

## FOCUS

### Mental health and Migrant Acculturation- a journey of global change

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**Abstract.** Migration is continuously shaping the world on local, national and international levels. This phenomenon impacts the lives of individuals all around the globe, and bears deep psychological, social and economic implications. The relationship between mental health and acculturation is extremely complex. The current theoretical paper examines the relationship between acculturation and mental health in a migration-related context. Furthermore, we explore the impact of illness and poor mental health on migrants, and the way in which age, gender, stress, trauma or unemployment shape mental health outcomes. We highlight the importance of this review for practitioners, educators and researchers, to better focus on current challenges migrants face, on their past experiences and how these influence people in a cross-cultural context.

**Keywords:** migration, acculturation, mental health, behavioural science, review.

#### Introduction

The diaspora is a key element to Western democracies, and massive migration influxes in recent years (Maehler et al., 2019) have determined changes to the population structures of countries (Frideres, & Biles, 2012). Globally, international migrants are estimated to amount to almost 272 million people, that is 3.5% of people who reside outside their country of birth, and over two thirds of them are of working age (IOM, 2020). We employ the term *migrant* to refer to individuals who live in a foreign country, such as refugees, asylum seekers, immigrants and sojourners (Berry, 2006).

Cultural constructs "are potent drivers of behaviour" (Hong et al., 2000, p. 709). Cross-cultural psychology helps establish a relationship between individual behavioural development and a specific cultural context, and is both feasible and necessary for accurate research (Wang, 2016). When people move to a different environment and invest their time and effort into adapting to the host society by learning the language and securing a job, changes occur, depending on personal, social and cognitive variables.

Our aim for this paper is to explore the mental health implications of migration by analysing the current research literature, and to make suggestions for future empirical research, practitioners and policy makers. This review looks at the mental health outcomes that appear in migrant populations and the factors that trigger mental health conditions.

#### 1. Theoretical Conceptualization of Acculturation

Acculturation is defined as "the dual process of cultural and psychological change that takes place as a result of contact between two or more cultural groups and their individual members" (Berry, 2015, p. 520). The same author argues that acculturation is "a process that parallels many features of the process of socialization" (2015, p. 520). Acculturation is linked to variables such as aspects of the heritage culture, to characteristics of migrants themselves, to

their status, level of education before migration, the languages they speak, to the particularities of the receiving culture (Crockett & Zamboanga, 2009). A determinant of immigrant adaptation to the host culture is the degree of similarity the host culture has with the heritage one (Rudmin, 2003).

Social contact triggers processes such as learning new skills adapted to the new culture, inter-personal relations, coping with unfamiliar circumstances, managing stressful events and going through affective, behavioural and cognitive changes (Ward et al., 2001). "Cultural changes (which are at the core of the notion of acculturation) range from relatively superficial changes in what is eaten or worn, to deeper ones involving language shifts, religious conversions, and fundamental alterations to value systems" (Berry, 1997, p. 17). The changes that take place can unfold in any multicultural context, especially if we think of globalization (Arnett, 2002). Berry (2003, 2005) developed probably the most cited model of acculturation of all times, a bidimensional framework which follows two plans: one is *maintenance of heritage culture*, and the second one is *development of new cultural relations* in the host/receiving culture. The framework shows the influence of employment-related issues on personal psychological well-being and satisfaction, which will influence the adaptation and integration process in the new environment.

Intercultural contact will invariably lead to stress, as the process take place over time, and involves numerous variables such as the migrant's personality, or environmental elements. These elements have been described in Arends-Tóth and van de Vijver's Framework of Acculturation, which looks at acculturation conditions and orientations that result in outcomes such as sociocultural competences and psychological well-being (Arends-Tóth & van de Vijver, 2006; Celenk & van de Vijver, 2011).

In summary, previous empirical psychological studies show that acculturation is a bidimensional variable of complex nature, a dynamic process of change (Lincoln et al., 2017) that can impact the behaviours of migrants and their mental health. With this review article, we intend to further explore and describe how these processes unfold in practice and how they have been captured by experimental and research designs.

