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# MIGRATION PROCESS AND MENTAL HEALTH

– Literature review

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Migration has been highly increasing at an international level since the last decades. The process of migration has a definite influence on health, social, economic, cultural, religious, political aspects of human life and the region. Many studies have been on the impact of migration on different aspects of human life, and among these, impact on the mental health of the migrants is one crucial area that has been attracting researchers. Migration can be difficult and stressful; leading to many immigrants suffering from mental health disorders.

This research investigates the migration process and its effect on the mental health of immigrant to create awareness of mental health issues arising from the migration process. The aim is to add knowledge to the mental health field as a source of information for mental health workers working for/with immigrants. This research is made of a literature review that is done by gathering volume of literature on this subject then summarized and synthesized the result. Content analysis was used in analyzing the data collected.

The research discussed the different stages of the migration process and factors contributing to mental health issues. Then it evaluates explanation for findings suggesting that the stressful situations in the migration process can lead to a dangerous and long-lasting psychological and behavioral problems.

The research concludes by noting that the migration process does not cause mental health issues, but it's a risk factor. The mental health challenges that migrants face during the whole process of migration shows why the migration process in itself can be considered a mental health determinant.

### KEYWORDS:

Migration Process, Mental Health, Mental Disorder, Immigrants, Migration, Migrants, Challenges.

Wambui Elizabeth ja Mkok-Salminen Jacinter

## MUUTTOLIIKE JA MIELENTERVEYS

- Kirjallisuuskatsaus

Muuttoliike on lisääntynyt viime vuosikymmenten aikana kansainvälisellä tasolla. Muuttaminen maasta toiseen vaikuttaa elämän eri puoliin: terveydelliseen, sosiaaliseen, ekonomisiin, kulttuurisiin, uskonnollisiin ja poliittisiin puoliin. Muuttoliikkeen vaikutuksia yksilöön on tutkittu paljon. Vaikutukset kohdistuvat muun muassa mielenterveyteen. Muutto voi olla vaikeaa ja stressaavaa ja tämän seurauksena monet maahanmuuttajat kärsivät mielenterveysongelmista.

Tämä tutkimus tutki muuttoliikkeen prosessia ja sen vaikutusta maahanmuuttajan mielenterveyteen. Tavoitteena oli lisätä yleistä tietoisuutta mielenterveysongelmista, jotka syntyvät muuttoliikkeen johdosta. Lisäksi tavoitteena oli tuottaa tietoa maahanmuuttajien kanssa työskentelevien mielenterveystyöntekijöiden käytettäväksi. Tämä tutkimus toteutettiin kirjallisuuskatsauksena. Analyysimenetelmänä käytettiin sisällön analyysia.

Tutkimuksessa käsiteltiin muuttoliikkeen eri vaiheita ja mielenterveysongelmiin vaikuttavia tekijöitä. Lisäksi arvioitiin tekijöitä, jotka vaikuttavat stressaavien tilanteiden muuttoliikkeessä voivan johtaa vaarallisiin ja pitkäkestoisiin psykologisiin ja käyttäytymisongelmiin.

Tutkimuksen perusteella voidaan sanoa, että muuttoliike ei aiheuta mielenterveysongelmia vaan on riskitekijä. Muuttoliikkeen aikana muuttajien kohtaamat mielenterveysongelmat tukevat sitä, että muuttoliike itsessään on mielenterveyttä määräävä tekijä.

ASIASANAT:

Muuttoliike, Mielenterveys, Maahanmuuttajat, Muutto, Haasteet.

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## **LIST OF ABBREVIATIONS**

WHO: World Health Organisation.

UNHCR: United Nations High Commissioner for Refugees.

APA: American Psychiatric Association.

CDC: Center for Disease Control and Prevention.

PTSD: Post Traumatic Stress Disorder.

# 1 INTRODUCTION

International Migration Report 2017 reported that there was an estimate of 258 million (3,4% of the world's population) international migrants in 2017. The same year, 31, 797 persons moved in Finland (Statistics Finland, 2018). There were 140,000 immigrants in 2011 that corresponded to 2.7% of the population. In 2017 there were 373,325 immigrants which compared to 6.8% of the population. As a result of global development, the world has become increasingly multicultural over the past decades.

World Health Organisation (2013) defines mental health as a state of well-being in which every individual realizes his or her potential and can cope with the normal stresses of life, work productively, and can be part to her/his community. UK migrant health guideline (2017) states that even though most migrants may not suffer from mental health problems, they may be at increased risk as a result of their experience before, during or after migration.

