consider the four systems around the individual. These levels were as follows: microsystem, mesosystem, exosystem, and macrosystem (see image 6.).

The micro level consists of the individual and their immediate surrounding such as the home, work, or school, for instance. The microlevel is the very core of the systems model, and from it stems all the other systems and the interaction amongst them. Following, is the mesosystem. According to Bronfenbrenner's theory, the mesosystem consists of the different interactions between the various microsystems. For instance, the relationship and its depth between home and workplace counts as part of the mesosystem.

The exosystem is the third system of the theory. It entails the settings that do not directly have to do with the individual but nevertheless, influence her indirectly. For instance, executive board of the company the individual works in. The board is not in direct contact with the individual, but it sets the vision, mission, and assignments of the overall operations of the company, therefore influencing the individual with its decisions.

The macrosystem encompasses the broader culture and subculture of the nation in case. All the other systems operate under the macrosystem. For instance, national poli-

cies and laws (i.e., immigration policies), as well as cultural norms are part of this system. Bronfenbrenner himself compared macrosystems and their influence, relations and settings between France and the United States (Bronfenbrenner, 1979) to further explain the different sort of impact depending upon the nation.

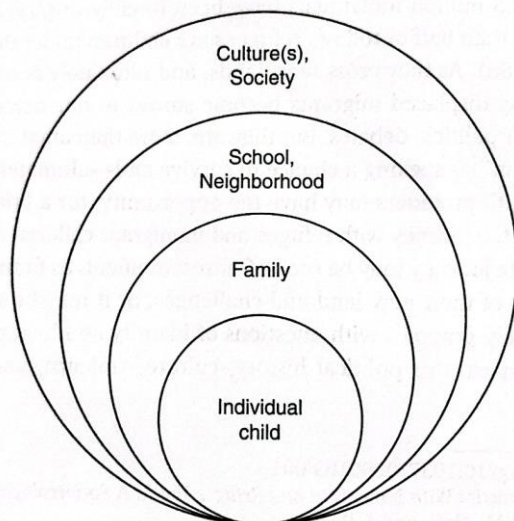


Image 6. Bronfenbrenner's Bio Ecological Systems Theory: Levels explained (Ellis, Abdi & Winer, 2020)

The chrono system which Bronfenbrenner fully incorporated in the theory in the later 1990's version (1994) based on the consideration that the changes over time may affect an individual's developmental outcome. Further, in the earlier version of the theory time was mentioned regarding chronosystem as time as age. Further on, time was expanded into containing also "historical time" (1994, p.40). Bronfenbrenner argued that time as age does not only influence the individual but also the historical point in time has a significance and therefore, must be considered as part of the individual's developmental factors.

An example of chronosystem is the era of the Great Depression in the 1930's. An individual during this historical time context had very specific opportunities and limitations based on the situation in that time in society (i.e., ethnic background). If compared with any other time such as the current (the 2020's) for instance, we can take note of the differing opportunities based on global advancements and national situations in medical, social, political, financial, and migratory statuses. Therefore, it is crucial to

acknowledge all this as factoring in the Bio Ecological Systems Theory when applied to immigrants.

Moreover, in the post 1990's version of the theory Bronfenbrenner expanded on the theory, explaining the effect of reciprocal interactions and processes that take place over time between the person, context, and time (1994; 2006). Therefore, the Process-Person-Context-Time (or PPCT) was added to the model of the theory highlighting the fact that the different systems indeed do not merely influence the individual on the microlevel, but they also interact with each other.

The "process" involves the synergetic relationship of the person, context, and time. The "person" involves predispositions such as the client's country of origin and genetic makeup such as ethnicity. The "context" involves the environment (i.e., Finland, Helsinki, intercultural or monocultural environment and languages spoken in the environment) and systems involving the previously explained micro-, meso-, exo-, macrosystems. Time refers to present time, stability, and duration over time regarding interactions, and historical aspects of the time (i.e., the Covid -19 pandemic).

Since the theory has been modified and further developed on various occasions by Bronfenbrenner (1979; 1994; 2006) it is important to disclose which version of the Bio Ecological Systems Theory is being applied in this thesis. Researchers have previously criticized the improper application of Bronfenbrenner's theory in academical studies made on it due to not including all parts, such as PPCT, or only highlighting the earliest parts the theory (Tudge et al. 2009; Tudge et al. 2016).

In the thesis, the Bio Ecological Systems Theory (1979;1994) will be applied to 1st generation immigrant women as a social services client group in preventative mental health services in the 3rd sector. The aim is to utilize the Bio Ecological Systems theory as it connects to cultural sensitivity reinforcing consideration of the client as a holistic being, consisting of more than their current immigration status or the culturally differing background.

The perspective of PPCT will be considered when examining the intercultural client-professional interactions in the Finnish 3rd sector services concerning mental health prevention. Brady (2019) when discussing the theory in the context of immigrant clients notes an urgency of evaluating unique life events and situations that interact with each other ("proximal processes", Bronfenbrenner, 1994).

Another term used in the theory's earlier version are ecological transitions referring to an individual's stance changing (Bronfenbrenner, 1979, p. 26). The changes can be due the individual's setting or their role within a setting or both. For instance, an individual choosing to move to another nation hence, to immigrate is an ecological transition. Bronfenbrenner also highlighted perception as part of experiences and interactions an individual has with her environment(s). Brady (2019) explains perception containing the meaning of the individual gaining and giving to the experienced systems and its meaning influencing the persons development (Bronfenbrenner, 1979). It is to say, one's life situations or ecological transitions (I.e., having a baby or getting married) influence the effectivity of the service indirectly, stemming from the situations in various levels as perceive by the client.

What is more, Brady (2019) argues that professionals encountering immigrant backgrounded clients tend to overlook the nearness in the reciprocity of person and environment along with interactions or processes that occur over time between person, context, and time. In other words, there is an urgency to evaluate the contextual factors and interactions of the individual to better assist the immigrant community in mental health related service provision. Due to culture affecting one's perception of concepts and terms such as "mental health" (Kieseppä et. al, 2021) this evaluation is contextual factors is key to successful client encounters.

As prior events (time) influence the individual's (person) current situation in Finland (place) as Bronfenbrenner described in his Process-Person-Context-Time (PPCT, 1994) addition to the theory, it forces the practitioner to stop being the cultural or professional "expert". Allowing the client to share their view of the situation to map the needs professionals may utilize social services working methods such as active listening, qualified empathy, and narrative methods (see p.24 and 27 for more details).

For instance, the client-professional interactions in mental health related conversations are vulnerable due to the dept of the topic. In addition, to the individual's mental and emotional state during the client encounter the situations can be impacted by the individual's cultural conceptualization of the interaction (demonstration of respect, Ellis, Abdi & Winer, 2020). The client-professional interaction can also be influence by the client's current stressors such as legal situation for instance, residence permit process getting complicated due to structural changes in the country's policies (societal changes; macro level). A client's legal situation can be also impacted by health policies

as was the case during the covid -19 pandemic when crossing international borders became challenging due to crisis legislation (travel ban) (THL, 2021).

This reinforces the application of CS in client encounters since symptoms can be due culture specific situations, but also more practical levels of the individual's life can equally impact their need for the services. Such realization aids excluding any false conclusions based on the professional's own cultural norms and values unconsciously influencing the evaluation of a client's case (TEM, 2015). Further, a holistic evaluation of the client's situation can benefit the service provider by leading to identify existing lacks in service provision (Brady, 2019). Such can be resources for interpreters, gaps in needed interaction among systems, and low threshold support systems for the client group (i.e., grassroot level conversation on mental health awareness).

4 Immigrant Women

Immigrant is a term used to define an individual moving to a foreign country to reside there permanently (Bourdeau, 2001). In this thesis however, "immigrant" strictly refers to a first-generation immigrant as defined previously (see chapter 1. introduction). Immigrants in this thesis are also narrowed down concerning the legal definition of the word. Immigration based on labour, family ties, or educational immigration are the primary client groups from whose view point the topic is studied hence, groups such as refugees and asylum seekers do not form part of this study.

This limitation is done based on the specific mental health needs refugees and asylum seeker have presented in previous studies in Finland (Castaneda et al. 2020; TEM, 2015). Furthermore, the groups included were the biggest groups (excluding EU citizens' registration) with motives for immigration in first time residence permits received by the Finnish immigration services in 2019 (Migri, 2020).

The thesis examines the preventative mental health service provision, availability, and accessibility for first-generation immigrant women in the Greater Helsinki area through third sector practitioners' experiences and skills set. Thus, the thesis does not discuss the current situation and needs of the client group in any other parts of Finland. Nor does the thesis entail the experiences or service needs of any second or third generation immigrant women. Lastly, in this research, the definition is further limited to female

(biological gender) working age adults (18-65 years old). The service needs of adult clients vary from those of youth or children based on the developmental stages (Erikson, 1950; Piaget, 1972) and brain development. Also, the client – practitioner interaction with adult clients in context of CS differs due to adults having a more defined perception on their cultural identity (Benjamin, 2014).

In 2019, people with foreign background constituted approximately eight percent (423,494 persons) of the population of Finland (OSF, 2019). The main motives to immigration to Finland in 2019, based on received residence permit applications (first time applicants) were: 1) family reunification, 2) employment, 3) registration of EU citizens, 4) study and 5) international protection (Migri, 2020).

