Interculturalisation in Mental Health care

A qualitative study on the perceptions of and experiences with interculturalisation of professionals in Mental Health care

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1. Introduction

1.1 The history of interculturalisation

During the last couple of decades, mental health care organizations in the Netherlands have been confronted with an increasing number of clients from different ethnic backgrounds. Gradually, organizations have begun to adapt to their changing clientele, developing special services and activities in order to provide adequate care to migrant clients. The Netherlands even invented a new term to refer to such initiatives: "interculturalisation", a term that has been defined by David Ingleby as "the effort to provide services that are equally accessible and effective for migrants and ethnic minorities as for clients from the cultural majority" (Ingleby, 2004, p.1). The term 'migrant' – or *allochtoon* as is the common word for migrant in the Netherlands - is generally understood to mean '*a person that has at least one parent that has been born in another country'*; a definition that was formulated by the Central Statistical Office, which is mostly referred to as the official definition (CBS, 2000).

Although the term interculturalisation only came into use in the nineties, the first initiatives to pay special attention to migrants in mental health care go back to the beginning of the eighties. Between the 1960s and the 1970s the ethnic composition of the Dutch population changed because of the influx of guest workers that came to the Netherlands in large numbers to meet the shortage of workers in that period. While the, mainly Turkish and Moroccan, guest workers were expected to leave once they had become redundant, many of them stayed and had their families come over from their home countries. As such, they became part of the migrant population, which grew from 1.2 million in 1972, to 3.2 million today (CBS, 2008b). Nowadays, the term migrant - or *allochtoon,* the term that is used in the Netherlands to refer to inhabitants of non-Dutch descent - is generally understood to mean '*a person that has at least one parent that has been born in another country'*; a definition that was formulated by the Central Statistical Office, and is mostly used as the official definition (CBS, 2000). A further distinction is made between 'western migrants' and 'non-western migrants'. Within the category of non-western migrants, all migrants of Turkish, African, Latin-American and Asian – except for Indonesian and Japanese migrants - descent are included (CBS, 2000). In

everyday language though, the term migrant is generally referring only to migrants of non-western descent. Also in policies concerning migrants – for example integration policy, but also health care or employment policies – are mostly aimed at non-western migrants, though sometimes further categorized in target groups, such as Turks, Antilleans/Arubans or Moroccans (http://www.art1.nl; http://www.rivm.nl). Also in this thesis, the term migrant is used to refer only to migrants of non-western descent.

Initially, the needs of the migrants in terms of health care, education and other social services were largely ignored (Ingleby, 2006). When in the 1980s the attention was drawn to the deprived social situation of many migrants, the first initiatives for intercultural mental health care got off the ground (Rigter, 2007). For the first ten years, interculturalisation never got far beyond the level of loose initiatives, rather than any structural policies (Ingleby, 2006). In the nineties, advocates of interculturalisation became aware that a more systematic approach was needed and after a period of heated discussions, a number of specialists in the field of intercultural mental health care published a manifest in which they pleated for structural change. They argued that the mental health care sector should be more reflective and open towards its own practices, that they should reach out more actively to migrants, and involve them in the development of care services (van Dijk, Boedjarath, de Jong, May & Wesenbeek, 2000). In the same year the Council for Public Health and Health Care (RVZ) also published two reports about the health problems of migrants, and the shortcomings of health care provision for migrants in the Netherlands (Ingleby, 2006; Struijs & Wennink, 2000). Consequently, the Minister of Health at that time decided to launch a national project group that was to develop a strategy for interculturalisation (Rigter, 2007). Furthermore, a four year action plan was set up that encompassed a large number of projects aimed at the interculturalisation of mental health care services, as well as a national centre of expertise on interculturalisation (Ingleby, 2006).

However, the next Minister of Health, Hans Hoogervorst, decided in 2004 that interculturalisation should be mainly the responsibility of local authorities and parties, instead of the government. The national project group ceased to exist, and governmental support was limited to a yearly subsidy of €150.000 for expertise development (RVZ, 2004).

1.2 Implementing interculturalisation

Though the governmental support had been largely cut off, interculturalisation continued to be an area of attention within the mental health care sector. Many mental health care organizations developed special teams or supervisors that are concerned with the development and implementation of interculturalisation policies. These policies mostly involve different types of activities, like trainings for professionals in intercultural competences, special treatment groups geared towards migrants, and intercultural personnel management (Rigter, 2007). However, the difficulty with interculturalisation is that it involves more than just policy. Interculturalisation implies a cultural change within the organization. It is a process in which “structures, organizations, manners, norms and values change, or are adapted to, the multi-ethnic and multi-cultural composition of the population” (GGZ Nijmegen, 2000). From the perspective of professionals it requires a reconsideration of their own frame of reference and their way of working. The way professionals perceive and experience this process is likely to depend on the organization and the way it ‘sells’ interculturalisation to its employees. That is, the extent to which organizations deem interculturalisation an important process, and promote it as such within the organization as a whole. On the other hand, professionals are also subject to influences from outside the organization. Interculturalisation is a process that runs parallel to the societal and political discussion about the position of migrants in society. The extent to which professionals are influenced by this discussion also interferes with their practice of intercultural therapy.

Thus, the implementation of interculturalisation on the level of the professional depends on factors from within the organizations as well as factors that are external to the organizations. These factors are important to study as they influence the support among professionals for interculturalisation, which is an essential criterion for the process to succeed.

1.3 Aims and structure of the thesis

This thesis will investigate the perceptions of and experiences with interculturalisation of professionals in Mental Health Care (GGZ: *Geestelijke Gezondheidszorg*) organizations,

and the factors from the internal context as well as the external context of the organizations that are of influence. That is, the perceptions of and experiences with interculturalisation among professionals working in GGZ organizations are examined according to, on the one hand, the extent to which the organizations actively support interculturalisation, and, on the other hand, the influence that goes out from the external context of the mental health care sector, such as the social and political support for interculturalisation.

GGZ organizations are governmentally subsidized organizations, which provide mental health care for people with psychological and psychiatric problems (http://www.ggznederland.nl). In order to deal with the increasing number of migrant clients, many GGZ organizations developed an interculturalisation policy during the past years, which has had to cope with the political developments described above, as well as the difficulty to have staff members adapt their routine way of working in order to provide adequate care to migrant clients. As described above, interculturalisation requires a cultural shift within organizations. Therefore, the support of professionals for the interculturalisation process is a necessary requirement for interculturalisation to succeed.

This thesis presents the results of a qualitative research that has been conducted into the perceptions of and experiences with interculturalisation of professionals in GGZ organizations, and the internal as well as external factors these perceptions and experiences are influenced by. Staff members at four GGZ organizations have been interviewed in order to examine the way professionals within the different organizations perceive and experience interculturalisation, in relation to the organizational policy on interculturalisation within the respective organizations, and factors external to the organizations that professionals are subject to. In the first two chapters of this thesis, the theoretical framework that lays the basis for the research is presented, in which the concept as well as the implementation of interculturalisation is discussed. Then follows the research design, in which the setup of the research is explained. In the next chapter, the results of the research are discussed. The final chapter contains the conclusion to this research, followed by a discussion of the literature and policy implications.

2. Interculturalisation in theory

This chapter will expound the assumptions in which interculturalisation is embedded. Different approaches to diversity in mental health care are reviewed, followed by a discussion of cultural differences between clients and social workers that can put up barriers for intercultural therapy. These are important to understand the complexities of intercultural mental health care, and the reasons why interculturalisation is considered a necessary process to cope with these complexities.

2.1. Approaches to intercultural therapy

Opinions on which role culture should play in mental health care differ greatly. Struijs and Wennink (2000) distinguish three approaches, each having a different vision on the importance of culture in mental health care. The first approach is the universality hypothesis, which departs from the position that psychological disorders are universal, and that a culture-specific treatment is therefore unnecessary. This approach is common in the western oriented psychiatry.

The second approach is the relativity hypothesis, which is described by Knipscheer and Kleber (2004, cited in Struijs & Wennink, 2000) as the idea that "each culture – also the western culture – should be considered as a separate whole, with its own visions about values, norms and deviant behaviour". Therefore, psychological diagnoses are considered as culture-specific. This view is applied in the so-called ethnopsychiatry (Struijs & Wennink, 2000).

The third approach is a combination of the two previous ones. The occurrence of psychological disorders is mostly universal, but the manifestation of these disorders can differ across cultures. Symptoms might therefore take different shapes, depending on social and cultural factors. This approach underlies the school of transcultural psychiatry, which combines elements from both the western psychiatry and psychotherapy and the ethnopsychiatry (Struijs & Wennink, 2000).

These three approaches fuel the ongoing debate about the role culture should play in intercultural therapy. According to Jeroen Knipscheer (2005), cultural background does

not have to make a great difference in mental health care provision. What is necessary is that professionals are aware and critical of their own stereotypical views of the clients' experience and reality. They should be open to alternative visions, and willing to search for common grounds. However, such an attitude is indispensable for every therapist-client relationship, Knipscheer argues. Therapists should be curious and willing to explore new grounds, rather than being afraid of what is unknown and strange to them (Knipscheer, 2005). He derives this conclusion from a small-scaled study he conducted, interviewing thirty social workers from Altrecht, the GGZ organization in Utrecht. Most of the interviewees acknowledged that all therapy is intercultural. "No matter who is sitting in front of you, you will have to imagine yourself in his position" (Knipscheer, 2005, p.718). However, Knipscheer describes that although most therapists think that all therapy is intercultural, they nevertheless acknowledge that therapy for migrant clients is still 'different', and a bit more complex. The competences mentioned above, such as openness, curiosity and flexibility are even more vital elements to intercultural therapy than in intracultural therapy settings. Intercultural therapy usually requires more endurance, self-reflection, alertness and extra investment because of cultural differences that need to be bridged (Knipscheer, 2004). In order to give more insight into the complications of intercultural mental health care, the next paragraph will go further into the cultural differences that are most commonly encountered in social work.

2.2. Cultural differences in social work

"When a social worker suggested a Moroccan client of 21 years old to go to a meeting once of a Moroccan women's association, the girl did not take up her suggestion. No matter how important the social worker thought the meetings would be for her client, she continued to reject the idea. Eventually it turned out that the client felt that as long as you are not married, you are not yet a woman. Therefore you cannot just go to such an association." (Struijs & Brinkman, 1996, p. 20)

This is a case that illustrates how cultural differences can play a role in therapy settings. Many other examples of problematic situations can occur in situations in which mental health care professionals are dealing with clients from ethnic minorities. Such situations

are often attributed to diverging norms and values of the professional and the client. Indeed, a certain cultural context can have a significant impact on the way people interpret, experience and solve their problems (Struijs & Brinkman, 1996). Therefore, professionals might act from a western frame of reference, which sometimes conflicts with the norms and values their clients adhere to.

A model that is often used to characterize different cultures was developed by Geert Hofstede (2004). He distinguished four different dimensions:

- Power relations: the degree to which inequality in power positions are accepted within a society;
- collectivism versus individualism: the degree to which individuals live according to their own personal preferences or to the interest of the group they are part of, and to what extent they are bound with this group;
- masculinity versus femininity: the way in which the relations between men and women are determined within a society;
- avoidance of insecurity: the degree to which members of a culture feel threatened by insecure or unknown circumstances.

From cross-cultural comparative research, the Netherlands always turns out to be one of the most egalitarian, individualistic, feminine and least insecurity avoidant societies. In contrast, ethnic minorities such as the Turkish and the Moroccan community score rather high on collectivism, masculinity and hierarchical power relations (Meurs & Gailly, 1998; Verstraten & van Halen, 2006).

The need for clear power relations comes to the fore through the expectations migrants hold towards the social worker. Migrant clients tend to view the social worker more as an expert, who is able to offer them cut-and-dried solutions to their problems. However, Dutch social workers are used to work in a different way, discussing clients' problems in order to have them discover what they can do to help themselves (Meurs & Gailly, 1998; Struijs & Brinkman, 1996).

Related is the individualist focus of Dutch mental health care, versus the more collectivist way of thinking of many migrant clients. Dutch social workers usually consider independence as a central value, therefore stimulating their clients to give direction to their own lives (Struijs & Brinkman, 1996).

The masculine character of many non-Western cultures can also have a clear impact. The father is usually the one who represents the family to the outside world. He is less involved with the upbringing of his children though, which is primarily the mother's domain. When involving the clients' parents, Dutch social workers can have trouble engaging the mother, while she is usually the one who is most involved with her children. Similarly, and related to the dimension of power relations again, fathers might not consider their children, the social worker and themselves as equals in joint conversations, especially when the social worker is a woman (Struijs & Brinkman, 1996).

Social workers working with migrant clients also tend to encounter cultural differences in the way their clients interpret and present their complaints. For example, a difference in the expression of complaints is that migrants are more used to express psychological problems by translating them to physical complaints (Struijs & Brinkman, 2006). Furthermore, what is another cause for confusion is that migrant clients may not always tell their story according to the facts, or they omit parts of the story, out of shame or because they do not want to let someone else down by criticizing him or her in front of a social worker. This is not exceptional to migrant clients, but it happens all the more when members of a family or a community feel very responsible for each other, such is the case in many migrant families and communities (Struijs & Brinkman, 1996).

Moreover, Dutch people tend to have a rather direct style of communicating, while many non-western cultures have more indirect communication styles. Migrant clients might therefore describe their complaints in different, less explicit, terms than autochthonous clients do (Verstraten & van Halen, 2006). For example, instead of saying "I am depressed", migrant clients would rather say "I feel bad". This is probably also due to the fact that they are often unfamiliar with the psychological terminology that is used. This unfamiliarity is also ascribed to a lack of *protoprofessionalization*, a term developed by Abram de Swaan which refers to the ability of a patient to translate his own problems into a treatable problem and to find suitable help for this problem (Struijs & Wennink, 2000). Westerners have become familiar with psychological theory and practice, and know how to express their complaints in the right terms in front of a social worker. Ethnic minorities might miss out on this process, and therefore lack the terminology used in western contexts to express their problems and find appropriate assistance.

As shown in this chapter, opinions differ with respect to the role of culture in mental health care and on the extent to which cultural backgrounds should be taken into consideration in the treatment of migrant clients. Some argue that mental health is culture-specific, and that the cultural background of migrant clients should therefore be taken into account. Others claim that psychological diagnoses are universal, and therefore special attention to cultural background in mental health care is unnecessary. In between these two positions are those that argue that psychological disorders occur in every culture, but the way it is expressed differs across cultures. Jeroen Knipscheer conducted a research into professionals' experiences with migrant clients, and found that most professionals feel intercultural therapy is not so very different from 'regular' therapy. It just requires 'more of the same', that is, some extra attention and investment, to explore the perceptions and experiences of clients that are grounded in a different culture. The most notable of these cultural differences have been discussed in the final paragraph.