Every immigrant experiences migration processes at an individual level. It is stressful to leave ones' home to an unknown place to start life again (mieli, 2019). Some migrants encounter long, unpredictable and hard journey before arrival in a new country. Following entry, one must cope with differences in culture, language, race, religion, social, economic status, social resilience, occupation, and climate. These changes can make one prone to mental health issues (mieli,2019.) Some of the mental health issues faced by immigrants are anxiety disorder, depression, post-traumatic stress disorder and substance abuse(Laurence et al. 2011).

Factors that may enhance or diminish mental health among immigrants include previous exposure to mental health issue, health literacy, immigration process, language and ability to use it, help-seeking behaviors, family context, social position, and location or surrounding (Laurence et al. 2011). Studies from the UK, USA, Australia and Canada with universal health insurance indicate that immigrants use mental health services less compared to the natives (Margita et al. 2017). Margita et al. (2017) also, report lower prevalence rates among the foreign-born

population of immigrants in the U.S., that is, the older the person is when migrating, the less the risk.

Laurence et al. (2011) mentioned that the prevalence of mental health issues varies a lot in different groups of immigrants. For example, depression, post-traumatic stress disorder, and anxiety disorders are more common among refugees than labor migrants. The exposure to stressful situations can vary among different migrant groups (refugees, economic migrants, asylum seekers, and regular migrants) depending on the given context of the migration and settlement in the host country (WHO, 2018).

## 2 THEORETICAL BACKGROUND

### 2.1 Mental health.

Numerous studies suggest a high prevalence of mental health disorders among different immigrant populations. However, there is substantial variability in the incidence of mental disorders among these different groups. Kirmayer et al. (2011, 2) point out that “systematic reviews and meta-analyses confirm that refugees are at substantially higher risk than the general population”. A variety of specific psychiatric disorders related to immigrants "refugees" exposure to different hard situations such as war, violence, torture, forced migration among others, and to the uncertainty of their lives in the countries where they seek to settle (Kirmayer et al. 2011, 3). Up to 10 times refugees rated stress disorder as well as elevated rates of depression, chronic pain, and other somatic complaints.

Exposure to hardships is the strongest predictor of symptoms of post-traumatic stress disorder among refugees” (Kirmayer, 2011, 3). Nationwide studies conducted by Gilliver et al. (2014) in Sweden showed elevated risks of common mental disorders such as depression and psychotic disorders, in immigrants to Sweden compared to native Swedes. A similar study carried out by the Swedish Red Cross on refugees found that “1 in 3 Syrian refugees suffers from depression, anxiety, and symptoms of post-traumatic stress disorder. Moreover, rates of depression, anxiety and poor well-being are at least three times higher among refugees than the general population” (WHO, 2017). Complementary to this, Sandalio (2018) the mental health needs of asylum seekers in Europe indicate that the rate of depression among asylum seekers awaiting an asylum decision was nearly as twice as that of recognized refugees.

Lindert et al. (2008) noted that depression and anxiety in labor migrants and refugees combined prevalence rates for depression were 20% migrants and 44% among refugees; for anxiety, the combined estimates were 21% among labor migrants and 40% among refugees. An even larger systematic review to determine the prevalence of severe mental disorder in 7000 refugees resettled

in western countries conducted by Fazel et al. (2005) establish that about ten times immigrants living in western countries are more likely to have post-traumatic stress disorder than their age-mates general populations in those countries

## 2.2 Migration Process.

The migration process can broadly be described as occurring in three stages. Kirmayer et al. (2011,3) stated that each stage is associated with specific risks and exposures. Kirmayer et al. (2011,3) mentioned that the nature of the migration experience, in terms of adversity experienced before, during and after resettlement influences the commonness of specific types of mental health problems. Specific challenges immigrant face that can affect mental health includes communication difficulties because of language and cultural differences; the effect of cultural shaping of illness (behavior on diagnosis, treatment and coping), process affecting adaptation, acculturation and intergenerational conflict; and aspects of acceptance by the receiving society that affect employment, social status and integration(Kirmayer et al. 2011.4)

Bhugra & Becker (2005) explain that the duration of the relocation may influence social adjustment and the prevalence of mental illness in migrants, differences between the culture of origin and the culture of the settlement, language and social support systems, employment, and housing. In the process of migration, there may be factors that may expose individuals to mental disorders. Pre-migration is the first stage, and it involves the decision and preparation to move(Kirmaya et al. 2011, 3; Chen et al. 2017). The factors in this early stage include the personality structure of an individual, forced migration, and persecution, etc. (Bhugra et al. 2019).

Bhugra & Becker (2005) Describe the second stage migration as the physical relocation of individuals from one place to another. (Kirmaya et al. 2011, 3) Migration factors include bereavement, culture shock, a discrepancy between expectations and achievement (Bhugra & Becker,2005). The third stage, postmigration, is the absorption of the immigrant within the social and cultural

framework of the new society. Social, cultural rules and new roles can be learned at this stage (Kirmaya et al. 2011,4). Bhugra & Becker (2005) noted that acceptance in the host country could be potential post-migration factors. These factors can be seen as vulnerability along with biological, social and psychological features.