According to Statistics Finland, of the total number of foreign backgrounded persons living in Finland in 2019, nearly half (209,108) lived in Greater Helsinki area (OSF, 2019). This means that the service needs of immigrant clients display in the Greater Helsinki service system more than it does anywhere in the other municipalities in Finland. Consequently, the professionals in the services in the Greater Helsinki region require skillset and professional knowledge that meet the immigrant populations' specific service needs such as the correct and effective application of cultural sensitivity.

The three largest foreign backgrounded groups in the Greater Helsinki area in 2019 were people of Somalian, Indian, and Chinese backgrounds (OSF, 2019). From a social psychological viewpoint, all the named groups pertain to the high context cultures (Hofstede, 2001) in which decisions are made corporately instead of placing value on individual's decision making such as is custom in the Finnish culture (Hofstede Insights, 2021). These kinds of cultural norms create expectations that can affect clients feeling placed in a social position where most of their cultural environment, including manners of interaction is reversed.

Furthermore, the availability and accessibility of services may be challenging for immigrant service users due to the unfamiliar service system, language, and culture (norms, habits, etc) (Brady, 2019; Paloma, 2019; TEM, 2015).

In 2022, women constituted 2,8 million of the Finnish population (50,6 %) (OSF, 2022). However, of first-generation immigrants living in Finland only 49,3 % were female based on the latest calculation done in 2020 (OSF, 2020). Due to Finland being a Nordic welfare state (Esping-Andersen, 1990) with a long history in pioneering at gender

equality, the role of women in the Finnish society may differ greatly from the cultural environment immigrants enter Finland from.

One of the characteristics framing the needs of immigrant women is the social responsibility that in cultural context translates into gender norms (i.e., motherhood, wifehood etc.). The responsibilities women tend to carry as mothers and primary caregivers in home environments may influence their frequency as social and health care service users. Responsibilities on other family members such as children or the home can function as a hinderance on putting attention on one's own wellbeing.

Gender role expectations can place stress on immigrant women in particular by presenting them in a situation where native peers as well as the overall society's expectation does not meet their inner cultural norms and traditions. Also, women's environment for forming social ties may seem inaccessible due to unfamiliarity of the overall cultural norms of the new country (i.e., neighbor relationships).

Similarly, to mental health, the term "family" is also a culturally bound term (THL, 2022). Unfamiliar societal concepts such as family structure may be confusing in the beginning of one's stay in Finland. One may gain a sense of isolation and loneliness due to the cultural values such as individualism or unfamiliar societal concepts, such as families consisting generally of a couple and their children in the Finnish society.

Decreased social capital presents a challenge as the earlier built relationships and social networks are left in the country of departure (Heikkinen, 2015). When an individual lacks social networks the probability of mental health challenges such as depression is higher (Mieli, 2021). Immigration presents the individual with a change in social circles due to previous social ties (family, friends, neighbors etc.) changing.

In this, a professional with adequate understanding on how to apply CS can assist the client to access the services available by introducing the client to the new values, traditions and norms that create the new countries cultural environment. What is more, the learning of the new cultural norm may occur through joined activities such as Familia's peer groups where the individual is allowed to explore the new cultural environment without pressure, while maintaining their own cultural identity. Another factor facilitating the accessibility to services and overall acquaintance to the new service system is language learning.

The deterioration of the social standing of the individual resulting from the migration process influences the overall wellbeing of the client group (Maamu, 2012; Säävälä, 2007) . In the Finnish Maamu study (Migrant health and wellbeing - A study on persons of Russian, Somali, and Kurdish origin in Finland, 2012) Kurdish, Somali and Russian backgrounded immigrants' mental health needs were studied . One of the findings indicated a high level of depression and anxiety symptoms among Russian highly educated women, who had been previously employed and otherwise active members of the society in the country or departure (Maamu, 2012). The reason to this was the sudden drop in the individuals' social standing regarding employment and financial wealth. Unemployment or even lowering of one's employment opportunities affects one's feeling of success and income level affecting the general life quality thus, also influencing their mental wellbeing.

An issue also generating a significant amount of coverage and discussion for the integration services to tackle in the late 2010's was advocating for non-discriminatory structures in the Finnish employment and education markets (Ahmad, 2019). In Larja's (2019) research article, the employment rate of immigrant men and women was examined based on the length of stay in the country. The research discovered that immigrant women obtain nearly the same employment market rate as immigrant men only after residing in Finland for over 15 years (TEM, 2019).

In addition, the employment rate of immigrant women in Finland is 50% lower than native women's (Larja, 2019). According to the Confederation of Finnish Industries (EK, 2022) reasons to the situation are the Finnish unemployment benefit and home care allowances that increase passivity among immigrant backgrounded mothers. Other reasons to the low employment rate are the previously discussed unfamiliarity of the Finnish society and operating in it, language skills, educational level as well as previous work experience.

Parts of advancing integration and promotion of immigrant wellbeing in Finland has been executed so far via project work geared towards practitioners working with the client group. Some examples of such work are the Paloma project for professionals working with refugees (THL, 2019) and the At Home in Finland project, (ELY Center, 2020) for immigrants pursuing the Finnish labour market.

5 Mental Health

World Health Organization (2013) defines mental health as “a state of well-being in which every individual realises their own potential and can cope with the normal stresses of life, can work productively, and is able to contribute to their community.” (WHO, 2013).

Mental wellbeing has to do with factors such as stress management, social networks, sports, and diet, as well as everyday routines (THL, 2022).

Service provision regarding mental health does not begin merely when one enters the mental health service system of a given municipality. It is an ongoing process of an individual's everyday life through sufficient maintenance of the preventative methods listed previously.

To regularly take care of one's mental wellbeing is to control one's stress levels along with general wellbeing factors including diet, exercise, and social networks (THL, 2022; Mental Health Finland, 2022). Kirmayer et al. (2011) recognize three main stressors immigrant population faces: changes in personal and social ties, adjusting to the new societal and financial environment, and transferring into a new cultural system.

In Finland, mental health services function under the Ministry of Social Affairs and Health (STM, 2021) and pertain to the legislation of the Finnish Health Care Act (1326/2010) and The Finnish Mental Health Act (1116/1990). According to the Finnish Mental Health Act (1116/1990) Mental health work aims to advance the mental wellbeing, performance, and personal development of an individual.

Mental health work also covers the prevention, treating and alleviating of any mental disorder an individual may experience. The work is executed as evaluative treatment towards individuals with mental illnesses as well as provision of adequate social and health care services (STM, 2021).

The mental health work in Finland aims to develop mental health wellbeing, prevention promotion and awareness as well as service delivery on a societal level. The Finnish mental health services entail guidance, advice and, when necessary, psycho-social support in crises, examination, treatment, and rehabilitation for mental health disorders (STM, 2021).

An influencing factor in the general conversation on mental health has been the global situation of Covid –19 pandemic (Mieli, 2022; THL, 2021). The pandemic has increased loneliness worldwide due to the quarantine and travel ban measures taken during the 2020 lockdown, (THL, 2021). The effect of the pandemic along with the generally recognized stressors of integration to a new county (i.e., separation from family and friends, new language, service system, climate etc.) can cause additional mental health challenges in the immigrant populations.

Several mental and social factors shape the immigration process (TEM, 2015). The effects of immigration also show in multiple areas of one's life and wellbeing (e.g., social, psychological, physical) (TEM, 2015; THL, 2020; Ellis Abdi & Winer, 2020). Noteworthy, that the mental health circumstances and needs differ greatly among individuals in different migration circumstances (TEM, 2015). Factors, such as motive to immigrate (e.g., education, employment, family reunification, seeking refuge or asylum) and country of origin play a role.

Based on the findings of the study conducted by the Finnish Ministry of Employment and the Economy (TEM, 2015) measures that reinforce integration in general also help advance the mental well-being of the population. Such measures according to the study are support for employment, lack of discrimination, learning the language, creating, and maintaining social tied and participation. The same publication also noted that stress is a normal part of human experiences but when its level overseed those reducing it (i.e., experiences of success, social networks, satisfactory sleep, exercise, and diet regimen) it may leave to the deterioration of mental wellbeing and display of symptoms.

The mental health needs of immigrant population are complex due to the various situations foreshadowing the decision to move to Finland (Kieseppä et al. 2021). A study conducted by the Finnish institute of Health and Welfare called, "The Survey on Work and Well-Being among People of Foreign Origin" (or UTH) notes that subjective safety, including factors such as mental health, social inclusion, trust and receiving help in everyday situations, varied greatly among the study participants (THL, 2015). Reasons to this were found in factors such as country of origin, age, the length of time living in Finland, reason for immigration, age at which they first moved to Finland, and living environment in Finland. The need for understanding the effect of one's cultural background assist professional on approaching the client and their service needs more effectively (Ellis Abdi & Winer, 2020).

For mental health challenges to be detected among immigrant populations, practitioners must become more aware of the impact of individuals' cultural framework functioning and influencing in the background of the life through norms, values, traditions, and beliefs. Without this, developing the service system in Finnish social services hardly meets its clientele's needs, including immigrant backgrounded people, as satisfyingly as it aims.