The assumption behind interculturalisation is that (mental) health care services should be made culture-sensitive in such a way that clients of different ethnic or cultural backgrounds receive equally qualitative and accessible treatment (Knipscheer, 2004). Hence, taking into account the cultural context of clients, interculturalisation seems to oppose the universality hypothesis that considers every kind of culture-specific treatment unnecessary. This does not necessarily mean though, that every psychological disorder is considered culture-specific, requiring a culture-specific diagnosis and treatment, such as claimed by the relativity hypothesis. To what extent interculturalisation supports the relativity hypothesis also depends on the interpretation it is given by mental health care organizations. Judging from the research conducted by Knipscheer, professionals seem to prefer a combination of both approaches, arguing that all therapy is intercultural and therefore in a way the same, but at the same time recognizing that differences in ethnic background can cause difficulties because of cultural barriers and therefore require extra attention.

In order to overcome such cultural barriers, many GGZ organizations have developed interculturalisation policies, which will be discussed in the next chapter. As such, interculturalisation has become a new movement within the mental health care sector.

However, developments both in the mental health care sector as well as on a social and political level are not all favorable to the advance of the interculturalisation movement (Ingleby, 2006). Therefore, the advancement of the interculturalisation movement fluctuates along with such developments, and is sometimes left to thrive on the enthusiasm of individual organizations to provide adequate care services to their migrant clients (Ingleby, 2006). However, the successfulness of the interculturalisation process also depends on the motivation for interculturalisation *within* an organization, especially among professionals (Bellaart, 2004). This motivation is not so self-evident, since interculturalisation requires professionals to adapt their methods of working and to reconsider their own norms and values (Bellaart, 2004). Moreover, when developments in the mental health care sector and on a social and political level are unfavorable to the interculturalisation process within GGZ organizations, professionals are also likely to be influenced in the way they perceive and experience interculturalisation**.** While their support is an essential requirement for interculturalisation to be successfully implemented within GGZ organizations, it should not be taken for granted (Bellaart, 2004). Therefore, the next chapter will explore factors in the internal and external context of the mental health care sector that are of influence on the interculturalisation process, as well as the support for interculturalisation among professionals and the extent to which they are also influenced by internal and external factors in the way they perceive and experience interculturalisation.

3 Interculturalisation in practice

This chapter examines the different instruments that are used in interculturalisation policies, specifically the competences that are considered necessary for social workers to acquire in order to provide adequate care to migrants (3.1). Subsequently, a theoretical model of the factors that are of influence on the development of interculturalisation is discussed (3.2). Then, the importance of professional support for interculturalisation is more closely examined, as well as the influences on their support from the internal – organizational – context, as well as the external context (3.3).

3.1. Interculturalisation policy

To deal with the problems in intercultural therapy that were described above, GGZ organizations have developed special policies, that have the explicit aim to enhance the accessibility and the quality of mental health care for migrants. Bellaart (2004) distinguishes five types of activities that are important to include in interculturalisation policies. First of all, he mentions the importance of training, continuing education and casuistry meetings, which are meant to enhance the intercultural competence of the personnel. According to the 'Association for Multicultural Counseling and Development' a care worker is "culturally competent when there is intercultural and culture-specific awareness and when intercultural knowledge and skills are applied in treatments" (as cited in Knipscheer, 2004, p.19). A more explicit description of intercultural competence is the classification in three domains that is often referred to in the literature. This classification distinguishes between three domains: 1) awareness of one's own cultural values and prejudices, 2) awareness of the world view of the client and 3) ability to strategically apply culturally specific interventions. In each of these domains, professionals should have the right knowledge, attitude and skills to approach their clients (Knipscheer, 2004).

The second type of interculturalisation activities Bellaart (2004) mentions is the development of special methodologies, tailored procedures and methods of working in the primary process - that is, the interaction between the professional and his client.

Existing methodologies can be adapted in a way that makes them better applicable to migrant clients. For example, psychotherapy is combined with a somatic treatment, or family and community members are involved in the therapy sessions. GGZ organizations can also choose to offer more forms of therapy that fit in with large groups of migrants, such as non-verbal therapies and psycho-education. Furthermore, organizations can offer activities that are geared towards migrant risk groups, which are often gender- and culture-specific group therapies. As for the procedures and methods of working in the primary process - the application and intake procedure – need to be made more culturally sensitive (Pannekeet, 2004).

In the third place, organizations can adopt an intercultural personnel policy by increasing the influx of migrant staff members, and by paying attention to cultural competences when selecting staff members (Boomstra & Hoogsteder, 2004).

Furthermore, GGZ organizations can increase their accessibility by removing cultural and communication barriers, for example by making use of interpreters or intermediaries, by providing information material in different languages (Struijs & Wennink, 2000b), or by working together with migrant organizations, that can perform a bridge function between migrants and the GGZ (Boomstra & Hoogsteder, 2004).

Finally, in order to monitor the interculturalisation process, GGZ organizations can collect information about the registration of migrant clients and the effectiveness of interculturalisation policy on the quality of their treatment (Boomstra & Hoogsteder, 2004).

3.2. Interculturalisation in context

Despite all the current attention for interculturalisation within the mental health care sector, the development of interculturalisation shows to be a difficult process. Interculturalisation requires a cultural shift within an organization. It is past its infancy years, but still growing to become stronger and more stable. David Ingleby (2006) compares the interculturalisation movement to a twin-engined aircraft. One engine is the internal context – “the desire of professionals to make services accessible and effective” (Ingleby, 2006: p.4) - and the other engine is the external context - “dominant social notions of fairness, non-discrimination or anti-racism” (Ingleby, 2006: p.4). To get the

aircraft in the air, both engines need to be intact. Once the aircraft got off the ground, it can fly on one engine if the other breaks down, but the journey might take longer and the aircraft risks going around in circles. Ingleby derived his metaphor from an article by Folke Glastra (2001; as cited in Ingleby, 2006) about diversity management, in which he argues that attempts to adapt organisations to cultural and ethnic diversity are motivated by factors both external and internal to the organization. Ingleby applied this idea to the interculturalisation movement in several countries by analysing data from these countries and integrating these data in the model he derived from Glastra. Based on the analysis of the different factors in the Netherlands, Ingleby argues that the Dutch interculturalisation movement, having been cut off from governmental support, can be compared with a twin-engined aircraft flying on one wing, the internal support from professionals within the mental health care sector. Below the factors that are part of the external as well as the internal context of interculturalisation will be discussed, to see how they either stimulate or impede the interculturalisation process.

Starting with the external context, Ingleby (2006) mentions the hostile social climate in the Netherlands as a negative influence on the interculturalisation process. With the arrival of many guest workers from Morocco and Turkey in the 70's, the Dutch population grew more and more diverse, the number of non-western migrants almost quadrupling between 1972 and 1980 (CBS, 2008b). The migrant population did not really integrate in society, but formed their own community, and both autochthons and migrants went their own way. It was only in 2000 that their peaceful coexistence was disrupted by the arguments of a publisher, Paul Scheffer, who wrote a very critical article about the multicultural policies of the Dutch government (Ingleby, 2006; Scheffer, 2000). His article unchained a heated debate about the multicultural society, which was only fuelled by a series of events that followed. In 2001, 9/11 raised a world-wide hostility towards Muslims. In 2002, the politician Pim Fortuyn openly criticized the Islam and the lenient immigration policy. He became very popular in a short time, and when he was assassinated by a left-wing activist the whole country was in turmoil. Two years later Theo van Gogh, a movie director, was murdered by an extremist Muslim because of the movie he made about domestic violence by Islamic men, and his insulting remarks about Muslims. A wave of violence and vandalism followed; mosques and Islamic schools

were set in fire in different places in the country. While this sudden outrage of hostility was of short duration, feelings are still running up high once in a while. The Social Cultural Planning yearly investigates the attitudes of autochthons towards migrants in the Netherlands and concludes that since 2002, the year in which Pim Fortuyn was murdered and people had the most negative feelings towards migrants, the attitudes have grown milder. However, the most recent report shows that among autochthons as well as migrants there is still a tendency to avoid contact with the other, especially closer relationships. On the work floor and the housing market, migrants are often discriminated. Furthermore, about half of the autochthons thinks that the western and the Islamic living style are irreconcilable (Gijsbert & Vervoort, 2007).

Closely related to the social climate is the second factor Ingleby mentions: governmental policy. Running parallel to the social climate, governmental policy has been very tolerant towards immigrants since they first came in large numbers in the Netherlands, pursuing a rather lenient immigration policy, and supporting migrants with extra money for education and housing. Most remarkable was the pluralistic attitude of the government. It was thought that forcing a Dutch identity upon migrants would only hinder their integration. Live and let live, that was the creed of governmental policy. For two decades, this pluralistic policy was pursued, until the debate about the multicultural society burst out in 2000, as described above. Immigration policy was made more restrictive in 2001, but most importantly, the tone of the integration debate changed, leading to the implementation of strict integration policies. A minister for Immigration and Integration was appointed in 2004, who put new teeth in the integration policy. In order to become a Dutch citizen, migrants from then on needed to pass a ‘civic integration exam’, in which their knowledge of the Dutch language and culture is tested (http://www.inburgeren.nl). Interculturalisation was also eliminated from the political agenda at that time, and has not received any special attention from the government since (Ingleby, 2006; RVZ, 2008)

Finally, Ingleby also mentions the characteristics of the migrant and minority population as a factor. He argues that the larger the minority population, the more health care providers are stimulated, or even forced, to take them into account. Looking at immigration countries like the US and Australia, where immigrants form a much higher share of the total population than in the Netherlands, intercultural (mental) health care is

also much more developed. Migrants also have little political input, hardly being organized in any political body. In conclusion, the negativity towards Muslims in the Netherlands, which form a large part of the total migrant population, also negatively influences the motivation to provide special care services.

As for the other 'engine' of interculturalisation, the internal context, Ingleby sketches a more favorable situation. He distinguishes different factors again that influence the development of interculturalisation. The first factor Ingleby mentions is the research basis which interculturalisation can build on. As there is an increasing demand for evidence-based health care (Ingleby, 2004), it is necessary that intercultural mental health care can appeal to research to found itself on. In traditional medical and psychological research ethnic minorities have often been excluded, and in clinical records their ethnic background failed to be registered. As such, little is known about the health conditions of migrants, and the effectiveness of treatments on migrant patients. The governmental attention for interculturalisation a couple of years ago was a great stimulus for intercultural health care research. Especially during the four year action plan for intercultural mental health care, many research projects were carried out in this field. However, what is mostly missing are epidemiological data, that can give us the facts about migrants' health conditions and the (in)effectiveness of treatments for migrants.
Secondly, the interculturalisation movement is also influenced by dominant paradigms in health care. Some paradigms are very insensitive to diversity, such as biomedical approaches, that do not take social and cultural factors into account. A more culturally sensitive paradigm is for example ethnopsychiatry, which focuses on the way illnesses are experienced and approached in migrants' countries of origin. However, ethnopsychiatry is at risk of being rather reductionist, ignoring the diversity that can exist within cultures, and the extent to which the cultural background of migrants might have blended in with the Dutch culture. Moreover, focusing only on the patient and its disease ethnopsychiatry seems to ignore the context of the western service provision and the position of migrants in the Dutch society. Thus, ethnopsychiatry has been a positive development for interculturalisation as it focused the attention on cultural aspects in mental health care. However, it only provides limited insights for interculturalisation, as

it has a too narrow focus on the role of cultural background in intercultural mental health care.

The third internal factor mentioned by Ingleby is the priorities of service providers. It was only for a couple of years that interculturalisation was an official priority within the whole health care sector. For its survival it has mostly had to rely on other priorities in health care. For example, the special attention paid to inequalities in health care in the 1970s focused the attention on the poor health conditions of the first generation of guest workers and their low access to health services. This development would set the stage for the later interculturalisation movement. The 1980s were marked by the set up of regional centres for mental health care, the Riaggs (Regionale Instelling voor Ambulante Geestelijke Gezondheidszorg) (Ingleby, 2006; http://www.zorgmediatheek.nl). Interculturalisation initiatives were easily assimilated into the services of the Riaggs, giving rise to the first multicultural health care activities. Another stimulus for interculturalisation was the advent of needs-driven care; care services that are tailored to the individuals' needs, either grounded in cost-efficiency considerations or concerns about the effectiveness of a uniform offer. Needs-driven care gave way to the underlying assumption of interculturalisation that care services should be adapted to the diversity of clients and their individual needs, a development that also stimulated more user-involvement in care services. Furthermore, interculturalisation can be supported by concrete evidence about its effectiveness for migrant clients, considering the call for evidence-based care, as mentioned earlier. Part of the action plan for intercultural mental health care was mapping out 'good practices'; practices that have been proven effective for migrant clients. However, due to the lack of research on migrant clients there has been a continuous lack of evidence for the development of new 'good practices'. Finally, a development in health care that counteracts the advance of interculturalisation according to Ingleby is the advent of standardization. Going against the principles of needs-driven care, standardization implies the use of uniform procedures and instruments, which are not very suitable for those who differ from the 'standard client'.

In short, according to Ingleby the interculturalisation movement is currently in a feeble position, as it only relies on the internal support of the care system. He argues that the

negative social climate, the governmental policy towards migrants and the weak social and political position of migrants in the Netherlands together form an external context that is unfavourable to the development of the interculturalisation process. The factors that mentioned as part of the internal context are more encouraging according to Ingleby, though he also described their limitations. The political attention for interculturalisation has had a very positive impact on the research basis for interculturalisation, though it is still coping with a lack of epidemiological data. Similarly, the discipline of ethnopsychiatry has drawn attention for cultural aspects in social work, which has benefited the development of the interculturalisation process, but its focus is on the other hand too limited to provide all the necessary insights. Finally, many of the priorities of health care providers - the third factor Ingleby mentions - have benefited the development of the interculturalisation, except for the recent upsurge of standardization procedures.

Overall though, according to Ingleby, the internal context is still the driving force of the interculturalisation movement. According to the definition Ingleby uses of the internal context – that is, the desire of professionals to make services accessible and effective – this means that the interculturalisation movement is now thriving on the goodwill of professionals. However, the factors Ingleby mentions as part of the internal context seem to have little bearing on the actual implementation of interculturalisation in GGZ organizations, focusing rather on the interculturalisation process in general. That is, Ingleby looks at the factors that influence the interculturalisation movement; a development within the (mental) health care sector to provide more culture-sensitive (mental) health care services, which takes place mostly on a policy level. However, for interculturalisation to be successfully implemented in mental health care organizations, it also needs the support of professionals on the work floor. They need to be convinced of the principles that underlie the interculturalisation movement, so that they are willing to explore new methods of working and to go beyond familiar norms and values when working with clients that have a different ethnic or cultural background. Therefore, the next paragraph will go further into the support for interculturalisation among professionals that are working on the work floor, and the influence organizations as well as the external context can exert on this.

