Attitudes of Greek-Canadians Toward Mental Illness: Pathways and Barriers to Mental Health Care

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RÉSUMÉ

Cet article étudie la relation entre attitudes culturelles envers la maladie mentale et mode d'utilisation des ressources en santé mentale chez les familles canadiennes d'origine grecque de Montréal.

L'information provient de trois sources différentes: a) une revue de la littérature; b) des entrevues personnelles avec dix-huit familles pourvoyeures de soins; c) des entrevues avec six personnes-ressources de la communauté. Ces données furent analysées pour étudier l'effet des valeurs familiales traditionnelles et culturelles sur les attitudes quant à la recherche et l'utilisation de services psychiatriques.

L'analyse qualitative de l'information tend à montrer que la stigmatisation de la maladie mentale dans la culture grecque ainsi que les valeurs traditionnelles auxquelles adhèrent les canadiens d'origine grecque contribuent de façon déterminante à la sous-utilisation des services psychiatriques.

De plus, l'analyse a permis de mettre en évidence une série de préoccupations majeures, concernant la barrière linguistique et autres besoins de base, tels qu'une approche médicale plus sensibilisée au fait culturel, l'introduction de cours adaptés à la nouvelle donne culturelle pour les divers professionels de la santé mentale, le besoin de recruter des professionnels provenant de la communauté, le besoin pour la communauté de disposer de ses propres institutions d'hébergement à long terme, etc.

ABSTRACT

This study examined the relationship between cultural attitudes towards mental illness and patterns of utilization of mental health care services and community resources among Greek-Canadian families in Montreal.

Data was collected from three different sources, a) literature review; b) (qualitative) personal interviews of eighteen family care-givers; and c) (qualitative) interviews of six community key informants. Verbatim transcripts were analyzed to explore the effect of cultural and traditional family values on attitudes relevant to seeking psychiatric services.

The qualitative analysis of the data lends support to the contention that the stigmatization of mental illness in the Greek culture as well as the adherence of Greek-Canadians, to traditional values appears to be among the determining factors contributing to underutilization of mental health care services.

Through analysis of the responses there were identified major concerns such as the language barrier, and primary needs such as: a) cultural-sensitive approach by the practitioners; b) introduction of new courses and the modification of the old ones pertaining to mental illness and cultural minorities by the professional schools; c) the need to recruit professionals from the community; d) the need for education and outreach programs within the community; e) the need for the community to have their own chronic health care facility, etc..

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Introduction: Scope and Purpose of this Study

There are three major factors that are considered to have resulted in the mass deinstitutionalization of mentally ill patients that occurred during the 1950s and 1960s. First, the discovery of effective psycho-pharmacological agents for treating psychosis. Second, the increasing emphasis on the civil rights of patients that made it difficult to hospitalize persons and to impose on them medical treatment against their will, unless there is a clear evidence of dangerousness and incapacity to function in the community. Third, the growing feeling that large institutions were antitherapeutic, and that many patients suffered as much from the side effects of hospitalization as they did from the mental illnesses themselves.

Attitudes towards mental illness affect how mentally ill people and their families will be treated within any given society. Subsequently, society's attitudes, affect how the mentally ill and their families view themselves, how adequately they will adapt and how they will use psychiatric services (Rabkin, 1974).

Problems of under-utilization of services and under-detection and treatment of common mental disorders affect many groups in society. However, there is evidence that they are particularly severe for families of immigrants and ethnic minorities who are experiencing additional difficulties in their interactions with health care providers (Kirmayer *et al*, 1997).

Ethnic minorities and immigrants bring with them their "cultural baggage". They tend to express and describe situations concerning health, family, relationships and employment on the basis of their cultural experiences. In spite of this evidence, only a few studies have examined the importance of cultural influences on the attitudes towards mental illness in families of ethnic and racial minorities and in extension the cultural influence in seeking services within the mental health system. Factors which act as deterrents towards using those services, such as language barriers and cultural differences, have not been given the proper attention either.

The present study aims to explore the effect of the ethnicity and culture on attitudes towards mental illness and the kind of services Greek-Canadian families will seek for their mentally ill relative. A special emphasis was given to their attitudes concerning placement of a mentally ill relative to a supervised, group, or

foster home for mentally disturbed people. The purpose is to contribute to the field of cross-cultural understanding in mental health care by discussing the attitudes of these families and to know where those attitudes originated. Unless specialists are capable of understanding the cultural peculiarities of this particular clientele, the quality and efficiency of services are bound to fall short of their objective.

In order to understand how the attitudes towards mental illness and mental health services of Greek-Canadians are influenced by their cultural experiences and their cultural values, it appears appropriate to describe briefly the background of the Greek immigrants in Canada, particularly in Montreal, and the socio-cultural structures of the Greek family.

Greek Canadians and Immigration Patterns

According to official Canadian immigration records Greeks, mostly seamen, started to come sporadically to Canada towards the end of the 19th and the beginning of the 20th century. In the early 1900s the number of Greek immigrants living in Quebec had reached one thousand. Approximately 95% of those had settled in the metropolitan area of Montreal (Constantinides, 1983). In 1906 they had established the first socio-cultural, religious and educational organization under the name of "Greek-Orthodox Community of Montreal" (Chimbos & Agocs, 1983; Bombas, 1985). Today there are a great number of Greek communities that thrive across Canada.

The World War II and the civil war, which lasted from 1945-1949, had left Greece financially devastated and the Greek people had to struggle with high unemployment and poverty. Those were the two "push factors" of the first major wave of immigration of Greek people, mostly young men, to Canada from 1945 up to the middle 1960s. The overwhelming majority came from rural and semi-urban villages and towns. They were mostly unskilled and semi-skilled laborers with limited education and practically no knowledge of Canada's two official languages, French or English (Chimbos & Agocs, 1983; Gavaki, 1991).

They came to Canada with dreams and high hopes of both social and economic mobility. Most of them regarded their move as a temporary one. They were hoping to spend a maximum of three to five years in the "land of opportunity", as Canada was

perceived at the time, "make it" fast and return to Greece financially independent. However, the transition proved to be extremely difficult. They had to deal with great cultural shock and disappointment. Opportunity has not always been fairly or equally distributed and often the lack of domestic acceptance regarding their credentials resulted in many amongst them experiencing initial unemployment or underemployment.

Between 1967-1974 another wave of Greek immigrants, better skilled and more educated with some professionals amongst them, arrived in Canada. This time the "push factor" was the extreme right wing military junta that governed Greece at the time. By the time the second group of immigrants arrived, the Greek Community of Montreal had already organized some information and support services for the newcomers. Thus, they were able to find better jobs and to integrate much easier in the host society (Gavaki, 1991; Chimbos & Agocs, 1983; Vrakas, E., 1990).