Among culturally diverse populations such as first-generation immigrant, the terms and states of mind may not be viewed similarly to the Western view of mental wellbeing (THL, 2022). This alone creates a challenge for practitioners to come across in a manner that is translatable regardless of the client's cultural background (Ellis, Abdi & Winer, 2020).

The overall mental health needs of immigrants have been noted to surpass those of the native Finnish population (THL, 1/2020). However, according to the FinMonik study (2020), immigrants in Finland utilize mental health services less than the native population does (THL, 2020). This indicates a gap in mental health service provision regarding the immigrant population as Kiesepää et al. (2021) suggest.

In addition to not reaching clients with immigration background due to the gap in the service provision, (Kiesepää et al., 2021) other barriers such as lack of intercultural skills and cultural sensitivity play a part. Previous research (FinMonik, 2020; TEM, 2015) shows that social service practitioners in Finland experience challenges in service provision specifically when tending to clients with whom they do not share a similar cultural background, or who differ from the main population group's (Finnish) cultural context (Paloma, 2019; TEM, 40/2015). Based on this finding, the level of intercultural adaptability of the Finnish social services concerning mental wellbeing remains questionable.

As to institutional challenges on the service provision side, we know that in the latter half of the 2010's the Finnish mental health services experienced challenges due to changing policies in services on account to governmental changes, lack of senior specialist in the fields of psychology and psychotherapy, and large regional variations in operating methods, resourcing, and competencies (THL, 2/2021 p.5).

O'Mahony and Donnelly (2007) remarked in their study on the influence of culture on immigrant women's mental health care that many of the difficulties immigrant women face when accessing mental health care services are due to the following factors: cultural differences, social stigma, unfamiliarity with Western bio medicinal methods or psychiatric diagnosis, spiritual beliefs and practices, and the health care provider-client relationship.

The same authors also noted the reasons behind spiritual beliefs and practices impacting immigrant women concerning mental health was due to the care methods women take after identifying a mental health challenge (e.g., prayer, or visit to a spiritual leader such as a shaman). Rather than seeking assistance in the social and health care sector immigrant women may turn to a spiritual authority for assistance regarding the symptoms (e.g., depression).

Similar observations were made in the Ministry of Employment and the Economy's publication, "Factors and Service that Improve the Mental Well-being and Mental Health of Immigrants" (TEM, 2015) where for instance, Somalian service users conveyed a common mistrust in the professionals based on previous false diagnosis where professionals had diagnosed clients assuming their somatic symptoms to be due to the client's immigrant background treating it as psycho-somatic or trauma related. This had resulted in false diagnosis leading in worst cases to death and complications in treatment feeding mistrust in the rest of the Somali community.

As stated earlier, one factor in immigrants' mental wellbeing is the integration into the new country's society. This entails an acculturation process (Berry, 1988). Acculturation is a social and mental adaptation process which an individual experiences when settling into a new country (THL, 2021). Adaptation holds within it the arrival phase, the engagement phase, and the hindsight phase, (THL, 2021).

In the arrival phase, the emphasis is on the changes taking place in the external level in one's circumstances. Such elements are language, surroundings, climate, friends, and home. This can create feelings of intimidation, unfamiliarity, confusion, and helplessness. In the engagement phase, the individual compares the two conditions (e.g., home vs. "here"). Lastly, in the hindsight phase, the individual can already combine characteristics of the two cultures in a manner proper for them (THL, 2021).

One of the leading theories of acculturation process was named after an American social psychologist John Berry (1988). This theory, called the Berry's acculturation model suggest that acculturation has four possible outcomes (see table 2.) of which social marginalisation is the negative outcome of the acculturation process. In it, the individual rejects both the original as well as the new culture.

Marginalisation's counterpart is integration (*in Finnish kotoutuminen*). In integration, the individual reaches a positive attitude towards one's own culture as well as, develops social ties with the new culture. In between these extremes. there is separation where the individual chooses to reject the new culture while still embracing their original, or native culture, and assimilation where the individual embraces the new culture while rejecting her original culture (Sam & Berry, 2010).

Negative acculturation process	Positive acculturation process
Separation	Integration
Marginalization	Assimilation

Table 2. Berry's Acculturation model (1988)

Sari Heikkinen's doctoral thesis (2015) studied the acculturation process of elderly immigrants from the Soviet Union to Finland. The research pointed out the significant results in the ability to manage one's everyday routines and social relationships to integrate. The other end of the acculturation spectrum, social marginality or social exclusion resulted in Heikkinen's research as due to the lack of the much-needed social networks that were left behind to the county of departure.

Nevertheless, integration is a two-sided process requiring an effort from both the person arriving to the country as well as the country receiving the individual (TEM, 2021). Dialogue between population groups has been emphasized for better integration of immigrants, and further enhance ethnic relations in Finland between the native and immigrant populations (TEM, 2019:32. p.52; TEM, 47/2016 p.13).

Ameliorating integration can be geared towards either immigrants (in direct measures such as services or information) or immediate contacts of people entering the country encounter, such as social work practitioners. Noteworthy, that professionals working with immigrant clients do not only consist of professionals in reception centres or integration services. As for methods for preparing professionals to serve the needs of clients with different backgrounds additional trainings may be implemented. Furthermore,

higher educational institutes' curricula modifications to emphasize future professionals' needs for skills around cultural sensitivity.

This goes to show, regardless of the phase the client might be in their integration processes, it is crucial for a social work practitioner to consider the process as an indirect actor in the client's stress levels especially in the mental health service context (Fin-Fami, 2020).

Although integration is an important part of this client group's wellbeing, it is not the only factor behind it. Thus, this thesis examines encountering immigrant clients through Bronfenbrenner's socioecological theory (1979; 1994;2006). It is used as the main theoretical framework in this thesis due to the multi facedness of the client's life beyond cultural integration (Brady, 2019). This thesis aims to applying the holistic approach in considering the client group in preventative mental health services in the 3rd sector.

6 Cultural Sensitivity

Cultural sensitivity entails the skills of empathy, active listening, self-reflection, and respect (THL, 2021). It is the practical action of the skills that are depicted in cultural competence. Cultural sensitivity refers to the application of awareness, willingness, and discernment to understand people with different backgrounds. It entails behaving in a manner that is culturally respectful towards others (Familia, 2021).

Culturally sensitive services do not mean separating different clients based on cultural groups to attend the specific needs of that client group; rather, it emphasizes flexibility in service provision to see the diverse needs of clients in professional-client interaction (THL, 2021).

For instance, an immigrant woman participating in Familia's intercultural families' services, such as DUO activities with her child. When working as a social service professional it is crucial to practice awareness of the impact of cultural values and traditions as a dimension in child upbringing and motherhood. The conversation between the professional and client can only be successful if the professional is aware of her own val-

ues and norms (critical self-reflection) framing the way she communicates with the clients (i.e., words used to address the child or the tone of voice when speaking to the client) (Ellis, Abdi, Winer, 2020).

The expectations, norms and values culture create around one affect also shape the mental health needs (Kieseppä et al., 2021). The pressure points in different family roles as a spouse or as a mother can display in the immigrant communities' family-life that do not highlight in the native population and vice versa (Hiitola & Turtiainen, 2015: 91).

The discrepancies in service provision between Finnish majority and minority populations: (Kieseppä et al, 2021; Castaneda et al, 2020; Brady, 2019; Dillon et al. 2016) are the initiating force behind this thesis. Dillon et al. (2016) stated in their research that the ethnic minorities experience less effective mental health treatment compared to majority groups. The reasons to this can be factors such as time that has been reserved for minority clients considering possible need for interpretation and cultural brokers (Ellis, Abdi, Winer, 2020). The notion of interpreters or translators in client meeting also form part of cultural sensitivity (Paloma Project, 2019).

A related concept to CS is cultural competence. Cultural competence is a broader and more societal acknowledgement of cultural factors in professional and client interaction and service provision and development. It entails promotion of a society where the atmosphere of non-discrimination can flourish (THL, 2021). It differs from cultural sensitivity, which happens as an inner process and a method that an individual carries out in their professional environment. Cultural competence takes place on a corporal, structural and societal level through upholding values and principles that endorse equity in service provision.

It places importance on provision, existence, and readiness of services in a manner that considers the often-differentiating needs of people of varying backgrounds. Brady (2019) marks in her doctoral dissertation that the relevance of cultural competences in the areas of mental health can be noted from findings depicting ethnic minorities as less likely to enter counselling as well as less prone return to counselling.

The fact that Brady (2019) as well as Castaneda et al. (2020) and Kieseppä et al. (2021) remark the same discrepancy in mental health service provision when it comes to ethnic minorities current situation of unmet needs, can be considered result of their

research and willingness to focus on this client group. This attitude of curiosity and will to develop ideas is exemplary for depicting cultural competence as an institutional and societal direction toward culturally inclusive service paths.

Furthermore, O'Mahony and Donnelly's (2007) study found a need for methods such as CS due to the emphasis it places on mutual respect in trust building. Immigrant women were noted to place importance on the professional client interaction and relationship as it relates to trust building. The researchers also noted that the service provider-client relationship is in direct connection on how the client group seeks mental health care.

In the Ministry of Employment and the Economy's (2015) publication, the research highlighted the importance of trust building on behalf of the professionals due to prejudice and previous negative service interaction among the client group. Interactional skills of the professional are noted as crucial tool to overcome the obstacle of mistrust and make the client feel heard and understood.

