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Mental Health in Immigrants Versus Native Population: A Systematic Review of the Literature

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A B S T R A C T

The relationship between psychopathology and migration presents unresolved questions.
Objectives: To determine whether there is a higher incidence of mental illness among immigrants, to describe the nosologic differences between immigrant and native populations, and to identify the risk factors involved of immigration.
Methods: A systematic review was conducted using the PubMed, Science Direct, ISI, Scopus, Psycinfo, Cochrane, and Cuiden databases. The search strategy was conducted using the MeSH thesaurus for the controlled terms "mental disorders," "mental health," "transients and migrants," "immigrants," and "epidemiology." The quality of the articles was analyzed by using the Equator Guidelines, following checklists according to the methodological design of the studies by two independent reviewers.
Results: From a total of 817 studies found, 21 met the inclusion criteria. Out of the 21 studies selected, 13 showed a higher prevalence of mental illness.
Conclusions: Migration represents a major challenge, but it does not lead exclusively to mental distress. Immigrants experience more problems in depression, anxiety, and somatic disorders, pathologies related directly to the migration process and stress suffered. Resources should be oriented to primary and community care.

A total of 232 million people live away from their country of origin (United Nations, 2013). They are immigrants, refugees, exiles, without papers, or with documentation—in other words, international migrants. They have something in common: they must overcome the difficulty of adapting to a new culture and, hence, being accepted by the group.

The migration process can be induced by expulsion factors (war, hunger, or poverty) and attraction (the acquisition of or improvement in a job post or freedom to pursue political or religious beliefs, among others). Of course, the reason someone emigrates determines both the migratory process and the health state throughout it. In the destination country, the immigrant can find language, administrative, and cultural barriers hindering his or her access and adaptation to the new social context. These barriers lead to unstable employment and economic and social situations and might contribute to increased vulnerability of the immigrant's state of health (Rivera, Casal, Cantanero, & Pascual, 2008). Socioeconomic differences, motivation, and the difficulties of the migration process itself determine the impact on the immigrant's health.

An old question suggests a relationship between immigration and pathology and whether healthier people emigrate or those already affected by mental illness. Initially, the existence of a kind of positive Darwinian selection in the migratory processes was proposed, that those healthier and prepared subjects, ready to leave harsh life conditions behind, emigrated. However, as early as 1932, Odegaard developed the hypothesis of selection, suggesting that people with a genetic predisposition to develop mood disorders could develop strong links in their countries of origin and would be less likely to migrate than people with a predisposition to schizophrenia. In the 1970s, discussions proposed a negative selection of migration. Studies of immigrants in the United Kingdom confirmed that schizophrenia rates of immigrants were much higher than those found in the countries of origin (Murphy, 1997). Subsequently, research carried out in Denmark defended this idea (Mortensen, Cantor-Graae, & McNeil, 1997), which also was confirmed in Australia, regarding suicide (Burvill, 1998). Other works, focused on Mexican migrants to the United States (Vega, Zimmerman, Warheit, & Gil, 2002) and Hong Kong Chinese (Davis & Katzman, 1998), argued that immigrants had better mental health than their compatriots who remained in their countries of origin.

Classic meta-analysis on the prevalence of schizophrenia and mood disorders among immigrants describes a diverse overview of results. Thus, Cantor-Graae and Selten (2005) concluded, after a review of

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Table 1
Inclusion Criteria.

	Inclusion criteria	Exclusion criteria
Type of study	Epidemiological studies: cross-sectional study, longitudinal, prospective, and/or retrospective	Qualitative, mixed, and conceptual analysis
Language	English and Spanish	Publications in languages other than English and Spanish
Publication date	January 2009 to February 2014	Publications prior to 2009
Age section of the study population	Includes the entire population regardless of age group	No exclusion criteria
Sine qua non condition	Studies that compare the immigrant population with the native population of the country of destination	Studies with exclusive samples of native and immigrant population
Type of publication	Scientific articles; full text	Incomplete publications, grey literature, manuals, sources

Resource: In-house production.

the studies carried out between 1977 and 2003 in English, that the second generation of immigrants exhibited more risk of developing schizophrenia than the preceding generation. The authors emphasized that a history of personal and family migration contributed to a significant risk factor for schizophrenia. They attributed a decisive role in the etiology of this psychosis to the adversity immigrants find in their psycho-social integration.