3.3. Professional support for interculturalisation

As mentioned before, Ingleby considers the internal support of mental health care professionals as the one intact 'wing' of the interculturalisation movement. However, according to Bellaart (2004), interculturalisation often thrives on the enthusiasm of a small group of people within the organization, rather than being supported in the organization as a whole. He argues that professional support is not that self-evident, as it requires a cultural shift within the organization. Working with clients with culturally diverse backgrounds requires more flexibility and more openness to different norms and values, and putting one's own beliefs into perspective. Therefore, professionals can be reluctant to go along with the process. Moreover, their motivation for interculturalisation also depends on the extent to which GGZ organizations are actively promoting its significance among their staff members; professionals as well as management. The latter also need to be motivated for interculturalisation, as they are in the position to enforce the process within the organization. However, managers are usually occupied with many other issues at the same time, and might therefore have different priorities than interculturalisation (Bellaart, 2004). As such, little stimulus goes out to professionals to engage themselves with interculturalisation. Moreover, according to Bellaart, many organizations fail to structurally invest in interculturalisation. Although they might have the right intentions, they fail to put these into practice. Other organizations do have useful projects that are run by enthusiastic staff members, but that are not integrated in the organization as whole (Bellaart, 2004). As such, interculturalisation will not become really become an integrated part of the organization and its staff members.

Reluctance among professionals and managers to adapt their routine to the needs of migrant clients is only reinforced in the external context as described in the former paragraph, according to Bellaart. He argues that the call for integration and assimilation of migrants in society and politics goes against the underlying assumption of interculturalisation to adapt Dutch facilities to migrants' needs (Bellaart, 2004). Ingleby himself acknowledges this argument, saying that interculturalisation is a politically sensitive issue. He argues that the way professionals look upon interculturalisation depends on their view on diversity in general. "Professionals need to have a commitment to diversity, in order to provide adequate care to all clients. If they consider migrants as

second-class citizens, this will be reflected in their reluctance to adapt their routine" (Versteegt, 2003, p.1).

A similar argument is put forward by Dirck van Bekkum, medical anthropologist and coordinator of the interculturalisation process at GGZ organization 'de Gelderse Roos'. He argues that polarization in society between autochthons and migrants also makes its way into GGZ organizations, which causes a negative 'twaddle' in the relationship between social workers and migrant clients. He brings forward the example of a colleague, a psychotherapist, who admitted in a team meeting that she had trouble feeling neutral towards a Moroccan client when she had seen pictures on TV the night before of Islamic terrorism in the Netherlands (Bekkum, 2005).

Also Murat Can, psychotherapist and interculturalisation coordinator at GGZ Midden-Brabant, points at the relevance of professionals' attitudes towards migrants. He argues that the attitudes of professionals towards 'the culturally other' largely determine what they think about migrants and why, and how they act towards them. In common with Ingleby, he relates the attitudes of professionals towards migrant clients to their view on diversity in general. That is, the extent to which they consider the presence of migrants in society as an enrichment to society or rather an impoverishment (Can, 2004).

Hence, support for interculturalisation among professionals working in GGZ organizations is not to be taken for granted. However, it is an essential condition for the process to be successfully implemented. According to Bellaart (2004, p.15), "interculturalisation is a complex transformation process, which requires a strong basis within the organization in order to succeed. It costs time, money and energy and if the intrinsic motivation is missing among staff members and management, it will be difficult to get the process off the ground or to continue it". Ronald May, coordinator intercultural management at the GGZ organization Altrecht, also acknowledges that interculturalisation is about "beliefs, values and attitudes. (…) It is about winning staff members and colleagues for this process" (May, 2002, p.17).

What is necessary, Bellaart argues, is to get professionals intrinsically motivated for interculturalisation by showing them the importance and the effectiveness of the process. Those in charge of the interculturalisation process should be able to explain how

interculturalisation can lead to a better quality of care. Once professionals are convinced of the necessity of interculturalisation, they need to be trained to improve their intercultural competences. Especially the management, as they will need to steer the process on the work floor. They need to encourage the consciousness-raising among professionals, they need to be able to work with intercultural teams and to create the organizational and policy conditions under which interculturalisation can be effectively implemented (Bellaart, 2004).

In short, staff members that are in charge of the interculturalisation process should create the common goal among professionals and management to provide adequate care services to migrant clients, by convincing them of the value and necessity of interculturalisation. As such, they can effectuate the 'cultural shift' that is mentioned by Bellaart, and by that means create a basis for interculturalisation. In other words, interculturalisation can be realized by changing the culture within GGZ organizations. Organizational culture is an often used instrument for organizations to bring about change. By promoting common norms, values and goals among their members, organizations attempt to create a consensual workforce that is working together towards the same end, which is meant to enhance the efficiency of the organization as a whole. As such, those in charge of interculturalisation attempt to improve the quality of care services to migrant clients by making professionals and management believe in the importance of the interculturalisation process. Whether it is really possible though to create such a common culture within an organization is a debated issue. According to Martin Parker (2000), organizational culture is a "set of contested meanings". He argues that within every organization a large number of cultures can exist, which are in continuous movement as members identify with different groups at different times that each have their own culture. Departing from his views, GGZ organizations can attempt to effectuate a cultural shift among professionals, but it is unlikely that there will be a shared view upon interculturalisation, as professionals construct their ideas about interculturalisation not only on the basis of the views that are promoted by the organization, but also according to the norms and values that they hold independently from their work situation (Parker, 2000). These norms and values can be influenced by the external factors that were mentioned before. As such, the perceptions of and

experiences with interculturalisation are subject to different influences, both from within the organization as well as influences from the external context. What is necessary though is that organizations create a structure that lays the ground for interculturalisation to thrive on. Parker describes this structure as ‘the common language’ of an organization. He argues that within every organization there is a certain form of communality, as members need to have some consensus about the meaning of certain concepts in order to understand each other. As such, within GGZ organizations, staff members need to have a shared interpretation of what interculturalisation is, before they can actually discuss and (dis)agree about it. Therefore, interculturalisation needs to be familiarized among staff members of GGZ organizations to such an extent that they know what it is about, and especially what it means within the context of a particular organization.

In sum, it can be concluded that the professional support as the one intact ‘engine’ of the interculturalisation process is debatable, depending on the organizational policy and attitude towards interculturalisation as well as social and political dynamics with regard to diversity in general. Therefore, this research investigates the perceptions and experiences of professionals in GGZ organizations with regard to interculturalisation, and the influences that go out from the organizations as well as external factors, such as social and political dynamics. As such, the extent to which interculturalisation can really thrive on the professional support is examined, questioning the condition of the one engine of interculturalisation that Ingleby still considers to be intact.

4 Research design

In this chapter, the setup of this research will be discussed. First the problem underlying this research is discussed, followed by the objectives of the research, the research question and the hypothesis. Then the actual implementation of the research is discussed, by presenting the methods and the sample that have been used. Finally, the social and scientific relevance of the research is discussed, and its connection with the field of interdisciplinary social science.

4.1. Problem definition

Interculturalisation has received increasing attention in the mental health care sector during the last two decades. However, it is not an easy process. Interculturalisation requires a fundamental cultural change. Professionals need to adapt different methods of working, and more importantly, they need to broaden their frames of reference. According to Hans Bellaart (2004), interculturalisation is based within a GGZ organization “when managers and social workers are sensitive for the differences in ethno-cultural background and their influence on human behaviour, if they are aware of the effect of culture and power differences, and if they see the positive results of interculturalisation” (Bellaart, 2004, p.15). Moreover, within the organization, there should be an “open, change-oriented and curious attitude and professionals need to have the skills to propagate the knowledge about interculturalisation and the will to interculturalize in ever changing circumstances” (Bellaart, 2004, p.15). Finally, organizations should not only talk about interculturalisation as something important, but also translate this into demonstrable actions. The motivation of professionals to acquire and employ these competences is crucial for interculturalisation to get off the ground and ‘to continue flying’, especially when the external context is unfavourable to the development of interculturalisation. However, professional support for interculturalisation should not be taken for granted, considering the adaptability and flexibility it requires from professionals, and the negative influence that goes out from the external context. Support and motivation for interculturalisation are necessary conditions

for professionals to go along with the process. Therefore, it is essential to know how professionals are influenced both by the organizational policy and attitude towards interculturalisation, as well as socio-political dynamics, in the way they perceive and experience interculturalisation. Understanding how their perceptions and experiences are formed with regard to interculturalisation can give relevant insight into the motivational process of professionals, which is an essential part of the interculturalisation process as a whole.

4.2. Research objectives

The objective of this research is to find out what the perceptions of and experiences with interculturalisation are among professionals working in different GGZ organizations, and what internal as well as external factors are of influence on their perceptions and experiences. The influence is examined of, on the one hand, organizational policy and attitude towards interculturalisation on professionals' perceptions of and experiences with interculturalisation, and, on the other hand the influence from socio-political dynamics and the ethnic composition of the region in which the different GGZ organizations operate. In this research four different GGZ organizations are analyzed, in order to examine the differences in the internal and external context of the organizations and the possible effects of these differences on professionals' perceptions of and experiences with interculturalisation.

4.3. Research question

The central question of this research is as follows:

What are the perceptions of and experiences with interculturalisation among professionals working in GGZ organizations, and by which internal and external factors are their perceptions and experiences influenced?

4.4. Hypotheses

The perceptions of and experiences with interculturalisation of professionals working in GGZ organizations will differ depending on the organization professionals work for, as

well as influences from the external context. Professionals will have more positive perceptions of and experiences with interculturalisation the more organizations invest in interculturalisation. That is, organizations can promote a favourable attitude towards interculturalisation among professionals, by showing them the importance of interculturalisation for an adequate and effective care provision to migrant clients. Additionally, professionals will have more positive experiences with interculturalisation as organizations provide more facilities, such as trainings in intercultural competences and translators.

On the other hand, professionals' perceptions of and experiences with interculturalisation are subject to external influences. The extent to which the socio-political climate and the government policy are favourable to interculturalisation is likely to influence the perceptions of and experiences with interculturalisation. Furthermore, the characteristics of the migrant population – that is, the size of the migrant population, the extent to which they are organized and their cultural background – are also expected to influence the way professionals perceive and experience interculturalisation. The more present the migrant population is, in terms of their number and the extent to which they are organized, the more professionals are expected to be aware of the necessity of interculturalisation. Moreover, the negativity towards Muslims in society and politics can influence professionals in the way they perceive and experience the accommodation of care services to the needs of migrants, many of whom are Muslims.

4.5. Methods and design

In order to collect the necessary information to answer the research question, open half-structured interviews (Baarda, de Goede & Meer-Middelburg, 1996) were conducted with professionals in four different GGZ organizations, the outcomes of which are compared between the different organizations. This type of interview was chosen because it is most suitable for this research, as it is meant to gather respondents' ideas, opinions and experiences on a certain question.

In preparation of the interviews, a topic list was drafted, which contains all the issues the researcher wants to address. The topic list was composed on the basis of the preceding literature search. The interviewees were asked for their view or experience on each of the

topics, and as such the interviews were structured on the basis of the topic list (Baarda et al., 1996).

The key question of this research is what the perceptions of and the experiences with interculturalisation of professionals in GGZ organizations are, and by what internal and external factors these perceptions and experiences are influenced. Social workers, prevention workers, managers and process leaders of interculturalisation have been interviewed in different GGZ organizations. The topic list was composed by questions about the vision of the interviewee on intercultural therapy and interculturalisation, the practice of intercultural therapy, the organizational policy on interculturalisation and the interaction with external factors such as government policy and socio-political climate.

Additionally, the vignette technique was used. This is a technique in which a certain hypothetical situation is given, and the interviewee is asked how he or she would act in this situation (Barter & Renold, 1999). As such, the interviewee is meant to explain his or her approach to a certain typical situation for interculturalisation, which is likely to reflect the normative views of the professionals with respect to what they believe should and could be done in similar but real situations in daily practice.

4.6. Research sample

The interviews are conducted at four GGZ organizations: GGZ Nijmegen, GGZ Oost-Brabant, AMC de Meren and Altrecht.

1. *GGZ Nijmegen:* organization for mental health care in the region of Nijmegen. GGZ Nijmegen offers mental health care to people of all ages with serious psychological and psychiatric problems. GGZ Nijmegen employs approximately 750 staff members (http://www.ggznijmegen.nl).
2. *GGZ Oost-Brabant:* organization for mental health care in the north-eastern part of Brabant. GGZ Oost-Brabant offers mental health care for people of all ages with light to serious psychological complaints. The organization has more or less 2000 staff members working for the organization (http://www.ggzoostbrabant.nl).
3. *AMC de Meren:* organization for mental health care in Amsterdam. AMC de Meren offers mental health care for people of all ages with serious psychosocial problems or

psychiatric disorders within the region of Amsterdam. Approximately 1000 people work for AMC de Meren (http://www.amcdemeren.nl).

4. *Altrecht:* organization for mental health care in the region of Utrecht. Altrecht offers mental health care for people with psychological problems of all ages. Approximately 2700 staff members work for Altrecht (http://www.altrecht.nl)

At each organization, 4 to 5 interviews have been conducted with process leaders of interculturalisation, prevention workers, managers and social workers. Process leaders are in charge of the development and implementation of the interculturalisation process, and could therefore give the necessary information about the content of the interculturalisation policy within each GGZ organization, while also providing relevant insight into the motivational process and the factors that are of influence on this process. The prevention workers that were interviewed are charged with the coordination as well as the implementation of preventive activities, such as education and discussion groups, for migrant clients. Working specifically with migrant target groups, they were able to give relevant information about the interculturalisation process within the respective organizations, and in their capacity as professionals, they could also give direct information about their perceptions of and experiences with interculturalisation. The managers that were interviewed were each in charge of a department at one of the GGZ organizations. They could give relevant information about the practice of interculturalisation on the work floor, and the extent they feel interculturalisation is supported among the professionals they were in charge of. Finally, the interviews with social workers provided direct insight into the perceptions of and experiences with interculturalisation of professionals, and the extent to which they are influenced by the internal as well as the external context.