CS is an interaction skill where the professional welcomes the client as an individual with their own cultural norm, values, and traditions into the conversation (THL, 2022). By acknowledging the client's uniqueness and differing experiences from the professional's own cultural background, the possibility of bias and preconceived ideas of "mental health" or "wellbeing" lowers. This decreases the risk of the client feeling misunderstood.

7 Working Methods in Social Services

This chapter presents some of the methods a social services professional uses in their work. The methods picked for this chapter support the principles of CS and overlap with some of its core values such as respect, subjectivity, and flexibility as well as the practice of professional self-reflection (THL, 2021; Nivala & Rynänen, 2019).

Two of the methods, qualified empathy and active listening form part of socio-pedagogical tools used by social service professionals (Nivala & Rynänen, 2019) whereas, narrative social work is a social work concept applied by social services practitioners (Nousiainen, 2016). The common factor between the three is the emphasis it places on

the client instead of the professional as a holder of the absolute truth, dictating the solutions to the present situation as “the expert”.

Similar attitude of humility and learning is necessary in CS due to the cultural differences between the client and the professional. To accurately apply CS a professional must be willing to be acquainted with other value systems and norm outside of their own (THL, 2021). The following working methods can be seen as tool for reinforcing CS and aiding the professional maintain critical self-reflection in client encounters.

7.1 Narrative Social Work

In narrative social work, the client is placed in a story teller’s position in the conversation on their service needs and life situation (Nousiainen, 2016). The client is given the space to disclose the occurrences leading to this moment at hand, as well as possible future plans deriving from them.

The narrative method in social work started developing through various books during the change of the century. Researchers such as Milner (2001) and Parton & O’Byrne (2000) presented the method and how and why practice it in social services context instead of drawing from only theoretical frameworks combining it with this perspective of “expertise”. Both developing researchers were influenced by the ideas of narrative therapy (Roscoe, Dawn; Carson & Madoc-Jones 2011).

In Finland, this tool has been used especially in inter-generational work with clients in child protection and substance abuse, to gain a broader insight of what were the life events leading to this point at hand, as depicted in the compilation “From talk to action! The prevention of intergenerational deprivation in social and child welfare services” (THL, 20/2016). This method also aids the professional hear the different undertones in the clients’ experiences better. Where the client themselves place importance in what order certain facts are disclosed are according to Nousiainen (2016, p.71) also indicators for the professional to better understand the client.

7.2 Qualified Empathy

Empathy is a socio-emotional phenomenon that stems from interaction and relationship (Cunico, Sartori, Marognoli & Meneghini 2012). Brown (2013) describes empathy as “feeling with people”. Empathy differs from sympathy, in that sympathy has to do with

compassion while empathy centers around striving to understand and share the feelings and experiences without judgement (Raatikainen, Rauhala & Mäenpää, 2017)

Qualified empathy (or QE) (also called “*professional empathy*” or “*accurate empathy*”) is a professional tool practitioners of social services often use in their work. QE means practicing empathy in a reflective and emotionally separate manner, as a professional in a caring profession. It means taking into consideration the context while distinguishing one’s own emotions from those being shared (Austring and Sørensen, 2006).

Rauhala, Raatikainen and Mäenpää (2017, p.115) note that work in the social services sector is largely consisted of interaction, building relationships and trust-based work. Therefore, the work requires adequate interaction skills. One of those skills is the ability to practice empathy in client work. To practice QE time and effort is required of the professional in order to develop the skill through guided learning (Hepworth and Larsen, 1990).

The aim of using QE, is that a practitioner can reflectively and emotionally separate themselves from the context they are working in while still comprehending the client’s perspective, (Raatikainen, Rauhala & Mäenpää, 2020).

Austring and Sørensen (2006) argue that QE contains the skill to both reflectively and emotionally separate oneself from another as well as to comprehend the context. This then is followed by recognizing the other individual’s viewpoint emotionally as well as cognitively. In conclusion, these steps could then be crystalized into three phases as follows: 1.) We feel like us 2.) I feel like you (“as if”) 3.) I know how you feel but I am not you (Austring & Sørensen 2006). This framework ensures the client to feel heard and understood all the while maintaining professionalism through self-reflection and display of respect and shared emotions.

By using QE as a professional tool Raatikainen, Rauhala & Mäenpää’s (2021) research shows that it provides practitioners with a way to distance themselves from the “personal part of empathy” and rather concentrate in it as an active part of their work with the client. This is much needed, for as Bloom’s (2016) research shows, empathy does not function as a successful basis for moral decisions.

7.3 Active Listening

In social pedagogy active listening is a tool for a professional of social services in client situations (Meyerhuber, 2019). Active listening is also closely connected to the socio-pedagogical concept of dialogue. Bohm (1996) writes on the importance of active listening regarding dialogue by noting, how the two participants will not find a common understanding without actively choosing to listen to one another. Bohm also emphasizes that understanding of the other person's thoughts and views completely will never be quite complete, but that by listening, one can gain a glimpse of the others' perception- Thus, listening also broadens the professional's own view on the subject matter.

8 Conclusion of the Theory

Kieseppä et al. (2021) in their study recognized unequal distribution of mental health service use among natives and immigrants in Finland. Furthermore, the study found similar service use patterns in other European nations. According to the study, the reasons acting behind the low representation of immigrants in mental health services could not be based on one specific factor. Rather, they varied based on the reasons for migration as well as departure and destination nations, and the individuals' experiences in the country of origin, and their current life situation.

Despite the afore mentioned various situation, the study also mentions certain core factors such as unfamiliarity of mental health problems, availability of services, accessibility to the services, as well as stigma of mental disorders, inclination towards optional treatment of mental health challenges, and linguistic and cultural miscommunications as some often-found reasons behind the low service use rate of immigrants.

As solution, Kieseppä et. Al suggested psychoeducation, awareness on mental health and its disorders, along with information on service availability to be promoted among immigrant populations. Lastly, the study mentions the importance of increasing trainings and other methods of learning of intercultural tools for professionals in intercultural client work (Kieseppä et al., 2021, p.84).

Castaneda et al. (2020) examined the service use of Somali, Kurdish, and Russian origin population groups in the Finnish mental health-related health services. The study

examined the correspondence between the need and use of services among the groups.

The findings indicated that in the light of present symptoms, all three immigrant origin groups were underrepresented in mental health and rehabilitation services in comparison to the general population. Regarding the correspondence between the need and use of services for clients exhibiting clinically significant affective symptoms during the time of the survey (2010–2012), the respective figures were lower in all three immigrant origin groups in comparison to the native populations (Castaneda et al. 2020 p. 13). According to the study, this gap in service provision was especially visible among women in all three groups.

The results of Castaneda et al.'s study overlap with the previously mentioned research results stating significant difference among immigrant populations in the Finnish mental health services in comparison to the native population. Furthermore, Castaneda et al.'s study highlights the position of immigrant women specifically as client in the mental health services. As results, Castaneda et al. suggested a consistent national policy for ameliorating the mental health services of persons arriving as refugees or with a background in similar. The study also emphasized the regional differences that take place in how the services are delivered in a manner supporting the client group and their mental health needs.

The two findings of high prevalence of mental health symptoms and the underuse of mental health services were offered the following as solutions: action through mental health promotion and improvement of service paths for immigrant origin clientele. This involves including different societal levels and actors, one of which are the 3rd sector services. The changes immigration brings in one's socio-economic position, gender role norms and social life (i.e., friendships, neighbor culture) influence one's mental wellbeing through increasing stress, feelings of loneliness, and chance of depression (Mieli, 2021; Brady, 2019). Services such as 3rd sector peer support activities can be utilized as a method of early prevention to better immigrant client's mental wellbeing through service path guidance and raising awareness. As dialogue on mental health is made available on the grass roots level through skilled professionals in CS as well as mental health related service provision, new possibilities for awareness and wellbeing may take place.

Familia's services provide clients with access to peer support, free time activities, counselling, in legal or other formal matters (i.e., residence permit). Through such low threshold, 3rd sector services, individuals are welcomed to participate while embracing their own language and culture. This provides the clients with a sense of fulfilment, meaningfulness, participation, and inclusion.

From a socio-pedagogical point of view, peer groups provide a space for common third (Hatton, 2013; Nevala & Rynänen 2019). By the client and the facilitator sharing an activity trust building can take place simultaneously. Conversation with a topic related to the clients mental wellbeing or overall integration process may occur along-side the main activities.

This presents the practitioner with an opportunity to potentially approach the conversation with the tools of active listening, accurate empathy and narrative social work whilst being aware the principles of CS. Using these different socio-pedagogical methods requires the professional to practice self-reflection (Nevala & Rynänen, 2019) throughout the client encounter.

In the context of 3rd sector preventative mental health service provision, the Bioecological Systems Theory (Bronfenbrenner, 1979; 1994; 2006) can be applied to the context of immigrant clients to assess practitioners' CS skills concerning mental health needs. In Familia's services the different areas of the individual's life interact (PPCT) alongside the organization's activities. A client who attends language education through Familia also aims to utilize the skill outside of the organization in employment or social setting. Thus, the influence of Familia's services influence with the client's other micro levels such as work or home. Also, the previous negative experiences from social and health care professionals in Finland can function as an influence in the way the individual perceives the professional and the overall topic of mental health not only based on cultural factors (Kieseppä et al. 2021) but also based on service experiences (Process-Person-Context-Time, Bronfenbrenner, 1994).

