

Effect of Immigration on Psychopathology

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ABSTRACT

Aim: To find the effect of immigration on mental health and how that is affecting the lifestyle of the migrants.

Methodology: Previous literature on this topic was analysed. Goole scholar, pubmed, science direct, etc., sites were used to search the literature done by previous researchers. After collecting the previous literature, a critical analysis was done of those studies and then came to a conclusion.

Literature review: Several studies done by previous researchers were taken into consideration. These studies were assumed to be the data of the present study and then these were discussed based on their findings and how that has helped our study.

Discussion: Many studies have found that there is direct co-relation between immigration and psychopathology. Migrants face severe mental health issues and suffer from powerlessness, helplessness or worthlessness in the new land. Adult or aged population of migrants usually suffer from depressive episodes on the other hand the adolescent migrants suffer from distress and anxiety. Even the gay population also suffer from mental health issues as they have to migrate many-a-times to hide from society. They usually tend to have substance abuse. Some of the studies have found CBT and IAT has helped these population a lot in coping with the post traumatic stress disorders from migrants.

Conclusion: It is suggested that migrants should be prepared before migration. If they are not prepared and there is an unpredictable migration then there should be proper interventions to provide emotional support to them or else, they will face tremendous mental health issue.

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I. INTRODUCTION

Migration is a widespread wonder, which existed with the resource of the individuals on earth (Virupaksha et al. 2014). Individuals relocate starting with one spot then onto the next for a few reasons, however, the objective or primary purpose for changing the living arrangement would be improving their everyday environments or to escape from obligations and neediness. Relocation is likewise a social wonder that impacts human life and the climate around us.

Immigration (*Encyclopedia of Governance* 2007), process through which individuals become permanent residents or citizens of another country. Historically, the process of immigration has been of great social, economic, and cultural benefit to states. The immigration experience is long and varied and has in many cases resulted in the development of multicultural societies; many modern states are characterized by a wide variety of cultures and ethnicities that have derived from previous periods of immigration.

‘Transnational migration’ was established in the early studies of 1990s (Faist, T. 2012). Historical pioneers like Nika, Glick Schiller and her associates (Bash et al. 1994) compared the reason behind immigration in nineteenth century and twentieth century. As per them, the during the nineteenth century the reason behind immigration were like breaking of all homeland or loss in social or cultural ties. By contrast the twentieth century immigrations are backed with the mostly employment reasons. Therefore, they proposed two types of immigration – “transnationalism” and “transmigrants”. The former meaning the way by which immigrants grow social fields those are linking together the country of their origin and the country where they are settling, while the meaning of the other are the immigrants who try to grow social fields by maintaining a wide horizon of affective social relationships spanning borders.

Dovidio and Esses (2001) found that the process of relocation has certain social consequences like (a) how the countries are going to accept the immigrants (b) how well the immigrant group is adapting with the new atmosphere (c) the mutual understanding between immigrant group and local people. Therefore, according to them immigration requires certain bio-psycho-social developments which can affect the mental health of the immigrants. Though there is an importance of the havoc faced during and after immigration along with its global relevance, researchers have noticed that immigration has not been much researched in the field of psychology (Berry, 2001; Dovidio & Esses, 2001).

There has always been a difference between immigrants and ethnic population of an area. Even if children of immigrants are born in the new country, they still face some kind of distinctions and racism at some point of life. For example, the problems faced by North Africans in France or Spain and Jews in Israel. Those who are vulnerable to mental illness are usually prone to migrate at times (Al-Lssa et al. 1997). One stressful aspect of migration is social isolation and loss of social networks that provide both instrumental and emotional support. A combination of acculturation and changes in life events along with contact with dominant group results in accumulative stress (Berry, 1992). Many barriers may reduce the use of mental health services by the refugees due to the stigma attached to mental health services, language problem and information about these services (Sue et al. 1995).

