**Executive Summary:**

**Position Paper – Educating health professionals**

**about the lives of Olim[[1]](#footnote-1)[\*] and immigrants**

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In recent years, the Israeli healthcare system has seen an increasing number of empirical studies and culturally-adapted interventions addressing the singular needs of Olim and immigrants. However, no systematic endeavor to train healthcare professionals in these fields has been made. The purpose of this position paper is to assist academic institutions and teachers in instilling future healthcare workers (doctors, psychologists, social workers, occupational therapists, nurses, etc.) with unique knowledge and tools so that they might understand the experience of patients who are Olim, immigrants, or asylum seekers, and provide a culturally-adapted response to their health concerns.

The overall recommendation is to expand training about health and illness in immigrants, from the subjective perspective of these patients and their families. Specific issues that ought to be considered are: physical and mental illness among immigrants, exercising the full scope of rights and access to treatment and services, developing and implementing culturally-adapted interventions, communication in cross-cultural treatment and so on. Below are specific recommendations for topics to be included in the training of health professionals.

**Immigration, language and treatment**

In the context of immigration, acquiring and sustaining knowledge of a new language is a personal, familial and social issue that has wide-reaching and varied psychological, educational and cultural ramifications in the lives of immigrants and their children. This section addresses various issues related to the emotional facets of acquiring and sustaining language, and the connection between the use of language in social and treatment contexts, and the emotional dimension. It is recommended that the impact of language acquisition on the inner world of immigrants and refugees be addressed, including the barriers they encounter in this process. It is also advisable to give room to the linguistic patterns of immigrants and minority groups, with special emphasis on the communication between healthcare professionals and patients.

**Health implications of immigration**

The process of immigration has many health ramifications for immigrants. In recent years, professional and academic discourse has focused on how the process of acclimatization inherent in migration impacts health, and how immigrants from a variety of cultural backgrounds perceive and contend with illness. Numerous epidemiological studies report health disparities between immigrants and the local population and explore the social factors that create and perpetuate these disparities. These factors include a plurality of stressful circumstances, a lack of adequate access to care, and structural discrimination in healthcare systems. However, a narrative-constructive perspective focusing on the personal experience and subjective encounters of patients from different cultural backgrounds has not been sufficiently explored. This is despite the fact that the experience of illness and the meaning attributed to its symptoms is a subjective experience that is directly influenced by culture: the “explanatory model” of the disease includes the individual’s comprehension of the causes of the disease, ways of dealing with it, lifestyle changes that are required in order to treat it, patterns of seeking professional help, forms of treatment and projected results. It is therefore very important to convey to healthcare professionals the clinical and methodological importance of being attentive to patients’ personal histories. In education for the health professions, it is advisable to incorporate courses that teach narrative tools which facilitate an in-depth understanding of how people and families from different cultural backgrounds perceive and contend with medical issues.

**Management of stressful events among immigrant caregivers**

Immigrant families caring for loved ones with a chronic illness have to deal with the dual stress associated with their role as caregiving family members, and with the processes of adapting and acclimatizing as immigrants. This raises a number of important theoretical and practical questions: How is the concern and care given to a family member “characterized” during a cross-cultural transition? What is the primary factor that creates the experience of burden in immigrant caregivers: illness, immigration or culture? What are the available resources to help alleviate some of the burden and help individuals adapt to the new family circumstances? And what risk groups among immigrant caregivers are more vulnerable to immigration stressors? It is advisable to address these questions when providing training for the healthcare and gerontology professions and to consider the dual stressors that immigrant caregivers are subject to, as well as the psychological, social and linguistic-cultural challenges they face and their ways of contending with these challenges. To this end, teaching key theories and models in the field of stress-management and resilience-building is advisable, with special emphasis on the systemic approach to managing stress and family crises (hereinafter, “family stress theory”).

**Patterns associated with Olim and immigrants seeking assistance from the healthcare system, barriers and access to care**

Immigrants encounter various barriers when they come into contact with the systems of a new country, including healthcare systems. It is no coincidence that immigrants apply for mental health services less frequently than the local population. In Israel, the National Health Insurance Law grants health insurance to every resident, but studies have shown that immigrants employ these services less than locals do. Researchers estimate that multiple social and cultural barriers – such as unavailability of information, linguistic barriers, social acclimatization challenges, inexperience with the local healthcare system, marked stigma, suspicion and distrust in the system – all make it difficult for immigrants and their families to seek help, exercise the full scope of their rights and secure the desired services. It is therefore very important when training professionals that are to join the ranks of the healthcare system, to raise awareness of this disparity in healthcare services in the Western world and in Israel, and to raise awareness of the systemic and social strategies that must be implemented to minimize these disparities.