The four organizations that cooperated in this research were selected for several reasons. First of all, all four organizations have formulated an official interculturalisation policy, with concrete policy guidelines that have bearing upon the organizations as a whole. That means, the policy applies to all staff members working in the respective organizations. However, both the internal context of interculturalisation within the different organizations as well as the external context are very divided, which provides a good

basis for comparison of the influence of both contexts on the perceptions of and experiences of professionals with interculturalisation. Concerning the internal context, the organizations have each given a different interpretation to their interculturalisation policy, which has resulted in substantial differences in the interculturalisation process of the different organizations. As to the external context, the main difference resides in the different regions in which the organizations are located and the number of migrants living in these regions. These numbers differ substantially, which creates large differences in the external context of the organizations.

4.7. Limitations

The realization of this thesis has been complicated by several hurdles on the way, some of which have resulted in limitations to this research. First of all, gaining access to the field, the GGZ organizations, was a difficult and very time-consuming task. The initial setup of the research was to conduct all the interviews at Altrecht. The research question was to what extent the assumptions underlying the interculturalisation policy at Altrecht cover the actual problems that are encountered in intercultural mental health care. As such, the research would have been a case study, rather than a comparison between different organizations. However, the communications with Altrecht about the research stagnated as the department at which the interviews were to be conducted was not responding to any requests. After long-lasting attempts to arrange the research at Altrecht, it was decided to spread the research over several organizations. While the purpose was to interview mainly social workers at these organizations, this also showed difficult to realize. Generally, organizations preferred to have managers and prevention workers interviewed, as they did not want to have the interviews to go at the cost of the time of social workers for their clients. Therefore, the perceptions of and experiences with interculturalisation of professionals are examined not only through their own accounts, but also through the accounts of managers and staff members that are concerned with interculturalisation at the policy level.

Moreover, the respondents chosen by the organization were often those that had most relation to the interculturalisation process, or were most favourable about it, and therefore not representative of the organization as a whole. Furthermore, within each organization,

the respondents were working at different departments, while the differences between these departments with regard to the migrant clientele and the interculturalisation process were in some cases substantial. Therefore, the accounts of the respondents within one organization can be very diverse, and difficult to generalize to the organization as a whole.

Another difficulty was to avoid getting 'politically correct' answers. Interculturalisation is a sensitive issue and respondents might therefore give answers that reflect other norms and views than their own. An attempt to avoid this was by asking respondents about the practice of interculturalisation within the organization rather than directly about their perceptions and experiences with interculturalisation. An additional method used for this purpose was the vignette technique, which was less effective than expected though, as the respondents could often see through them.

4.8. Social and scientific relevance of the study

It is of social as well as scientific relevance to study the perceptions of and experiences with interculturalisation of professionals and the factors by which they are influenced, because interculturalisation is a process that many organizations in the Netherlands are likely to be confronted with. Considering the growth of the number of migrants in the Dutch society – 3.2 million in 2007, more than half of which are migrants with a non-western background (Garssen & Wageveld, 2007) – interculturalisation has become almost a financial necessity, at least in the regions where there is a large share of migrants in the population. And not only for economical motives, but also to counteract the polarization between the native Dutch population and migrants, interculturalisation is a necessary movement. Moreover, adequate mental health care provision for migrants can prevent the escalation of problems, as research turned out that young migrants are overrepresented in more severe forms of social assistance, while being underrepresented in the lighter social assistance (van Eijk, 2007). Catching the problems of these young migrants can prevent them from ending up in judicial institutions.

The scientific relevance of this study resides in the fact that there have been few studies to investigate the perceptions of and experiences with interculturalisation of professionals, while these are so essential to its successfulness (Knipscheer & Kleber,

2004; Knipscheer, 2005; Can, 2004). Into the factors that are of influence on these attitudes there has not been conducted any research at all. Moreover, most research into interculturalisation has focused on the mental health care sector in general, rather than individual GGZ organizations (Boomstra, 2001; Knipscheer & Kleber, 2004; Rigter, 2007). That is, most studies have examined the interculturalisation process within the mental health care sector as a whole, instead of looking at the implementation of interculturalisation at particular GGZ organizations. An analysis of different GGZ organizations can give very useful insight into the elements of the internal as well as the external context of GGZ organizations that are of positive or negative influence on the support of professionals for interculturalisation.

4.9. Interdisciplinary social science justification

This research is on the interface between sociology, psychology and organizational studies; three main disciplines within social sciences. By integrating these three disciplines, interdisciplinary social science examines the interplay between the individual, the organization and society – the micro, meso and macro level. This research examines the influence of societal – the external context of interculturalisation - and organizational – the internal context of interculturalisation - processes on the perceptions and experiences of individuals. As such, it integrates different fields of research that are relevant for interdisciplinary social science. Moreover, in the theoretical basis of this research some of the theory that was presented during the Master's programme in Social Policy and Intervention has been actively applied; the interplay between organizational members, management and the environment is the main issue discussed in one of the courses that was part of the Master's programme, and is also involved in the theoretical framework of this thesis. More generally, the focus of the Master's programme on policy and interventions is also present in this thesis, investigating the influence of both organizational policy and interventions on the individual.

5 Research results

In this chapter the results of the research will be presented and discussed. In the first part the interviewees are introduced, as well as the organizations where the interviews have been conducted. In the following section, the perceptions of and experiences with interculturalisation among professionals will be discussed, and subsequently the influence of factors from within the organizational context as well the socio-political context. The interviewees will be referred to by their initials and function, with the full details listed in an annex that is enclosed at the end of this document.

5.1 The organizations

In this paragraph the interviewees of this research are presented, as well as the organizations they are employed at and the interculturalisation policies pursued by these organizations.

AMC de Meren

Interviewees:

- R1: Staff member Diversity & Quality at the department of Care Development.
- R2: Therapist at the adult psychiatry department and coordinator of a Hindu women's group.
- R3: Project leader *GGZ kiest kleur*, a project that aims to make mental health care more accessible for migrants by developing culture specific information material and services, and through the cooperation with migrant organizations.
- R4: Relationship and family therapist.

AMC de Meren came into being in 1998, as a merger from several Riaggs; smaller regional mental health care centers that were there since the 1980s. The organization is located in Amsterdam Zuidoost, a multicultural part of town since a long time. When the area was built over in the 1960s with high-rise blocks, it was mainly migrants that settled themselves there. For that reason, AMC de Meren has given special attention to

intercultural mental health care from the beginning of its existence; diversity is one of the four spearheads of their policy. Within every sector a staff member or workgroup interculturalisation is active, and the overall process is coordinated by a steering committee, which is responsible for developing the general diversity policy with regard to care and personnel, and which sees to the coherence of diversity projects and activities and the embedment for the future (Lans, 2007). Furthermore, in January 2008 the Platform Diversity was established, in which the developments on diversity are exchanged and tailored to the implementation of the results (Lans, 2007). The activities that have been developed under the scope of interculturalisation represent all the forms of activities and services mentioned in chapter 3, though with a special focus on education and personnel (http://www.amcdemeren.nl).

Altrecht

Interviewees:

- R5: Coordinator Intercultural Management
- R6: Social worker at the young adults department
- R7: Manager of the young adults department
- R8: Social worker at the youth department
- R9: Manager of the department for adults with ADHD and youth

Altrecht came about in 2000 from a merger of several Riaggs in the region of Utrecht. In some of these Riaggs interculturalisation was already a focal point. When they merged into Altrecht interculturalisation was continued by means of a structural policy on Intercultural Management, which is led by a Project group Intercultural Management. Through intercultural management Altrecht aims to "integrally develop effective and culturally sensitive (mental health) care for its multicultural working environment" (May, 2007b). That is, "intercultural competences, such as culturally sensitive working, intercultural communication, working with translators and the improvement of the accessibility via migrant care consultants, are integrated and facilitated integrally in the

care offer. Next to that, if necessary, categorical / specialist initiatives are developed" (May, 2007b).

Altrecht pursues a comprehensive interculturalisation policy that includes five domains: 1) Management information; registration of the intake and outflow of migrant clients and staff members, 2) Information supply to clients; clear and understandable information for migrants about the organization, the social worker and the treatment, 3) Care offer; the adaptation of products and services to the needs of migrants, 4) Personnel policy; extra attention for the recruitment of migrant staff members and 5) Education, innovation and research; the advancement of intercultural competences of staff members. As part of the latter domain, Altrecht has also established an expert group for consultation, advice and co-treatment of migrant clients (May, 2007a; May, 2007c).

GGZ Nijmegen

Interviewees:

- R10: Former project leader of the interculturalisation project 2002-2005
- R11: Prevention worker, coordinator of several groups for migrants clients
- R12: Social worker at the youth department
- R13: Social worker at the adult department
- R14: Social worker at the adult department

Interculturalisation was first brought under the attention at GGZ Nijmegen in 2000, when a research was conducted into the possibilities and requirements for interculturalisation of mental health care within GGZ Nijmegen. As a result, an interculturalisation working group was established in order to enhance the accessibility and quality of the organization for migrant clients. In 2002, a 3-year project for interculturalisation was launched. The aims of the project were to break down barriers, to enhance the accessibility and the quality of care services and to develop a network for collaborative purposes. Furthermore, a special intercultural personnel policy was implemented as part of the project. In 2005, the project ended and the coordination of the interculturalisation was taken over by the management, with the aim to have all the initiatives subsumed under

the different departments of the organization and to have interculturalisation integrated in the policy cycle by 2006. That is, interculturalisation was to be included in every policy area. Currently – as turned out from the interviews - the organization is still working to realize these aims.

<u>GGZ Oost-Brabant</u>

Interviewees:

- R15: Former project leader of the interculturalisation project, currently prevention worker and social worker
- R16: Prevention worker
- R17: Social psychiatric nurse
- R18: Prevention worker

GGZ Oost-Brabant provides mental health care services in the north-eastern part of Brabant. It has four centres in this area; in Oss, Uden/Veghel, Helmond and Land van Cuick (http://www.ggzoostbrabant.nl). The interviews have all been conducted at the centre in Oss.
The number of migrants living in the area is rather low – Oss and Helmond being the most ethnically diverse towns with respectively 10% and 11% migrants of non-western origin (CBS, 2008a). Consequently, GGZ Oost-Brabant only has a small percentage of migrant clients. According to one of the interviewees, the percentages differ for each location, but he estimates the average percentage of migrant clients at GGZ Oost-Brabant at 7% (R15). The percentage of migrant staff members is even less, only 1% of the staff members is of non-Dutch origin, which is 22 out of a total of 2200 staff members.
Similarly to GGZ Nijmegen, GGZ Oost-Brabant also introduced interculturalisation as a 3-year project, between 2003 and 2006. During this project period, an interculturalisation working group was set up and several services and activities have been developed within the scope of interculturalisation. These include discussion groups for Turkish women, a course for Turks and Moroccans with depressive complaints, information meetings in cooperation with migrant organizations and trainings for staff members in intercultural

competences and working with translators (de Man, 2006). Most of these initiatives have been successful in terms of effectiveness and reaching the target group, and are still being continued.

5.2. Perceptions of and experiences with interculturalisation among professionals

In order to examine the perceptions and experiences of professionals with regard to interculturalisation, both their own accounts and the accounts of managers and policy makers were used. The professionals were asked direct questions about their perceptions of and experiences with interculturalisation, while managers and prevention workers were asked how they feel professionals perceive and experience the interculturalisation process. Their answers to these questions are discussed below. First of all, the perceptions of professionals of interculturalisation as an idea and as a policy will be discussed. Subsequently, the next paragraph examines their perceptions of and experiences with the implementation of interculturalisation at the respective organizations the respondents work for.

5.2.1. Perceptions of interculturalisation as an idea and a policy

First the respondents were asked about their own definition of interculturalisation. The answers given to this question are quite similar. Respondents, professionals as well as managers and prevention workers, find that interculturalisation is client-centered working, breaking down barriers, making care accessible for migrant clients, opening one's mind to other views and trying to understand the other:

> *"Interculturalisation is care tailored to the client, in such a way that language and culture do not constitute barriers"* (R1, staff member Diversity & Quality).

When asked to the social workers to what extent they experience intercultural mental health care as different from treating native Dutch clients, they mostly feel that the ethnic or cultural component does make a difference. They experience differences in the way migrant clients present their issues and the way they express themselves:

> *"They are more used to express themselves physically, and to use furious gestures. So in the beginning I thought "oh God…", but then you learn it is their*

way to express themselves. It's tricky though, because sometimes it is real, and then you could underestimate that" (R12, social worker GGZ Nijmegen).

Furthermore, differences in norms and values, in frames of reference, can also be difficult for social workers:

"*These are essential differences; cultural aspects such as the position of the woman, of the man. And then it is quite complicated to do your work, to give both their due. To not say too easily: "but women are…"* (R12, social worker GGZ Nijmegen).

Some social workers also acknowledge that working with migrant clients usually costs more time and energy because of cultural and language barriers:

"It costs relatively more time, just because you need to think more, because it is not automatized, and you specifically need to keep in mind these cultural aspects" (R8, social worker Altrecht).

However, most professionals add that in a way, intercultural mental health care is not so very different, as it is a matter of imagining yourself in the client's position and trying to understand him or her from there, regardless their background:

"We have to broaden our own frame of reference, if we want to work with people from other cultures. That isn't easy, but it isn't that difficult either. It's just a matter of empathizing with the other" (R11, prevention worker at GGZ Nijmegen).

Most professionals do consider interculturalisation as a necessary process, in order to deal with the cultural differences described above and as such provide adequate care to migrant clients. However, some are a bit skeptical about the concept itself. One manager puts it plainly by saying:

"See, the point is that if it says the word 'interculturalisation' we are not suddenly going to run after it. These are psychologists and psychiatrists that have to do with patients that have certain disorders and that's what they go for, that is their core business. And it's not that if it suddenly says 'interculturalisation' that they start doing all sorts of things with that (R7, manager at Altrecht).

A social worker at Altrecht goes even further by saying that interculturalisation is only making matters more complicated than they are. She argues that it is just a matter of having respect for each other, knowing each other's culture and what that entails:

> *"For me the word interculturalisation could be deleted, just let people be. And don't make it bigger than it is. Then it will just be a matter of course"* (R6).

5.2.2. Perceptions of and experiences with the implementation and the integration of interculturalisation within the respective organizations

Though most professionals themselves claim to have a positive attitude towards interculturalisation, some of them are more critical about the implementation of the process and the extent to which it is integrated within the organizations they work for as a whole.