II. OBJECTIVES OF THE STUDY

1. To see how immigration influences psychopathology of the immigrants.
2. To analyse what are the other social and cultural factors influenced by immigration.

The study aims to see how the overall lifestyle of human beings are affected due to immigration, either a forced one or a voluntary one. Mental health of a person is related to their social and physiological well-being as well. Therefore, this study even aims to understand how effectively the immigrants can be treated so that they face minimum mental health issues.

III. METHODOLOGY

The present research study investigates the influence of immigration on psychopathology. The major area of the study focuses on understanding the psychopathology of immigrants mostly in past couple of decades. This study is a literature review study where the previously done researches were analysed and discussed.

The present study is based on extensive literature review on the available researches in the related field. The primary websites for research investigation include Google scholar, PubMed, Science direct and SSRN (Social Science Research Network).

Based on the topic of the study certain key words were selected 'psychopathology', 'immigration', 'mental health', 'acculturation' and 'postmigration stress'. A preliminary pool of articles was collected based on the keywords, in order to select research articles related to the current domain of the present paper. On the basis of their relevance to the objectives of the present research paper, the articles from the initial pool were further filtered and a final list of 19 papers were selected to be reviewed, analysed and interpreted.

IV. LITERATURE REVIEW

In order to understand the effect of immigration on psychopathology and how that impacts the living style of the migrants, past researches have been reviewed and analysed. A research done by Grasser et al. (2020) aimed to understand the inflammation and trauma-related psychopathology in Syrian and Iraqi refugees. The sample of this research was 36 Syrian and Iraqi refugees in the age range of 18-65 years. These people completed self-report measures of PTSD, anxiety, and depression and provided saliva samples during an assessment at a primary care clinic within the first month of resettlement in the United States. From the findings of the study it was shown that there is a negative trend for predicting PTSD and positive trend for anxiety and depression. These results replicate previous findings of increased inflammation in patients of depression. It could be concluded that the migrants might get anxiety and depression after migration.

Groen et al. (2019) did a study based on the relationship between cultural identity confusion and psychopathology of the immigrants. It was a mixed-methods study conducted among Afghan and Iraqi refugee and asylum-seeker psychiatric patients aims to fill this gap. The study results indicate that, in addition to psychopathology and postmigration stress, acculturation problems contribute to confusion of cultural identity. The findings suggest that reduction of postmigration stress and acculturation problems may clarify cultural identity and as such may contribute to posttraumatic recovery.

A study was done by Bustamante et al. (2019) on the barriers to care and psychopathology among Bolivian migrants living in Sao Paulo, Brazil and to examine the association between barriers of care and the presence of symptoms of non-psychotic psychiatric disorders in this population. The sample of the study consisted of 104 individuals born in Bolivia and have a Bolivian nationality and living in Sao Paulo for at least 30 days prior to enrolment in the study. The sample was in the age range of 18-80 years. The results indicate that more than a half of the sample of Bolivian migrants living in Sao Paulo, Brazil, especially females, presented significant non-psychotic psychopathology. It was found that the individuals who faced barriers in care showed more symptoms of psychiatric disorders. This study suggests that actions to increase availability of mental health services, especially culturally sensitive services, could reduce barriers to care and improve mental health among migrants.

Sarmient et al. (2017) conducted a study that had the aim to determine whether there is a higher incidence of mental illness among immigrants, to portray the nosologically contrasts among foreigner and local

populaces, and to distinguish the danger factors required of movement. It was a systematic literature review done on the basis of studying different previous literature based on these topics. Out of the 817 studies only 21 were analysed. The conclusion of this study was that relocation speaks to a significant test, yet it doesn't lead solely to mental illness. Workers experience more issues in depression, anxiety and somatic disorders, pathologies related legitimately to the movement cycle, and stress endured. Assets ought to be arranged to essential and network care.

