

IMMIGRATION AND MENTAL DISORDERS

Lambrini Kourkouta¹, Konstantinos Koukourikos²,
Ioanna V. Papathanasiou³, Areti Tsaloglidou⁴

¹Department of Nursing, International Hellenic University

²Department of Nursing, International Hellenic University

³Department of Nursing, University of Thessaly

⁴Department of Nursing, International Hellenic University

Abstract. Introduction: Immigration is the movement of people into a country where they will remain as its permanent residents or future citizens without having citizenship.

Purpose: The purpose of this review study is to highlight the impact of immigration on the mental health of immigrants and to identify the mental disorders from which immigrants are at risk of getting ill.

Methodology: The study material consisted of articles on the topic, found in Greek and international databases such as: Google Scholar, Mednet, Pubmed, Medline and the Hellenic Academic Libraries Association (HEAL-Link), using the appropriate keywords: mental illness, immigrants, treatment.

Results: It is estimated that two-thirds of refugees - migrants experience anxiety and depression. Studies show that these are populations with severe social problems, unmet needs, and a range of mental health problems such as depression, panic attacks, social phobia, generalized anxiety disorder, suicidal ideation, and post-traumatic stress disorder (PTSD).

Conclusions: Addressing the mental health problems of immigrants and refugees can only be holistic. It requires much more psychosocial interventions and practical solutions, always combined with culturally appropriate psychological support methods.

INTRODUCTION

Immigration is the movement of people into a country where they will remain as its permanent residents or future citizens without having citizenship. (<https://el.wikipedia.org>) It is a dynamic process, the forms of which vary and change depending on the wider political, social and economic changes. It is a form of social relationship that is defined by market, nation, state, gender, constituting social categories, groups as well as the way they communicate and interact with each other. (Bagavos, Papadopoulos & Symeonaki, 2008 & Petrakou, 2009)

An immigrant is a person who changes his / her habitual place of residence, regardless of immigration reason or legal status. (<https://unric.org>) The immigrant suffers a series of losses: loss of support from a familiar geographic and social environment, loss of long-term relationships, communication values and roles. Even if the individual is prepared for it and completes the whole process relatively easily, he has to deal with transitional factors influencing his perceptions, views and ability to interact in his new environment. (Bhugra, 2000)

In particular, refugee-migrant is, according to the Geneva Convention on Refugees (<https://el.wikipedia.org> & Bagavos, Papadopoulos & Symeonaki, 2008) any person who lives outside the state whose is a citizen, due to the justified fear of being persecuted because of race, religion or nationality, or even because he is

a member of a particular social group or his political views (political refugee). Moreover, it is impossible to ensure protection in his country, or, because of this fear, does not wish to be placed under this protection. (<https://el.wikipedia.org>)

The arrival and installation of the immigrant in the host country is an equally critical and difficult period, as he is confronted with a series of serious problems in an attempt to organize his life. Individual factors that influence the development to a more or less adaptive direction are the immigrant's cultural identity and self-determination, and the existence of social support network. (Bhugra et al, 1999) Such situations can lead to the collapse of self-protection mechanisms and the onset of mental disorders. (Levaditis, 2003)

The **purpose** of this review study is to highlight the impact of immigration on the mental health of immigrants and to identify the mental disorders from which immigrants are at risk of getting ill.

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MIGRANTS' MENTAL DISORDERS

It is estimated that two-thirds of refugees - migrants experience anxiety and depression. (Carey & Duke, 1995) Studies show that these are populations with severe social problems, unmet needs, and a range of mental health problems such as depression, panic attacks, social phobia, generalized anxiety disorder, suicidal ideation, and post-traumatic stress disorder (PTSD). (McCrone et al, 2005)

The factors that should be considered when assessing the mental health of immigrants are the following (Bhugra& Jones, 2007):

- migratory situation
- migration experiences
- adjustment
- views of host society
- cultural identity
- cultural conflicts
- national density
- achievements and expectations

According to the literature the following mental situations / disorders are closely associated with immigrants:

Schizophrenia

Immigrants undoubtedly experience chronic difficulties such as socio-economic disadvantage, discrimination, uncertainty, alienation, which in combination with biological vulnerability, poor coping strategies and limited social support are likely to lead to the genesis of psychosis. Although the psychosocial stress probably affects the majority of immigrants at risk, no applicable pathogenetic mechanism has been identified so far involving specific gene-environment interactions and linking this type of stress to the incidence of psychosis. (Brugra et al, 1997 & Selten et al, 2001)

Depression

It is well documented in the literature that the relationship between migration and depression is complex and largely dependent on the particular

features of the former. The experiences of migration and the cultural process can be so difficult that it will be considered stressful for anyone, regardless of their cultural background. Social, labor and economic exclusion reduces the threshold of depression. Thus, in some cases, national minority status may override cultural characteristics as a predisposing factor for depression. (Tseng, 2007 & Beddingston & Cooper, 2007)

Suicide

Recent World Health Organization (WHO) data on suicide death rates per sex and per 100,000 population shows large differences internationally. (World Health Organization, 2004) The study of suicides indicates that not only are there different risk factors for suicide in different cultures and migrant groups but there are also - yet unspecified - protective factors (cultural or even biological), the recognition of which will greatly aid in developing prevention strategies. (Kirmayer & Young, 1999)

Personality disorders

Researchers argue that immigrant patients in traditional societies may exhibit more classic neurotic symptoms rather than behavioral ones. This is attributed to the structure of family and social networks that do not encourage emotional expression and therefore antisocial personality disorder appears. (Murphy, 1982)

Other mental disorders

The literature reports that so-called 'common mental disorders' on ethnic minorities do not appear to increase in all groups of both sexes compared to the native population. This means that either some populations have a strong psychological armor or that their expression differs and is therefore not visible by conventional diagnostic tools. (Bhugra & Jones, 2007) Intercultural studies have shown significant differences in anxiety symptoms and specific types of fear as well as the consequent physical, emotional symptoms and syndromes. (Chaturvedi & Desai, 2007)

It should be noted that Spanish researchers have described the "Chronic and Multiple Stress Syndrome" of immigrants or "Odysseus Syndrome" which is characterized by mixed depressive, anxiety, and somatoform symptoms. The syndrome gradually unfolds as the migrant is confronted with the difficulties of the migration process. It is suggested by researchers that the syndrome should be classified as an autonomous category, intermediate between adaptation disorders and post-traumatic stress disorders. (Carta et al, 2005 & Achotegui, 2002)

Migration and substance abuse

The relationship between migration and dependence such as alcohol and other substance use is complex and heterogeneous. It is generally accepted that when there is a rapid socio-cultural change, substance abuse tends to increase rapidly, especially in young people. (Tseng, 2007)

There is also evidence that substance abuse models in the country of birth, as well as the difficulties of social inclusion in the host country, significantly determine the occurrence of related disorders in first generation immigrants. (Hjern & Allebeck, 2004)

CONCLUSIONS

Addressing the mental health problems of immigrants and refugees can only be holistic. It requires much more psychosocial interventions and practical

solutions, always combined with culturally appropriate psychological support methods.

The challenge of modern psychiatry at both research and healthcare levels is to recognize differences between populations, without drifting away from national or other stereotypes. Individual differences among immigrants are just as important as ethnic ones, and modern psychiatric therapy is ultimately called upon to heal the individual within his broader socio-economic context rather than the ethnic group to which he belongs.

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