Greek immigrants were part of a closely-knit community, where their social life centered around the Church, their extended families, immediate friends and neighbors. Being part of a minority group for first time, not knowing the language, having a different religion, and traditions from the mainstream Canadian society in combination with social inequalities and employment hardships made the process of adaptation and psycho-social integration within the host culture, difficult and painful, if not impossible for some of them. They isolated themselves from the mainstream Canadian culture and for many, their relationship with other Canadians became one that is consisted of us (Greeks) and the *xeni* (the strangers). They clustered around themselves, and they held with desperation to those aspects of their lives that were more stable: their families, values, and traditions of societies that they have left behind (Gavaki, 1991; Chimbos & Agocs, 1983, Bombas, 1985). Some of them are still holding on to their traditional rural values and, to a certain extent, they continue to exist in a cultural vacuum with all the hardships that this isolation entails. This is described by Constantinides (1983) as the "ghettoization" of the Greek family in Montreal.

Over the years Canadians of Greek origin have done well; they have started their own businesses mainly as restaurant owners, and have become more affluent. Second generation Greeks have attained high business or professional achievements and they

have even succeeded to occupy high positions in both the National Assembly of Quebec and the Parliament of Canada. However, a great number, amongst the first generation Greek-Canadians, according to their educational and occupational status, still belong to the lower socio-economic working class. Like most members of other ethnic minorities they go through social struggle everyday caused by structural inequalities and a system that takes little account of how they arrived at where they find themselves, and which often defines in its own terms their needs and the services to offer to them.

The Greek Canadian Family: Structure and Relationships

In this section, the author makes certain comparisons between the North American and the Greek culture. It seems appropriate to point out, though, that each one of these cultures, in its own way, is not homogeneous, but rather there are many variations within them. Therefore, overgeneralizations should be avoided.

The North American mainstream culture tends to value individuality, youthfulness, free expression and relationships that are autonomous and egalitarian. In contrast the Greek culture values interdependent and hierarchical interpersonal relationships, dictates traditional values, reverence for the family, honour for the elders, conservative attitudes and obedience to authority. Thus, while the Anglo-Saxon culture tends to value individualism, Greek families work towards their "in-group's" success. "In-group" is defined in a personal process-manner by the Greek: "family and people concerned with me and with whom I can establish interdependencies" (Vassiliou & Vassiliou, 1974).

The Greek-Canadians are confronted with these two diametrically different value systems. The degree to which one can reconcile these differences may determine his or her psychological adjustment. The second-generation Greeks in Canada are likely to feel the stress to a greater extent. They are socialized to retain their ethnic identity, yet feel compelled to identify with a culture that is alien to their parents and grandparents.

A long-standing tradition, religious values and a dominant ideology have made the *ikogenia* (family) the most fundamental institution in Greece (Vassiliou, 1974; Doumanis 1983). It is close knit, stands at the core of all social networks and its structure reaches as far as the first and second cousins. The Greek families

abroad, oftentimes, include in their broadest peripheries others from the original village, town and/or island as well as their *coumbari*, (Best-men and/or God-parents), and *simpetheri* (affines), (Constantinides, 1983; Gavaki 1983; Tsemberis & Orfanos, 1996).

The traditional Greek family is structured on patriarchal principles; the father is the authority figure. His authority is to be feared and respected by all members of the family. Greek men respect and love their wives but in a way that precludes demonstrative gestures. Greek women's inferior position changes upon "motherhood"(Safilios-Rothchild, 1967; Vassiliou, 1969; Doumanis, 1983).

The criteria for a good loving couple in the Western culture might be seen as one in which the spouses are intimate, affectionate with each other, doing things together, sharing roles and responsibilities. Thus, the Westerners associate mainly emotional states with the concept. In contrast Greeks associate "proper conduct" with it. In the Greek culture the same criteria are: a) if the husband behaves as a proper Greek husband, a good provider and a good protector of the family; and b) if the wife behaves like a proper Greek wife: is faithful and gives her love to her husband without expecting reciprocity; is obedient and never disagrees with her man, particularly in public or in the presence of an outsider; and is devoted to her children (Vassiliou & Vassiliou, 1969; Tsemberis & Orfanos, 1996).

Greek mothers are reported to be nurturant and to have a most intimate relationship with their children. In Canada, Greek mothers are entrusted with the care of the children and the maintenance of the Greek language, customs and values. They are expected to raise well behaved children who are going to stay out of trouble and succeed in adult life. Fathers hardly admit responsibility for their children's inappropriate behaviours, only pride for their accomplishments (Gavaki, 1983; Primpas-Welts, 1982; Xenocostas, 1991).

The Greek-Canadian families are close-knit, child centered, and achievement oriented. The hopes, aspirations and emotional investment of the Greek parents are in their children and they are very protective of them. Since education is perceived to be their children's ticket to a better life and social upward mobility, it is highly valued by the Greek immigrant group (Xenocostas, 1991). Children are expected to do well in school, while parents often work long hours and are unavailable and unable to offer them the assistance they may need. When they are not doing well in school, parents are critical and attribute their difficulties to lack of effort and pressure them to work harder.

Greek parents rarely articulate to their children parental feelings and emotions that imply uncertainty, anxiety, and fear. For, these are perceived to be a sign of weakness that must be hidden. However, they are generous with their advice, often unsolicited, and expect their "children", no matter their age and status or the professional achievements they attain, to honour them. In such a family context, children learn to keep problems they are experiencing to themselves (Vassiliou & Vassiliou, 1969; Tsemberis & Orfanos, 1996; Primpas-Welts, 1982). This may create internal conflict, which can lead to problematic emotional situations since some of those children have very little opportunity to sort out their feelings.

Children are expected to be respectful and obedient to the elders regardless of the content of the communication, simply because "I (the parent) said so" (Tsemberis & Orfanos, 1996; Vassiliou & Vassiliou, 1969). Expression of disagreement is rarely acceptable, as it will be perceived as challenge to parental authority (Vassiliou & Vassiliou, 1969; Primpas-Welts, 1982; Tsemberis & Orfanos, 1996; Xenocostas, 1991). Since Greek parents discourage dialogue with their children, adolescents rarely turn to their parents to discuss thoughts, feelings, emotions or changing life values. Contact remains loving and loyal but often tends to be somewhat superficial and ritualized around meals, holidays, and family gatherings (*Ibid.*).

Since Greece has become more industrialized, there has been an evolutionary trend in family values. However, residual elements of the old values and especially of the male sense of superiority and dominance over the women continue to apply in many rural areas. In Canada, due to the fact that Greek women have entered the work-force and contribute to the financial needs of the family, there is definitely a change that can be observed in the power structure of the Greek family, which gradually moves from a quasi-patriarchal to a more egalitarian form. Hence, the woman's decision-making power is increasing, while the relationship between husband and wife becomes more intimate and westernized (Vrakas, E., 1990).

The relationship with the children is also changing as the values of hierarchy conflicts with the north-American preference (at least in the surface) for equality and democracy. Often, in families who are more rigid and children's behaviour is measured strictly according to traditional values, conflict arises which results in distress and in more serious cases in pathology.