Swinnen and Selten (2007) pointed out that there was no conclusive evidence of an increase in the risk of bipolar disorder, depression, or mood disorders in general among the migrant population. In fact, contrary to Odegaard's hypothesis, the authors found a slight increase in the risk of mood disorders among immigrants, compared with the risk of developing schizophrenia. Ultimately, the relationship between psychopathology and migration presents worthwhile questions to examine.

The purpose of this review is to examine the current research to clarify whether there are differences in mental health between immigrant and native populations and to determine how to allocate resources and improve mental health care for the immigrant population. We set out four specific objectives: to determine which are the most prevalent mental pathologies among immigrants; to identify nosologic differences in the native population; to analyze the main risk factors in the deterioration of the mental health of this population; and, finally, to establish guidelines to manage the distribution of resources and mental health care.

METHODS

A systematic search of primary studies was conducted between February and March 2014.

Search Strategy

The search strategy was conducted using the MeSH thesaurus for the controlled terms “mental disorders,” “mental health,” “transients and migrants,” “immigrants,” and “epidemiology,” using the Boolean operator “AND.”

Seven electronic databases (PubMed, Science Direct, ISI, Scopus, Psycinfo, Cochrane, and Cuiden) were used to identify scientific articles published from January 1, 2009, through February, 2014.

Selection of Studies

Of the studies found, only those that met the inclusion criteria were included, as shown in Table 1.

Two reviewers independently chose the potentially eligible articles after reading the titles and abstracts. Studies that met the specified selection criteria were read completely and evaluated for their ultimate inclusion.

Data Selection, Evaluation of Quality, and Synthesis

After determining the articles to include, required data for analyzing the studies were introduced in the evidence tables to classify the information.

The quality of the articles was analyzed by using the Equator Guidelines, following checklists according to the methodological design of the studies:

- Observational Studies: STROBE *(Strengthening the Reporting of Observational Studies in Epidemiology)* (Von Elm et al., 2007).

Discrepancies and doubts regarding the incorporation of certain studies into the review were resolved by means of the participation of a third reviewer.

A joint statistical analysis could not be carried out for the data due to the great variability in the tools and strategies of measurement used. A narrative analysis was therefore performed.

RESULTS

Of the 817 studies initially found, all citations were imported to a database to eliminate any duplicates ($n = 349$), yielding 468 articles for the initial analysis. After reviewing the titles and abstracts, 66 items were rejected because they did not compare the incidence of immigrants' mental illness with that of the native population but, rather, with that of their compatriots who did not migrate, to immigrants from other origins, or to refugees. In this first analysis, the most reasons for rejecting items ($n = 345$) were that they were unrelated to the topic for study; they analyzed the validity of measuring instruments; they focused on the experiences of mental health professionals who treat immigrants; they were not specifically linked to mental health, and/or they analyzed the terminology immigrants or natives used to refer to mental problems. Fifty-seven potentially relevant articles were selected. Of these, seven were ruled out because we failed to get the full article. Finally, of the 50 articles remaining and based on the inclusion and exclusion criteria, we kept only 21 studies, which were described in detail (Fig. 1). Four studies were excluded for qualitative design; two were case studies; six were written in a language other than English or Spanish (French, German, Chinese, or Italian); five manuscripts were not directly related to mental health diseases; two were written prior to 2009, and 10 did not meet the inclusion criterion requiring comparison of results with the native population.

The main characteristics of the studies as well as the primary results are shown in Appendix 1.

Design and Characteristics of Studies

Given the inclusion criteria for this review, all items are based on quantitative studies, of which 18 are cross-sectional studies and three are longitudinal cohort.

The size of the immigrant population samples used in the selected studies ranged between 78 and 243,860 individuals, with an average of 13,942 people ($S = 51,257$). As for the natives, the size of the samples varied between 56 and 859,653 subjects, with an average of 51,524 people ($S = 181,904$).

Of the countries where the studies were conducted, the European field stands out, with 16 publications: three in Spain (Del Amo et al., 2011; Kirchner & Patiño, 2011; Qureshi et al., 2013), two in