A study done by Breslau et al. (2007) which aimed to analyse the difference in the onset of the psychiatric disorders among the immigrants and the native people. The sample of the study consisted of 299 migrants and 5124 natives those estimated by generation, age of immigration, and duration of residence in the United States. The results of the study showed that Immigrants had lower lifetime risk of having a psychiatric disorder than natives. Risk for disorder was inversely related to age at immigration and directly related to duration of residence in the United States.

Lewis (2014) did a research which aimed to see the relationship between mental health and migration among gay-identified men in North America. This qualitative study had a sample of migration narratives of 48 gay-identified men living in Ottawa, Ontario, Canada, and Washington, D.C., U.S.A. gives a direction to the ways in which mental as well as emotional health issues (e.g., anxiety, depression, substance use) in this population both precipitate migration and stem from migration. The result shows that choices to relocate regularly rise up out of men's encounters of place-based minority stress and related wellbeing results. Simultaneously, moving to metropolitan gay networks, when combined with other life conditions, can make or strengthen physical and passionate weaknesses that lead to low confidence, substance use and sexual danger taking.

In another study done by Ismayilova et al. (2013) the main aim was to examine the self-rated health, mental health and access to health care among migrant workers. In this study a random sampling of internal and external migrant workers were done. The sample consisted of 450 migrant market workers in Almaty, Kazakhstan. From the results practically 50% of members portrayed their wellbeing as reasonable or poor and detailed not seeing a specialist when required, 6.2 % had clinical sorrow and 8.7 % met standards for liquor misuse. Female outer travellers were at higher danger for chronic weakness and underutilization of wellbeing administrations. High portability was related with misery among inner transients and with liquor maltreatment among female traveller laborers. This investigation exhibits the dire need to address wellbeing and psychological well-being needs and improve admittance to medical services among work travellers in Central Asia.

A study by Bhugra (2003) aimed to review the findings to ascertain whether rates of depression among migrants are higher contrasted and the non-transient populaces. The study was based on previous literature which described the theoretical background of migration and the rates of depression in migrants and ethnic groups. The results showed that, the rates of depressive neurosis fluctuate as per migrant status. Transients in certain gatherings are less inclined to report symptoms of depression. Utilizing familiarity with the language as an intermediary proportion of assimilation apparently assimilated people are bound to be discouraged.

Abbott et al. (2003) aimed to study risk factors for depressive symptomatology among older Chinese migrants. 162 Chinese migrants were taken as a sample of this study and all of them were of 55 years or older. They were interviewed using a Chinese version of the Geriatric Depression Scale and measures of stressful life events, morbid conditions, self-rated health, acculturation, social support and service utilization. According to the results of this study 26 percent of members met the criteria for depressive symptomatology. No ongoing migrant indicated symptoms of depression. Numerous strategic relapse examination demonstrated that lower enthusiastic help, more noteworthy number of visits to a specialist, challenges in getting to wellbeing administrations and low New Zealand social direction expanded the danger of indicating symptoms of depression.

Another research was done by Chou et al. (2010) to examine the role of poor migration planning as a moderator for the effects of two post-migration factors, namely acculturation stress and quality of life, on symptoms of depression. The sample for this research was 347 Hong Kong new migrants from a longitudinal study of 1 year. This was done by the use of multiple regression analyses to examine both the direct and interaction effects of poorly planned migration, acculturation stress, and quality of life on depressive symptoms. The results of this study indicate that preventive measures must be developed for new immigrants in Hong Kong, especially for those who were not well prepared for migration.