Methodology

This study is based on both primary and secondary sources. Primary sources include individual (qualitative) interviews that were conducted by the author with a sample of eighteen care-givers of twelve mentally ill family members of Greek origin who live in the area of Greater Montreal and Laval. The names of seven patients were drawn from the medical list of an Ethnic Community Mental Health Clinic in the area and the other five were referred to the author through mutual acquaintances (snow ball). The author approached these patients and sought permission to contact their families.

Secondary source information was collected, a) by searching relevant information in the international and Greek literature and b) by conducting interviews with a group of six community key informants. Five health care professionals were selected on the basis that they provide services in areas of high concentration of Greek immigrants. Amongst them are included two psychiatrists, a family doctor and three social workers. Given the importance and the influence of the church in the Greek family, a member of the clergy of the Greek Orthodox faith was also interviewed.

Semi-structured questionnaires with open-ended questions were used in both sets of interviews. Sociodemographic information about the subjects' age, occupational status, relationship to the patient, migration history, country of birth, language used at home and ethnic identity, was also collected from the subjects by using a structured questionnaire. It is noteworthy that they were eleven subjects who identified themselves as first generation Greek-Canadians, and eight subjects who identify themselves as second generation Canadians.

International Literature Review

In this chapter the author will review some of the classic studies and their findings on attitudes towards mental illness and/or patterns of behaviour in seeking services by family members.

In the early 1950s, the study carried out by Star, cited by the Joint Commission of the Mental Illness and Health (1961), found that the majority of the respondents tended to resist calling anyone "mentally ill", they did so only as a last resort and recognized only the most extremely disturbed behaviour as mental illness.

The Yarrow *et al* study (1955) examined the attitudes and behaviour of the wives of schizophrenic husbands. They reported that the social and psychological situations of these families and their mechanisms of adjustment in many ways parallel the dynamics of minority groups. These families were characterized by feelings of underprivilege and marginality. They displayed hypersensitivity towards mental illness and a need to conceal it because of feelings of stigmatization; one-third adopted a pattern of "aggressive concealment", making drastic changes in order to avoid or cut off former friends, with some going so far as to move to a different part of town. Another third had told only members of the family, or close friends who either understood the problem or had been in similar situation themselves (Yarrow *et al*, 1955).

Nunnally (1961) reviewed various studies which had assessed public attitudes toward the mentally ill. He concluded that: a) a negative halo is associated with the mentally ill and seeking therapy and that s/he is regarded with fear, distrust and dislike by the general public; b) the stigma associated with mental illness is very general across social groups and has no significant relation to demographic characteristics such as age and education; and c) that such negative attitudes may be in part due to a failure to observe and learn about mental health illness in daily life (Nunnally, 1961).

The classic New Haven study conducted by Hollinsghead and Redlich (1958) found evidence for an inverse relation between socio-economic status and rates of functional psychosis. The authors had concluded that members of the lowest social class almost never sought psychiatric help for themselves or relatives and they were more likely to see mental illness as a feared somatic disease.

The findings of the Dohrenwend & Dohrenwed (1974) study lends support to the contention that people with lower economic status are exposed to more stressful life experiences than those in higher socio-economic status. This differential exposure accounted for the negative relationship between class and mental illness. Yet, there are others (Levy and Rowitz, 1975, cited in Liem & Liem, 1978) who have disputed those findings.

A classic experimental study of opinions about mental illness was conducted in a small rural agricultural town in the province of Saskatchewan, Canada. They found that the authors' proposition that anyone could become insane under certain circumstances was

in conflict with the community's predominant values and that people of this community feared mental illness and tried to ignore its manifestation as much as possible (Cumming and Cumming, 1957).

Twelve years later, Rootman and Lafave (1969) (cited in Rabkin, 1974), selected another rural town in Saskatchewan, Canada. The authors compared the attitudes of its residents with those reported by Cumming and Cumming in 1957. They found that the respondents were more educated about mental illness and were more tolerant towards mentally ill persons. They concluded that in Saskatchewan rural attitudes toward mental illness had become enlightened and more accepting.

Kirnmayer *et al* (1997) studied attitudes towards mental illness and pathways of seeking help amongst cultural communities in Montreal Canada. He concluded that: members of ethnic minorities underutilize the mental health system; the public's tolerance vis-à-vis the mentally ill has remained low; people still respond with fear, dislike and aversion when they encounter the mentally ill; the mentally ill are still greatly stigmatized; and that the stigma attached to psychiatric illness contributes to withdrawal and isolation of the ill persons and their families (Kirmayer *et al*, 1997).

Greek Literature Review

The author was able to find studies, on Greek peoples' perceptions of mental illness, conducted by Greek researchers or by professionals from abroad using a sample of Greek people. However there are very few those who have tried to demonstrate the role of public attitudes and beliefs about mental illness as a foundation of the utilization of psychiatric services.

The ancient Greeks believed that madness was often caused by a God or Gods, usually as punishment for corrupt or undutiful acts. The first to introduce the view of biological causation was Hippocrates who noted that the origin of mental illness is within the person (Milns, 1986).

Skinner (1966), compared attitudes of the modern Greeks and those of the North-Americans. He found that they differ in their perceptions of the locus of the psychic distress. Greeks externalize the causes for everything that is thought to be painful, and the responsibility is placed on forces to be out of the person's control.

North-Americans however, internalize their difficulties and assign responsibility to the individual. Skinner noted that if some misfortune and/or illness occurs in the family, Greek people assume that the cause of the problem comes from outside of the family; the envy and/or the malice of others, or the "evil eye".

In the Western culture mental illness is defined as the kind of illness which bring patients to mental hospitals (Cohen & Struening, 1962). In the Greek culture, mental illness is defined as the kind of illness that entails violent or hallucinatory behaviour; a wide range of symptoms such as "not getting along with people, with one's family", "friends and colleagues", "being unproductive at work", "having no initiative and being unable to make decisions", etc., are often accepted as "normal", albeit, idiosyncratic aspects of one's personality (Safilios-Rothchild, 1968).

The Safilios-Rothchild study (1968) found that reluctance to seek professional help for disturbed relatives by the Greek families is due to negative and stigmatizing cultural attitudes, that, often, result in the loss of friends, social isolation, no chance of getting married and difficulties in finding a job. Thus, most Greeks tend to perceive the cause of mental illness as external to the patient and psychiatric symptoms are often conveyed through a somatic idiom or through a malfunctioning nervous system, which generates less social rejection and self-devaluation of patients and their families and creates expectations that aberrations will be brief and temporary (*Ibid.*)

Alevisatos & Lykestos examined in 1961 the attitudes toward mentally ill patients of 300 families and friends of randomly selected hospitalized chronic schizophrenic patients. The investigators had hypothesized that in the Greek traditional society, where the moral obligations of the family were still strong and where there were few special agencies to treat the mentally ill, patients or former patients would be readily reaccepted into the family. Albeit, they found evidence that many families had ceased to consider the ill person as a family member and felt no obligation for his/her care at all. 88% of the total sample wanted them to remain in the hospital and almost 50% of the sample required total cure as a condition for the patient's return.

