ANALYSIS NEEDS AMONG ERITREANS AND PSYCHIATRISTS, THERAPISTS AND INTERPRETERS WHO DEAL WITH THIS GROUP IN THE HEALTHCARE SECTOR

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Abstract: Due to increasing migration, the health system is facing regular challenges. This study examines the needs of Eritreans, as well as those of psychiatrists, psychotherapists and interpreters when working with the aforementioned group. 26 interviews were conducted and the results were evaluated using qualitative content analysis. The results show that language barriers, lack of education about mental disorders, and cultural differences make treatment for Eritreans difficult and pose a challenge for those providing it. It is strongly recommended that the health system adapt to the changing needs of clients and take these more into account in decision-making processes.
Keywords: Eritrean, mental health, psychosocial.

Introduction

Migration has long-term effects on health [1]. Eritreans are the second largest group among African migrants [2], but so far there are only a few studies on the mental well-being of this group.

There are already studies on the health and prevention behaviour of people with a migration background [3]. Subjects of this study are Russian and Turkish migrants, as well as Germans. The results show few significant differences in the health behaviour of the tested German, Russian and Turkish subjects. However, some studies report on the challenges regarding the psychiatric care of people with a migration background [4,5]. The studies illustrate the underrepresentation of migrants in the use of psychotherapy. The authors attribute the low use of health measures by migrants to the lack of offers that are appropriate for patients. [6] also draws attention to this phenomenon. It lists the lack of intercultural competence of practitioners, the lack of native speakers and interpreters in the health system, as well as ethnicitization and exclusion processes as possible causes of barriers to the access of healthcare for migrants. Despite greater levels of psychological stress, as indicated by the studies, migrants do not make use of medical help to the desired extent. This is mainly due to language barriers, as well as to the migrants' cultural and general understanding of illness [7]. It should be noted here that the understanding of mental health among migrants is heterogeneous [8]. The lack of reimbursement of interpreter costs by health insurance companies is also mentioned. For this

reason, it is essential to publish information on improving and maintaining physical and mental health in several languages.

In 2016, the German Society for Psychiatry and Psychotherapy, Psychosomatics and Neurology (DGPPN) published an article indicating that refugees and people with a migration background, who live in Germany, are more psychologically stressed than the native population [9]. Refugees are ten times more likely to suffer from PTSD than the native population. It is noted that the German psychiatric and psychotherapeutic care system is inadequately prepared for this phenomenon. Among other things, qualified language and cultural mediators are recommended for the diagnosis and therapy of such psychiatric problems. Even though many offers for the psychosocial care of people with a migration background exist in Germany, e.g. multilingual consultations, such offers are insufficient for some migrant groups, including Eritreans. This gap can be narrowed by providing information material in Tigrinya. In addition to the diagnostic and therapeutic manuals, the DGPPN recommends providing information materials on mental illnesses and their treatment options. It is also recommended that the psychiatric care system offer help in languages that are particularly in demand. The DGPPN counts Tigrinya as one such language.

The aim of this qualitative study is to ascertain the needs of both the affected group and the experts working with them. After analysis of the needs and a survey of the most common mental illnesses in the Eritrean community, the final step is to produce information brochures. This work is part of a dissertation. The detailed version of this study will be published as part of a dissertation.

Research methodology

A qualitative research design with semi-structured interview guidelines was used to explore the psychosocial stress factors and challenges faced by Eritreans, as well as their coping strategies. In addition, assessment of the needs of the people who work with this group in the health system was also conducted.

Interviewed are adult Eritreans, with and without mental disorders, who have lived in Germany for at least a year. Psychiatrists, psychotherapists, and interpreters with experience in caring for this group have also been interviewed. Participants have been asked to give their written consent before the interviews, and participation has been possible only if the inclusion criteria have been met and no acute illnesses, such as psychosis, dementia or schizophrenia have been indicated. Eritrean community meetings have helped in making recruitments for the study. After reviewing the criteria and receiving information about the project, interested parties have been given time to think about it. Upon

agreement to participate, they have signed a consent form that covers voluntary participation, anonymity, confidentiality, the right to withdraw consent, and data protection. Voluntary interpreting practice since 2013 has enabled contact with psychiatrists, therapists, and interpreters for recruitment purposes. A total of 26 interviews took place between September 2023 and March 2024. These included 17 Eritreans, 4 psychiatrists, 2 therapists and 3 interpreters. The interviews were continued until qualitative requirements were met.