Familia's guidebook , "Tools for Speaking about Racism and Discrimination – A Guide for Families and Professionals" (Familia, 2021) provides glimpses into intercultural clients' previous discriminatory experiences in the Finnish social and health care service through short audio stories attached to guidebook (p.13). Through understanding the impact of previously lived service experiences professionals can examine the client's situation from a more holistic (Brady, 2019) point of view. Thus, discriminatory, or racist

experiences are valuable for service providers to be exposed to through such projects. The dialogue between different population groups and their experiences on the same service also present an opportunity for CS as different cultural and ethnic viewpoints are heard.

Projects such as the guidebook or its workshop offers the client the opportunity to be the expert of their lived service experiences and allows the professional to apply the principles of narrative social work, active listening, and qualified empathy. The professional is allowed a glimpse from the client's viewpoint with a different cultural and societal position to their own hence, professionals are presented an opportunity to apply CS reviewing the services through different cultural and ethnical viewpoints (THL, 2021).

The interconnectedness of different phases in life, as well as the political, societal, and cultural context in which the client has lived in previously, all form a part of the client and shape their needs and perception. Thus, the concept of narrative social work can be recognized to have certain overlapping with Bronfenbrenner's Bio Ecological Systems Theory (1979;1994). Both emphasize the different layers (e.g., societal, political, cultural etc.) forming part of the individual and their experiences as well as future aspirations. As well as the inclusion of historical time into the client's story (i.e., war, economic crisis, or pandemic).

When considering QE as a part of cultural sensitivity in professional settings boundaries are crucial for successful client- professional experience in social work (Raatikainen, Rauhala, Mäenpää, 2017). There needs to be a willingness to connect through respect and self-reflection including the differentiation of the two, the professional and the client emotionally. Similarly in cultural sensitivity application the interaction is to stem from respect yet recognizing the differences of the professional and the client's values, norms, and traditions derived from their cultural backgrounds (THL, 2021).

The guidelines of self-reflection, professionalism, respect, and openness therefore are crucial in both, QE as well as CS. Similarly, the individuals are to be welcomed as two representatives of different emotional and cultural experiences.

Open dialogue as Bohm (1996) describes it, is letting go of the inner thoughts and responses and being present as a listener is also a pre step in practicing qualified empa-

thy which bases on one sharing their current emotional situation with the other. This requires the skill for active listening to understand the emotion and later find the emotion within oneself as Austring & Sørensen (2006) theorized, to then connect with the other party. The socio-pedagogical method of active listening can be found within CS. CS bases on humility to learn in intercultural client situations (THL, 2021). For a professional to becoming aware of the other person's values, norms, and traditions (culture) and understand that they differ from one's own, active listening is required.

Nousiainen (2016) when talking of narrative social work explains her own experiences with the method and its requirements of changing one's way of thinking and being sensitive to the different tones in which the client shares. This resonates with active listening where the professional is required to let go of their own "expertise" or urge to respond from a professional standpoint, but rather stop to listen. Thus, a space for the client to share to adequately capture what Bohm (1996) describes as a "a glimpse of the others' perception" is created. Similarly, one might miss hearing the undertones, times and places or put this way; the different systems, as based on Bronfenbrenner's Socio-Ecological theory (1979; 2006), without practicing active listening.

9 Implementation

9.1 Research Questions

1. How do the professionals see cultural sensitivity as part of their work?
2. What kind of mental health related needs do the professionals encounter in their work?
3. How do the professionals see their current skill sets related to mental health concepts and cultural sensitivity?

9.2 Timeframe of the Study

The thesis focused on a 3rd sector association, Familia and its' professionals' current skillset concerning culturally sensitive working methods among immigrants as clients. The thesis also explored the skillset and prior experiences of professionals on mental health related service needs in their work.

The thesis begun by mapping the client groups' needs and service accessibility in the Helsinki capital region between 2015 and 2020. This was done using previous research

(Kieseppä et al, 2021; Castaneda et al. 2020; Brady, 2019; TEM, 2015). The overview on prior research of the thesis was conducted in Fall 2021.

The field work of formulating the questionnaire as well as collecting the data and analysing it was executed during Spring 2022. The research presents and examines data based on professionals' experiences between 2015 and current time (Spring 2022).

9.3 Methodology

The research methods applied in the thesis were quantitative. The data used in the thesis was collected using a questionnaire (see appendix 1.). The sample of the study consisted of 14 (n=14) study participants all part of Familia's staff. The staff consisted of professionals with a fulltime employment with the association as well as interns and other job trials the association uses in cooperation of the Finnish employment services (or TE).

The questionnaire answers were analyzed based on their quantity and division per question and later the relation to the thesis' research questions was reviewed. The questionnaire was conducted as research to examine the professionals' previous experiences and current skillset regarding cultural sensitivity and mental health related service needs in their work with immigrant women. The questionnaire consisted focused on mapping the prior application of CS as a professional working method at Familia. It also obtained a subtheme of mental health. Questions regarding mental health were formulated to depict the client groups' needs as observed by the questionnaire participants in their daily work.

The data consisted of a questionnaire with eight (8) different sections. The main themes created for the analysis based on the data as follows: 1. Ethnicity and cultural affiliation (minority or majority representative) 2. Level of academic studies (Bachelor's, Master's, Doctorate) 3. Field of major and minor studies 4. frequency in which the contestant encounters the given clientele 5. experiences and application of CS in client situations 6. Observations and experiences of mental health related service needs in client situations 7. participants' prior knowledge on CS and mental health related service provision (addition trainings, courses along formal education etc.) 8. participants' self-evaluation of their skillset on CS and on mental health related service provision.

9.4 Formulation

The questionnaire commenced with a section inquiring the participants ethnic and cultural background. It was the only question concerning the participants personal information (Data Protection Ombudsman, 2022). The aim of the question was to review potential correlation between the participants own cultural and ethnic background (minority or majority population representative).

Though, the research questions largely focused on professionals' skills and experiences related to CS and mental health needs in client work, identifying the participants' ethnic and cultural (i.e., language) background aided in further mapping of possible correlations in questionnaire answers.

Furthermore, the possibility of unconscious bias among professionals requires consideration when examining client work in social services. The awareness of the need for sensitivity concerning cultural factors can originate from one's own standing in the society both culturally as well as linguistically. For instance, a native Finnish or Swedish speaker versus a foreign language speaker, such as English speaker's level of consciousness of culturally sensitive methods based on personal experiences. Thus, the questionnaire started off by mapping the cultural or linguistic background of the participants.

The second section of the questionnaire regarded the professionals' educational background (i.e., field and level of academic experience, such as a bachelor's or master's degree, minor studies etc.). This was done to map out the contestant's professional skills set and focus based on their prior academic training and expertise (i.e., a degree in anthropology, international politics, in comparison to a degree in social services).

This detail is noteworthy for mapping the participants' understanding on the validity of CS as part of professional skillset in mental health related client encounters. For instance, a questionnaire participant with a professional background in social services is more prone to approach the client and their situation from the viewpoint of the client's psychological and social needs such as family or employment situations. Examples of such situations could be possible minors living with the client or the client not receiving a stable income. Professionals of the field of social services are also more prone to apply methods in client interaction that reinforce the socio-pedagogical viewpoint (Niivala & Ryyänen, 2019).

A professional with expertise in a field other than social services may look at the client's situation and possible solutions to it based on their specific professional knowledge. Thus, the client's situation might not be viewed based on their social factors. It is to say, the professional field the questionnaire participant represents is in correlation with the approach they take in client encounters and therefore, the emphasis they place on CS in client interaction. The section also included a question regarding the participants length of employment at Familia thus indicating the variety of experiences with the client group within the organization the participant has had.

The questionnaire's third section entailed the study participants' experiences on diversity, asking how often participants encountered clients from differing cultural or ethnic backgrounds to their own. The options varied between "daily", "weekly", "monthly", "less than monthly", and "never". The section encouraged participants to culturally sensitive professional self-reflection (THL, 2021) through observations regarding client work.

The fourth section of the questionnaire focused on participants observations regarding the clients' needs for cultural sensitivity and mental health related services. The section aimed to map the participants previous experiences regarding CS and Finnish service paths for mental health services. It also provided a number on the current frequency of clients voicing their mental health related needs within Familia's services as according to the participants. The clients' expressed needs for service in mental health related topics are noteworthy. This is due to previously studies results stating lack of awareness on mental health services and preference on alternative remedies such as spiritual, or cultural leaders (i.e., shamans or imams) over social and health care professionals when experiencing mental health challenges (Kieseppä et al, 2021; TEM, 2015; O'Mahony and Donnelly, 2007).

Lastly, the questionnaire inquired the participants self-evaluation on their current skills in mental health related service provision including knowledge of the Finnish service system and paths for the given client group. The section asked the participants their view on the current availability of mental health service information for the client group. The question was aiming to find the participants' view on the current service environment's accessibility regarding factors such as language options (i.e., social and health care websites in English).

The section reinforced the application of qualified empathy (Raatikainen, Rauhala, Mäenpää, 2017) as requiring participants to put themselves in the position of the client. The questionnaire's last section entailed self-evaluation on a scale from 1 to 10 concerning the participants' current view on their skillset in the areas of CS and mental health.