At AMC de Meren, where at most departments more than half of the clients is of non-western origin, intercultural work is the order of the day, and interculturalisation has been on the agenda from the very beginning of the organization. Therefore, most interviewees feel that the organization is investing a lot in interculturalisation and that it is firmly based within the organization. However, the interviewees working at the policy level do acknowledge that they have a lack of insight in the extent to which interculturalisation is really integrated at the shop floor, as there is little communication or exchange of experiences with regard to the actual practice of professionals with migrant clients. One of the social workers argues that colleagues can feel very uncertain when dealing with migrant clients, as they lack the opportunity for consultation or feedback on their practice. Moreover, she feels that the investments of the organization in interculturalisation are of too short duration to be really effective. She also argues that due to this lack of continuity and the absence of consultation or feedback, interculturalisation is not integrated within the organization. However, her opinion is not shared by a social worker working at another department, who experiences that there is plenty of possibility to discuss questions and insecurities within the teams, especially because in every team there are some social workers with a migrant background. Also in general, he is very positive about the interculturalisation process at AMC de Meren:

> *"There is a lot happening. Information programs, discussions about intercultural competences with social workers, a lot of literature. I'm satisfied with it"* (R2)

Considering the support for interculturalisation among professionals, he is also positive:

> *"I have never noticed that people have antipathy against the whole process. There will always be people that are resistant and do not want to change. But in general I think that it is running smoothly"* (R2)

A similar discrepancy of experiences between professionals is seen at Altrecht. One social worker experiences that the interculturalisation process at Altrecht is very active, and well received by professionals. Another social worker recalls how the interculturalisation policy at a department she worked before was very active, but that it has hardly been introduced at the department she is currently working at. She is rather skeptical though about the extent to which interculturalisation was positively received among her colleagues, arguing that they felt it was imposed upon them:

> *"You shouldn't enforce it. If people are not interested and don't go look for it themselves, and you enforce it upon them, then it is counterproductive. (...) And some people just don't want to; they don't want to deal with other cultures."* (R6, social worker Altrecht).

The coordinator Intercultural Management argues on the other hand that for social workers the cultural background of clients does not make any difference:

> *"People really are willing, just because a social worker is not a political animal; he is close to his fellow man, whether that is a migrant or not"* (R5).

The problem with professionals and interculturalisation, according to the coordinator, rather resides in the fact that professionals have not been educated in intercultural therapy. He experiences that for this reason newcomers in the organization often do not understand the problematic nature of intercultural therapy, and therefore do not recognize the necessity of interculturalisation:

> *"There is no attention for it in education, in the curricula. And therefore we get new people that have no idea about these issues. Even when they are standing next to a migrant they don't care. They do not understand!"* (R5).

Also at GGZ Nijmegen, some of the respondents are quite critical about the interculturalisation process. The former project leader explains how it is difficult to make social workers aware of the necessity of interculturalisation:

> *"For some social workers it is really important, and for others it is just not an issue: 'Interculturalisation? Why? I work; I just try to help everyone as good as possible"* (R10, prevention worker, former project leader).

While one of the social workers acknowledges this account, saying that she and a few other colleagues at her department are the only ones that are motivated to work with migrant clients, there turns out to be a divergence of experiences again, as two other social workers - working at another department with more migrant clients - do feel that interculturalisation is supported among colleagues, and do not recognize the deficiencies described by the other respondents.

At GGZ Oost-Brabant, it is a social worker that is most critical towards the extent in which her colleagues are motivated for interculturalisation:

> *"It (ST: interculturalisation policy) has been running here for years, but I still don't see any enthusiastic colleagues. (...) Because everybody always looks at it like they are difficult to handle, but they are not, if you just have respect for other cultures and you go into it a little bit"* (R17).

The prevention workers that were interviewed on the other hand were quite positive about the motivation of professionals for interculturalisation:

> *"Everybody has always been enthusiastic, at all levels. Always small conferences, in which all staff members are interested. The floor is open to it"* (R16).

Another prevention worker argues that the motivation among social workers needs some more time to develop:

> *"Last years interculturalisation has received more attention, but it needs time. Simply an acceptation process, and getting another view on things. When I came here (ST: 2006) there was nobody that wanted to do anything with it. Very few people were interested. People also thought; 'oh, aren't we doing our work properly then?' That's why I started off really carefully, I do what I need to do and I don't interfere with other things, even when it goes at the cost of the quality*

> *of the social work. That demand will come. Just quietly, get into one's stride"* (R18)

Overall, the experiences of professionals with interculturalisation are much divided. However, one point all professionals agree about; interculturalisation is a long-lasting process:

> *"It's not as if you apply a plaster on a staff member and change occurs. Change goes slowly. Because interculturalisation actually means a total cultural shift from routine working to an awareness that diversity is important (...). That is a long-lasting process"* (R5, coordinator Intercultural Management Altrecht).

In short, the perceptions and experiences of professionals with regard to the implementation and the integration of interculturalisation in the respective organizations they are employed at are much divided, and therefore difficult to generalize. Depending on the organizations, but also the department they work for and the function they fulfil, the interviewees tend to have a different view on and experience of the interculturalisation process, the only common experience being the lengthiness of the process. What is apparent though, is that, overall, social workers have more critical accounts than prevention workers or managers. This might have to do with the fact that they have more of a direct insight into the practice of other professionals on the work floor. However, again there is an exception to the rule, as GGZ Nijmegen shows a reverse situation.

To put the above described perceptions and experiences in context, the next two paragraphs will go into the factors from both within the organization as well as the external context.

5.3 Internal factors

As discussed in the previous part, many differences are apparent in the way the different organizations deal with interculturalisation. What became clear from the interviews is that the degree in which organizations are involved in interculturalisation has a significant impact on the practice of intercultural mental health care among professionals. First of all, there are great differences between the organizations in the way their interculturalisation policy has been implemented. Both at GGZ Nijmegen and GGZ Oost-

Brabant, interculturalisation was first implemented in the form of a project. Within the scope of these projects, both organizations developed and implemented a number of activities and services aimed at improving the accessibility and the quality of mental health care for migrant clients. Both organizations set aside a sum of money for their projects, and appointed special functionaries for supervision. As such, they gave interculturalisation a stimulus, which was to be carried on as part of the overall policy after the projects had ended. Though at both organizations the projects had indeed laid the foundation for several activities and services that were continued after the projects had ended, several respondents acknowledged that the attention and motivation for interculturalisation waned after it had lost its project status. Without the special attention it received before, interculturalisation has often been placed low on the agenda of both organizations. Financial resources often have to come from outside, from governmental subsidies or health insurers.
At AMC de Meren and Altrecht on the other hand, interculturalisation has been a spearhead from the beginning of the existence of both organizations, taking into consideration the large number of migrant inhabitants in both Amsterdam and Utrecht. At both organizations interculturalisation is given constant attention, as special functionaries and work groups have been appointed to develop and coordinate the interculturalisation policy. Moreover, both allocated part of their budget to interculturalisation, so as to not be dependent on external subsidies. Also to the outside world, AMC de Meren as well as Altrecht like to present themselves as organizations that invest a lot in interculturalisation. On their websites, they have devoted a special page to intercultural mental health care, which acclaims the interculturalisation policy of both organizations.

It shows that there is a substantial difference between GGZ Nijmegen and GGZ Oost-Brabant on the one side, and AMC de Meren and Altrecht on the other side in the approach they used to implement interculturalisation. As a result, interculturalisation is more integrated at the latter two organizations than at GGZ Nijmegen and GGZ Oost-Brabant. That is, professionals have become familiarized with interculturalisation because of the continuous attention for it within both organizations. As a result, at both organizations interculturalisation is more a matter of course than it is at GGZ Nijmegen

and GGZ Oost-Brabant, where professionals are less concerned with interculturalisation. While GGZ Nijmegen had set out to have interculturalisation integrated organisation-wide by 2006, the former project leader acknowledges that they did not attain this end:

> *"As a project leader you actually want it to be at people's mind all the time, and then it is a pity that there are still people within the organization that say: 'Interculturalisation? What is that?' Then you think: 'We haven't succeeded"* (R10, prevention worker / former project leader)

Also at GGZ Oost-Brabant, all respondents agree that the interculturalisation process lacks embedment:

> *"The embedment is in the balance. During the project a lot has been done, but there has been little attention for embedment, and then it all fizzles out"* (R16, prevention worker)

At AMC de Meren and Altrecht on the other hand, interculturalisation policy is aimed at the integration of it within the respective organizations:

> *"We are trying to prevent external factors from having influence on the basis for interculturalisation among professionals. (...) We want to embed it in the structure which makes it less dependent of momentary influences. (...) It should be intrinsic to such an extent that it doesn't depend on the 'weather conditions' anymore. And that is coming through more and more"* (R1, staff member Diversity & Quality at AMC de Meren).

Despite all the differences described above, at all four organizations respondents experience that the implementation and the integration of interculturalisation is thwarted by a lack of attention from managers. The coordinator Intercultural Management at Altrecht points out the middle-managers as being one of the bottlenecks of interculturalisation, as they are swayed by the issues of the day, and are inclined to think of interculturalisation as extra money, extra time, extra energy, and etcetera. He recounts how difficult it is to get the attention every time of managers and directors for new initiatives, and how he can feel disillusioned at times when he notices that he doesn't succeed:

> *"Some moments I think 'you can count me out'. It's just carrying coals to Newcastle. Every time again you need to convince people, every time again you*

> *need to ask the attention of the director and the managers, every time again you need to try to touch the right chord."* (R5).

Moreover, several respondents mention how managers are coming and going all the time, and each time newcomers need to be convinced of the importance of interculturalisation and need to be taught how to deal with it. One social worker at AMC de Meren also experiences that the continuous flow of new managers obstructs the progress of the interculturalisation process:

> *"And then you see that if one figure disappears, another one comes and starts to try out new things. (...) But that doesn't work; then you are stuck in a circle. Maybe a little step forward, but it doesn't make a big difference"* (R4).

In addition, many respondents experience pressure from the management on professionals to conform to production targets as a negative influence on interculturalisation, as it leaves less room for more complex forms of mental health care:

> *"If there is a certain production pressure going out from an organization, then the attention for all forms of more complex care will diminish, as it's becoming more of a burden then"* (R16, prevention worker GGZ Oost-Brabant).

Strikingly, two respondents that are each from a different organization – one social worker at AMC de Meren and a prevention worker at GGZ Oost-Brabant - both use the same expression when they argue that the production pressure leads social workers *"to retire to their own patch"* (R4 and R16); not going out anymore to seek for advice or to further develop their knowledge or skills.

In order to motivate both social workers and managers for interculturalisation and to enhance the necessary skills for them to adapt to a multicultural clientele, the four organizations have in different degrees invested in training and coaching in intercultural communication and management. Especially Altrecht developed a large number of initiatives, such as trainings in intercultural communication, an expert group for consultation and co-treatment, intercultural (team) coaching, management support and several more initiatives. The coordinator Intercultural Management at Altrecht explains that they have invested from the beginning in the sitting personnel by means of trainings, in order to set a consciousness making process in motion. He feels that after five years,

which is about as long as these trainings have been running, the whole of Altrecht has a certain awareness that interculturalisation needs to happen. However, he adds that this awareness is not spread evenly: *"some managers absolutely go for it, others give other matters priority"* (R5). He relates this to the increased production pressure and the free-market processes in mental health care, but he also feels that the *'sense of urgency'* of interculturalisation has not yet gotten through to everyone.

The opinions of the other interviewees about the trainings are divided. One manager finds that there is a lot of enthusiasm among professionals for the trainings, but another manager puts this into perspective by arguing that the trainings are merely practical handles for professionals to use when working with migrant clients, rather than a means to raise their awareness. Even more sceptical is a social worker that argues that trainings shouldn't be enforced on people, or otherwise they will only be counterproductive. She recounts how her colleagues were very reluctant to follow the obligatory trainings in intercultural competences, feeling that they would rather spend their time on their clients than following trainings about how to treat them (R6, social worker).

At the other three organizations, there is relatively little training for professionals to work with migrant clients compared to Altrecht. At AMC de Meren, newcomers all receive training of half a day in consciousness-raising, and occasionally there are workshops in intercultural competences. Most of the interviewees acknowledge that more training in intercultural competences is desired:

> *"And then at a certain moment they made it (ST: the introduction training) half a day, and then I could see at one point that you do touch on something in colleagues, but you can not grasp it because the time is too short"* (R4, social worker AMC de Meren).

One respondent also experiences that social workers miss the opportunity to get feedback on their practice with migrant clients, so that they are stuck with their questions and doubts themselves.

Similarly, at GGZ Nijmegen and GGZ Oost-Brabant, respondents express the need for more training. At GGZ Nijmegen, newcomers follow an introduction meeting in which they are told something about interculturalisation, and a so-called consciousness-raising game is played. There is also an intercultural dialogue training, which is organized when

there is demand for it (R10, former project leader/prevention worker). All respondents at GGZ Nijmegen agree that it would be useful for professionals to receive more training in intercultural working:

> *"I actually feel that all staff members should follow the training in intercultural dialogue and methods. That was initially also our intention, but that didn't happen in the end. I also think that people should yearly receive a sort of refreshment course to keep it to the fore. I do think that there are social workers that have the knowledge and the skills, but I also really think that there are social workers that do not feel competent and don't know what basic attitude to adopt"* (R10, prevention worker/former project leader).

Social workers at GGZ Nijmegen acknowledge this latter point, saying that they feel they could use more knowledge and skills that they can apply when working with migrant clients, and follow-up courses to keep it alive. Also at GGZ Oost-Brabant, where the only training was offered during the project period, respondents argue that training would be helpful to make professionals feel less insecure when working with migrant clients, and to stimulate their interest in interculturalisation.

A final element that is often mentioned by respondents as playing a part in the integration of interculturalisation among staff members is the number of people with a migrant background that are working for the organization. One of the respondents from GGZ Oost-Brabant argues that by the presence of staff members with a non-western background, a sort of 'cross-fertilization' of knowledge and skills takes place between colleagues of different cultures (R16, prevention worker). Similarly, a respondent from GGZ Nijmegen feels that having staff members with a non-western background can have a positive effect on the attitude of their colleagues towards interculturalisation, as it creates more awareness of other methods of working. At both AMC de Meren and Altrecht, a considerable number of staff members of non-western origin are working, contrary to GGZ Nijmegen and GGZ Oost-Brabant, where only a very small percentage of the staff has a non-western background. According to one respondent at GGZ Oost-Brabant, only 1% of the staff is of non-western origin; about 20 staff members of a total

of 2200 staff members (R15, prevention worker and social worker GGZ Oost-Brabant). He argues that this number should be increased, because the organization is 'too white':

> *"That migrant colleague takes his own culture with him, but also changes the image of the organization to the outside. Our organization is much too white. And you can't always blame a white organization that it thinks white, and feels white"* (R15).