Migration data portal(2019) noted as the number of immigrants increases globally, the differences of motivations and conditions for migrating, as well as the socioeconomic and political status in which this migration happens, adds to the complexity of responding to mental health challenges faced by immigrants. Moreover, the study shows that the prevalence of particular types of mental health problems is determined by the nature of the migration experience, adversities experienced before, during and after resettlement. With the national migration policies, immigrant groups like refugees, displaced persons and asylum seekers are placed in closed facilities such as detention, jails, and other places(Migration Data Portal, 2019).

Due to factors like inadequate hygiene/sanitation in populated living places, lack of proper health services, insufficient nutrition and violence there can be an increase in health-related vulnerabilities. The detention period spent influences the severity of mental disorders and psychosocial issues of immigrants. Other factors such as getting employed in sectors considered most difficult and demeaning compared to where an immigrant was working before migration or working with low wages, lack of social protection and occupational health rights (Migration Data Portal, 2019.)

The following are the definition of keywords as used in this research. Mental Health is seen as a state of well-being. An individual realizes his/her potential, can cope with the normal stresses of life, able to work productively, and can contribute to her/his community”(WHO,2014.) Mental Disorder. “Mental disorders are generally characterized by a combination of abnormal thoughts, perceptions, emotions, behavior, and relationships with others. Mental disorders include depression, bipolar affective disorder, schizophrenia, and other psychoses, dementia, intellectual disabilities and developmental disorders including autism”(WHO, 2018.)

Immigration. “An international movement of people into a new country of which they are not natives or do not possess citizenship to settle there, permanently or temporarily as a foreign worker.” (Cambridge, 2019) An immigrant is an individual that moves to a country that it is not their own to live there permanently. (Cambridge D. 2019) Migrants. A person who usually moves to another place or country to find work. (Cambridge D. 2019) Challenges. “Something new and difficult that may require efforts and determination.” Pre-migration is the first stage of relocation when the migrant is in the home country deciding and preparing to move to a new country. Migration. The actual relocation of immigrants from one country to another (Bhugra & Becker,2005). Post-migration is the last stage of the migration process “Resettlement” It’s the integrating of the immigrant in the new society’, social and cultural framework(Bhugra, 2019).

**Table 1** below shows; Factors related to each stage of migration that may impact mental health. In the first column, pre-migration involves the decision and preparation to move. The second column is the migration stage, the physical relocation of individuals from one location to another. The third stage, post-migration is defined as the assimilation of the immigrant into society. (Shekunov,2018.)

**TABLE 1. Factors Related to Migration That May Impact Mental Health (Shekunov, 2018).**

<b>Pre-Migration</b>	<b>Migration</b>	<b>Post-Migration</b>
Age, developmental stage in children	Logistics of migration process (route, duration)	Stability of housing
Level of education	Group or single migration	Access to health care
Socioeconomic status	Exposure to violence	Availability of education and work
Linguistic capacity	Exposure to harsh living conditions	Social supports (ethnic density)
Reasons for immigration (voluntary or forced)	Nutrition	Exposure to racism and discrimination
Degree of preparation and control over migration	Separation of children from caregivers	Concern about family members left behind
Past psychiatric and family history	Uncertainty of outcome	Assimilation vs. separation from new culture
Personality structure	Culture shock	Acceptance by new culture
History of persecution or other trauma	Cultural bereavement	Discrepancy between expectations and achievement

### 2.2.1 Pre-migration stage

As mentioned earlier in this study, the initial stage of the migration process involves decision and preparation to move (Bhugra & Becker 2005). Refugees/asylum seekers/irregular migrants mostly experience risk factors in mental health such as persecution, armed conflicts or economic hardships in this stage (Priebe et al. 2015)

The immigrant's physical and socio-economic status at this initial stage determines a lot of the pre-conditions with which people migrate. In some cases, migrants don't have access to proper care in their home countries; as a result, easily treated mental illness may be more advanced by the time migrant is seeking help in the designation country, and this might lower the effect of treatment (Priebe et al. 2015.) This study doesn't focus much on this stage, due to lack of materials.

### 2.2.2 Migration/Transit Stage

The migration stage, also known as transit stage, is the middle step of the migration process where the migrant is physical transitioning and journey from their home countries to a new country begins (Bhugra & Jones, 2001). The primary source of distress in this period is instability and fear for the future caused by feelings of unsafety, fear of being sent back to the country of origin, or fear of death during their travels (Khawaja et al. 2008; Wessels,2014). The journey itself can impact migrant's mental health negatively, especially if migrants are in an odd situation, or as refugees and displaced persons. Legal traveling or lack of it is a determining factor on the impact of the journey on migrant mental health.