An update of this research in 1978 found that 61% of the relatives of newly admitted in-patients wanted their patient home in comparison with 17% in 1961. Only 15% of friends and neighbours compared with 43% in 1961, still stigmatized, mocked

or avoided the mentally ill person and his family. The authors concluded that the attitudes of family and friends of mentally ill patients had improved between the early 1960s and late 1970s (Lykestos et al, 1978). In the same study beliefs such as that the main causes of the onset of mental illness was "poverty" and "bad socio-economic conditions" deriving from structural inequalities were prevalent amongst the respondents (*Ibid.*).

Worries, family situation, and deaths of loved ones, were amongst the most prevalent answers as to what causes mental illness, in another study conducted in Athens Greece by Vassiliou and Vassiliou (1965). Other responses were structural inequalities and poverty, heredity, weak nerves, and *stenohoria* (distress, sadness).

Somatization and Nerves

Somatization is the expression of emotional and psychological problems through bodily, somatic, symptoms. A great number of studies provide evidence for an association between somatization and social class, sex-role segregation, patriarchal structures, and women's subordination to men (Hollingshead and Redlish, 1958; Racy, 1980; White, 1982; Lee, 1986; Guarnaccia *et al*, 1992). According to Kirmayer *et al* (1997), somatization is reported to be a common phenomenon, also, among societies where mental illness is considered to be a stigma.

In the Greek culture, where family is structured on patriarchal principles and mental illness is still to a considerable degree socially stigmatized, somatization and *nevra* (nerves) appear frequently among individuals who suffer from emotional problems (Safilios-Rothchild, 1968; Koutrelakos & Zarnari, 1983; Ierodiakonou, 1983; Madianos et al, 1987).

Similarly, according to a number of studies conducted abroad it appears that Greeks in Diaspora tend to report high rates of somatic symptoms that are caused by emotional and environmental problems. In most of those studies, the authors have concluded that willingness to accept physical symptoms rather than to admit emotional problems, reflect the Greek immigrants' cultural attitudes towards mental illness and the stigma that they associate with receiving psychiatric help.

Dinnen (1975) and Staggol (1981) report high rates of somatization among Greek immigrants in Australia. Lykestos *et al* (1979) conducted a study in England between Greeks and British; the results showed higher somatization among Greeks especially among females, who as well preferred to consult their general practitioner and demonstrated a negative attitude toward psychiatric help. Dunkas & Nikely (1972) report comparable findings among Greek immigrant women in Chicago. The authors concluded that "these women felt guilt at having left their families, especially their mothers, and had developed psychosomatic disorders, such as headaches, stomach problems, dizzy spells, etc. as an attempt to rationalize and justify their desire to return to their homeland and to their mothers" (Dunkas & Nikely, 1972).

Vrakas E. (1990) reported high rates of somatic symptoms and nerves amongst a group of Greek immigrant women in the Greek community of Montreal. Likewise, Lock and Dunk (1987) who studied another group of Greek immigrant women in Montreal, found that *nevra* is a common phenomenon amongst them. They concluded that the symptoms of this particular disorder are similar to somatization and that are used by Greek people to express, or camouflage, a diversity of emotional and psychological disturbances. Both authors explain nerves, with regard to Greek immigrant women, as a mechanism that allows them to express emotional problems resulting from environmental stress through physical complaints. In this way, they avoid the embarrassment of being stigmatized by their compatriots.

In terms of seeking help the Vassiliou and Vassiliou study (1965) reports that young people, people with higher education and members of the higher social class, are more likely to seek help from a psychiatrist in case of a major psychological problem. In contrast, the rest of the population is likely to use a medical doctor or other traditional means of help (e.g. a priest, folk, healers, relatives, etc.). This parallels findings of the Hollinsghead and Redlich study (1958).

Primpas-Welts (1982) studied Greek-American families and their attitudes in regard to psychotherapy. The author concluded that Greeks rarely seek the services of a psychotherapist. She postulates that members of Greek-American families, and in particular fathers, believe that they alone know the causes of their problems and how to solve them. She argues that if the therapist puts the Greek fathers in a powerless position they will either increase their effort to control their families or they will fall into fatalistic resignation.

Comparable findings were reported by another study conducted in Greece, on the same topic, among rural Greeks, by lerodiakonou (1983). This study lends support to the contention that Greek people are not willing to seek "non medical" help such as psychotherapy. lerodiakonou attributed it to stigma that is associated with mental illness in the Greek culture. He concluded, though, that this disposition can be overcome once the Greek people become more familiar with the idea.

Interviews with the Professionals

The professionals who participated in this study acknowledged that they have observed sex differences, amongst their clients, in seeking help and reporting psychological disturbances. According to their statistics the number of women who seek help is nearly double of this of the men and they complain mostly for nerves and depression in contrast to men who seek help for stress and character disorders. They speculate that the socio-culturally fixed role of female obligation, and the changing demands and responsibilities of Greek women's role within the Canadian society are the most possible generators of the higher rates of psychological impairment among Greek-Canadian women. It was attributed, also, to the fact that in the Greek culture it is more acceptable for a woman to complain and be somewhat nervous and temperamental, in contrast to the man who has to hold on to his masculine assertiveness. This is consonant with a survey of the Athenian general population that revealed the same sex differences in manifest of anxiety levels (Vassiliou *et al*, 1966).

Do Greek people seek help early in the onset of the illness? All the professionals attested that their Greek-Canadian clients rarely refer themselves to the psychiatric services, which they find stigmatizing. Even for emotional or psychological problems they seek the services of the general practitioner much more frequently than any other health specialist.

The group reports that Greek-Canadian families have their own theories pertaining to etiology of mental illness. Their observations lend support that the family initially attributes the change of their relative's behaviour to some character change due to stress and stressful events such as "death in the family", "divorce" or romantic disappointments such as "she broke up with her boyfriend", "influence of bad friends", "too much

work", "loss of employment", or "failure to succeed in school" are also blamed. Socio-political inequalities, effects of their immigrant status, chronic feelings of uprootedness, anxiety, and distress due to living conditions, such as the fast pace of life and climate conditions in Canada, are often used by his clients, especially by the first generation Greeks, attests the psychiatrist.

Reiterating findings in the literature, the professionals attest that that psychiatric symptoms are often conveyed through a somatic idiom. They report that the expression of emotional disturbances or distress through somatic symptoms such as: "headaches", "loss of appetite", "dizziness", "fatigue", "exhaustion due to disturbed sleep patterns", "excessive sweat of their palms", "chest pains", etc., are prevalent amongst their Greek clients. Likewise, *nevra* (nerves), and malfunctioning nervous system, are also used by Greek people to express, or camouflage, a diversity of emotional and psychological disturbances. The general practitioner, in this group, estimates that as much as 80% of his clientele complains about somatic symptoms and/or nerves. "It is easier to accept somatic disorders or nerves", he said, "because they can be cured faster, there is probably no fear of reoccurrence, and moreover they do not entail the same degree of stigma" as mental illness. The respondents believe that although the stigma of mental illness is present in all cultures, it is much more exaggerated in the Greek culture and Greek people show extra sensitivity towards it".