Hence, the way professionals perceive and experience interculturalisation is subject to several influences from within the organizations. The difference in approach to interculturalisation of AMC de Meren and Altrecht on the one hand, and, on the other hand, GGZ Nijmegen and GGZ Oost-Brabant has led to differences in the extent to which interculturalisation is integrated within the respective organizations. While the structural attention for interculturalisation at AMC de Meren and Altrecht has created a general understanding of the process among professionals according to most respondents, professionals at GGZ Nijmegen and GGZ Oost-Brabant ignorant of interculturalisation. It is at all four organizations on the other hand that the management is considered an obstacle to the integration of interculturalisation among professionals, as their concern with finances and production targets is found to be incompatible with the lengthiness of the interculturalisation process. Furthermore, respondents at those organizations where little attention is paid to the training of professionals feel that this would make professionals more enthusiastic about interculturalisation, and less insecure towards intercultural working in general. A final factor that is mentioned is the number of migrant staff members, which is thought to be of influence on the openness of professionals towards other ways of working, which is after all the main idea behind interculturalisation.

As such, the organizations exert influence on the perceptions and experiences of professionals with regard to interculturalisation in several ways. However, as was discussed earlier, professionals are not only subject to influences from within the organization, but also to the external context of the organizations. Therefore, in the next paragraph present the factors from the external context and the influence they exert on professionals.

5.4 External factors

From the former paragraphs it can be concluded that there are considerable differences in the way the different organizations and their professionals experience the interculturalisation process. An important part of the explanation for these differences can be found in the demography of the different regions in which the organizations are located. While AMC de Meren is located in Amsterdam Zuid-Oost where 63% (Gemeente Amsterdam, 2008) of the population is of non-western descent, GGZ Oost-Brabant operates in a region where at most 11% of the population has a non-western background (CBS, 2008a). Altrecht and GGZ Nijmegen are somewhere in the middle with respectively 20% and 15% inhabitants of non-western origin (May, 2007b; CBS, 2008a). Consequently, many more migrants find their way to AMC de Meren than to GGZ Nijmegen or GGZ Oost-Brabant. Respondents at GGZ Nijmegen feel that the limited number of migrant clients is one of the reasons that the motivation for interculturalisation among professionals is lacking sometimes:

> *"I think that everybody recognizes the purpose of it, but people only become motivated when they are confronted with it, and probably – which is the case I think – we just have too few migrant clients"* (R12, social worker GGZ Nijmegen).

They also experience that there are social workers that hardly have any migrant clients, because these end up with the social workers that have most affinity with intercultural therapy. According to one social worker at GGZ Nijmegen, those who admit migrant clients are a minority at the youth department she works for. A situation that does not seem similar at every other department though; one interviewee working at the adult department estimates that one third of her clients is of non-western descent, and says that all of her colleagues working at the same department have migrant clients as well. Nevertheless, the sense of urgency of interculturalisation might not seem as obvious for GGZ Nijmegen as it does for AMC de Meren or Altrecht: *"we'll have work anyway, that doesn't depend on migrants"* (R12, social worker GGZ Nijmegen).

At AMC de Meren on the other hand, respondents argue that the 'demographic stimulus' is one of the reasons interculturalisation is such a central theme within the organization. It

was the incentive for the organization to give attention to it from the beginning of its existence, and up till today they can not get around the large number of migrants that lives in the area of Amsterdam Zuid-Oost. If the organization does not pay attention to interculturalisation, a large share of its clientele will stay away. According to one of the interviewees, interculturalisation is even used as a 'showpiece' in the competition with other GGZ organizations:

> *"The attention (ST: for interculturalisation) at AMC de Meren will always be there, because that is the only thing we have got to distinguish ourselves"* (R4, social worker).

Most interviewees feel that interculturalisation has therefore become generally accepted among staff members. However, one interviewee feels that at the moment the organization is rather *"showing off the flag"* (R4, social worker) to the outside world, saying that it is an intercultural organization, while in practice it is going down. Though she acknowledges that social workers know that if they come and work at AMC de Meren, they will work with a clientele half of which is of non-western descent, she feels that they are not well prepared to work with migrant clients. She also blames the education of social workers for this lack of knowledge and skills, as hardly any special attention is paid to intercultural mental health care in the curricula, a complaint that is also expressed by some other interviewees.

Though the number of migrants living in the area where the different departments of Altrecht are located is not nearly as high as the number of migrants in Amsterdam Zuid-Oost – approximately 20% in the city of Utrecht and around 10% in the surrounding towns where different departments of Altrecht are located (May, 2007b) - , a considerable number of migrants finds its way to Altrecht, reaching up to 60 to 70% at some departments (May, 2007b). Two interviewees working at the youth department where about half of the clients are migrants, feel that there is a strong basis for interculturalisation in the organization:

> *"I think that if you are realistic you know that you can't get around it and you're not standing on your both legs on the ground if you deny this. And I think that everybody knows that and is motivated for that reason to do something with it"* (R9, manager Altrecht).

One of the interviewees working at the young adults department on the other hand says that there are few migrant clients at her department, and that therefore the people working at her department haven't really familiarized with interculturalisation yet. She recalls the difference with another location she was working at before, where many migrants were being treated, and interculturalisation was in the centre of attention (R6, social worker). The coordinator intercultural management also describes how at the locations where many migrant clients were treated '*concentrations of knowledge'* were developing, and therefore running ahead on the interculturalisation process in comparison with other locations. As the professionals working at such locations were receiving a lot more training and education in intercultural working, they would also be more skilled and experienced with interculturalisation than professionals working at other locations.

Hence, the demographic composition of the areas in which the different organizations are located has important consequences for the attitude of staff members towards interculturalisation, although there are differences between departments and the number of migrant clients they have. What comes forward in the research is that the organizations that are located in the most multicultural areas are the least dependent on or influenced by other external factors. Both at GGZ Nijmegen and GGZ Oost-Brabant, respondents often mention the influence of politics on the interculturalisation process. They feel that the attention that is paid to interculturalisation by the organization is very dependent on the extent to which the government is investing in it. As such, when interculturalisation was introduced on the political agenda and the government put aside special money for it, from 2001 to 2004, interculturalisation also became a point of interest at GGZ Nijmegen and the interculturalisation project was launched. The lack of political interest for interculturalisation is therefore experienced by the respondents to have negative consequences for the interculturalisation process at GGZ Nijmegen, as it currently receives little attention within the organization. According to one interviewee, professionals could be motivated for interculturalisation if the government would stimulate the interculturalisation process by putting it on the agenda and giving financial support. She suggests that organizations could be financially rewarded by the government

for hiring more migrant colleagues, or the government could subsidize education for professionals in intercultural mental health care.

At GGZ Oost-Brabant, similar voices are heard. The former project leader of the interculturalisation project also experienced that the attention for interculturalisation waned within the organization when it disappeared from the political agenda. According to another interviewee, the government is paralyzing organizations by implementing one change after another, thereby obstructing the policy plans of organizations. He especially criticizes the focus of the government on production and efficiency, which he feels is a disastrous development for interculturalisation. Though he feels that there is commitment and motivation for interculturalisation among staff members, he thinks that a lack of facilitation by the government is to blame for the inactivity of the organization with regard to interculturalisation. He specifically points out that money is according to him one of the most crucial factors for interculturalisation to really get off the ground:

> *"Where there is money, there are possibilities. (...) If there is money, everybody really gets going, otherwise they are swayed by the issues of the day again, and intentions aren't turned into policy* (R16, prevention worker GGZ Oost-Brabant).

At AMC de Meren and Altrecht, political influences such as mentioned above are also recognized and felt to have a negative influence on the attention for interculturalisation, but respondents of both organizations say that the interculturalisation process has nevertheless persisted. Respondents at AMC de Meren argue that the attention for interculturalisation will never go away within the organization, regardless the lack of political interest and funding, because the organization is so dependent on its migrant clients and its reputation as an intercultural organization. Similarly, the coordinator intercultural management at Altrecht claims that Altrecht has always kept its ground during political changes with regard to the interculturalisation process. Nevertheless, at both organizations there is recognition of the influence of politics on the interculturalisation process. The staff member Diversity & Quality at AMC de Meren recognizes the influence mainly in terms of the focus on production and finances, such as mentioned before by one of the interviewees of GGZ Oost-Brabant. She acknowledges that this focus is at the expense of training and feedback sessions that were organized before (R1). However, another interviewee also recognizes the influence of politics in

terns of the socio-political discussion about migrants in Dutch society (R4, social worker AMC de Meren). She mentions how one of her colleagues demands her clients to speak Dutch, arguing that a client that lives in the Netherlands should be able to speak the Dutch language. She also recalls how the assassination of Theo van Gogh had a big impact on colleagues among each other, in the sense that they adopted a very black-and-white view on Muslims. However, she experiences that people are afraid to express such ideas, and avoid the discussion about these issues, taking it with them to the consultation room instead. Therefore, she criticizes the lack of feedback sessions or consultation hours for professionals, as they should feel safe to express their thoughts and feelings, even if these are such black-and-white views:

> *"I don't want to be distrustful towards my colleagues, because they are doing their very best, but they are also just people, with weak points, and if they don't have the opportunity to come forward with these weak points and ask for help…of course it will have an influence in the consultation room then"* (R4).

Besides, she also feels that professionals should be able to express their insecurities because people feeling insecure are likely to push through their own ideas, and the chance of this happening with migrants is all the higher because they have a different culture, a different way of thinking and of dealing with things than the Dutch professional.

At Altrecht, the coordinator Intercultural Management also recognizes the influence of the political discussion on the interculturalisation process. He argues that the change of the political climate since 2002 has had influence on all levels; the strategic level, the organizational level and content wise. He gives the example of the former minister of Immigration and Integration, who acclaimed that migrants seeking help from mental health care organizations should be able to speak Dutch. Consequently, many organizations quitted using translators in therapy sessions. The coordinator states that Altrecht is one of the few organizations that have held out in the midst of the political climate that has developed since 2002, though it has cost a lot of trouble. He is disappointed about the attitude of managers towards interculturalisation, as he feels they have been influenced too much by the negative climate of the past years:

> *"You can ask yourself whether this attitude has ever been there. Within this negative climate they do not have backbone. There is little foundation in terms of mentality"* (R5).

He stresses though that it is mainly the management that is influenced in its attitude towards interculturalisation by these political developments, arguing that social workers are always prepared to help people, regardless their background. Nevertheless, he sees that social workers that are actively engaged with migrant clients are - indirectly - impeded in their work as well, through the negative attitude of management and the resulting lack of facilitation. Lately the coordinator feels that the negativism is dissipating again. He concludes: *"As such, migrants are rippling along the favors of society and the favors of management"* (R5).

Hence, professionals seem to be influenced by external factors to a degree that is dependent on the organization they work for and the number of migrants living in the surrounding areas. The more migrants living in the regions where the different organizations are located, the more priority is given to interculturalisation and the less influence other external factors seem to have. Nevertheless, also at AMC de Meren and Altrecht, where the migrant population in the surrounding areas is relatively high, the influence of politics and the socio-political climate is felt, either directly on the professionals' attitude towards interculturalisation, or through the management that impedes the professionals' practice.

6 Conclusion

In the final chapter of this research paper the most important results of the research are summarized, on the basis of which the questions that underlie this research will be answered. First the conclusions about the perceptions and experiences of professionals will be presented. Subsequently, the influence of both the internal and the external factors is concluded upon. These conclusions will be referred to the theory discussed in the first half of this thesis, after which a final conclusion is drawn upon the research question underlying this thesis.

6.1 Perceptions of and experiences with interculturalisation among professionals

The results showed that respondents had a comparable understanding of the concept of interculturalisation, using similar terms such as ´client-centered working', 'breaking down barriers' and 'opening one's mind to other views'. Most respondents are favorable to interculturalisation, feeling that it is a necessary course of action to provide adequate mental health care to migrant clients. However, some are also skeptical about the concept; they argue that it should be a matter of course that social workers have an open mind towards clients of all backgrounds. Therefore, they do not recognize the necessity of interculturalisation as much as other respondents do.

The experiences of professionals with the interculturalisation process are very diverse, not only between organizations, but also within the organizations. At AMC de Meren, interculturalisation is felt to be generally accepted within the organization by most respondents, but at the same time one interviewee argues that interculturalisation is poorly embedded in the organization because of a lack of continuity and little attention for training and feedback for professionals. At Altrecht, a similar divergence of experiences comes forward, such as the discrepancy between the coordinator Intercultural Management who argues that social workers are all motivated for interculturalisation on the one hand, while on the other hand one social worker recounts how reluctant she and her colleagues were when they had to follow trainings in intercultural competences. Among the interviewees of GGZ Nijmegen, one social worker experiences a general lack of motivation for interculturalisation among her colleagues, while a social worker from

another department has contrary experiences among her immediate colleagues. At GGZ Oost-Brabant, one of the prevention workers argues that all social workers are favourable to interculturalisation, contrary to a social worker who feels that she is the only one who is willing to work with migrant clients.

Overall, the experiences of professionals with interculturalisation appear to be much divided. One point that is agreed upon by many respondents though, is the lengthiness of the interculturalisation process. Some respondents also use the notion of 'a cultural shift' that was used by Bellaart in chapter 3 to explain the difficulty of the process. Especially at GGZ Nijmegen and GGZ Oost-Brabant, the process is experienced as very toilsome by most professionals, as they feel that interculturalisation is not yet integrated in the organization. That is, cultural diversity is not naturally taken into account in the organizational policy and services. At Altrecht and AMC de Meren on the other hand, respondents are more positive about the interculturalisation process, though they also underline the long duration of the process.

6.2 Internal factors

The organizations show considerable differences in the way they have designed and implemented their interculturalisation policies. A number of factors can be distillated that play a role in forming the perceptions and experiences of professionals with regard to interculturalisation.

First of all, the form in which the interculturalisation policies have been implemented in the different organizations has had a considerable effect on the eventual course of the interculturalisation process, and thereby on the professionals and the way they perceive and experience the interculturalisation. The differences between the perceptions and experiences of professionals working at AMC de Meren and Altrecht on the one hand and GGZ Nijmegen and GGZ Oost-Brabant on the other hand have a lot to do with the way in which the organizations have put interculturalisation into practice. The structural attention that both AMC de Meren and Altrecht paid to interculturalisation have paid off in the sense that interculturalisation is largely recognized as a necessary development at both organizations. At GGZ Oost-Brabant and GGZ Nijmegen, interculturalisation lost its priority after it no longer had a project status, and thereby it also lost interest among

professionals working at the two organizations. Therefore, interculturalisation does not seem to be widely recognized among professionals as something that needs to happen.
Another factor that is considered important in shaping the perceptions and experiences of professionals with regard to interculturalisation is the amount of education about intercultural mental health care. Only at Altrecht, considerable attention is paid to trainings for both professionals and managers. Respondents at the other three organizations acknowledge that more training could make professionals more enthusiastic for interculturalisation.
Furthermore, a problem recognized at all four organizations is that many managers are little interested in interculturalisation, as they are more concerned with production targets and other issues that have more immediate priority. A lack of attention from managers is generally considered a key impediment to the interculturalisation process, because they are the ones to decide what the priorities are, and which facilities are provided for interculturalisation. Respondents feel that managers can play an important role in motivating professionals for interculturalisation, by putting it high on the agenda and providing the right facilities.
Finally, what is also considered to have influence on the way professionals perceive and experience interculturalisation, is the number of migrant staff members. The more professionals are confronted with other ways of thinking and working among their colleagues, the more likely they are open towards learning themselves how to work in a different way with migrant clients.