Safety and access to health care services during the trip is also determined by the legal status of the traveling channel. Migrants who travel without legal papers are more likely to undergo lengthy and life-threatening journeys. Some of the traveling conditions for illegal immigrants include long days hidden in a truck or piled in a small space on a boat or under moving trains (Van Liemt, 2004) Many migrants from Africa try to enter Europe by sea via the Canary Islands or the Italian coast. They use boats which are not fit for the purpose to cross the Atlantic or the Mediterranean(Davies et al. 2009)

Those who survive these life-threatening situations are often exposed to long- term physical and mental health issues. Illegal migrants who get sick during the journey or at the final destination do not have access to health services, and This can have a significant impact on their mental health both in the short or long term (World Health Organization 2007). Most of these journeys are unsuccessful. Many returning and repeat the attempt multiple times despite the physical, social and mental health threats.

### 2.2.3 Post-Migration stage

Most migrants get to their country of designation relatively healthy, and this is because the younger and more robust the more likely to migrate and to survive an arduous journey (Vissandjee et al. 2004). The most common factor that usually happens within arrival in the new country is a culture shock. Culture shock is experienced when the immigrant view the differences of their own culture, the way of life to the new culture, etc. of the host country (Amel & Sedin, 2013.) Majority of the immigrants begin with high expectations and a positive mindset. The excitement of the new place and anything new is intriguing and fascinating. According to (mieli,2019) this phase is called “Enthusiastic wait” In this period of arrival in the new country is often positive and hopeful. The cultural differences fascinate immigrants rather than bother.

After sometime, this “healthy migrant effect” goes down. The starting point of this decrease is mostly thought to be caused by a lack of coordination in the integration process of immigrants into national health and social systems (Davies et al. 2009.) For an instant, some health and non-health administrators have asked immigrants for documentation even though this isn’t required by law (Platform for International Cooperation on Undocumented Migrants, 2007). Once in the host country, the desire to protect one’s religious and cultural values by immigrant families and the discrimination by the host society leads to social isolation and poor achievement in life (Smokowski et al. 2010).

After some time, the immigrant start to experience the differences. Example, shopping problems (not being able to get products they are used to) or communication problems (language barriers). This phase is a crisis phase that is why it is referred to as the "rejection" phase. In this phase the immigrant starts to reject the host country, complaining about and noticing only the bad things that affect them. The immigrant might either gets stronger or weaker (physically, mentally or both). Mieli(2019) refers to this phase as “Conflict between hopes and possibilities.” After living in a new country for a while, attitude becomes realistic for immigrants. Start experiencing difficulties and having doubts about moving to the new country by preferring the home country over new.

The feeling of loneliness and disappointments are common at this stage. (mieli,2019) Regression starts to come in usually as a result of struggles with settling in. During culture shock period, some spend much time speaking their language, watching videos from home country, eating food from home. Immigrants tend to spend most of this time complaining about the new country/culture and its strange ways. Also, in the regression phase, the immigrant may only remember the good things about the home country which may suddenly seem wonderful; all the difficulties that they had there might be forgotten, and This is not true, but an illusion that might be created by culture shock crisis. This regression phase can be compared to (mieli, 2019.) “Powerful reactions and feelings” stage. Mieli (2019) Explain this stage as most immigrant's experience uncertainty about the future and lack of routine may cause stress.

Immigrants may find it hard to find suitable jobs right away, and this may cause Financial problems, intense reactions, different emotions, and negative feelings. If the migrant cannot be able to process these feelings and reaction may cause a deep crisis or depression(mieli,2019.) Examples of common feelings and attitudes to many immigrants according to (mieli, 2019) are fatigue, frustration, Irritation, anger, hate, aggression and unable to do anything or contact the new society among others, exaggerated energy in arranging one's matters.

### **3 PURPOSE, AIM AND RESEARCH QUESTIONS**

Purpose of this research is to create an awareness of the mental health issues arising from the migration process. It examines the association between pre-migration, migration, and post-migration possible events that cause mental health problems and analyzes common mental health problems faced by immigrants during these different stages.

This research aims to add knowledge to the mental health field. The result can be a source of information for future mental health workers working with/for immigrants.

The following are the research questions.

1. What are the factors affecting the immigrant's mental health in the migration process?
2. What are the common mental health issues faced by immigrants during different stages of the migration process?