10 Results

The questionnaire was introduced to fourteen participants (n= 14), all members of Familia's staff. Of the 14, 7 (58,33%) identified themselves as part of an ethnic or cultural minority (excluding the Finnish Sámi population). Linguistically eight out of the fourteen (66,67%) identified themselves as forming part of a linguistic minority (excluding Swedish or Sámi as first language). The third question concerning the study participants self-identification had to do with their linguistic and cultural identity. Half (50%) of the participants identified themselves as forming part of the native Finnish population both ethnically and linguistically.

The next part consisted of the study participant's educational background. Thirteen out of the fourteen participants had a bachelor's level education and 80% of the study participants had a master's level educational background. All fourteen of the participants (100%) had completed upper secondary studies and none of the participants had a doctoral level education. The background and field of studies of the participants focused on social services and sociology as well as cultural studies and anthropology. Majority (85,71%) had worked in their current employment at Familia for less than a year.

As for the client groups frequency at Familia's services, majority of the participants recognized having encountered clients from a cultural background different to their own daily (35,71%) or weekly (50%). Only a minority of the participants found that they encounter clients from a cultural background different from their own monthly (7%) or less than monthly (7%).

I encounter clients from cultural backgrounds different from my own
Relative distribution of the replies

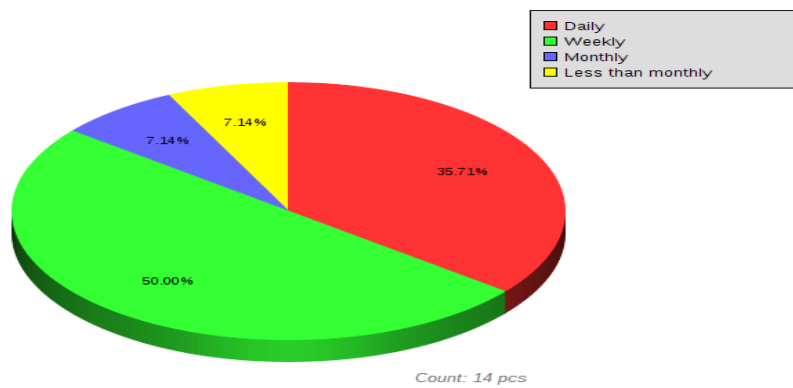


Image 7. Questionnaire: "I encounter clients from cultural background different from my own".

I encounter clients from other cultural backgrounds than native Finnish (including Swedish and Sami communities)
Relative distribution of the replies

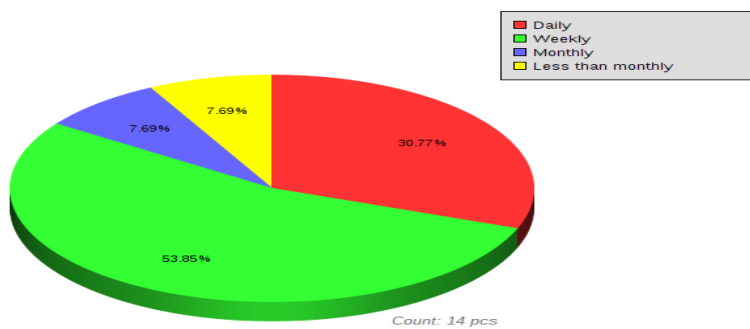


Image 8. Questionnaire: I encounter clients from cultural background other than Native Finnish (including Swedish or Sámi communities)

As for encountering clients from other than the native Finnish population, a greater number of participants (53, 85%) recognized to have met clients of non-native Finnish origin than to have met clients' different than their own cultural background. This speaks of the diversity among the clients as well as the professionals of Familia. Little over half (58, 33%) of the participants themselves stated to represent other than native Finnish population including the Swedish speaking and Sámi communities. Exactly 50% of the participants found to have met clients form differing background form their own weekly. Noteworthy, this may include native Finnish clients as the professionals are not a homogeneously native Finnish group.

I recognize cultural sensitive methods as necessary in my work.

Absolute distribution of the responses

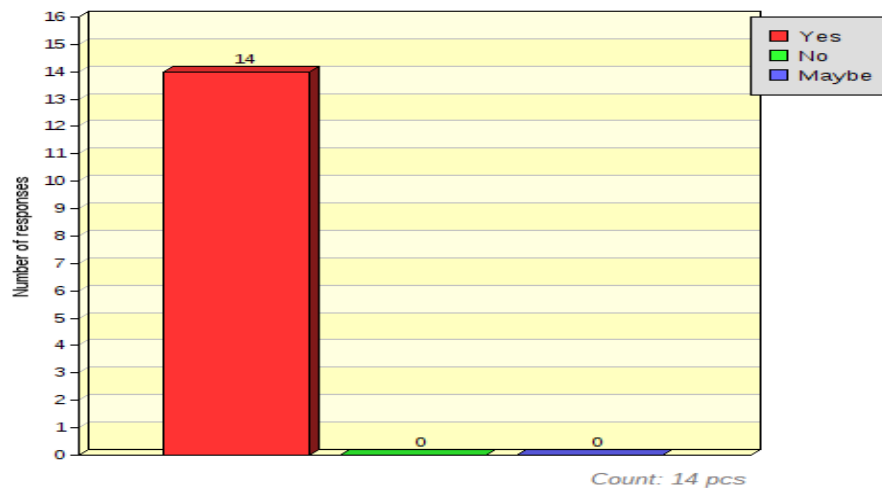


Image 9. I recognize culturally sensitive methods as necessary in my work.

All participants recognized CS as necessary in their work. Majority (85.71%) of the participants recognized having used CS previously in their work. As for learning more about CS methods regarding mental health related topics, eleven out of fourteen (78,57%) participants answered “yes” and three answered “maybe” to wanting to learn more. When asking the same question reversed as, “I would not like to learn more about CS regarding mental health related topics” eleven out of fourteen answered “no”, resulting the same number of participants as in the previous question being interested in learning more. Interestingly, the rest of the participants divided between two (14.29%) “yes” and one “maybe” (7.14%). Asking the questions in both positive and negative ways provided clarity on the overall number of participants not interested in additional learning on CS regarding mental health related topics.

The next section concerned the mental health needs as observed by the participants within the client group. A majority of nine (64.29%) participants recognized having encountered clients with mental health related questions and/or needs. Three (21.43%) of the participants answered “maybe” to having encountered clients with mental health related questions and/or needs. A minority of two (14.19%) participants did not recognize any client encounters where the client would have had mental health related questions and/or needs.

When asking whether participants recognized the clients in their working environment in need of also mental health related assistance, eleven (78.57%) of the participants answered “yes” and three (21.43%) stated uncertainty by answering “maybe”. A majority of twelve (85.71%) participants found that the clients with mental health related needs have been able to find services suitable for their needs through Familia. The rest two of the participants divided evenly between “no” (7.14%) and “maybe” (7.14%). This implies, that the participants can find and refer clients to other service providers within the Finnish mental health service actors suitable for the client group.

When asked about the participants view on the clients’ mental health related needs and successfully guiding them to seek assistance elsewhere in the Finnish service system majority of nine participants (64.29%) answered “maybe”, four (28.57%) answered yes and one participant (7.14%) answered “no”. This contradicts with the earlier question’s results stating that clients had successfully found mental health services suitable for them through Familia. Though 85.71% of the participants recognized clients’ finding assistance through Familia, 64.29% of the participants answered “maybe” when the question depicting mental health service provision within the association required more self-evaluative reflection in providing guidance in different service paths. This can depict insecurity in the prevailing skillset of the participants regarding Finnish mental health service system.

Regarding accessibility, the participants were asked whether they found the current Finnish mental health service system accessible for their client group (see image 10.). Majority of six (42.86%) found answered “no” and five (35.71%) answered “maybe”, The rest three participants (21.43%) answered “yes”. This demonstrates that participants recognize there to be challenges in accessing the Finnish mental health service system. As for immigrants as a client group, the answers confirm that most participants find the overall Finnish mental health service provision inaccessible.

Mental Health related service needs in my work:
As a professional, I find the current Finnish mental health service system accessible for my clientele:

Relative distribution of the replies

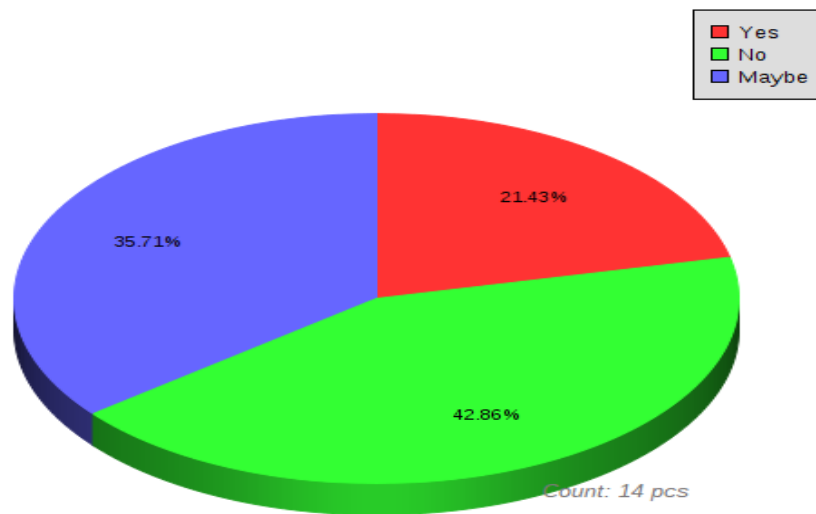


Image 10. Mental Health related service need in the participants' work: "As a Professional, I find the current Finnish mental health service system accessible for my clientele".

