Language and cultural discordance between practitioners and refugees in mental healthcare consultations

Developing a promising European intervention to break down barriers

Schouten, B. ; Lázaro Gutiérrez, R.; Krystallidou, D.

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Language and cultural discordance between practitioners and refugees in mental healthcare consultations: Developing a promising European intervention to break down barriers

One of the scopes of rEACH, the research-focused subcommittee of EACH: International Association for Communication in Healthcare, is to disseminate knowledge on new trends in healthcare communication research. With these Association Pages, rEACH has involved external contributors to disseminate knowledge on the specific topic of 'intercultural communication: challenges and solutions'.

The European Commission [1] stated that the long-term integration of refugees and other migrants requires more attention from policymakers, in particular when it comes to healthcare, language support and the proper implementation of existing anti-discrimination laws. Within healthcare, although intercultural competencies and using professional interpreting services in language-discordant healthcare consultations are increasingly being recognized as good practice, standards or guidelines with regard to providing culturally competent care exist in less than half of all European Union member states. For mental healthcare, this percentage drops to around 20%. This is unfortunate, to say the least, given that the prevalence of some mental health disorders, such as posttraumatic stress disorder, is higher among refugees and other migrants compared to non-migrants, because of encountering a host of stressors before, during and after migration which make them particularly vulnerable to mental health disorders. To illustrate, the World Health Organization [2] now estimates that at least half a million Ukrainian refugees suffer from mental health issues. The suffering among refugees and other migrants (such as asylum seekers) caused by mental health issues is further exacerbated by their lower access to mental healthcare services. Thus, the people highest in need of this care are, in fact, receiving the least amount of it.

In the next sections, we will give an overview of the most important barriers hindering their access to mental healthcare services, followed by an example of an intervention that can potentially tackle those barriers and promote refugees' and other migrants' access to mental healthcare.

1. Barriers to accessing mental healthcare

In a recent literature review by Satinsky et al. [3] on refugees' and asylum seekers' mental healthcare utilization and access, eight different, but interrelated, factors affecting access have been conceptualized (Table 1). Findings indicate that, in particular, *acceptability, awareness, accommodation, help seeking* and *stigma* are persistent barriers to mental healthcare access and use.

Acceptability refers to both patients' and providers' attitudes and their level of comfort toward each other's personal characteristics, such as their ethnic background, gender, social class and diagnosis. For instance, some studies have shown that patients may prefer to be treated by a provider from their own ethnic background and speaking their own language. Also, both patients and providers report sometimes experiencing discomfort when discussing certain mental health-related topics, hinting at a lack of mutual trust [e.g. Ref. [4]].

Patients' experience of discomfort is partly related to the *stigma* and taboo that exists in some migrant populations regarding mental health issues, and their fear of being excluded from their own communities when speaking out about their mental health problems [e.g. Ref. [5]]. This fear may be further exacerbated by healthcare providers' and systems' discrimination and bias toward ethnic minorities, which further marginalizes and discourages them from *seeking help* for their mental health issues. Although there is a dearth of research on discrimination and (implicit) bias in European healthcare settings, some studies carried out in the United States have consistently shown that many healthcare providers display negative (implicit) attitudes toward ethnic minorities [e.g. Refs. [6,7]].

Accommodation refers to the extent to which mental healthcare organizations provide services that are tailored to the patients' needs and address barriers to care, such as patients' lack of language proficiency in the host country's dominant language. Multiple studies have shown that, despite existing guidelines for good practice in this context, professional interpreters and other language services are insufficiently available. Providers often resort to working with untrained interpreters, such as family members of the patient, leading to potentially severe clinical consequences, such as misdiagnoses and premature treatment cessation [e.g. Ref. [8]].

Last but not least, a major barrier of mental healthcare access that has been consistently reported in the literature is healthcare providers' and patients' lack of *awareness* about available (culturally-sensitive) mental healthcare services and treatment possibilities for certain mental health issues, such as anxiety [e.g. Ref. [9]].

2. Interventions as part of the solution

Interventions that promote the uptake of mental healthcare among refugees and other migrants are urgently needed, because of the high prevalence rates of mental health disorders among these groups, combined with the many barriers that lead to underutilization of mental healthcare services. To be effective, such interventions should target and involve all stakeholders simultaneously (i.e. patients, their caregivers, interpreters, and healthcare providers) and give due attention to the different levels at which the above-mentioned barriers exist.

This can be done for instance, by applying a 'complexity science approach' that acknowledges the interrelatedness of barriers at different levels: micro (individual level, e.g. patients' language proficiency), meso (social level, e.g. patient-provider trust), and macro (system level, e.g. healthcare policies). This approach is used when studying complex systems from an interdisciplinary perspective by applying multi-method designs. For example, the Medical Research Council's recently updated framework for developing and evaluating complex interventions could

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Table 1
Factors affecting access to mental healthcare, based on Satinsky et al. [3].

