

# Social competence and depression at the time of the great refugee crisis; European context Social competence self-assessment of patients diagnosed with depression

Mirta Vranko<sup>1</sup>, Irena Velimirović<sup>2</sup>, Martina Ferić<sup>3</sup>, Petrana Brečić<sup>1</sup>

<sup>1</sup>University Psychiatric Hospital Vrapče, <sup>2</sup>Center for Rehabilitation Zagreb,  
<sup>3</sup>University of Zagreb, Faculty of Education and Rehabilitation Sciences

## INTRODUCTION

Social competence is part of emotional intelligence that refers to the effective functioning in the social context (Stump et al., 2010). Social context plays a very important aspect in the process of understanding the relationship between social competence and depression in the time of major changes that are affecting Europe, such as a large refugee crisis that has repercussions on most of the European countries and their politics. Social competence offers a framework to understand some protective factors in times of such a huge changes. Despite the great diversity among the different groups, common themes emerge regarding these people's efforts to adapt to the new environment and society. Levels of psychological stress are high among both native and immigrant population, and people are becoming even more vulnerable (Fong, 2004). In this context it is interesting to reflect on those suffering from depression that actively participate in different social contexts and form a part of urban culture. The aim of this paper is to observe and evaluate social competence of patients diagnosed with depression taking into account their views and perceptions of their own social competence. The study included 100 participants, who were hospitalized at University Psychiatric Hospital Vrapče at the time of the survey. Considering the results of our research we can conclude that the individualization of treatment programs can strengthen the level of social functioning of patients. Strengthening of social competence and individualization of treatment and adaption programs can be viewed as a protective factor and a necessary part of the process of prevention of depression relapse among native, immigrant and refugee population.

## OBJECTIVES

The aim of this paper is to observe and evaluate social competence of patients diagnosed with depression taking into account their views and perceptions of their own social competence. Furthermore, given the current European context and the refugee crisis, the goal of this paper is to gain insight into the role of social context in understanding the processes and relationships of social competence and depression.

## RESULTS

Respondents achieved relatively low scores in individual categories of social competence, as well as, on the overall scale. The lowest results are achieved in categories related to empathy, self – presentation, recognition and expression of emotions, reasoning and expression of dissent, taking responsibility. This results suggest the need that individualization of treatment programs can strengthen the level of social functioning of patients. Strengthening social competence can be observed as preconditions for social inclusion and raising the quality of life, therefore it could be strong protective factor in preventing relapse.

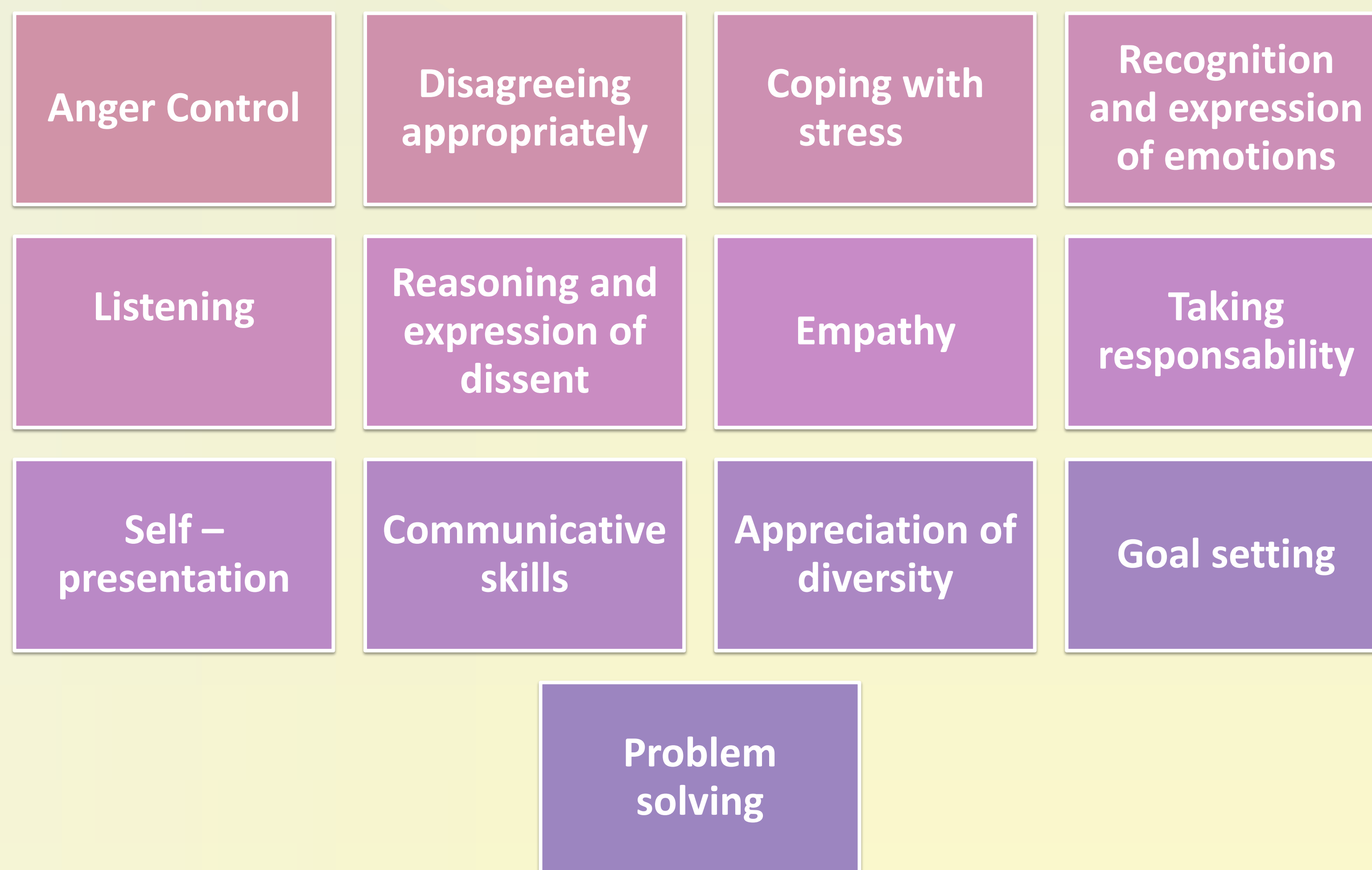
	M	SD	Min	Max	The highest possible score	The lowest possible score
Problem solving	16.12	2.13	12	21	24	12
Anger control	13.89	1.35	11	16	20	10
Coping with stress	4.38	0.97	3	6	6	3
Listening	5.1	2.08	4	25	8	4
Disagreeing appropriately	5.73	0.96	4	8	8	4
<b>Empathy</b>	<b>7.71</b>	<b>1.37</b>	<b>6</b>	<b>16</b>	<b>12</b>	<b>6</b>
<b>Self-presentation</b>	<b>4.18</b>	<b>1.08</b>	<b>3</b>	<b>6</b>	<b>6</b>	<b>3</b>
<b>Recognition and expression of emotions</b>	<b>6.13</b>	<b>1.07</b>	<b>5</b>	<b>9</b>	<b>10</b>	<b>5</b>
<b>Reasoning and expression of dissent</b>	<b>6.83</b>	<b>1.09</b>	<b>5</b>	<b>10</b>	<b>10</b>	<b>5</b>
<b>Taking responsibility</b>	<b>3.80</b>	<b>0.82</b>	<b>3</b>	<b>6</b>	<b>6</b>	<b>3</b>
Communicative skills	8.15	1.10	7	11	14	7
Appreciation of diversity	1.21	0.41	1	2	2	1
Goal setting	2.69	0.71	2	4	4	2
Social competence totals	86.96	6.62	71	103	134	67