All interviews are transcribed. Dresing and Pehl (2018) understand transcription as the writing down of audio and video recordings. The transcription is intended to serve as a memory aid. The written interview material has been used for the subsequent analysis. Qualitative content analysis according to Mayring [10] is used to evaluate the data from the interviews. A category system with abstractly defined categories is established. Each category is presented with direct quotations from the people interviewed.

The interviews took place voluntarily and the interviewees received no compensation for their efforts.

Results

Mental health awareness

The experts have assessed the level of knowledge and education of Eritreans about mental health. They have unanimously come to the conclusion that there is only limited knowledge about this topic in the community.

My experience was that it was actually difficult. First of all, explaining mental illnesses in general and differentiating between the various mental illnesses was even more difficult (Psychiatrist I3)

In addition to the lack of knowledge, a therapist also emphasized the existence of alternative explanations for mental complaints in the community. At the same time, she pointed out the stigmatization of mental disorders.

Some interviewees expressed annoyance due to the differences in the health systems in Eritrea and Germany. One Eritrean described that he did not know […] what a health insurance company or an insurance policy is, and what AOK means […] (Eritrean, I6). The Eritreans interviewed seem to have come into contact with the topic of mental health to varying degrees. The majority of them, similarly to the experts, assess the knowledge in the community about mental illnesses as low. Some of them emphasize the stigmatization and trivialization of mental illnesses that exist in the community. The interviewees also confirm the experts' assumption that religious and cultural explanations for illnesses are still valid in Eritrea. Furthermore, an Eritrean explains that there are only a few psychiatric hospitals in Eritrea. The language used by the

interviewees shows the stigmatization of mental illnesses, as well as the possible lack of appropriate vocabulary to describe such illnesses.

[…] When a person gets sick, they wash him with holy water (macholot) […] When you are sick, they think it is because you have done something bad […] Many do not believe in medicine […] At least where I grew up (Eritrean, I6)

[…] These are people who are almost crazy […] They normally have a few symptoms and I don't mean that (Eritrean, I13)

According to expert assessments, the most commonly observed mental illnesses include affective disorders, psychoses (especially paranoid schizophrenia), which are occasionally accompanied by aggression towards others, in addition to trauma-related disorders, and dissociative disorders. One expert reports that she has observed an increase in loneliness among Eritreans, although this does not in itself constitute a *"psychological diagnosis"* (psychotherapist, I1).

One interviewee mentions depression, sleep disorders and symptoms of paranoid schizophrenia. While some interviewees explicitly name mental illnesses, others describe symptoms of such. In addition, one interviewee draws attention to addiction problems in the community. She also reports on cases of suicide and gambling addiction. Another interviewee mentions, that apart from depression, she is increasingly observing "anxiety disorders" (Eritrean, I7).

[…] I know two brothers who take hashish […] then they became depressed […] both are in a closed ward […] a preacher committed suicide […] many want to earn money […] they become addicted to casinos […] (Eritrean, I5)

Psychosocial stressors

Eritreans cite cultural differences as a challenge, which can also affect their psychological well-being. The lack of support measures, combined with the transition from a collectivist to an individualistic society, is cited by one of the interviewees as one of the reasons why cases of mental illness are increasing among Eritreans, especially in young adulthood.

I grew up in a different culture where people are open, you laugh together, you do everything together, you are obliged to live for each other, but here everyone lives for themselves and that just brought me down psychologically […] (Eritrean woman, I1).

Even if Eritreans learn the language and adapt to the culture, they describe the difficulty of finding their way around the system. One Eritrean points out the lack of clear information on the part of German authorities, which often leads to confusion.

[…] the way you work and the way you fill out the forms, even if you can do that, it's difficult to get into the system […] (Eritrean, I2)

Negative experience with regard to racism obliges the interviewed Eritreans to tolerate the behavior of the staff in the health sector and, at the same time, makes them try not to attract negative attention in order to fit in and avoid conforming to any possible stereotypes that exist among the staff.

[…] this makes it difficult to even dare to say what's wrong with you, or if it gets worse and you're sitting in the waiting room, you don't want to be the irritated foreigner who doesn't follow the rules about the order, you just wait, even though it can somehow be regulated better medically […] (Eritrean, I3).

Challenges

One of the biggest challenges in working with Eritreans, according to experts, is the language barrier. In addition to the language barrier, two psychiatrists mentioned the difficulty of cultural interpretation in the context of treating mental illnesses. The classification of certain behaviours as pathological, or physiological, shifts accordingly. The need for education within the treatment team is also pointed out.