Steel et al. (2016) studied the psychological consequences of pre-emigration trauma and post-migration stress in refugees and immigrants from Africa migrating to Sweden. A total of 420 refugees and immigrants were enrolled using stratified quota sampling for this study. A battery of questionnaires including the Harvard Trauma Questionnaire, Post-Migration Living Difficulties Scale, the Cultural Lifestyle Questionnaire; and the Hopkins Checklist were administered. By the use of descriptive statistics, chi square analysis, Pearson's correlation etc. the results were established. Eighty-nine percent of participants reported at least one traumatic experience prior to emigration. Forty-seven percent of refugees reported clinically significant PTSD and 20 %

reported clinically significant depressive symptoms. Males reported a significantly greater number of traumatic events and post-migration stress than females, particularly on the financial, discrimination, and healthcare subscales. Females reported a higher prevalence of depressive symptoms when compared to males. Those with a shorter duration in Sweden reported higher rates of PTSD. The greater number of traumatic events was found to be significantly associated with the severity of PTSD symptoms. Using regression analysis, 82 and 83 % of the variances associated with anxiety and depression, respectively, was explained by gender, education, religion, PTSD and post-migration stress. Sixty-nine percent of the variance associated with PTSD included education, number of traumatic events, depressive symptoms and post-migration stress. Forty-seven percent of the variance for acculturation was accounted for by a model that included age, education, duration in Sweden, anxiety, depression, and post-migration stress.

A study was done by Thela et al. (2017) to analyse post-resettlement adaptation and mental health challenges of African refugees/migrants in Durban, South Africa. The sample size was 335 help seeking African refugees or migrants for anxiety, depression and post traumatic stress symptoms. This test was done by use of '25-item Hopkins Symptom Checklist' for depression and anxiety on the other hand '30-item Harvard Trauma Questionnaire' for checking PTSD symptoms. As per the results of this study the prevalence of mental distress was high: 49.4% anxiety, 54.6% depression and 24.9% post-traumatic stress symptoms. After adjustment for family separation since migration, recent arrival in South Africa was associated with increased risk for depression and post-traumatic stress, while in unadjusted models, older age on arrival was associated with anxiety and depression. Refugees/migrants in South Africa show a significant burden of mental distress that is linked to challenges of adjustment in an often-hostile context. Services addressing these and other health-related, social-economic needs should be developed as a priority.

Sabin et al. (2003) conducted a study the pervasiveness of mental illness and variables related with poor emotional wellness of underserved Guatemalan displaced person networks situated in Chiapas, Mexico, since 1981 and to evaluate requirement for mental health service. It was a cross-sectional survey of 183 households in 5 Mayan refugee camps in Chiapas representing an estimated 1546 residents (adults and children). According to the results of this study all respondents reported experiencing at least 1 traumatic event with a mean of 8.3 traumatic events per individual. Elevated anxiety symptoms were associated with witnessing a massacre, being wounded, and experiencing 7 to 12 traumatic events and 13 to 19 traumatic events. Elevated symptoms of depression were associated with being a woman, being widowed, being married, witnessing disappearances, experiencing 7 to 12 traumatic events, or experiencing 13 to 19 traumatic events. Psychiatric morbidity related to human rights violations, traumatic events, and refugee status was common among Guatemalan refugees surveyed 20 years after the Guatemalan civil conflict.

Kaur et al. (2020) did a study to examine the prevalence and associated factors of major depressive disorder (MDD), generalized anxiety disorder (GAD), and post-traumatic stress disorder (PTSD) among Rohingya refugees in Malaysia. Sample was 220 refugees randomly selected in a cross-sectional study. The dependent variables assessed were MDD, GAD, and PTSD. The prevalence of GAD, PTSD, and MDD was reported at 92 (41.8%), 84 (38.2%), and 71 (32.3%). Several factors were significantly associated with MDD following multivariate analysis such as perceived low to moderate social support and food insecurity. Exposure to violence and food insecurity were significantly associated with PTSD. Addressing these risk factors could be key in improving mental health outcomes among this vulnerable population.