Concerning service availability, the questionnaire entailed a question inquiring the participants view on the current availability of the Finnish mental health services for their client group. Majority of twelve participants answered evenly "no" (42.86%) and "maybe" (42.86%). Only two of the participants (14.29%) answered yes to this question on service availability concerning the client group.

Concerning linguistic availability and accessibility of Finnish mental health services, eight out of fourteen (57.14%) answered "maybe" and six participants (42.86%) answered "no" when asked if they found the current Finnish mental health service available in languages other than Finnish or Swedish. This implies there to be uncertainty among professionals of Familia on the availability and accessibility of mental health services in other languages than the two official languages of the country. This means that although in the end of the year 2020, 16,6% (109 254 people) of the residents of Helsinki were foreign language speakers (Helsinki, 2022), there is no clarity amongst this group of 3rd sector professionals on the efficiency of service provision and accessibility concerning foreign language options in mental health services.

Concerning any previously displayed mental health related service need based on symptoms the participants were asked if they had encountered clients with symptoms of the following: general mental health related questions and/or needs, depression, suicidal ideation, challenges in emotional skills, challenges in life skills or challenges in managing the everyday (*in Fin. "arki"*). Concerning general mental health needs and/or questions majority of the participants answered "yes" (50%) or maybe (36.71%). Only two participants (14.29%) had not encountered clients with general mental health related questions and/or needs.

Concerning symptoms of depression majority of the participants answered "yes" (50%) or "maybe" (35.71%) and only two participants (14.29%) answered "no". Twelve out of fourteen (85.71%) answered "no" to having encountered a client with symptoms of suicidal ideation. The rest two participants divided evenly between one "no" and one "maybe". Majority of nine out of fourteen participants (64.29%) answered "yes" having encountered clients with challenges in emotional skills. Two of the participants answered "no" and three answered "maybe" to the question on emotional skills. When asked about encountering clients with challenges in life skills majority of eight out of fourteen participants answered "yes" to have met such clients. Three participants answered "maybe" and two answered "no" to having encountered clients with challenges in life skills.

Lastly, in the section concerning mental health related previous client experiences the participants were asked about having encountered clients with challenges in managing the everyday life. Majority of the participants expressed uncertainty by six (42.86%) answering "maybe", four (28.57%) answering "yes" and four (28.57%) answering "no".

The last section of the questionnaire was the participants self-evaluation. The first question measured the participants satisfaction to their previously attained training regarding CS. Majority (42.86%) of the participants expressed satisfaction to their already acquired knowledge on the topic. The second largest group were five (35.71%) of participants who expressed dissatisfaction to the previously acquired training they had received on cultural sensitivity. The smallest group of three (21.43%) of participants answered "maybe".

The next question concerned the participants' satisfaction to previously received training regarding mental health related client situations. Opposite to the first question, majority of eight out of fourteen participants (57.14) answered "no" to their satisfaction on

previous training regarding mental health related client situations. The rest of the answers on the question divided evenly between “yes” (21.43%) and “maybe” (21.43%).

The next question rated the participants view on whether they could benefit from additional training on CS. Majority of 11 participants (78.57%) answered “yes” and the rest of three participants (21.43%) answered “maybe”. Followingly, the participants were asked a question on whether they could benefit from additional training on basic mental health concepts and the Finnish service system regarding immigrant women. Majority of twelve out of fourteen (85.71%) of the participants felt they could benefit from additional training on basic mental health concepts and the Finnish service system regarding immigrant women. Only two (14.29%) of the participants answered the question “maybe”.

Regarding the participants confidence to apply CS in their work based on their current skills (see image 11.), majority answered “yes” (57.14%) and maybe (35.71%). Only one (7.14%) participant answered “not” indicating current insecurity to apply cultural sensitivity in their work. When asked the same question regarding assisting clients in mental health related topics in their work majority answered “no” (50%) and “maybe” (37.71). Two out of fourteen participants (14.29%) answered “yes” indicating confidence in assisting in mental health related topics.

I feel confident to apply cultural sensitivity in my work.

Relative distribution of the replies

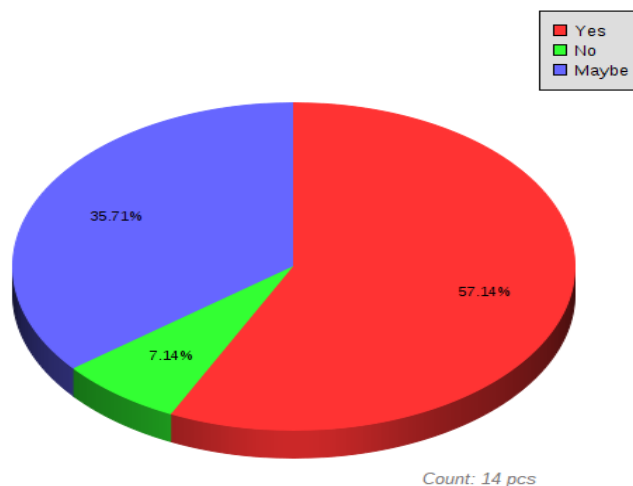


Image 11. Confidence to apply CS in work.

Regarding the participants' self-assessment on their current skill set on mental health concepts and the Finnish service system on a scale of one to ten, the majority of four participants rated themselves as a six, next biggest group of three participants rated themselves as four. The rest of the ratings were dispersed (see image 12.).

Regarding the participants' self-assessment on their current skill set on CS on a scale from one to ten, the majority of five (35.71%) participants rated themselves as a nine, next biggest group of four participants (28.57%) rated themselves as five. Three (21.43%) of the participant rated themselves as eight. The lowest rating was four and the rest were all above five (see image 13.).

I would rate my current skill set on mental health concepts and the Finnish service system on a scale of one to ten as:

Absolute distribution of the responses

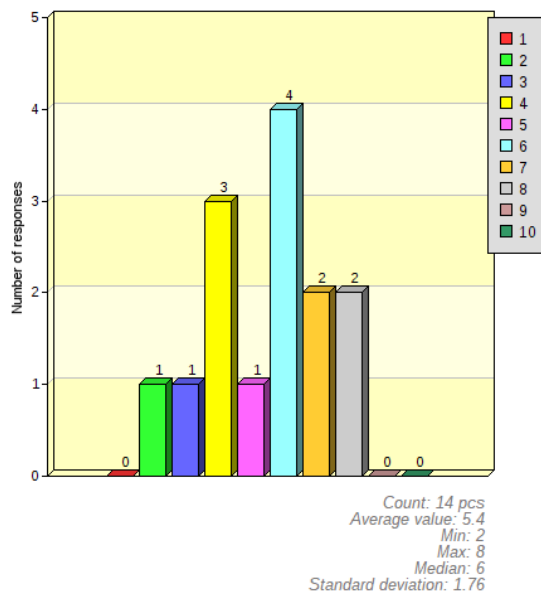


Image 12. Self-assessment of questionnaire participants regarding their skill set on mental health concepts and Finnish service system.

I would rate my current skill set on cultural sensitivity on a scale of one to ten as:

Absolute distribution of the responses

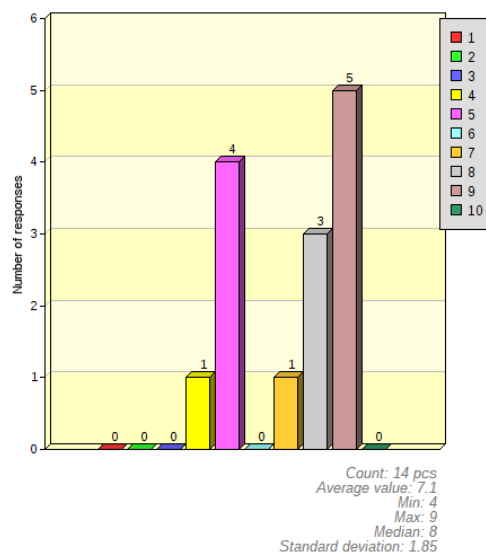


Image 13. Self-assessment of questionnaire participants regarding their skill set on cultural sensitivity.

11 Conclusion

11.1 Evaluation of the Research Results

In this section a tentative answer in the light of the Bio Ecological Systems Theory and the data analysis result will be provided. The results of the analysis were examined based on the research questions.

1. How do the professionals see cultural sensitivity as part of their work?
2. What kind of mental health related needs do the professionals encounter in their work?
3. How do the professionals see their current skill sets related to mental health concepts and cultural sensitivity?

As for cultural sensitivity as part of the participants work, all the participants considered CS as necessary tool in their work. Majority considered their current skills in CS as excellent or very good. Yet, majority of the study participants expressed that they could benefit from additional CS training.

Regarding mental health, majority had encountered clients with mental health related questions or needs. Majority also considered their skills on mental health related service provision lacking yet, majority of the participants were also willing to further develop their knowledge through additional training.