Name dimension	Definition	Example of barrier
Affordability	Patient's ability to pay for healthcare services and perceptions of service worth relative to costs.	Low socioeconomic status of patients may hinder obtaining healthcare in the first place.
Availability	Providers' available resources (e.g. technology, personnel) to meet patients' needs and availability of healthcare services.	Lack of available regular healthcare staff/receiving care from different providers hinders building a relationship of trust.
Accessibility	Patients' resources to meet with the provider (e.g. transportation, time).	Patients' lack of (free) transportation may hinder attending their appointments with their healthcare provider.
Accommodation	The extent to which providers' services meet patients' needs and limitations and patients' perceptions of service appropriateness.	'Getting by' in consultations with a language barrier, because of insufficiently working with professional interpreting services during consultations.
Acceptability	Patients' and providers' attitudes and level of comfort with each other's personal characteristics.	Cultural distance and related feelings of discomfort between providers and patients may hinder an adequate communication process.
Awareness	Patients' and providers' awareness of available mental healthcare services and of (meaning of) symptoms	Healthcare providers may lack awareness that patients' expression of physical symptoms may indicate mental health issues.
Stigma	Patients' and providers' stigma toward mental illness and mental healthcare services.	Patients' may be reluctant to communicate about mental health symptoms because of fear of stigma.
Help Seeking	Patients' coping processes to obtain mental healthcare.	Patients' may seek help from traditional healers before or in parallel of Western mental healthcare for their health complaints, possibly interfering with the care they receive.

be a valuable tool to assist researchers in applying a complexity science approach to their interventions [10].

In addition, solving complex societal problems - such as promoting culturally-sensitive access to mental healthcare communication - requires an interdisciplinary approach to enable a multi-layered perspective and novel solutions that reach beyond the boundaries of separate disciplines. For instance, by combining the disciplines of linguistics, communication science and psychology, culturally and linguistically sensitive patient educational materials can be developed that contribute to empowering patients to communicate about their mental health issues.

Lastly, the use of digital methods, such as semi-automated translation tools, can be useful to implement such interventions, in order to assist already overburdened mental healthcare systems that need to cope with the increasing demands on their resources. For instance, the Health Communicator is a semi-automated translation tool that enables patients with low Dutch language proficiency to indicate what they would like to communicate about with their healthcare provider. A previous intervention study has shown this tool to increase both patients' and providers' participation levels during the consultation [11].

An example of an intervention that combines the above-mentioned elements is the European MHealth4all project (www.mhealth4all.eu). In this research project, academics and practice partners from nine European countries are jointly developing and evaluating a platform to promote access to mental healthcare services for refugees and other migrants, with input from migrant and refugee communities. The platform is intended to be evidence-based, culturally-sensitive and multilingual. Intervention elements will target the above-mentioned *awareness* and *accommodation* barriers to accessing mental health care. For example, it will offer a comprehensive database to patients and healthcare providers of available culturally-sensitive mental healthcare services, as well as interpreting and other language-related resources, which may help bridge the language barrier in mental healthcare consultations.

In addition, it aims to target the *acceptability, stigma-* and bias-related barriers to accessing mental healthcare. To that end, multilingual audiovisual educational narratives will be developed to empower, train and support patients in *seeking* mental healthcare. At the same time, online educational videos will be developed to support healthcare providers in providing culturally and linguistically sensitive mental healthcare treatment. The content of these materials will be based on extensive research into stakeholders' needs, barriers to care and effective communication strategies, including semi-automated translation tools.

Intervention results are expected in 2024. If the MHealth4all intervention is effective in promoting access to culturally sensitive mental healthcare services for refugees and other migrants, the platform can be implemented at a broader scale, ultimately contributing to a higher level of mental wellbeing of refugees and other migrants and more inclusive societies for all human beings.

For more information and to contact the MHealth4all team, please visit the project website: www.mhealth4all.eu.

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Barbara Schouten[a,*], Raquel Lázaro Gutiérrez[b], Demi Krystallidou[c]

[a] *Amsterdam School of Communication Research/Center for Urban Mental Health, University of Amsterdam, the Netherlands*

[b] *Department of Modern Philology, Universidad de Alcalá, Spain*

[c] *Centre for Translation Studies, University of Surrey, UK*

[*] Corresponding author. ,

E-mail addresses: b.c.schouten@uva.nl (B. Schouten), raquel.lazaro@uah.es (R.L. Gutiérrez), d.krystallidou@surrey.ac.uk (D. Krystallidou).