## CONTACT

Mirta Vranko, mag.paed.soc., University Psychiatric Hospital Vrapče, [mirta.vranko@gmail.com](mailto:mirta.vranko@gmail.com)  
Irena Velimirović, mag.paed.soc., Center for Rehabilitation Zagreb, [irenevelimirovic@gmail.com](mailto:irenevelimirovic@gmail.com)  
Martina Ferić, Ph.D., associate professor, University of Zagreb, Faculty of Education and Rehabilitation Sciences, [martina.feric@erf.hr](mailto:martina.feric@erf.hr)  
Petra Brečić, PhD, University Psychiatric Hospital Vrapče, [petrana.brecic@bolnica-vrapce.hr](mailto:petrana.brecic@bolnica-vrapce.hr)

## METHODOLOGY

The study was conducted on a sample of 112 patients involved in some form of treatment at the University Psychiatric Hospital Vrapče, during April 2016. Social Competence Scale (SCS) was used. The highest overall score on a SCS that can be achieved is 134, while the lowest is 67. Data are processed in SPSS – 20, using descriptive statistics. Scale consists of 67 variables. The sample consists of 29% men and 85% women. The age range of the respondents is between 23 and 75 (M = 45.34). The largest percentage of respondents have completed high school (62.4%), then the following college (17.9%), and graduated (12%). The smallest percentage of respondents has completed primary school (4.3%), and no educated at all (0.9%). The most common form of treatment is a sociotherapeutic treatment (57.3%), while the rest of the respondents are involved in daily treatment (22.2%), or in acute treatment (20.5%).



## CONCLUSION

- Cultural context plays a very important aspect in the process of understanding the relationship between social competence and depression in the time of major changes that are affecting Europe, such as a large refugee crisis that has repercussions on most of the European countries and their politics. Social competence offers a framework to understand some protective factors in times of such a huge changes. Despite the great diversity among the different groups, common themes emerge regarding these people's efforts to adapt to the new environment and society.
- In the light of recent events of immigrant crisis and the many traumas and stressors faced by immigrants and refugees during their physical and psychological odyssey, they have been found to generally be at high risk for mental health problems (Keyes, 2000), especially depression and anxiety disorders, particularly post-traumatic stress disorders (Fox, Burns, Popovich, & Ilg, 2001).
- The results point out the need of strengthening social competence in different contexts similar to the needs of immigrants and refugee groups. The third phase of treatment of immigrants and refugees involves helping the refugee family maintain communication and liaison with the appropriate social services and mental health who help them in the process of adaptation and acculturation into the new host community (Guarnaccia & Lopez, 1998). Social competence plays an important role in the process of adaptation and prevention of mental health problems, including depression, among immigrants and refugees. Taking all this into account there is a need for practitioners to design a contextually appropriate services for mental health support and strengthening of protective factors for empowering social competence of immigrants and refugees.
- Cultural context plays a very important aspect in the process of understanding the relationship between social competence and depression in the time of major changes that are affecting Europe, such as a large refugee crisis that has repercussions on most of the European countries and their politics. Social competence offers a framework to understand some protective factors in times of such a huge changes. Despite the great diversity among the different groups, common themes emerge regarding these people's efforts to adapt to the new environment and society.
- Strengthening of social competence and individualization of treatment and adaption programs can be viewed as a protective factor and a necessary part of the process of prevention of depression relapse among native, immigrant and refugee population.

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