## 4 METHODS

### 4.1 Literature review

A literature review as a research method investigates books, articles, and any other sources related to a specific topic or area of research. The reason for this is to provide a description, summary, and critical evaluation of the work concerning the research questions at hand. Literature reviews mainly give an overview of sources explored while researching a specific topic and elaborating to readers how the research fits within a more significant area of study.

There are six main types of literature review argumentative review, historical review, integrative review, methodological review, a systematic review and last but not list theoretical review. This research is based on the on theoretical literature review which involves examining the content of theory that was accumulated concerning Migration process and mental health. The theoretical literature review determines what theories already exist, how they relate, to what extent the existing theories have been investigated, and to develop new ideas and suggestion to be studied. This type will also be used to establish a gap in the migration process and mental health (Arline, 2014.)

Literature used for this study were searched concerning the study objectives and questions. The primary databases which were uses were; Google Scholar, Science direct, Research gate and MEDLINE. The search words were based on the keywords "Migration or Immigration Process" "Migration" "Immigration" and "Mental Health. After finding useful articles, the researchers scanned the references of identified publications and searched other relevant sources, and this is because the more times an author has been cited, the higher chance his/her work is influential and relevant in the field of study.

To determine whether the articles were relevant the abstract was first read. Almost all original studies, published in the last 15 years were included that primarily reported mental health problems and associated risk factors in immigrant

populations during the migration process in different parts of the world. This study did not intend to exclude studies based on strictly scientific criteria or to perform a traditional quality assessment, but rather to include as many relevant studies that could enable to get an overview of the mental health status of immigrants. The summary of the selection method of the literature used in this study is shown on the table below.

**Table 2. Search history**

DATABASE	SEARCH WORDS	Articles	Year 2004and after	Suitable title	Suitable abstract
Google Scholar	Migration process				
	Mental health	60,678	16,671	35	5
	Migration and mental health				
	Immigration				
Medline	Migration process	1458	300	20	2
	Mental health				
	Migration and mental health				
	immigration				
Research gate	Migration process				
	Mental health				
	Immigration and mental health	2238	278	27	2
	immigration				
ScienceDirect	Migration process	8,494	50	15	3
	Mental health				
	Migration and Mental Health				
	Immigration				

### ***Selection criteria***

Abstract was chosen for retrieval of the literature if they were found to include data about both the migration process and mental health of immigrants. Dissertations were excluded, as well as studies of particular ethnic groups or if the abstracts were not in English and older than 2014. All abstracts were selected independently by the two researchers. Any disagreements arising from the article choice were resolved by both researchers discussing.

## **4.2 Data analysis method**

The method that was being used to analyze the findings was inductive content analysis. The 12 pieces of literature collected by both the researchers were carefully read through several times. More information from literature was extracted and coded within the study's aim, plan, type of study group (for example, refugees), sampling strategy, and summary of results. That is; after understanding the materials, they were divided into two parts (unit of analysis) according to the research questions. The data was then put into meaning units according to the keywords while looking for similarities and differences. The meaning units were then condensed, further coded and organized in sub-categories and presented as results.

## 5 RESULTS

This chapter presents the results of the articles used in the literature review. The research questions have been answered in two categories “ Factors affecting mental health of immigrants” and “Common mental health problems faced by immigrants”.

### 5.1 Factors that affect the mental health of immigrants.

The factors affecting the mental health of immigrants were explained in each of the migration processes to give a clear understanding of how each stage poses specific risks and exposure to immigrants. As the article by Kirmayer et al. (2011, 2) states that migration happens in three major phases of transitions: a shift in personal relationships and the rebuilding of new social networks which usually occurs before the movement, the journey from one socio-economic system to another, and finally the move from one cultural system to another.

In the pre-migration period, one significant loss is often disruptions to usual social roles and networks (Kirmayer et al. 2011) no matter the reasons behind leaving the country of origin. The link between social relationships and numerous different aspects of health and wellness has been long established; social networks are recognized as a vital component of stable relationships and robust psychological health, any form of disruption might lead to mental health problems (Cherry, 2018). Before migration, people may experience persecution (torture, imprisonment, witnessing the death of family members or the violation of their human rights) due to political, ethnic, religious or other related reasons (Priebe et al. 2016).

The study also denotes that some people may be exposed to all sorts of conflicts that may range from witnessing destruction and death to some traumatic experiences, like torture and direct combat involvement. Additionally, some individuals, especially refugee populations are forced to deal with extreme economic hardship, such as lack of food, water, shelter, and other basic needs and

resources. Immigrants may be faced with certain complexities, during transit. For some individuals, this may mark the beginning of new challenges primarily due to migration regulations. In some cases, migrants have had their travel plans halted or changed due to environmental reasons. Sometimes the designated final destination might turn out to be only one step in a much more extensive journey, or a brief stopover might develop into the permanent settlement. Sometimes it might translate to being in transit for a considerable length of time, for even several years (Papadopoulou-Kourkoula, 2008). This stage may present itself with some continued uncertainties regarding, for example, settlement status (Kirmayer et al. 2011,3) and this may cause additional stress on the immigrant.