"Greek mentally disturbed persons and their family will deny for a long time that the symptoms are signs of mental illness", report the professionals. The family will decide to visit the clinic or the emergency room in the hospital only when the psycho-emotional symptoms persist. By the time they agree to go to see a psychiatrist they are already in crisis, and they have exhausted all other resources, such as the medical doctor, the church, folk healers, etc.. Those who would go to see the psychiatrist will insist in their theories and try to avoid the label of mental illness by denying that there is any such a problem in the family, which sometimes could be true.

Mental health care professionals expressed their concerns about the help seeking patterns of the Greek families. For postponing seeking help might have a clinical significance as often results in the illness to progress to a more chronic unmanageable state.

Interviews with the Families

Discussions with the care-givers and excerpts of their narratives are provided, in this chapter, to illustrate the influence of cultural attitudes on seeking services. The objective is to give these families the opportunity to describe their own experiences and be heard and understood by the administrators and professionals of various institutions in order to adjust their methods, attitudes and approach to this particular clientele, according to its cultural peculiarities and its own subjective reality.

As it was mentioned in the literature review, mental illness is defined by the Greek public as violent or hallucinatory behaviour; a wide range of deviant behaviour symptoms considered to be normal, in contrast with the Western psychiatry that considers the same behaviour symptoms to be pathological.

How do the participants in this study define mental illness and what do they think about it? Those who were over 50 years of age and had come from Greece around the 1950s and 1960s, defined mental illness as: "madness", "insanity", and "craziness", when one is "mentally abnormal", "sick", "disturbed", or when "something is wrong with his/her mind". Although the attitudes of the younger generation subjects were not that much different, than those of the first generation, one can detect a softer tone and the inclusion of emotional problems under the rubric of mental illness. Some defined it as "deviance", "irrational behaviour", "uncontrollable emotions" and "difficulty with interpersonal relationships". Others mentioned "disturbed thoughts and emotions". They attributed it to genetic factors but also to stress and stressful life events. Findings of the Dohrenwend and Dohrenwend (1974) and the Vasiliou and Vasiliou (1965) studies lend support to those attitudes; these investigators report that there is a significant correlation between life events experienced and psychiatric impairment.

The majority of the caregivers refused to label any but the aggressive paranoid and the most bizarre behaviour as mental illness. This is consistent with earlier findings in the literature that the public has a much broader concept of what constitutes "normal" behaviour than that of the psychiatrists or mental health workers and thus will deny that the given patterns of behaviour are indicative of mental illness (Safilios-Rothchild, 1968). In this study, 72% responded that the behaviour of their relatives does not fall under the mental illness definition. 45% of them identified their family member's problem as an emotional problem related to *nevra* (nerves), and the onset to a stressful event.

Likewise, the mother (born in Greece) of a schizoid male adult child, showing bizarre behaviour but not violent, and the two parents (born both in Greece) of a schizophrenic female adult child with hallucinations refused to say that their children are mentally ill. The former attributed his behaviour to change of character and *nevra* (nerves) that started since "he was fired from his job", the latter attributed their daughter's condition to "psychological problems that started since her first menstruation". In these answers one can detect reflection of broader themes of gender roles in Greek society; traditionally men are expected to play the role of the family protector and provider and women are expected to fulfill the roles of wife and mother. In the Greek culture these sex role patterns have been maintained very strongly.

It is noteworthy that amongst the 28% of the subjects who accepted their relative as mentally ill, there are the parents (born in Greece) of a schizophrenic adult child who demonstrates hallucinatory and aggressive behaviour and the brother (born in Canada) of a schizophrenic young lady who demonstrates auditory hallucinations. The two other subjects who defined their relative as mentally ill are the mother and the sister of a young schizophrenic paranoid man, in spite the fact that he does not have visual or auditory hallucinations. The mother is born in Greece but came to Canada at the age of seven and perceives herself closer to the second generation Greek-Canadians, the sister identifies herself as Greek-Canadian.

What the subjects blamed the most as causing their relatives' behaviour is their malfunctioning nervous system. "Broken nerves", "shattered nerves", "weak nerves", and so on were named repeatedly. It seems that by discussing the illness as *nevra* many of the psychotic symptoms are bracketed out, the label of *trela* (craziness) is avoided and an explicit distinction is drawn between their relative and those who are really crazy. This distinction between nerves, emotional problems and mental disorder, as it was mentioned in the literature review chapter, is a recurrent theme in most of the studies done in Greece and abroad with Greek subjects.

Another theme that reoccurred often during the interviews was immigration, the effects of it and the subjects' nostalgia and wish to visit their homeland. The majority of the participants described immigration as a giant, but also as a very painful step forward. They maintained that it has resulted to an enormous sense of loss, and a culture shock that most of them they have not been able to resolve yet.

Some of the first generation Greek-Canadian subjects indicate that 30-45 years later they still struggle to overcome the language barrier and to "fit" in the host society, when at the same time they aim to "hold-on" to their own language and customs. They attest that in some cases these factors have created chronic feelings of isolation and high levels of stress. Others say that they still find it difficult to adapt to the fast pace of life in Canada and to its long harsh winters. As they said, "the life here (in Canada) is too fast, you always have to run. That gives you *anchos* (anxiety, stress) and your *nevra spane* (your nerves break down)"; or, "the Canadian winters are very long and make everybody depressed".

Likewise, some of the second generation subjects report their own stressful reality deriving from their efforts to try to "fit" between the two cultures. Comparable attitudes have been reported by members of other ethnic groups in Canada (Alodi, 1978; Salvendi, 1983).

The majority, 83% of the participants stated that they do not discuss their problems with friends as a whole, and especially when this is about mental illness. Some first generation subjects still remembered that mentally ill people were mocked and their families were laughed at in Greece. Hence, they wanted to keep such information between a minimum number of people in order to avoid ridicule and stigmatization; the first to approach for advice, concerning their relative's problem, was either other family members or the family doctor and in some cases their priest.

Second generation subjects conceal the presence of mental illness from friends and keep it within the family, too. For example Katherine P. referring to her mother's suicide attempt reports: "I could not confide even to my close friends, about my mother's attempt; I was too conscious of what they will think about my family". They, too, incline to approach other family members for advice, if a relative presents symptoms of mental illness. However, they seem to be more open to consult a mental health specialist.

All the subjects reported that, in the beginning they were denying that their children, spouse, parent, or a sibling might present symptoms of mental illness. They all thought that the symptoms were caused by *anchos* (stress), *nevra* (nerves) or that the person was going through a phase. Most of them admit that today if they were to look back they could identify one or two symptoms that could have alerted them. They reported high

degree of sensitivity and described their reaction as being related to how others in their "in-group" such as friends, neighbours, relatives, etc., would judge them. They attributed it to the social stigma attached to mental illness, which often entails isolation, and rejection. The wife of a manic depressive recounts:

"My husband was an *anchodes typos* (anxious type) all his life. I believed that this was to be expected because he had too many responsibilities. When the family doctor suggested to go and see a psychiatrist, I thought he was wrong and I did not want him to go. Besides, I was thinking: "What the people will say? What effect will it have on our children? Are we going to lose our friends? Is our family going to be stigmatized and/or marginalized?"