6.3 External factors

The results show that also influences from outside the organizations are important in shaping the perceptions and experiences of professionals with regard to interculturalisation. First of all, the number of migrants living in the regions in which the different organizations are located has a great influence on the priority that is given to interculturalisation, and thereby the extent to which professionals are aware of the necessity of interculturalisation and motivated to adapt their working routine. Moreover, the more priority that is given to interculturalisation, the less influenced the interculturalisation process is by other external factors. Respondents at GGZ Oost-

Brabant and GGZ Nijmegen feel that the attention for interculturalisation within the respective organizations depends on the interest of the Dutch government in interculturalisation. The more interest the Dutch government shows, the more priority is given to interculturalisation on the organizational level, and the more stimulated are professionals to engage themselves with interculturalisation. Moreover, financial resources from the government are also felt to be a stimulus for interculturalisation and thereby the attention it is given by staff members. At AMC de Meren and Altrecht, the influence from politics is also experienced, but felt to be less important, as both organizations are to such an extent dependent on their migrant clientele that there is an economic necessity to invest in interculturalisation. Especially at AMC de Meren, interculturalisation also serves as a showpiece in the competition with other mental health care organizations.

Nevertheless, the coordinator intercultural management at Altrecht recognizes the influence of the socio-political debate among managers, which are swayed by the negative discussion about migrants in society and politics. He argues that through the management, professionals are hindered in their practice with migrant clients, as they are denied the necessary facilities, such as translators. The coordinator also experienced that due to the political climate, the attitude and the culture within the organization changed with regard to interculturalisation, and as such professionals were also stimulated less to engage themselves with interculturalisation. At AMC de Meren, only one interviewee firmly recognizes an influence from the socio-political climate on the attitude of professionals towards interculturalisation. However, she adds that there is hardly any open discussion about these things, as there are no real opportunities for professionals to express their thoughts about their practice with migrant clients. Overall, it seems that the external context exerts an influence on professionals mainly via its impact on the organizational level. The socio-political climate, governmental policy and the size of the migrant population all have an impact on the priority given to interculturalisation within GGZ organizations, and thereby the extent to which professionals are confronted with and motivated for interculturalisation.

6.4 Discussion

The existing literature about the influence of the internal and the external context on the interculturalisation process was a starting point for this research to investigate the perceptions and experiences of professionals with regard to interculturalisation and the way in which they are influenced by the internal as well as the external context. The argument put forward by Ingleby was that interculturalisation is mainly thriving on the support from the internal context, as the external context is no longer favorable to the interculturalisation process. The internal context was defined by Ingleby as the "desire of professionals to make services accessible and effective" (Ingleby, 2006) and he distinguished three factors that he considered of main importance for the internal context. First of all, the author mentions the research basis for interculturalisation, as data on migrants' health conditions, the effectiveness of interventions upon them and etcetera are according to him an indispensable requirement for interculturalisation to get off the ground. Secondly, he points out the relevance of dominant paradigms in health care, and the room they give for cultural factors to be taken into account in the provision of health care. Finally, he refers to the priorities of service providers and the effect each of these have had on the interculturalisation process during the last couple of decades.

Hence, according to Ingleby these three factors together are the most important determinants of the internal context of interculturalisation, i.e. the desire of professionals to make services accessible and effective. Ingleby argues that this internal context is the one 'intact engine' of interculturalisation. References to other interculturalisation specialists (references) already threw doubt on this assertion, and from the results of this research his theory can also be considered deficient. Though the factors that Ingleby mentions are unquestionably important, the results of this research show that there are other, more immediate, factors that need to be taken into account when analyzing the internal context of interculturalisation. While a few respondents do recognize the influence of the lack of research or the standardization of diagnoses and treatments on the interculturalisation process, it is rather factors that are more in the immediate environment of professionals that come out to be of main influence on the perceptions of and experiences of professionals with interculturalisation. That is, the factors that have

been described in paragraph 6.2: the way in which the interculturalisation policy is designed and implemented, the motivation of management, the amount of education for professionals and the number of migrant staff members.

Moreover, though Ingleby mentions that the internal factors and the external factors are linked, he discusses the two separately. What is important to recognize though, is that the desire of professionals to put interculturalisation into practice – i.e. the internal context of interculturalisation – is strongly interlinked with the external context of interculturalisation. That is, professionals base their perceptions and experiences with interculturalisation on the organizational context, as well as influences from outside the organizations. Therefore, those in charge of interculturalisation are unlikely to reach consensus among professionals and management about the importance of interculturalisation. However, they can make interculturalisation part of the organization by familiarizing staff members with the concept; by making them understand what it is about and what it means for the organization. When looking at the four organizations examined in this research, AMC de Meren as well as Altrecht appear to have realized such a common understanding of interculturalisation among their staff members, as it has become a widely used concept within both orgazniations. At GGZ Nijmegen and GGZ Oost-Brabant on the other hand, interculturalisation does not seem to have integrated in the working language of professionals and management, it still being a rather unfamiliar concept within both organizations. Therefore, interculturalisation lacks a base to be built on.

Concerning the external context, the influence of the factors distinguished by Ingleby is also recognized by respondents, though mainly as indirect influences. The socio-political context as well as government policies are considered to have an impact mainly on the organizational level, rather than directly on professionals. That is, the socio-political climate and political interest in interculturalisation play a role in determining the priority that is given to interculturalisation by the management, especially in the organizations that operate in regions where the migrant population is relatively small.

In conclusion, professionals' perceptions of interculturalisation are largely positive, considering it a necessary development to provide adequate care to migrant clients. Only

some feel the importance of interculturalisation is overstated, arguing that a respectful and open attitude is actually at the core of an adequate provision of mental health care to migrant clients, which should only be a matter-of-course for professionals. As to the experiences of professionals with interculturalisation, these turn out to be much divided. The only common experience found is the lengthiness of the interculturalisation process. In general, the experiences of professionals with interculturalisation are most positive at those organizations that have many migrant clients, and therefore invest most in interculturalisation.

The internal factors that are found to influence professionals in the way they perceive and experience interculturalisation are fourfold: the form in which interculturalisation has been implemented, the motivation of managers for interculturalisation, the amount of training in intercultural working that is provided to professionals and finally the number of migrant staff members within the organization. The three external factors that are found to influence professionals are the size of the migrant population, the socio-political climate and the governmental policy. Though the latter, the external factors, are quite similar to those discussed by Ingleby, the internal factors that were found are very different from the factors Ingleby mentions as part of the internal context. Ingleby's position that interculturalisation is thriving on the support of professionals is doubtful when considering the results of this research, which shows that the motivation of professionals for interculturalisation is often lacking when the organization fails to pay attention to interculturalisation. That is, when the internal context is unfavorable to the perceptions and experiences of professionals with regard to interculturalisation and, in directly, the external context.

Hence, using Ingleby's metaphor of interculturalisation as a twin-engined aircraft, for many GGZ organizations, the breakdown of the one engine – the external context -, is likely to lead to the partial breakdown of the other engine – the internal context. For those organizations that operate in regions with a sizable migrant population, the aircraft is likely to continue flying on both engines, though perhaps only at half power.

6.5 Policy implications

From the conclusions drawn above, several policy implications can be formulated, both for the Dutch government and the GGZ organizations.

First of all, the importance of government policy on the perceptions of and experiences with interculturalisation of professionals is important to recognize. Government policy on interculturalisation will put the topic on the agenda of GGZ organizations, and as such draw the interest of professionals in interculturalisation. Moreover, governmental subsidies for interculturalisation can also give a great stimulus to interculturalisation within GGZ organizations, and as such to the interest of professionals in interculturalisation as well.

GGZ organizations on the other hand should pursue a structural policy on interculturalisation, rather than on a project basis, in order to integrate the process among their staff members and to make it an inherent part of their facilities. Moreover, through training and consultation, organizations need to invest in the motivation of professionals for interculturalisation and in their skills to provide intercultural mental health care. As the coordinator Intercultural Management at Altrecht pointed out, professionals should be made aware of the importance of interculturalisation in order to provide good and adequate mental health care to migrant clients. Moreover, they need to be trained in the necessary skills for intercultural working, so that they feel comfortable in working with migrant clients, and do not withdraw themselves from the interculturalisation process because they feel insecure about it. For that reason, professionals should also be given the opportunity to seek consultation when they have the need for advice about a particular migrant client. This could be realized by appointing special consultation experts, but organizations can also employ more migrant staff members, whose cultural background can help them to give advice about the treatment of clients with a similar cultural background. Moreover, employing migrant workers can familiarize their non-migrant colleagues with different views and methods of working, which can enhance their motivation for interculturalisation.

Though GGZ organizations of course have to deal with a certain budget that might not allow large expenses on interculturalisation, the above mentioned policy measures are indispensable for creating a basis among professionals for interculturalisation. Only when

interculturalisation is firmly based among professionals, the interculturalisation process within GGZ organizations will yield rich awards.

Literature

Baarda, D.B., Goede, M. de & Meer-Middelburg, A. van der (1996). Basisboek open interviewen: praktische handleiding voor het bereiden en afnemen van open interviews.

Barter, C., Renold, E. (1999). *The Use of Vignettes in Qualitative Research.* Social Research Update 25: Summer 1999. University of Surrey. Retrieved from http://sru.soc.surrey.ac.uk/ on January 2 2008.

Bekkum, D. van (2005, July 27). Interculturele Geestelijke Gezondheidszorg (IGGZ). Message posted to forum, archived at http://www.iggz.nl/forum_iggz/ forum_posts.asp?TID=6&get=last

Bellaart, H. (2004). *Verlangen naar de zee. Begeleiden van het interculturalisatieproces in GGZ-instellingen* [Electronic version]. Utrecht: Sectorfondsen Zorg en Welzijn

Boomstra, R. & Hoogsteder, M. (2004). Interculturele kwaliteit in de GGZ: Een kwestie van helder beleid en consequente uitvoering [Electronic version]. Utrecht: GGZ Nederland

Can, M. (2004). *Vooroordelen en culturele verschillen in de hulpverleningsrelatie.* Tilburg: GGZ Midden-Brabant

Centraal Bureau voor de Statistiek (2000). Standaarddefinitie allochtonen. Voorburg: Centraal Bureau voor de Statistiek

Centraal Bureau voor de Statistiek (2008a). *Regionale Kerncijfers Nederland.* Voorburg: Centraal Bureau voor de Statistiek.

Centraal Bureau voor de Statistiek (2008b). *Allochtonen op 1 januari; herkomstgroepering, geslacht en leeftijd.* Voorburg: Centraal Bureau voor de Statistiek.

Dijk, R. van, Boedjarath, I, de Jong, J., May, R. & Wesenbeek, (2000) Interculturele geestelijke gezondheidszorg in de XXIe eeuw. Een manifest. *Maandblad Geestelijke gezondheidszorg, 55*, 134–144.

Eijck, S. van (2006). Koersen op het kind: Diversiteit in het jeugdbeleid. Retrieved October 12, 2008, via www.operatie-jong.nl/cms/index.php?option= com_docman&task=doc_download&gid=120&Itemid=84

Garssen, J. & Wageveld, M. (2007). Demografie. In: Jaarrapport Integratie 2007 (p. 29-46) [Electronic version]. Retrieved January 16, 2008, via www.scp.nl/publicaties/boeken/9789037703306/Jaarrapport_Integratie_2007.pdf

Gemeente Amsterdam (2008). *Stadsdelen in cijfers.* Retrieved May 14, 2008, from http://www.os.amsterdam.nl/tabel/9555/

Gijsbert, M. & Vervoort, M. (2007). Wederzijdse beeldvorming. In: Jaarrapport Integratie 2007 (p. 29-46) [Electronic version]. Den Haag: Sociaal Cultureel Planbureau

GGZ Nijmegen (2002). *Projectplan 2002-2005 Interculturalisatie GGZ Nijmegen.*

Hofstede, G., Pedersen, P. & Hofstede, G. (2004). *Werken met cultuurverschillen* Amsterdam: Business Contact

Ingleby, D. (2004). *The Dutch "Action plan for intercultural mental health care" in European context.* Speech 26-11-04 at the symposium *Die offene Stadt II.* Retrieved February 2, 2008, via http://www.ercomer.eu/downloads/berlin.doc

Ingleby, D. (2006). Getting multicultural health care off the ground: Britain and the Netherlands compared. *International Journal of Migration, Health and Social Care, 2 (3/4),* 4-15.

Knipscheer, J.W. & Kleber, R.J. (2004). *Een interculturele entree in Altrecht: inhoud en resultaat van een interculturele werkwijze bij kortdurende behandeling.* Utrecht: Altrecht

Knipscheer, J.W. (2005). Psychotherapie met allochtonen – echt anders? *Maandblad Geestelijke volksgezondheid 60,* 717-724

Lans, M. (2007). *Jaarplan Diversiteit 2008.* Amsterdam: AMC de Meren

Man, W. de (2006). *Activiteitenverslag Project Interculturalisatie Regio Oss 2006.* Oss: GGZ Oost-Brabant

May, R. (2002). Interculturalisatie van de geestelijke gezondheidszorg. In Meekeren, E. van, Limburg-Okken, A. & May, R. (Eds), *Culturen binnen psychiatrie-muren. Geestelijke gezondheidszorg in een multiculturele samenleving* (p.12-18). Amsterdam: Boom.

May, R. (2007). *Kwaliteitsprofiel Interculturalisatie: op weg naar een voortgaande verbetering van de zorg.* Utrecht: Altrecht Intercultureel Management

May, R. (2007b). *Altrecht en Intercultureel Management 2007-2010: Een advies aan de Raad van Bestuur van Altrecht.* Utrecht: Altrecht

May, R. (2007c). *Altrecht en Intercultureel Management.* Utrecht: Altrecht

Meurs, P. & Gailly (eds.) (1998). *Wortelen in andere aarde: Migranten en hulpverleners ontmoeten cultuurverschil.* Leuven: Acco

Pannekeer, C. (2004). *Handreiking interculturele zorgprogrammering.* Utrecht: GGZ Nederland

Parker, M. (2000). Parker M. (2000). *Organizational Culture and Identity*. London: Sage.