As for participants self-evaluation on their current professional skillset in CS and mental health related service provision, the questionnaire found that the professionals of Familia view themselves as outstanding, excellent, or very good (10-8). Additionally, participants scaled themselves as very good or above average (8-6) to apply CS in their work with clients. Regarding mental health related service provision and assistance in Familia's context however, the questionnaire found that most participants view themselves as above average (6) or below average (4). The difference between the two skillsets is visible in the results.

This confirms that 3rd sector professionals working with immigrant women tend to have a wide knowledge and understanding of CS but lack familiarity with mental health related services concerning assistance. This can be one causing factor of immigrant clients' underrepresentation in the Finnish MH services (Kieseppä et al. 2021; Castaneda et al 2020) by not receiving effective service guidance in the otherwise familiar service environments such as associations.

From the perspective of the Bio Ecological Systems Theory (Bronfenbrenner, 1979; 1994; 2006) and the results of the questionnaire, the interaction of different levels can be noted. Based on the data a solution to bettering the service provision as according to the clients' needs as depicted in the questionnaire results can be concluded.

Majority of the participants had encountered clients with mental health related service needs and/or questions. This implies that the client group's mental wellbeing is part of the clients' service needs even as the organization, primarily focuses on providing the clients with intercultural services improving integration (i.e., language learning), diversity and internationality. The macro level's influence in the services offered to clients shows through funding. Familia's services are funded as project-based grants from the Funding Centre of Social and Health Care Organizations (or STEA). The services offered by Familia depend therefore on grant applications approval.

Furthermore, majority of the participants expressed an interest to developing their skills set on general mental health related topics along with the Finnish mental health service system. This result implies that the need for mental health related services exists on behalf of the client group and interest to gaining professional skills set also exists on behalf of the professionals. The macro- and mesosystems connected to this are the ministerial policies (STEA) providing the grants as well as the leadership of the organization in charge of formulating the services provided.

Also, the overall culture and society's norms in the Greater Helsinki area concerning mental health and immigrant populations affect the attitudes, urgency and needs of service providers to offer services. Thus, the conversations had on the societal level influence the client groups view as well as the service providers view on the need to address mental health topics as part of services.

11.2 Ethical Validity and Reliability of the Research

This dissertation followed the guideline of the Finnish National Board on Research Integrity (TENK, 2019). The research was conducted in a manner that respected the privacy and human dignity of the participants. The data was collected respecting the Finnish Data Protection act (Data Protection Act 1050/2018; The Data Protection Ombudsman, 2021).

In this thesis professional ethics is used to speak of the ethical framework within which a professional of social services operates, (Talentia, 2017). Such ethical frameworks are represented by globally applied professional values such as honesty, respect, client confidentiality and boundaries, (Talentia, 2017; British Association for Counselling and Psychotherapy, 2018; The International Federation of Social Workers, 2021).

The reliability of the research is based on the genuineness of the participants to answer the questionnaire as professionals applying transparency and constructive criticisms in self-evaluation. The researcher analyzed the results of the data based on the quantity of the answers in the offered options. A conclusion was formed based on the overall results of how the answers divided. The research questions validity was measured in the light of the theoretical framework and the expressed need of the client group as based on previous research and the questionnaire results. Furthermore, the

participants answered all the questions independently and without any influence from the party conducting the research.

12 Discussion

As a developmental idea in the light of the thesis results, incorporating mental health related service provision into Familia's services could be done by firstly improving the staffs' skills in mental health topics and Finnish service system. Followingly, as the service providers are trained adequately, projects concerning mental health among immigrant women could be developed into becoming a part of the services available through the organization.

Further research in the Finnish low threshold mental health services must be made to develop the availability and accessibility for immigrant women in mental health related services. The application of culturally sensitive working methods needs to be developed by offering professionals in all service sectors from public, to private as well as the third additional training in the topics of mental wellbeing and cultural diversity. Increasing professionals' awareness on the cruciality of CS in client work could aid at preventing the marginalization of immigrant population groups in the Finnish mental health services (Kieseppä et al. 2021; Castaneda et al. 2020).

As noted in this thesis, majority of Familia's professionals did not find themselves equipped enough to deliver services concerning mental health related services and guidance. By improving the skill set of the staff in CS, professional wellbeing of the practitioner as well as the holistic consideration, including mental wellbeing, of the client may experience amelioration. Thus, improving immigrant women's overall wellbeing and integration into the society.

Due to the small number of participants the study turned out being unsatisfactory to represent the Finnish 3rd sector professionals as a whole but big enough to confirm some of the researcher's initial questions concerning mental health service provision in the Greater Helsinki. The effectivity of the Finnish mental health services among first generation immigrant women in the third sector services can be revalued by conducting new research with a larger sample size. The researcher suggests including multiple 3rd sector actors with similar clientele in the Greater Helsinki area. The more data is collected, more specifically it can be analyzed. Thus, the development needs of the third

sectors services concerning mental health service provision among immigrant women can be developed further.

As for the researcher's own experiences of professional growth regarding the thesis work, my understanding of the multiple facets of the Finnish service system has grown. The different operating environments from the private to the third sector's impactful preventative and rehabilitative work have become clearer. The professional experiences in the light of diversity and different professionals' personal history impacting the views to the tools applicable (such as SC), has made the researcher understand the importance of self-reflection in the field of social services as part of delivering clients with quality services regardless of their background.

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Cultural Sensitivity as a Professional Tool



Form is scheduled: publicity starts 14.3.2022 11.57 and ends 6.6.2022 23.59

Cultural Sensitivity as a Professional Tool

Opinnäytetyön (AMK) nimi: Kulttuurisensitiivisyys ammattilaisen työkaluna - Kolmannen sektorin ennakoiva mielenterveystyö

Kysely tuotetaan osana opinnäytetyötutkimusta kulttuurisensitiivisyydestä työkaluna ammattilaisten toiminnassa mielenterveyteen liittyen maahanmuuttaja naisten kohdalla.

Vastaajat: Familia ry:n työntekijät

Kysely tuotetaan anonyymisti.

Bachelor's Thesis:

Cultural Sensitivity as a Professional Tool - Immigrant Women's Preventative Mental Health Work in the Third Sector Services

This questionnaire forms part of a bachelor's thesis research on cultural sensitivity and whether it is applied by professionals concerning immigrant women and mental health related client encounters.

Subjects: Familia's staff

Questionnaire is conducted anonymously.

Professional's own background:

I form part of an ethnic/cultural minority in Finland (excluding the Finnish Sami community).	<input type="radio"/> Yes
	<input type="radio"/> No
I form part of a linguistic minority in Finland (excluding Swedish or Sami)	<input type="radio"/> Yes
	<input type="radio"/> No
I form part of the Native Finnish population both ethnically and linguistically	<input type="radio"/> Yes
	<input type="radio"/> No

Pick the option(s) that best depict your educational level

Upper Secondary Diploma	<input type="radio"/> Yes
	<input type="radio"/> No
Bachelor's Degree	<input type="radio"/> Yes
	<input type="radio"/> No
Master's Degree	<input type="radio"/> Yes
	<input type="radio"/> No
Doctoral Degree	<input type="radio"/> Yes
	<input type="radio"/> No

Pick the option(s) that best depict your educational field

Social Services	<input type="radio"/> Major Studies
	<input type="radio"/> Minor Studies
Sociology	<input type="radio"/> Major Studies
	<input type="radio"/> Minor Studies
Economy	<input type="radio"/> Major Studies
	<input type="radio"/> Minor Studies
Communication	<input type="radio"/> Major Studies
	<input type="radio"/> Minor Studies
Linguistics	<input type="radio"/> Major Studies
	<input type="radio"/> Minor Studies
Anthropology	<input type="radio"/> Major Studies
	<input type="radio"/> Minor Studies
Psychology	<input type="radio"/> Major Studies
	<input type="radio"/> Minor Studies
Political Science	<input type="radio"/> Major Studies
	<input type="radio"/> Minor Studies
Law	<input type="radio"/> Major Studies
	<input type="radio"/> Minor Studies
Philosophy	<input type="radio"/> Major Studies
	<input type="radio"/> Minor Studies

Employment History:

I have worked in my current employment position for:

Less than a year	More than a year	Less than five years	More than five years
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Client base and frequency of different backgrounds:

	Daily	Weekly	Monthly	Less than monthly	Never
I encounter clients from cultural backgrounds different from my own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I encounter clients from other cultural backgrounds than native Finnish (including Swedish and Sami communities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Cultural Sensitivity:

	Yes	No	Maybe
I recognize situations of having applied cultural sensitivity in my work with clients in the past.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I recognize cultural sensitive methods as necessary in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to learn more about culturally sensitive working methods regarding mental health related topics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would not like to learn more about culturally sensitive working methods regarding mental health related topics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mental Health Needs of the Clientele:

Mental Health related service needs in my work:	Yes	No	Maybe
I have encountered clients with mental health related questions and/or needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients in my working environment also have a need for mental health related assistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The clients with mental health related needs have been able to find services suitable for their needs through Familia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The clients with mental health related needs have been successfully guided to seek assistance elsewhere in the Finnish service system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a professional, I find the current Finnish mental health service system accesible for my clientele:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a professional, I find the current Finnish mental health services available for my clientele.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a professional, I find the current Finnish mental health service available in languages other than Finnish or Swedish.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