Migration period is associated mainly with all sorts of violence, disease epidemics, and high mortality rate. For example, while refugee camps are generally considered to be a temporary haven, they can potentially be dangerous and life-threatening due to sexual violence, disease epidemic, inter-ethnic clashes (Adams et al. 2004), extortion and human trafficking, crossing seas in unsafe boats, being enclosed in trains or trucks or travelling on foot across dangerous routes (Priebe et al. 2016). In some places, those seeking asylum are kept in detention centers with harsh conditions, which can cause a feeling of helplessness. These feelings of powerlessness can lead to depression and other mental health problems (Kirmayer et al. 2011, 3).

Additionally, this period also pose a unique threat, especially for refugees, due to temporary protection which is often accompanied with a constant fear (UNHCR, 2010; Wessels,2014) in addition to family members and support network being separated - this can mainly be devastating for child and adolescent refugees (Priebe et al. 2016). The third and final stage, post-migration, can be full of uncertainties and complexities as immigrants are forced to learn their new country's societal and cultural structures and are immersed within the current context of the communities they live in (Bhugra & Jones, 2001; cited by Wessels, 2014).

On the other hand, disappointments, demoralization, and depression can come early due to migration-associated losses, or later due to unrealized hopes and expectations(mieli,2019), this can also happen when immigrants and their families

go through problems while trying to settle in their host country due to structural barriers and inequalities aggravated by exclusionary policies, racism, and discrimination. For example, some immigrants have difficulties in getting their credentials recognized, which hinders their ability to find work that suits their education level, and this may bring back elements of past trauma and loss, which can lead to the re-emergence of anxiety, depression or post-traumatic stress disorder (Kirmayer et al. 2011.)

Other factors that may affect immigrants ability to have a fluid adjustment and increase the risk of mental illnesses include; social isolation, identity confusion, loss of cultural community and family members, culture shock, grief, assimilation, acculturation. "Acculturation as a phenomenon that results when individuals having different culture come into continuous contact and experience subsequent changes in their original culture with corresponding cognitive styles and behavioral patterns" (Sher & Vilens, 2010), deculturation, employment difficulties, the loss of essential life projects, a lack of environmental mastery, poverty and resource (Wessels, 2014).

Sher & Vilens (2010) expound on acculturation by stating that as immigrants become acculturated to their host society culture, there is an increased risk of mental disorder or unhealthy behavior. Acculturation stress is seen as a chronic strain and as a result of immigrant's continuous unsuccessful efforts for social integration and acceptance by the host population. These might lead to an identity crisis, feeling of frustration and subsequent aggression directed towards themselves or others (Sher & Vilens, 2010).

## 5.2 Common Mental health problems faced by Immigrants.

### 5.2.1 Post-Traumatic Stress Disorder

American Psychiatric Association (2017) defines Posttraumatic stress disorder (PTSD) as a psychiatric disorder that is mostly associated with individuals who have experienced or witnessed a traumatic event such as a natural disaster, a severe

accident, a terrorist act, war/combat, rape or other violent personal assault. Parekh (2017) explained that individuals with post-traumatic disorder might experience strong, disturbing thoughts and feelings related to their experience that tend to last long after the traumatic event. The events may come back through flashbacks or nightmares. Some symptoms include but not limited to feeling sad, fear or anger.

People with PTSD may avoid situations or people that remind them of the traumatic event, and this may lead to feeling detached and estranged from others. Also, they may have substantial adverse reactions to something as ordinary as a loud noise or an accidental touch. Post-traumatic stress disorder may also affect immigrants that develop following stressful events such as war, natural disaster, and unexpected distressful events during migration (Migrant Health Guide GOV.UK, 2017). Exposure to torture is the strongest predictor of symptoms post-traumatic stress disorder among refugees (Kirmayer et al. 2011).

Fazel et al. (2005) study showed a higher prevalence of PTSD in refugees (9%) compared to the rest of the country populations (1–3%). “There is evidence that the prevalence of PTSD is even higher in refugees who have been exposed to potentially traumatic experiences, in child and adolescent refugees and asylum seekers. For example, a PTSD prevalence rate of 17% has been reported in asylum seekers. However, PTSD rates in irregular migrants seem to be lower (3%) than for other migrants and more like populations in the host country” (Priebe et al. 2016). Priebe and colleagues (2016) findings also show comorbidity of PTSD and depression - 40% of refugees with PTSD have also been diagnosed with clinical depression.