A research was done by Tay et al. (2020) to compare 6-week posttreatment outcomes of an Integrative Adapt Therapy (IAT) to a Cognitive Behavioural Therapy (CBT) on common mental health symptoms and adaptive capacity amongst refugees from Myanmar. The sample of this study was 170 Rohingya refugees who were given six 45-minute weekly sessions of IAT and 161 receiving a multicomponent CBT also involving six 45-minute weekly sessions. Primary outcomes were symptom scores of Post-Traumatic Stress Disorder (PTSD), Complex PTSD (CPTSD), Major Depressive Disorder (MDD), the 5 scales of the Adaptive Stress Index (ASI), and a measure of resilience (the Connor-Davidson Resilience Scale [CDRS]). Compared to CBT, an intention-to-treat analysis (n = 331) at 6-week posttreatment follow-up demonstrated greater reductions in the IAT arm for all common mental disorder (CMD) symptoms and ASI domains except for ASI-3 (injustice), as well as increases in the resilience scores. Compared to CBT, IAT showed superiority in improving mental health symptoms and adaptive stress from baseline to 6-week posttreatment. The differences in scores between IAT and CBT were modest and future studies conducted by independent research teams need to confirm the findings.

Another study done by Khan et al. (2013) was aimed to analyse the life style (including housing, health knowledge, smoking, mental health and general health) of the rural to urban migrants. Migrants from rural area to urban area has increased a lot in Bangladesh because of the urbanisation. This study has a sample size of 5136 consisting of people from all the age groups. The comparison was done based on the migrants from rural to urban and migrants from urban to rural and urban to urban. The results showed that there is a greater vulnerability among rural-urban migrants in terms the overall living style including their mental health.

A cross-sectional study done by Wang et al. (2018) to investigate the mental health status of internal migrant workers (IMWs) in Shanghai to understand basic information and the mental health status of IMWs.

Total sample of the study was 4793 IMWs and 4648 questionnaires were valid. Mental health, represented by the nine-item Patient Health Questionnaire score (≥ 10), was significantly correlated with self-rated income-expenditure status, living with family, job type and alcohol use. The total depression prevalence of IMWs in this study was 20.1%. Subjective well-being (SWB) was significantly correlated with marital status, educational attainment, self-reported income-expenditure status, living with family and job type. Those who were female, had a high school education or above, self-reported inadequate income, did not live with family, had poor self-rated health and had moderate or severe depression were more likely to have lower SWB. Promoting the mental health of IMWs also benefited their physical health.

Choudhari (2020) studied the Mental health challenges faced by internal migrant workers of India. As per the study internal migrant workers is a weak network for the advancement of extreme, intense furthermore, ongoing, unfriendly psychological wellness results because of COVID 19 pandemic, through different multidimensional elements, many acting simultaneously to cause physical, mental, and socio-efficient afflictions. Plus, the prohibitive estimates received during lockdown and regulation COVID 19- strategy, related down degree of the enactments and laws of word related security and wellbeing in India, can possibly exasperate and accelerate the antagonistic consequences for the mind of inside migrant laborers. Thinking about the hindering word related point, which improves the weakness, the mental health network ought to set themselves up for taking care of the test of an upsurge in mental ailments among this word related network Mental wellbeing is a basic perspective that should be tended to, making it basic to start ventures against the mental illness impacts because of the pandemic through creating mindfulness and mental readiness among the interior transients.

Filion et al. (2018) aims to examine the reported mental health outcomes of adolescent foreign-born non-citizens and adolescent foreign-born U.S. citizens compared to adolescent U.S.-born citizens. Using the Strengths and Difficulties Questionnaire in the National Health Interview Survey, the study compared mental health status of U.S.-born adolescent citizens to foreign-born citizens and non-citizens in the years 2010-2015, and examined how differences in emotional difficulty changed based on time spent in the U.S. Results suggest that non-citizen adolescents experience better mental health outcomes than U.S.-born citizens. However, the mental health status of foreign-born citizens is indistinguishable from that of the U.S.-born, after accounting for basic socio-demographic characteristics. The prevalence of emotional difficulty experienced by immigrant adolescents increased with a family's duration in the U.S.