[…] it is very important that not only the language barrier is often a problem, but also this real cultural barrier, that is, the classification of an inner conviction in the cultural background is sometimes difficult, whether it is from a German, German cultural background, it sometimes seems psychotic but that is not true at all because it has to be classified accordingly in the other cultural background […] (Psychiatrist I4).

Some of the Eritreans interviewed cite the bureaucracy in Germany as a challenge. One interviewee describes how he initially found it difficult to get an overview of the health system due to the bureaucracy. According to the interviewees, this in turn effects the use of health services by migrants.

[…] at first I was also very reluctant to go to the doctor because I always knew, OK, the waiting and filling out the forms will take longer and you'll sit there and maybe spend an hour filling them out […] (Eritrean, I3).

One interviewee, similarly to the interpreters interviewed, describes the difficulty of finding terminology for mental illnesses in Tigrinya as an additional challenge to the one presented by the lack of acceptance of mental illnesses in the community.

[…] usually finding names is not easy, even if you do find names for them, there is no acceptance […] (Eritrean, I6)

Support measures

One of the greatest support measures mentioned by all experts is religion. Family members are another important source of support. Another interviewee highlights the supportive role of relatives in the treatment process by recognizing early warning signs.

especially those who perhaps saw their religious beliefs as a source of support, [...] *In addition, she had a very calm family, a partner, a husband, who really looked after her well* (Psychiatrist I4: AF).

Even if it is not their first choice, the Eritreans report that they can also imagine seeking advice in hospitals, in addition to counseling within their community. Some of them would go straight to the "family doctor" when seeking help for the first time (Eritrean, I3).

[…] *currently in Germany I can only go to the hospital […]* (Eritrean, I2).

One of the interviewees reported that although there are enough sources of information on the subject in Germany, these are mostly only available in German and due to the language barrier, are not suitable for Eritreans, at least not until the latter have mastered the language.

I can say that there are not enough in their language […] but there is nothing at the level I am at […] (Eritrean, I2).

Conclusions/discussion

The study shows that Eritreans in Germany face many obstacles in the health system. They know little about mental illnesses and rarely use support measures. These illnesses are associated with stigma. Eritreans have difficulties integrating and rarely use preventive medical care due to language barriers and unawareness of available health services. Instead, they rely on community knowledge and religious rituals. Psychiatrists, therapists, and interpreters confirm the limited knowledge about mental illnesses and the stigma that often arises from them. They talk about language barriers and cultural differences that make treatment more difficult.

The language difficulties migrants encounter in finding their way in the health system are discussed by Schenk [6] and they impact their use of health services. A study also shows that cultural and religious factors influence the treatment of mental illnesses, as well as the utilization of health services [11]. The challenges imposed by interpreting and described by all interviewees, are consistent with the limitations imposed on the reimbursement of interpreters in the health system, as identified by the Federal Office for Migration and Refugees [2].

Another study shows that there are no uniform regulations on how psychiatric hospitals should treat migrants or refugees. The observed mental illnesses such as psychoses, PTSD, affective disorders, and addictions are consistent with existing studies dealing with migrants and refugees [4, 12].

The psychosocial stressors for Eritreans include language barriers, lack of knowledge about their rights, difficulties in the health system, and racist experiences. To overcome these challenges, they rely on the support of their community, where relatives and friends act as interpreters and mutual exchange of information takes place. To improve their mental health, it is suggested that more

services be offered in Tigrinya. In 2016, the German Society for Psychiatry and Psychotherapy, Psychosomatics and Neurology (DGPPN) recommended the provision of information material, which was unanimously supported by the experts interviewed. They believe that this could lead to better education for those affected and their relatives and improve the prognosis of the disease.

Conclusion

Overall, both Eritreans and psychiatrists, therapists and interpreters report a limited understanding of mental illness within the community. In addition to the difficulties in finding Tigrinya interpreters, those treating them mention the challenge of dealing with non-conventional disease models in the Eritrean community. The most commonly observed mental illnesses are affective disorders, psychoses, trauma-related disorders and dissociative disorders. This study provides a comprehensive insight into the Eritrean community in Germany, their needs and the most common mental illnesses from the perspective of experts and the community. It also examines the accessibility of the health system for Eritreans and the associated obstacles. This work contributes to expanding the limited international and national literature on the psychosocial care of Eritreans. The present study is based on a small sample and is not representative. Future research should be supplemented by quantitative research designs.

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