Raad voor de Volksgezondheid & Zorg (2004, June 24). Allochtonen in de geestelijke gezondheidszorg: 'het valt wel mee'?. Retrieved June 2, 2008, from http://www.rvz.net/cgi-bin/nieuws.pl?niew_srcID=21

Rigter, E. (2007). *Multiculturalisme in de praktijk: Rekening houden met culturele verschillen binnen de Geestelijke Gezondheidszorg.* Master thesis, Erasmus Universiteit Rotterdam. Retrieved May 28, 2008, via https://ep.eur.nl/scripties/handle/2105/4034

Scheffer, P. (2000, January 29). Een multicultureel drama [Electronic version]. *NRC Handelsblad*

Struijs, A. & Brinkman, F (1996). *Botsende waarden: Ethische en etnische kwesties in de hulpverlening.* Utrecht: NIZW

Struijs, A. & Wennink, H.J. (eds.) (2000). *Allochtone clienten en geestelijke gezondheidszorg; achtergrondstudie.* Zoetermeer: Raad voor de Volksgezondheid en Zorg.

Struijs, A. & Wennink, H.J. (eds.) (2000b). *Interculturalisatie van de gezondheidszorg.* Zoetermeer: Raad voor de Volksgezondheid en Zorg.

Versteegt, I. (2003, October 15). Gezondheidszorg vaak etnocentrisch [Interview with David Ingleby]. Retrieved January 15 2008 via http://www.art1.nl/artikel/1869-Gezondheidszorg_vaak_etnocentrisch

Verstraten, K. & Halen, C. (2006). *Bruggen slaan: een Gelderse studie naar de aansluiting tussen de vrijwillige jeugdzorg en allochtonen*. Radboud Universiteit Nijmegen

Annex 1

List of interviewees

AMC de Meren

- R1: Marijke Lans, staff member Diversity & Quality at the department of Care Development.
- R2: Randjan Bissesar, therapist at the Adult psychiatry department and coordinator of a Hindu women's group.
- R3: Margo van den Berg, project leader GGZ kiest kleur, a project that aims to make mental health care more accessible for migrants by developing culture specific information material and services, and through the cooperation with migrant organizations.
- R4: Farriba Rhmaty, relationship and family therapist.

Altrecht

- R5: Ronald May, coordinator Intercultural Management
- R6: Samira Riane, social worker at the young adults department
- R7: Tense Bilgoe, managers of the young adults department
- R8: Hanneke Boven, social worker at the youth department
- R9: Hans Attema, manager of the department for adults with ADHD and youth

GGZ Nijmegen

- R10: Nancy Peters, former project leader of the interculturalisation project 2002-2005 and currently prevention worker
- R11: Mehrnaz Rezai, prevention worker, coordinator of several groups for migrants clients
- R12: Nurcan Kay Gisiz, social worker at the youth department
- R13: Wim Bardoel, social worker at the adult department
- R14: Wil Bongers, social worker at the adult department

GGZ Oost-Brabant

- R15: Willem de Man, former project leader of the interculturalisation project, currently prevention worker and social worker
- R16: Oscar Bourbon, prevention worker
- R17: Mieke Schoemaker, social psychiatric nurse
- R18: Selma Izci, prevention worker

Annex 2

Interview questions project leaders

Demographic questions

- Gender
- Date of birth
- Country of birth
- Parents' country of birth
- Role/position in organisation (in what exactly does the job consist)
- Since how many years working in this position
- How large is the share of migrant clients in the total case load of the institute?

Open questions

Interculturalisation

1. What is your definition of interculturalisation?
2. What do you think about the interculturalisation policy within (…)
    a. Is it effective?
    b. Does it reach its targets?
    c. Do you feel it is adequate/sufficient to respond to the multicultural clientele of the institute? If not: what is missing, what could be improved or added?
    d. Who do you think benefits most from interculturalisation (Clients, the institute, society)?
    e. What are the costs of intercultural policy? Who do you think pays for these costs?
    f. Do you feel the interculturalisation policy effectively tackles the issues social workers deal with in practice? That is, is there a good link between policy and practice?
3. In how far is intercultural therapy different from 'regular' therapy? Why / why not?

Support for interculturalisation

4. What are the challenges of interculturalisation for professionals and for the organization as a whole?
5. How have professionals within the institution reacted on the interculturalisation policy?
6. Do you feel there is a strong support and motivation for interculturalisation
    a. Among managers?
    b. Among care workers?
7. To what extent do you feel that interculturalisation has integrated into the practice of care workers? And the managers? If not: why not? What have been the obstacles?

8. What factors do you think are of influence on the support of professionals for interculturalisation?

Interculturalisation on the institutional level

9. Do you think the organization is taking pains enough to support interculturalisation among its professionals? What do you think is missing or could be done better by the organization?
10. Is there enough money and resources for interculturalisation within the institute?
11. To what extent do you feel that interculturalisation has integrated into the practice of the institute as a whole? If not: why not? What have been the obstacles?

Interculturalisation in societal context

12. 'Interculturalisation' as a concept refers to the bridging of cultural differences. To what extent do is it the task of the GGZ to tide over? And what is the client's part in this? That is, in your opinion, who has to meet up to whom? And why?
    What do you think social workers think about this?
    Do you think allochtonous clients would agree?
    Do you think non-allochtonous clients would agree?
13. From a research conducted by the SCP it showed that a very large part of the Dutch people think that Muslims raise their children in an authoritarian manner, and that Muslim men dominate their women. Do you recognize these kinds of views among professionals within the institute? How does it affect their attitude towards clients?
14. To what extent do you think interculturalisation is important not only for the GGZ, but also for the Dutch society?
15. To what extent do you think Dutch citizens are aware of the fact that there is a process like interculturalisation going on in the Netherlands?
16. To what extent do you think interculturalisation is supported by society?
17. Do you think there is a connection between the societal debate about the integration and civilization of migrants, and the way in which professionals within the GGZ Nijmegen deal with interculturalisation? In other words, are professionals from the GGZ Nijmegen influenced by the societal debate about migrants, integration, civilization, etc? Why / why not?
18. How do you see the future of interculturalisation
    a. Within the GGZ Nijmegen?
    b. Within the Dutch welfare sector in general?

Interview questions professionals

Demographic questions

- Gender
- Date of birth
- Country of birth
- Parents' country of birth
- Profession (psychologist, psychotherapist, psychiatrist, social worker, etc.)
- How large is the share of migrant clients in your case load?
- How many years of experience have you had with treating migrant clients?

Open questions

Vision upon interculturalisation

1. How do you feel about the interculturalisation policy within (…..)? Do you feel it effectively tackles the issues the issues you and your colleagues deal with in practice?
2. Do you think the organization is taking pains enough to support interculturalisation among its professionals?

Practice of intercultural therapy

3. To what extent do you feel intercultural therapy is different from 'regular' therapy?
4. To what extent do you adjust your practice when treating allochthonous clients?
    a. Do you use a special preparation?
    b. Do you use different intervention techniques?
5. Are you prepared to invest extra time and energy into the treatment of migrant clients, if necessary?
6. To what extent do you feel that interculturalisation has integrated into your practice, and of the organization as a whole?

Interculturalisation in societal context

7. 'Interculturalisation' as a concept refers to the bridging of cultural differences. To what extent do you consider it to be your task to tide over? And what is the client's part in this? That is, who has to meet up to whom?
8. How do you explain, from your experience, the complications of intercultural mental health care? What is it about intercultural health care that makes it more difficult than 'regular' youth care?
9. Do you experience building up a working relationship with allochthonous clients is different from building up a working relationship with autochthonous clients?
10. Are there elements from cultures that you come across while treating allochthonous patients that are in conflict with your own norms and values, which complicate the treatment, or make it impossible to treat a client? How do you deal with such a situation?

11. Do you ever get frustrated when dealing with such situations? Do you attribute these frustrations to the client or to yourself?
12. Do you ever catch yourself on stereotyping?
13. What do you like about working with migrant clients, and what don't you like? Is diversity a problem or rather a challenge to you?
14. To what extent do you think interculturalisation is supported by society?
15. To what extent do you think interculturalisation is important for the Dutch society

Interview questions managers

Demographic questions

- Gender
- Date of birth
- Country of birth
- Parents' country of birth
- Role/position in organisation (in what exactly does the job consist)
- Since how many years working in this position
- How large is the share of migrant clients in the case load of your department?
- How large is the share of migrant clients in the total case load of the institute?

Open questions

Intercultural therapy

19. What is you definition of intercultural therapy?
20. In how far is intercultural therapy different from 'regular' therapy?
21. What are the complications of intercultural therapy?
22. Do you think extra time and energy is necessary for the treatment of migrant clients? How do you feel about this?
23. Do you ever catch yourself on stereotyping? How does that come across? What do you do in these situations?

Interculturalization

24. What is your definition of interculturalization?
25. How do you look upon interculturalization policy?
    a. Do you think interculturalization policy is necessary? Why/why not?
    b. Do you think it is effective? Why/why not? Or when is it/isn't it?
    c. Who do you think benefits most from intercultural policy? (Clients, the institute, society)?
    d. What are the costs of intercultural policy? Who do you think pays for these costs?

Support for interculturalization

26. How have professionals within the institution reacted on the interculturalization policy?
27. What are the challenges of interculturalization professionals and for the organization as a whole?
28. Do you feel there is a strong support and motivation for interculturalization
    a. Among managers?
    b. Among care workers?
29. To what extent do you feel that interculturalization has integrated into the practice of care workers? If not: why not? What have been the obstacles?

30. What factors do you think are of influence on the support of professionals for interculturalization?

Interculturalization on the institutional level

31. How do you feel about the interculturalization policy within (…)? Do you feel it effectively tackles the issues social workers deal with in practice? That is, is there a good link between policy and practice?
32. Do you think the organization is taking pains enough to support interculturalization among its professionals? What do you think is missing or could be done better by the organization?
33. Do you think professionals in your organization have assumed interculturalization as a priority? Why, why not?
34. To what extent do you feel that interculturalization has integrated into the practice of the institute as a whole? If not: why not? What have been the obstacles?

Interculturalization in societal context

35. 'Interculturalization' as a concept refers to the bridging of cultural differences. To what extent do you feel it is the task of the GGZ to tide over? And what is the client's part in this? That is, in your opinion, who has to meet up to whom? And why?
    Do you share the same opinion with your colleagues?
    What do you think social workers think about this?
    Do you think allochtonous clients would agree?
    Do you think non-allochtonous clients would agree?
36. From a research conducted by the SCP it showed that a very large part of the Dutch people think that Muslims raise their children in an authoritarian manner, and that Muslim men dominate their women. Do you recognize these kinds of views among professionals within the institute? How does it affect their attitude towards clients?
37. To what extent do you think interculturalization is important not only for the GGZ, but also for the Dutch society?
38. To what extent do you think Dutch citizens are aware of the fact that there is a process like interculturalization going on in the Netherlands?
39. To what extent do you think interculturalization is supported by society?
40. Do you think there is a connection between the societal debate about the integration and civilization of migrants, and the way in which professionals within the GGZ Nijmegen deal with interculturalization? In other words, are professionals from the GGZ Nijmegen influenced by the societal debate about migrants, integration, civilization, etc? Why / why not?
41. How do you see the future of interculturalization
    a. Within the GGZ Nijmegen?
    b. Within the Dutch welfare sector in general?

Vignettes

Situation 1
The clients are a Moroccan couple (a 34-year old man, a 30-year old woman) that has been sent to the GGZ by the family doctor, because the man kept complaining about tiredness and headaches without there being any demonstrable cause. His wife is coming along at your request, because the social worker concluded that she plays an important part in the story. They have two children of 6 and 8 years old. Via the children the woman is getting more and more into contact with Dutch mothers, and lately she is beginning to adapt more and more to Dutch customs. She started to leave her headscarf at home when she goes and pick up the kids at school, and she has been putting forward the idea of getting a small part-time job for 10 to 15 hours a week. Her husband doesn't like her 'turning Dutch' in this way. He thinks she is disgracing his reputation within the Moroccan community. He also claims that a good mother should stay at home with her family. He seems very determined about these ideas, and discussions about it don't really result in any positive consensus.

1. The social worker tries to make the man see that his wife should have the right to find a job if she wants to, and that it is also a very common thing in the Netherlands that women work part-time. He will need to accept that things are different here from Morocco, and not blame his wife for it. The social worker also argues that the man could have more respect for his wife's needs, instead of worrying only about what the community will think.
   Would you agree with his arguments? Why / why not? If not; what would you do differently?
2. The woman seems to be more willing than her man to give in. She doesn't want to insult him by acting the way she does. The social worker feels that she is not standing up for her own needs and encourages the woman to be more assertive.
   Do you agree with this reaction? Why / why not?
3. The husband is quite distrustful towards the social worker. Therefore he also went to a traditional Islamic healer, who said that there is a bad 'djin' (a spirit) in the man's house. The social worker tries to react in a neutral way, but he feels about it as if the man tries to get out of the discussion by explaining the problem in this way. After a certain time, when he keeps going on about it, the social worker says that the man is at the wrong address apparently, if he doesn't believe what the social worker is doing.
   What do you think of this reaction? Why?

Situation 2
The client is an Antillean 16-year old teenager. He has been sent to the GGZ by a community worker, who was concerned that the boy was going astray. He dropped out of school, but he doesn't take steps to find a job either. He hangs around with friends in the neighborhood mostly. His mother – his father has gotten out of sight years ago - doesn't take pains to intervene; she just wants him to behave when he is at home. The boy tends

to sit in front of the social worker looking quite indifferent, and sometimes he doesn't even show up.

1. After a couple of sessions, some people in the team that discusses his case suggest that the social worker puts him on the spots; if he isn't motivated and doesn't want to change his attitude then the social worker will not continue the treatment. Can you agree with this suggestion? Why / why not? What would you do differently?
2. The social worker invites the mother to come along with her son. The social worker asks the mother how she deals with her son when is giving her trouble. She says that she just sends him out of the house; he can behave the way he wants, but not in her house. The social worker suggests that she should take more responsibility for her son's wellbeing; also when he is not at home. The mother gets a bit upset, because now it seems like she is the one responsible for her son's problems.
   What do you think about this situation? Do you agree with the social worker's reaction? Why would the mother react in this way, and what should the social worker do?
3. When the boy has found a job under pressure of the social worker, he wants to quit after a week saying that he was discriminated by his boss. The social worker thinks the boy should not give up this easily and that he should give it a second try, otherwise he will never learn to deal with these kinds of situations.
   Do you agree with his reaction? Why / why not? What would you do differently?