Other themes that came up during the interviews, were the "evil eye", possession of demons, and fatalism. The Hollinsghead & Redlich (1958) and Dohrenwend & Dohrenwend (1974) report comparable attitudes as prevalent in a study which they carried out with subjects of low socio-economic status.

In this study Barbara S., the wife of a schizophrenic husband, insists that "when the evil eye is cast on someone it can cause him mental illness". Barbara believes that during a visit to Greece few years ago, someone *matiasse* her husband (cast the evil eye on him). "It is only since then that he lacks motivation, shows flat affect and he is withdrawn even from his own family", she said. Skinner (1966) found that beliefs of the evil-eye's special powers transcend all professional, educational, and social class boundaries in Greek life in Greece. Thus, most Greeks attribute a host of physical and mental symptoms to *matiasma* or *mati* (evil-eye), and they believe that there is a whole range of rituals that they can be used for prevention, diagnosis, and treatment of it. These beliefs are pervasive among other Mediterranean and Hispanophone people as well (Guarnaccia *et al*, 1992; Rogler & Cortes, 1993).

The presence of hallucinations or bizarre behaviour prompts, often, Greek people to think of demons and search for solace in their religion and their church. They seek their priest's help and ask him to say a prayer to *Panayia* (Virgin Mary), or pray to a Saint that they feel is their protector. The psychiatrist alleged that, in some cases they will go as far as to refuse to follow a medical treatment. To illustrate his point he mentioned a case where the father of a schizophrenic young man refused medication treatment and sought the help of a *kalogeros* (Monk) in a Greek Orthodox monastery near Toronto. The clergyman disclosed that he has come across with similar cases but he believes that are not as prevalent.

In this study, most first generation subjects tended to show *moirolatria* (fatalism). They came up with comments such as, "this is what God gave us", or "it was God's will!... we might as well accept it", or "she was born like that. We cannot change nothing". Comparable attitudes are reported by Rogler *et al* (1984), (cited in Rogler & Cortes, 1993) among first generation Hispanophone immigrants in a study carried out in the United States. It is noteworthy that in both studies second generation caregivers reported substantially less fatalism than their first generation counterparts.

Utilization of Psychiatric Services

a) Medication

Medication can help people with mental illnesses. It can relieve the distress of acute illness by controlling the symptoms. However, medication does not cure the illness and, of course, has side effects. In regards to use of medication, the psychiatrists and the doctor said that they prescribe neuroleptics, antidepressants, and mood stabilizers to their Greek patients as much as to their Canadian counterparts. However, based on the feed-back that they are getting from their clients, they know that often their instructions are not followed. They allege that, often, other members of the family interfere and discourage their disturbed relatives to take their medication. They attributed it to the Greek families' mistrust towards doctors and medication.

As for the caregivers, their responses reveal that their attitudes on the use of medication and its effectiveness are divided. There are those, 25% of the respondents, who maintained that the doctors should impose medication and treatment to mental patients even if s/he refuses. They argued that in times of crisis his or her judgment is impaired and failure to administer useful treatment when symptoms are destructive constitutes neglect.

Yet, 73% of the participants feel that doctors provide limited information as to why a particular medication is described, what the proper dosage should be, what are its therapeutic benefits and what are its side effects. This limited information often leads them to conclusions that when medication is used it ratherworsen their relative's condition, which are often justified. Most of them

stated that "taking too many pills is not good". Therefore, when the symptoms subside they incline to encourage their relative to decrease the dosage or stop taking the medication altogether. They made comments such as "if one has no pain why should s/he take medication", or "why continue to take so many pills when they make you feel like a zombie"? Voula K., the mother of a 34 years old schizophrenic son, believes that actually it is the medication that has caused his predicament. Voula K. recounts that:

"As a child, the school officials labeled my son hyperactive and in times uncontrollable. They sent us for psychiatric evaluation. He was hospitalized and overmedicated. It is the overmedication that has damaged his brain and his nervous system. The sad point is that at the time we could not communicate well in English or French and as a result we did not know what exactly was happening or what were our rights. Today, I know better; I ask a lot of questions".

While these attitudes reflect the patient's and/or the family's right to be informed and or to refuse medication, Voula's story implies, also, cultural insensitivity. Voula indicates that she never understood under what criteria her son was labeled as hyperactive. She maintains that a cultural sensitive practitioner would not have diagnosed his behaviour as pathological. She is probably correct. As she said, "in the Greek culture there is a greater tolerance for a wide range of behaviours before a child will be considered as hyperactive. Greek parents believe that children, especially boys, have to be lively. Otherwise, they think that maybe there is something wrong with them". Voula K. believes that she echoes attitudes of other cultures as well.

b) Psychotherapy

Are Greek-Canadian families aware of the array of psychiatric services that are offered at the hospital, or are they aware of the community psychiatric facilities and their services? Do they use those services? And, what do they think about them?

According to their responses, first generation subjects knew of the services in the hospital, but knew little about the community psychiatric facilities and their services. All of them were apt to care about the medication management and the Day Hospital Program, for their relatives. In regards to psychotherapy, only 17% amongst them indicated that it was probably a good idea if their

disturbed relative were to attend psychotherapy sessions and/or to join support groups. Yet, they were not certain that they, as caregivers, could benefit from such a service.

Likewise the key informants reported that it is unusual for Greek-Canadian families (especially the first generation immigrants) to seek services such as psychotherapy, family therapy, psycho-educational therapy, or to join support groups. The social workers, in the group, reported that they have often tried to link Greek-Canadians to these services but only a small number have responded.

The second generation Greek-Canadian subjects were more open to seek a variety of different services that were not necessarily medical in the traditional sense. They knew more on the psychiatric services and rehabilitation programs offered by community agencies. However, only one third of them knew the names of some of those agencies.

The professionals suggested that underutilization of these services is due: first to language barrier; second to cultural interpretations of many traditional Greek men and women, that admitting emotional problems and receiving help from outside the family network, is a sign of weakness and "losing face"; and third cultural perceptions that therapists are stigmatizing to the reputation of the family. They attest, however, that second generation Greek-Canadians tend to be more receptive to those services and as an example cite the case of Mary B. (born in Canada), who is manic depressive and has been in group therapy for more than three years now.

c) Placement in Residential Settings

Without doubt, the burden of caring for a patient at home is considerable. Relatives find it difficult to understand and to come to terms with mental illness-related behaviour. It often affects the caregiver's social and leisure activities, and financial problems arise frequently. The family's obligation to provide long term patient care in the Greek culture may be maladaptive in the nuclear families of Greek-Canadians who have lost their supportive networks.