## **2. Acculturation and Mental Health**

The current literature offers diverse findings on the relationship between mental health and migrant acculturation. Personal characteristics of individuals, contextual factors, family support, acculturation styles and even reasons for migration can impact mental health outcomes (Lincoln et al., 2017). One author identified life satisfaction as being the outcome of the mediated relationship between adaptation and acculturation orientations (Stanciu, 2017), while another article cited acculturation as a predictor of help-seeking behaviour among migrants (Kim, 2007). A recent systematic review that looked at the four acculturation strategies from Berry's model found that marginalization has the most detrimental effects on migrants' mental health, compared to integration, which delivers the most positive impact (Choy et al., 2021). The availability of material and financial resources, a high educational level, development of resilience to stressors or opportunities to develop have been identified as *protective factors* in the existing literature (WHO, 2018). Although "one of the great challenges of migration is managing migrants' health needs" (Nørredam, 2015, p. 1), many countries developed procedures and means of supporting health needs. Services such as Médecins Sans Frontières' training programs in Germany or their integrated medical support service for people who have been tortured in Greece or the Transcultural tele-psychiatry bilingual support offered in Denmark have all proven invaluable for the local migrant communities (WHO, 2018). Such efforts could compensate when international

legislation, such as article 23 of the Refugee Convention or article 25 of the Universal Declaration of Human Rights, are not always upheld (Abbas et al., 2018).

### **2.1. Mental Health in Psychological Literature**

Previous research shows that acculturation "involves a complex set of processes that appear to have differential impact on mental health outcomes" (Koneru et al., 2007, p. 76). Illnesses and poor mental health in workers have a negative social and economic impact on both individuals and the society (Devkota et al., 2020). But access to mental health services can be regarded as an equality issue, especially for migrants, due to the difficulties and restrictions they face when in need of professional help. There are many reasons for which people are discouraged from seeking support, such as "cultural explanation of mental illness, shame and stigma, psychosomatic symptom presentation, help-seeking preference, effect of discrimination, lack of recognition by general practitioners, a lack of accessibility to linguistically and culturally appropriate mental health services" (Fang, 2010, p.152).

Consistent research has shown that positive emotions help people improve their mental health by an increase in well-being (Fredrickson, 2001) and can undo lingering negative feelings (the *undoing hypothesis*, Fredrickson & Levenson, 1998). Findings from positive psychology have demonstrated how people facing adversity can cope better through positive beliefs and positive affect, by building up their personal resource called *resilience* (Aspinwall, 2001). As a result, all of these positive changes determine an increase in emotional well-being (Fredrickson, 2001).

### **2.2. Empirical findings in Mental Health research**

Early research on the importance of access to the labour market revealed the effect these concepts have on mental health, "alienated immigrants whose failure to obtain steady employment at a level commensurate with their qualifications combined to social isolation and lack of acculturation generate deep-seated dissatisfaction" (Richmond, 1974, p. 47). Unemployment and depressive affect have been shown to impact each other, in the sense that a person who suffers from depression will find it more difficult to stay employed, and also job loss can be triggered by depressive symptomatology (Beiser et al., 1993). More recent studies show the impact of perceived discrimination (Brüß, 2008) or ethnic discrimination in day to day lives of migrants (Thijssen, 2019).

Demographic data carry a high level of significance in data analysis. Muñoz (2017) confirmed that the acculturation process will be easier for younger people compared to older individuals, but the risk is higher for the early age migrants to suffer later in their lives from trauma-related problems, stress and other mental health issues. Other variables that can impact young migrants' mental health are traumatic events pre-migration or socio-economic deprivation as a result of the resettlement process (Oppedal et al., 2020). Stanciu (2017) remarked that positive well-being can be significantly impacted by "migration during emerging adulthood" (p. 173). The researchers revealed that, when young children migrate (whether forcibly displaced or not), they can adapt better, as they will go through the educational system, acquire the new language, values and practices easily, compared to adolescents or adults (Portes & Rumbaut, 2001). Other studies showed that children of migrants are "at risk of underachieving in school" (Phalet & Baysu, 2020, p. 1). Adult migrants will retain memories, values, traditions from back home, and might be reticent or just encounter difficulties to fully integrating (Schwartz et al., 2006).

In terms of gender, Beiser and Edwards (1994) noted that women are more prone to develop emotional issues compared to men. More recent studies on gender differences found that

migration and acculturation, alongside psychiatric disorders, can generate adaptive differences and stress (Müller & Koch, 2017). First generation migrants are at greater risk of developing negative mental health outcomes, compared to natives (Close et al., 2016). Language proficiency is cited as one of the major barriers for refugees or economic immigrants, issue that can be addressed by local and national authorities by information campaigns and materials translated into the languages of migrant residents (Özvarış, 2020).