**Mental health among Olim, immigrants, and asylum seekers**

In recent years, the relationship between immigration and mental illness has been researched extensively in many Western countries and in Israel. Multiple epidemiological studies have found that, compared with the local population, immigrants are at a higher risk of developing psychotic disorders, affect disorders, anxiety disorders, suicidal behavior and addiction to psychoactive substances. This is particularly characteristic of immigrant groups that are further removed from the local population in terms of their physical and cultural characteristics, for example, Afro-Caribbean immigrants in the United Kingdom or Ethiopians in Israel, as well as migrant workers and asylum seekers. Over the years, many contributing factors have been proposed by researchers to account for the increased risk of mental illness among immigrants: selective factors related to traumatic events and policies in the destination countries, cultural factors influencing access to early treatment and diagnosis, and social factors related to economic adversity and an experience of otherness, discrimination, and racism towards immigrants in the destination society. Therefore, it is important to address these issues when training health professions: both the theoretical and empirical causes of this phenomenon and the steps that can be taken to minimize health disparities. In the Israeli context, it is important to discuss whether the policy of “an open door for Jewish immigrants” practiced in Israel, minimizes or compounds the risk of developing mental disorders among immigrants.

**Individual culturally-adapted and context-adapted mental health interventions for immigrants**

In an age of globalization and global migration, and in light of the preference of many ethno-cultural groups to preserve the culture of their country of origin even after their migration, the cross-cultural encounter between healthcare professionals and patients who originate in different cultures, is becoming rather frequent and commonplace. This requires healthcare professionals and healthcare systems to train in cultural competence and develop services and clinical interventions tailored to the needs of people from different backgrounds. The development of culturally-adapted interventions may impact processes of assessment, treatment, rehabilitation and recovery of people living with mental illness and their families. It would be prudent to devote a significant amount of time when training healthcare professionals in general, and mental health professionals in particular, to culturally-adapted interventions for people with mental health issues, in the global and regional context. It is also important to discuss with trainees the clinical and socio-political challenges that arise from the implementation of cultural competence in mental healthcare alongside the development and popularity of evidence-based practice.

**Culturally-adapted mental health interventions for immigrant families**

The deinstitutionalization process that has been underway in the field of mental health in recent decades, has led to a transferring the bulk of treatment for severe mental illness from psychiatric hospitals to the community. This shift has increased the responsibility and pressure upon caregiving families and has made them a central – if not sole – instrumental and emotional support system for those struggling to integrate into the community. But what happens when, in addition to caring for a family member with a serious mental illness, members of the family are experiencing another life change, such as immigration and intercultural transition? How is the concern and care given to a family member with a serious mental illness “characterized” during a cross-cultural transition? And what are the implications of providing this care on the immigration adjustment processes of the primary caregivers themselves? The cultural and contextual background of caregiving immigrants can have a formative impact on the perception of the family burden, on their emotional responses, and on their way of coping with their loved ones’ mental illness on a personal and familial level. In this section, we will discuss the particular needs of immigrant families caring for family members with serious mental illnesses and the essential development and implementation of culturally-adapted and context-adapted interventions when working with them.

**Olim and Immigrants in Psychiatric Rehabilitation in Israel**

The field of psychiatric rehabilitation is relatively new, having evolved over the past two decades with the goal of helping people with severe mental illness reintegrate into society. In Israel, the field of psychiatric rehabilitation developed rapidly thanks to the Rehabilitation Law for Persons with Mental Disabilities (Rehabilitation Law, 2000). The law includes an array of services (“rehabilitation package”) in the fields of housing, employment, education, and leisure, to which people dealing with serious mental illness are entitled (when diagnosed with a minimum of 40% psychiatric disability according to the National Insurance Institute). Following the legislation, rehabilitation-oriented practices and interventions were developed and assimilated among psychiatric rehabilitation service providers, with emphasis on illness management and recovery, improving social skills, contending with stigma, and fortifying strengths, skills, and hopes. Olim and immigrants are among those in psychiatric rehabilitation in Israel. They encounter the combination of processes underway in the field of mental health in Israel, and they bring their unique cultural background and their status as Olim or immigrants to this encounter. Their dual labelling as immigrants trying to integrate into Israeli society and as recipients of mental health services trying to integrate into normative society, renders them an at-risk group that may be pushed to the margins of society. Because of the high rate of mental illness among them, as well as the role of psychiatric rehabilitation in reducing hospitalizations and the recovery process, it is important to expose trainees in healthcare professions to the issues described above.

1. [\*] [Olim - Diaspora Jews immigrating to Israel.] [↑](#footnote-ref-1)