### 5.2.2 Depression

Depression is distinct from normal mood fluctuations and short-lived emotional responses to challenges in everyday life. Anxiety, post-traumatic symptoms, substance abuse, pessimism and stress-related medical illness such as hypertension, is associated with depression (Sher & Vilen, 2010). American psychiatric association (APA, 2018) defines depression as a frequent and severe

medical illness that affects how an individual feels negatively, how they think and act. Depression causes feelings of sadness or a loss of interest in activities enjoyed before (Parekh, 2017). Adverse effects include a variety of emotional and physical problems, thus decreasing a person's ability to function at work and home (Parekh, 2017).

According to (WHO, 2018) critical facts on depression, reported that more than 300 million people affected. Depression may cause serious health condition if it lasts longer with moderate to severe intensity; it may result in the person affected suffer much in their normal daily routine. Severe depression can lead to suicide. WHO (2018) also reported that about 800 000 people die due to suicide every year. Pottie et al. (2011), stated the level of underdiagnoses and inadequate treatment for depression is higher among migrants, who face cultural, linguistic and other barriers to accessing mental health care. According to Priebe et al. (2016), "Fazel and colleagues found that 1 in 20 refugees suffered from depression in their sample of 7000 refugees, and this was not higher than the overall prevalence in the host populations. A large sample (n = 598) of asylum seekers in an acceptance Centre in Italy had a depression rate of 7.3%. A survey of general practice records of irregular migrants in the Netherlands (n = 325) showed an 8% incidence (new cases in two years) of depression.

Overall, the most extensive studies suggest that the rates of depression in asylum seekers and irregular migrants are like those in the general population, and per the rates, Fazel and colleagues reported for refugees." Pottie et al. (2011), mentions that the level of underdiagnoses and inadequate treatment for depression is higher among migrants, who face cultural, linguistic and other barriers to accessing mental health care. They continue by claiming that migration by itself may not lead to an increase in depression, specific stressors and challenges can contribute to the onset of depression or influence its course particularly among refugees.

### 5.2.3 Deep Crisis

A crisis is a difficult life situation where an individual's learned approaches and coping strategies are insufficient or do not work (Mieli, 2019). Something new and challenging to handle, such as a painful loss or life change, has happened. People in crisis feel helpless and distressed. Their feeling of basic security is weakened, and they feel like they are losing control over their own life. Mieli (2019) stated that in the post-migration stage immigrants tend to experience powerful and reaction feelings. Uncertainty about the future and lack of routine may cause severe stress. Not being able to process these feelings may result in deep crisis.

### 5.2.4 Anxiety

Centers for Disease Control and Prevention (2019) explains that individuals with anxiety disorders respond to certain situations with fear and dread or terror. While WebMD (2018) points out that anxiety disorders include generalized anxiety disorder, social anxiety, panic disorders, and phobias. The systematic review by Fazel et al. (2005) posited that 4% of the refugees had been diagnosed with generalized anxiety disorder. "Somatic symptoms of depression (e.g., fatigue, aches and pains, palpitations, dizziness, and nausea) and somatization disorders (recurring, multiple and current clinically significant complaints about somatic symptoms in the absence of a physical explanation) are reported to be common in clinical samples of refugees, asylum seekers, and irregular migrants. Though no studies are assessing the exact prevalence of these symptoms and disorders in these groups are available."

### 5.2.5 Substance Use Disorder

CDC (2019) explains that substance use disorders occur when frequent or repeated use of alcohol or drugs causes significant health impairment and neglect of responsibilities at work, school, and home. The problems caused by a substance

can be dangerous to the user and close acquaintances; these fatal incidences include drunk driving and drug overdoses that might lead to death. Usually, substance use and mental illnesses go hand in hand. In some situation, one disorder can be a contributing factor to another, and other times they merely happen simultaneously (CDC,2019.) Szaflarski et al. (2011) Pointed out multiculturalism perspective, alcohol use occurs globally, but not same everywhere, and migrants tend to take their drinking habits with them. Through acculturation, the host society might also shape the alcohol-related practices of immigrants. Often the immigration experience is disorienting and stressful. Immigrants tend to show signs of psychological distress manifesting itself in excessive drinking(Szaflarski et al. 2011.)

#### 5.2.6 Suicidal Behavior

Suicide is usually associated with symptoms of mental illness. CDC (2019) reports that suicide is the 10th leading cause of death the U.S. and the 2nd leading cause of death among people aged 15-34. Suicidal acts can be contributed to the coincidence of a trigger with a vulnerability for suicidal behavior. Triggers for suicidal behavior among immigrants include but not limited to financial problems, relationship problems, mood instability, substance abuse, and acute illness(Sher & Vilens, 2010).