Another issue is that migrants are "more likely than the majority population to have unmet needs for public mental health services" (Markova et al., 2020). The same study showed that, if utilized, help-seeking sources are usually connected to the immigrants' community, such as religious leaders, family members, friends, etc., and the more acculturated a person is, the more they will seek support from formal sources, such as medical professionals. In general, immigrants have low utilization rates of specialist mental healthcare (Abebe et al., 2017) and they can be more at risk than natives or have higher morbidity rates (Nørredam, 2015).

More recent studies have shown that migrant workers usually report higher risks of "developing adverse mental health conditions than non-migrant workers" (Devkota et al., 2020, p. 2). For example, depression had higher levels in first generation migrants (5% to 44%) than in natives (8 to 12%) and anxiety levels ranged from 4 to 40% compared to around 5% in the general population (Close et al., 2016). A systematic review revealed that acculturation is correlated with increased substance use and abuse (Koneru et al., 2007). In addition, immigrants can develop mental health issues due to adverse living conditions, unsuitable working settings, unhealthy lifestyles or even issues with their families who live in their native countries. From a financial point of view, losses amount for both businesses and workers, if the latter need to take sick leave, suffer from absenteeism or low productivity (Di Castro et al., 2018). Refugees are a *risk group* that exhibits a high incidence of trauma-related mental health problems, with psychological symptoms that can be associated with difficulties in the integration process (Schick et al., 2016). Trauma has been associated with "worse symptoms of depression, as expected, and older age was found to attenuate the relationship between trauma and depression symptoms" (Lincoln et al., 2017, p. 7). Even so, research demonstrated that being a refugee is not an additional risk factor that determines suicide, compared to native populations (Hollander et al., 2020).

## Discussions

Knowing these factors is not enough, as researchers, employers, policy-makers and even migrants need to be able to identify and address them (Devkota et al., 2020), to prevent and address physical or mental illness. Prevention of negative mental health outcomes, that refers to delaying, lessening and stopping symptoms, includes measures such as a focus on group interventions in the community, long-term prevention programs, family-strengthening initiatives (Weine, 2011), promoting social integration, facilitating engagement with services and overcoming social and linguistic barriers in accessing health support (World Health Organization, 2018). Very few studies look at the issue from the perspective of health professionals (Staniforth & Such, 2019), which could support a wider variability of findings and potentially more targeted solutions.

The results of empirical studies show, in most cases, the migrants' subjective perceptions on the care they receive, but few studies address the perspective health professionals hold. A recent study revealed the inequalities and the wider social issues that affect migrants' health, which often is not viewed as a priority (Staniforth & Such, 2019). A systematic review conducted in Pakistan identified the main barriers that generate an underutilization of mental health services, such as financial/time/distance constraints, stigma related to asking for help, low knowledge on

the topic, potential side-effects or a dissatisfaction from previous medical procedures, a reliance on healers and lack of social support (Choudhry et al., 2021).

Clinical psychology gives researchers the tools to prioritize mental health, such as early identification, treatment and preventative measures. It is important to understand if the basic rights of migrants are respected, and how much of this reality is captured by empirical research, so that conclusions can be drawn regarding migrant integration, policy evolution and health management.

### **Conclusions**

Our goal for this article is to propose an integrated view of the implications of acculturation on mental health in the case of immigrants. It is important for practitioners to understand what needs migrants have, for researchers why mental and health issues arise so they can further study and how we can help migrants to achieve higher levels on integration. Better health in migrant populations will result in more productive, satisfied and adapted workers, who are able to function better in foreign countries, and put less pressure on the medical systems. As well, through improved intergroup relations, individuals will be able to feel more supported, less alone or less vulnerable during their stay in the receiving cultures.

If we think of public mental health, it is essential that more research is conducted on young migrants' acculturation, adaptation-related risks, risk and protective factors. Young children, especially unaccompanied minor refugees, are at greater risk, and without appropriate support, they cannot become functional and healthy members of the society.

In order to suitably support immigrants' mental health needs, it is imperative to design services considering ethnic differences, the degree of language proficiency and adaptation of the individuals we try to help, and to raise awareness as to make these services available within the community. Usually, the hardest to reach, such as marginalized groups of migrants, are the ones who need the most support, but don't know if, how or where to access it to their benefit. Longitudinal studies can better reflect the impact of outreach services, and they are recommended to cross-sectional designs. Follow-up studies can also reveal the efficacy of prevention measures, or the impact acculturation styles and acculturative stressors impact migrants' lives in the host countries. Finally, we encourage research that embodies diverse cultural experiences, accurate measurements of variables and the diversification of both research methods and practical applications of theories by specialists.

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