An important point of this study, was to explore the attitudes of the Greek-Canadian families towards placing their relative in a residential setting. Questions were posed to both: the professionals and the caregivers. The professionals indicate that

they usually have a difficult time convincing Greek families to place one of their members in a group or in a foster home. They attributed it, first, to the strong sense of obligation Greeks have towards their family and second to concerns that people of their close environment, might judge them as "not good" parents or spouses who have relinquished their obligations and abandoned a family member.

Greek parents' tendency to be overprotective was also cited as a deterrent factor. According to the group, Greek parents are concerned if their children will have the kind of services "they" were able to give them, should they place them. For years they were able to show their love towards their children by providing services to them and by fulfilling their needs. In extension, they were able to reassure themselves that they were behaving as "proper Greek parents". Now they have difficulty to believe that someone else can do the same as good as they did.

Financial constraints is another deterrent factor, according to the professionals. The mentally ill person, often, receives some form of income support through the welfare system. Should the person be placed this income will go to the group home and the family would have to manage with less when already it is struggling due to limited financial resources.

Finally, when they have to place their offspring, spouse or parent, two very significant criteria, that were mentioned as influencing or deterrent factors to Greek people, are their language and their food. They, often, insist to find a home where the staff speaks or understands the Greek language and where Greek food is served at least occasionally. For, they want their loved ones to hold onto some aspects of their Greek identity.

Second generation Greeks are depicted by the professionals as being also reluctant to seek placement for a family member (usually the parents). They, too, express concerns as to what their relatives or neighbors will say and they are afraid that they will be perceived as no good sons or daughters and as abandoning, deserting, or even throwing their parents out of their home. Thus, they tend to delay the placement as long as possible.

The majority of the caregivers replied to this question by saying they preferred to keep their ill family member at home as long as possible, in spite the sacrifices that it takes. Most of the first generation subjects stated that it was their obligation to look after their loved one and mentioned cases in Greece where

families were keeping their elderly parents and sick relatives. They all knew of at least one case, as they had grown up in close knit villages or neighbourhoods.

Their answers were converging to statements such as "nobody can take a better care for (relative's name) than his family", "I can never do that to my child (or spouse)", "s/he will think that we abandon her/him". Helen G, the mother of an 18 years old schizophrenic young man, grew up in a very close knit family. Her response is explicit and shows her appreciation for the traditional family values; "It was so nice to have all this family around me. I want my children to have the same chance. I am his mother and I am supposed to help him out". I cannot let him down. My parents have offered to help me out. Everything is going to be O.K.".

Second generation subjects were ambivalent. 60% amongst them even though they said that it "might" be better for the disturbed member to be placed in a supervised home, admitted that it is next to impossible for them to make such a decision: "I can not do it; the whole family will be upset". Others said that they were very tired by the unpredictability of their relatives' illness. Yet, they were not convinced that living in a residential unit, away from family, could have a therapeutic effect on their loved ones. As they said, they were afraid that they would have to deal with a worse situation, increased guilt feelings and intensified sense of stigma should the placement proved to be unsuccessful.

Are there any circumstances in which the subjects would considered placement? The replies to this question suggest that the respondents would seek placement for their mentally ill relative, only if the situation was unmanageable for them and only after they had tried hard to deal with it. This is consonant with observations expressed by the professionals who attested that: "there are some mental patients of Greek origin who have been placed in foster homes. However, these patients in their majority were psychotic and often acted violently. Even with medication it was difficult to control their symptoms effectively. Thus, the family could not handle the situation any longer and had to place them.

Barriers to Access to Services

There were five common barriers to access to services that were regularly mentioned by the sample respondents and the key informants throughout this study. They suggest that these barriers may limit those who need psychiatric services in a very serious way.

a) There is no doubt that the language barrier is the number one obstacle to access to services for the Greek-Canadians and for other minority groups. For, there is a great number, amongst the first generation, especially the elders, that even after living 30 to 45 years in Canada have never learned either of the two official languages.

b) Another barrier is the sectorization of health and social services in Quebec. With the sectorization rules, people have no choice but to go to the hospital or the CLSC clinic servicing their residential area. That means that often Greeks have to seek services in French hospitals, while the majority even amongst second generation Greek-Canadians, does not speak or understand the French language.

c) Financial constraints is also a common barrier; caring for a patient with a persistent psychiatric disorder limits opportunities for a decent employment and an adequate income. If the patient was formerly the breadwinner and circumstances prevent other relatives from taking over his/her role, the family might have to depend on social assistance and simply cannot afford the extra financial burden of getting to therapy or other services.

d) Cultural pejorative attitudes toward mental illness present a major barrier to obtaining services, particularly among the first generation Greeks. For, the word "mental" has become to mean "crazy" or "abnormal", for many of these people, and the fear that their relative or even their whole family will be stigmatized, prevents them of seeking help.

e) Lack of easily accessible services, lack of information on community facilities and their services or culturally inappropriate services within these organizations can present also a barrier.

Discussion

A major contentious issue among mental health professionals and others is whether the severe mental illnesses are either organic (biological or physical abnormalities) or functional (caused by environmental, psychological, and social factors) in origin.

Analyzing the literature and the subjects' narratives, the author speculates that Greek-Canadian subjects perceive mental illnesses' causes as functional and much less as biological. These attitudes, coupled with the extreme unwillingness of the subjects to label any but the aggressive paranoid and the most bizarre behaviour as mental illness, and their mistrust towards the use of medication, would probably be seen by many psychiatrists and pharmaceutical institutions as sign of deviance and/or weakness. However, by many feminists and patients' rights activists it would be seen as sign of strength and a necessary resistance to the domination of the psychiatric classification of mental illness through DSM IV (Leonard, 1997).

The findings of this study, suggest an important hypothesis regarding access to mental health clinic care among minority groups in the general population. In our sample, more than two thirds of the relatives seeking help from the psychiatric professionals and agencies were not pursuing their first choice. Instead, they sought help initially from their family and from general practitioners. These findings, together with findings of previous research on minority group patterns (Alodi, 1978; Dinnen, 1977; Guarnaccia *et al*, 1992; Lee, 1986; Lin, & Lin, 1978; Salvendi, 1983; Staggol, 1981), suggest that family members of minority groups enter the professional health clinic and the psychiatrist's office with greater reluctance than the Canadian population. Thus, an initial task of clinicians in these settings may be that of addressing the basis of this reluctance, appeasing concerns and gaining the trust and confidence of minority group families.

Analysis of the literature review and the interview data contemplates that first generation Greek-Canadians' help seeking patterns differ of those of the Canadians and to the lesser degree of those of the second generation Greek-Canadians. When mental illness strikes a family member, first generation Greek-Canadian subjects incline to contact for advice members of the immediate or extended family, the general practitioner, or their priest rather than mental health specialists. Most second generation Greek-Canadian subjects and those who identified themselves as integrated into the Canadian society and culture incline to contact mental health care professionals, and to seek a wider range of psychiatric services.