Alegría et al. (2017) informed that in an international study, 27 out of the 56 immigrant groups showed to have higher suicide attempt rates than their native population. Shah and colleagues cited by Forte et al. (2018) found that suicide mortality ratios in foreign males living in England and Wales were higher in younger age groups between ( 20–24 & 50–54 years) born in Eastern European or Caribbean regions. The group that was found to have a higher suicide mortality ratio were older woman between (70–74 & 85+ years) migrated from African, Caribbean, and Chinese countries (Forte et al. 2018).

Several studies found higher rates of suicide attempts among immigrants compared to native populations and that immigrants have a higher risk of experiencing suicidal behavior than the same population in their home countries (Forte et al. 2018). Socioeconomic factors like poor social inclusion, socio-economic status, discrimination, and deprivation are related to suicidal behavior rather than the state of migrant itself. Forte et al. (2018) concluded, that migrants and ethnic minorities may be considered as a moderate-high risk group for suicidal behavior, but insisted on further and more specific investigation to be done. The results show a higher risk of suicide deaths among immigrants.

## 6 DISCUSSION

In this section, the research has presented theories which answer the question "Does migration process cause mental health problems?". Some of the arguments highlight factors affecting the mental health of immigrants while others emphasize on common mental health problems. This research also draws attention to the complexity of the migration process. The study has revealed that the backgrounds of immigrants, the reasons for migrating, and the ability to resettle, vary from social, economic, cultural and personal reasons. Migration status is, therefore, one signpost of possible disadvantage and inequality, highlighting particular stressors and the possibility of others. The study has noted that a combination of pre-, migration and post-immigration stressful situations may cause long-lasting psychological and behavioral problems such as depression, anxiety, post-traumatic stress disorder, alcohol or drug abuse, and a high risk for suicide, this is due to the exposure to traumatic events, level of education, history of mental health and the transit. Immigrants who have had a share of stressful life events presented progressive deterioration in psychological well-being.

Post-immigration experience is affected by health-related social policy and political factors (Sher & Vilens, 2010). The whole migration process is mostly a stress-inducing issue, although not all migrants go through the same process. This research also found out that immigrants that just arrived at their country of designation have lower rates of mental health issues such as anxiety and depression. The rates increase with time. Since the method used to collect data were literature review (theoretical literature, evidence-based articles, and other supporting materials), there was no dealing with people directly, so consent or permits were not needed. Sources were however acknowledged; this was mainly previous researches and articles that have dealt with mental health challenges among immigrants in general. Finnish Advisory Board on Research Integrity guidelines was followed. Generalization of ethnic groups of immigrants was avoided throughout the research. The work and achievement of our sources were acknowledged and respected by doing proper citing and giving credits.

## 7 CONCLUSION AND RECOMMENDATIONS

This work acknowledges the fact that migration in itself does not cause mental health issues. It is a risk factor especially if an immigrant is already vulnerable or faces a very high level of stressor during the migration process such as hostility and unemployment and discrimination. The particular mental health challenges which migrants go through during the whole process of migration shows why the migration process in itself can be considered a mental health determinant. The care and treatment of migrants' total health should be much more than just the management of mental health condition and their symptoms.

The health care should be linked with the broader understanding and preventing causes of the mental health problem, for example, by equal distribution of health and social services even to the undocumented immigrants. Thus, this research is relevant to nursing, in the context that it gives a comprehensive understanding of the migration process and how this experience, directly and indirectly, relate to the psychological distress exhibited in different immigrant populations.

The researchers concluded that the migration process is a major determining factor of physical and mental health of immigrants and the population on the host country at large. Therefore, more researches and literature are needed. Mainly to help the human rights, migration health policies, and strategies makers to improve the whole migration processes. By understanding the totality of migration process nurses will be equipped to understand the cultural and social needs of various immigrant groups. The nurse can also be capable of recognizing and responding to the challenges experienced by and assist accordingly (Bhurgra & Becker, 2005; Schmitz et al. 2008), and this will enhance the confidence of nurses to deal with immigrant groups in distress situations as well as develop customized interventions to meet these different needs.

This research should be considered in view of several limitations. First, it focuses primarily on adults, and there was no division of different immigrant groups. The article used were entirely different in terms of methodology, size and study design

making it hard to provide a quantitative synthesis. Besides, the materials used varied mainly on culture, age, and regions of the studies done. More and better research is required to explore the role of migration process on the mental health of immigrants, especially at pre-migration stage.

Future studies are needed in topics such as “Effect of pre-migration on the mental health of refugees/asylum seekers” or “Mental health and Immigration process” on specific immigrant groups. It will also be interesting to conduct studies with a cohort of immigrants who are followed over time since their arrival to investigate how their perceptions of viewing their mental health change over time and what factors are associated with such changes.

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