V. DISCUSSION

Human beings are social animals and without social contact with other people life becomes difficult for an individual. Since the onset of evolution human beings have been struggling for a better place for living. This search for better living has caused them migrate from one place to another. Migration is not always voluntary; it can be forced as well. Forced migration additionally includes cultural bereavement (Bhugra and Becker, 2005), in terms of losses such as being detached from family ties, a lack of meaningfulness in society (work, social status), and being unable to manifest oneself in society (language, education). In the previous century wartime migrants who were known as 'exemplary victims of war' (Malkki 1997). The wartime migrants even include 'internally displaced persons' (IDPs) (Cohen and Deng 1998a, b). Since the 1990s, the United States has witnessed an unprecedented wave of immigration from Asian countries (Grieco, 2010). Despite the growing population of Asian immigrants, research is still lacking in understanding the effects of migration-related factors on their health, particularly mental health status (Takeuchi, Zane, et al., 2007).

This review of literature is done to understand how migration is influencing mental well-being of human beings. Migration can cause many losses for an individual including loss of property, the striving to rebuild those causes huge stress in the migrants which is also known as 'new resources stimulus stress recovery' (Hobfall, 1989). It has been observed that long stay in asylum or as a refugee might increase mental health issues (Laban et al., 2005; Uribe Guajardo et al., 2016) along with it can also lead to helplessness, powerlessness and worthlessness contributing to unwell mental health (Groen 2019). Fears about the consequences faced by family members back at home country have been found to be a high-risk factor for psychopathology (Nickerson et al., 2010). From some previous researches it has been found that older migrants go through depressive disorders and adolescent migrants suffer from distress (Leu et al., 2008; Takeuchi, Hong, et al. 2007; Takeuchi, Zane, et al., 2007). When life-improving goals (e.g., searching for better educational and occupational opportunities) intermingles with older migrants then there is an increase in episodes of depressive disorders possibly because a lag behind "normative social timetables" may lead to elevated level of mental disorders (Elder, 1994). Such findings show that the social correlates of psychological symptoms and psychiatric diagnoses may differ (Yu & Williams, 1999).

From the previous research it has been found that the migrants who migrate from rural to urban because of this urbanisation they are much more vulnerable to mental health issues (Khan 2014). Gay community at times face migration and suffer a lot. They are more vulnerable to substance use and other mental

health issues (Egan et al., 2011; Bruce and Harper, 2011). Out of several reasons of immigration one is unemployment (Steel et al. 2016) which can create huge stress among the migrants who have fled from place to other in search of better job.

Other than these psychiatric morbidities related to human rights violations, traumatic events, and refugee status was common among Guatemalan refugees surveyed 20 years after the Guatemalan civil conflict (Sabin et al. 2003). From another study it was found that migrants in South Africa show a significant burden of mental distress (Telah et al. 2017).

Many researchers suggest that there should be proper precaution for the mental health of the migrants. According to Kaur et al. (2017) addressing the risk factors could be key in improving mental health outcomes among this vulnerable population. CBT and IAT can be helpful in post treatment of the migrants suffering from mental health issue (Tay et al. 2020). Not everyone is prepared to migrate therefore before migration there should be proper preparation (Chou et al. 2010).

LIMITATIONS

1. Not many research articles were available in the online platform on this topic.
2. Due to less content generalisation is not possible

FUTURE SCOPE

This study has a much detail description of how mental health is affected due to immigration and what are the interventions. Therefore, this study could be later-on used by further researchers to refer regarding the relationship between immigration and mental health.

VI. CONCLUSION

Migration is such a phenomenon that can never be omitted from human being's life but migration should be done with proper preparation. Without preparation migrants might face severe issues in terms of physical health, social, economic health and most importantly the mental health issues. It has been noticed that mental health of a migrant is usually ignored to fulfil the basic physiological needs therefore causing worse consequences. Not having proper mental health can make someone have more and more stress leading to depression if not able to cope up. Many migrations are unpredictable so there should be proper intervention to give the migrants emotional support other than physical and economic support.

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