

University of Groningen

Mental health problems in Moroccan-Dutch people

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DOI:
[10.33612/diss.249982847](https://doi.org/10.33612/diss.249982847)

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Publisher's PDF, also known as Version of record

Publication date:
2022

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):
van de Beek, M. (2022). *Mental health problems in Moroccan-Dutch people: a mixed-methods study into social determinants, experiences and explanations*. [Thesis fully internal (DIV), University of Groningen]. University of Groningen. <https://doi.org/10.33612/diss.249982847>

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Chapter 2 **Online Mental Health Platform for Moroccan-Dutch in the Netherlands**

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Psychiatric Services 2013 Nov 1;64(11):1178. doi: 10.1176/appi.ps.6401102.

Online Mental Health Platform for Moroccan-Dutch in the Netherlands



Migrants in various countries and cultures are at increased risk of developing psychopathology, tend to be underrepresented in mental health care, and drop out of care more frequently than the general population. This pattern applies to persons of Moroccan descent in the Netherlands, who constitute one of the largest migrant populations in the country. The underrepresentation of this population in mental health care is partly explained by cultural differences. There is a stronger taboo on showing and sharing psychiatric symptoms, and the disease narrative tends to differ from the native population. Apart from the standard medical disease model, mental problems are interpreted to result from evil influences or bewitchment (suffering from Djinns)—an unfamiliar domain for non-Moroccan mental health professionals. As a result, migrants experiencing mental health problems and their friends and family have difficulties integrating these different disease perspectives with the accompanying treatment approaches.

The Internet offers new opportunities to communicate about psychiatric problems. The popular website www.marokko.nl reaches 75% of all young Moroccan-Dutch people (ages 15–35) living in the Netherlands. Protected by an anonymous pseudonym, visitors to this website openly discuss societal and personal issues, including mental health problems. An earlier search on Marokko.nl yielded 23,700 hits using the word “crazy,” 2,440 hits for “hearing voices,” and 680 hits for “depression” and “depressive.” Lengthy discussions are posted, in which serious psychiatric symptoms are expressed, and participants give each other support and advice.

In collaboration with the Webmasters of Marokko.nl, we created an add-on feature for the site that offers information from and exchange with both mental health professionals and specially trained imams who have knowledge about psychiatric disorders and can offer culturally sensitive support for social problems. This add-on was launched as the website ZiekOfBezeten.marokko.nl (which translates to English as “IllOrPossessed.morocco.nl”). The goals are to educate users about psychiatric disorders, Al-ayn (evil eye), Djinns (evil spirits), and addiction; describe the Dutch mental health care system and its providers; offer a platform for online forum discussions; provide self-rated screening instruments (in Dutch) for substance use and depression, including automatically generated feedback scores and advice for help; and offer direct contact with a mental health care worker or specially trained imam via e-mail and chat.

ZiekOfBezeten.nl was officially launched on November 15, 2012, after a few months of beta testing. By February 2013, the site had been visited 11,696 times (9,856 unique visitors). On average, visitors viewed 1.9 pages per visit and stayed on the site for 1.51 minutes. A total of 81 forum discussions about psychiatry-related topics are currently running on the site. The discussions add up to a total of 6,252 reactions (77 per discussion) and 270,132 views (3,335 per discussion). There is a wide variation in the length of the discussions; 18 discussions have over 100 reactions, and the most extensive discussion generated 947 reactions.

In 2012, ZiekOfBezeten.nl received 208 visitors who e-mailed a question to a mental health care worker or specially trained imam. Questions concerned Djinns or other religious themes (50%), psychiatric topics (28%), substance abuse (6%), other topics (10% on puberty or relationships), and multiple topics (6%). The questions were very personal and often expressed the writer’s or a close relative’s emotional suffering.

The site’s depression screen (the K10) has been completed 980 times in three months. Over 50% of the participants screened positive for depression at the conservative cutoff score of ≥ 30 . Screening instruments for addictive behaviors were completed in 2012 as follows: tobacco (1,951 times), alcohol (143), cannabis (174), gambling (75), cocaine (31), Ecstasy (24), sedatives (8), and gaming (14). For most screens at least 30% of the participants were at high risk of abusive behavior, although the proportion of positive screens was lower for alcohol (15%) and gaming (7%) and higher for cocaine, sedatives, and gambling (>50%).

Through the site we are able to provide support to a large migrant population at risk of psychiatric disorders. The website was first funded by Innovatiefonds Zorgverzekeraars, Skanfonds, and Fonds Voorzorg Utrecht and is now offered as part of Amsterdam’s regular mental health

care, improving access to care for Moroccan-Dutch migrants. An online platform might be useful for other marginalized populations that are geographically dispersed and difficult to reach but whose members may assemble via specific online communities. Associations between psychiatric problems and environmental influences are being investigated in the MEDINA Study (Migrants Examined for Determinants of psychopathology through INternet Assessment).