Why do Greek-Canadian families tend to underutilize psychiatric services such as individual therapy, family therapy, group therapy, psycho-educational programs, etc.? Analysis of the data lends sup-

port to the contention that the cultural perception of the stigma attached to mental illness, the rejection of the mentally ill, and cultural perceptions of family obligations towards the mentally ill member are the main factors. It also contemplates that the experience of mental illness (or distress) among Greek-Canadian families is a culturally shaped phenomenon. These findings have important implications in designing therapeutic programs and choosing therapeutic interventions and approaches.

Implications for Social Work Practice

It is important that social work practice will take into consideration the following two elements. First, due to the continuing trend of downsizing and closing of psychiatric wards in the hospitals, families will increasingly play an important role in the care of the seriously mentally ill. Second, the Greek psychiatric literature indicates that the Greek family is the primary care giver for the mentally ill patients and is viewed as ally and integral component of the treatment process.

Accordingly, understanding the Greek-Canadian families' experiences and shortcomings in dealing with the both the mentally ill family member and the mental health system is essential. Working with Greek-Canadian families an indigenous or a culturally sensitive social worker, psychiatrist, or psychologist, can gain the Greek families' trust if s/he understands their cultural heritage, shows empathy to their social and psychological suffering, listens to their narratives and shows respect to their attitudes and perceptions.

Thereafter, psychiatrists, psychologists and social workers must have a fuller understanding of Greek-Canadian families' conceptions of mental illness, attitudes towards mental health care services and how those affect their help seeking behaviour. This distinction is important because, if the practitioner does not consider it s/he can arrive in an inadequate individual and family assessment and as result inappropriate clinical interventions with Greek-Canadian families. Given the fact that the same holds true for a number of other key concepts covered in a diagnostic-therapeutic interview, the complications are obvious.

This writer would like to point out, though, that while there are common cultural characteristics among Greek-Canadian patients and/or their families there are also some differences that can be attributed to their degree of acculturation along with their age, social status, education, and local culture of their hometown.

Therefore, it is important for the practitioner-social worker to give individualized patient care rather than making the assumption that everyone is similar.

Recommendations

Due to their dual status of chronically mentally ill and member of an ethnic minority, Greek-Canadian patients and their families face a "double stigma" and a special range of stressors. Practitioners who serve them may require more than generalized clinical and rehabilitative skills. It is therefore crucial that professional schools of all pertinent disciplines such as psychiatry, psychology, social work, etc., modify old courses pertaining to mental illness and introduce new culturally sensitive ones and aim to sensitize future professionals towards the cultural minorities and their different attitudes. Culturally sensitive in-training can help professionals, who are already working in the mental health care system, to understand the behaviour of their clients. If practitioners do not acknowledge cultural differences they will risk not fully understanding their clients and their caregivers.

In Quebec, the health and social services have recently incorporated the cultural component in their practice. According to the key informants, although some efforts have been made, Greeks are under-represented in the public and para-public sector. They suggest that greater efforts be made to recruit indigenous professionals from the community. The participants affirm that non-indigenous workers have never lacked in kindness and goodwill. However, due to the fact that the majority of the first generation Greek-Canadians do not speak or understand English or French, the main problem has been communication (in the broadest sense of the term) and lack of the necessary background knowledge of the ethnic group to make sense out of what they see and hear.

Accessibility of mental health services could be increased by forming coalitions and links with other ethnic communities in order to find common solutions and by a long-term community education process. The nature of mental illness should be out in the open to be discussed. Stigma often occurs when something is hidden. If it comes out in the open and many people discuss it, the sense of stigma may subside.

Thus, the Social Services of the Greek Community, in collaboration with the CLSCs and/or other organizations, must invite Mental health care specialists and organize series of lectures in

order to disseminate information on mental disorders, such as manic depression, schizophrenia, phobias, etc., in order to demystify them. They can, also, disseminate information on the behaviour of mentally ill persons, preferred treatments, existing mental health services, and how one can access those services. With better education and information Greek-Canadians will be able to realize that using psychiatric services does not automatically mean that they are "crazy".

Preventive services need to be offered by combining neighborhood satellite clinics with community mental health workers who will locate people with problems, educate them and their families to recognize early signs, and facilitate their getting help by guiding them to appropriate resources before the problem becomes chronic and/or unmanageable. Practical help also need to be provided; existing community health care facilities can arrange to take the mentally disturbed clients from their home for part of the day in order to lighten the burden of burn out families. Care-givers should also be able to get relief part of the night or during crises.

Underutilization of hospital or community psychiatric services and reluctance to use residential homes, observed among the Greek-Canadian families, points to the need for clinics, mental health program planners, and providers of residential services to expand their outreach to minority groups by notifying: a) agencies, such as the Greek Community of Montreal and CLSCs in areas populated heavily by Canadian families of Greek origin; and b) professionals, such as general practitioners that are serving Greek-Canadian families, about their services. Existing agencies need to go beyond the professional level in trying to reach directly families that might need their services by advertising in the existent local Greek-Canadian media that includes four radio programs, five newspapers and two televised programs.

The participants throughout this study maintained that cultural issues affect the accessibility of a variety of services for the mentally ill. Therefore they believe that there is a need for the Greek community to develop its own resources, such as residential settings with indigenous staff who would be able to serve mentally disturbed Canadians of Greek origin. The respondents insisted that, in their opinion, health care facilities with indigenous staff and administration, will encourage family members in placing their relatives. For, it will alleviate the language barrier

problem, it will be judged as minimal adjustment in their ill relative's life and it will lessen the effect of stigmatization regarding abandonment, since they will know that other Greek families have done the same.

Finally, social workers serving the Greek-Canadian families must think of how they function in a socio-cultural sense as well and that Greek mentally ill patients and their families' troubles are often caused by socio-political structures. Hence, lobbying the government, incorporating instructions about social structures, cultural systems and trans-cultural human services into mental health education and in-service programs can be the beginning of our attempt to assist mentally ill persons, and their families, from Greek or other different ethnic backgrounds.

Limitations and Suggestions for Future Research

The small number of subjects, in this study, and the fact that they were not chosen randomly may have resulted in biased and subjective conclusions that might not represent the opinions and help seeking behaviours of the large population (about 80,000) of the Greek community in Montreal. Consequently, the author feels that she cannot make any valid generalizations and that more research on the subject is warranted. The author hopes that the emerged findings of this study will initiate interest and motivation for other similar studies that would provide valuable information on the topic. This information could give new directions on designing effective treatment programs and alternative interventions for the Greek-Canadian family and hopefully for other ethnic minority families.

Given the importance of the subject the author would like to offer the following suggestions for future research: a) To conduct a similar study based on a much larger sample, a control group and combination of quantitative and qualitative principles; b) To conduct multivariate research; while cultural attitudes are important in understanding why Greek-Canadians underutilize mental health services, it is essential to closely research other factors such as socioeconomic status and education, other social factors and their effect in choosing certain pathways of seeking help, the effect of social networks, etc.

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