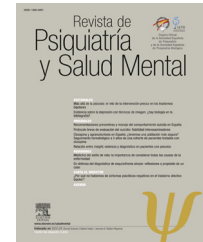




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REVIEW ARTICLE

Factors associated with psychological distress or common mental disorders in migrant populations across the world[☆]

Dolores Jurado^{a,b,*}, Renato D. Alarcón^{c,d}, José M. Martínez-Ortega^{a,e},
Yaiza Mendieta-Marichal^b, Luis Gutiérrez-Rojas^{a,f}, Manuel Gurpegui^{a,e}

^a Grupo de Investigación CTS-549, Instituto de Neurociencias, Centro de Investigación Biomédica (CIBM), Universidad de Granada, Granada, Spain

^b Departamento de Medicina Preventiva y Salud Pública, Universidad de Granada, Granada, Spain

^c Departamento de Psiquiatría y Psicología, Mayo Clinic College of Medicine, Rochester, MN, United States

^d Universidad Peruana Cayetano Heredia, Lima, Peru

^e Departamento de Psiquiatría, Universidad de Granada, Granada, Spain

^f Servicio de Psiquiatría, Hospital Universitario San Cecilio, Granada, Spain

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Abstract We systematically review factors associated with the presence of psychological distress or common mental disorders in migrant populations. Articles published between January 2000 and December 2014 were reviewed and 85 applying multivariate statistical analysis were selected. Common mental disorders were significantly associated with socio-demographic and psychological characteristics, as observed in large epidemiological studies on general populations. The probability of common mental disorders occurrence differs significantly among migrant groups according to their region of origin. Moreover, traumatic events prior to migration, forced, unplanned, poorly planned or illegal migration, low level of acculturation, living alone or separated from family in the host country, lack of social support, perceived discrimination, and the length of migrants' residence in the host country all increase the likelihood of CMD. In contrast, language proficiency, family reunification, and perceived social support reduce such probability. Factors related with the risk of psychiatric morbidity among migrants should be taken into account to design preventive strategies.

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* Corresponding author.

E-mail address: djurado@ugr.es (D. Jurado).

PALABRAS CLAVE

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Factores asociados a malestar psicológico o trastornos mentales comunes en poblaciones migrantes a lo largo del mundo

Resumen Se revisan sistemáticamente los factores asociados a la presencia de malestar psicológico o trastornos mentales comunes en poblaciones migrantes. Se revisaron los artículos publicados entre enero de 2000 y diciembre de 2014, de los que se seleccionaron 85 que aplicaban análisis estadísticos multivariantes. Los trastornos mentales comunes se asociaban significativamente a características sociodemográficas y psicológicas, lo mismo que se observa en grandes estudios epidemiológicos de poblaciones generales. La probabilidad de trastornos mentales comunes aumentó significativamente entre grupos de migrantes, además de por la región de origen, por los siguientes factores: sucesos traumáticos previos; migración forzosa, escasamente planificada o ilegal; bajo nivel de aculturación, vivir solo o separado de la familia en el nuevo país, falta de apoyo social, discriminación percibida y tiempo transcurrido en el nuevo país. Para diseñar estrategias preventivas se ha de tener en cuenta los factores asociados al riesgo de morbilidad psiquiátrica en poblaciones migrantes.

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Introduction

The study of common mental disorders (CMD) among migrant populations addresses two well-known and opposing phenomena: the healthy-immigrant vs the migration-morbidity hypotheses. The healthy-immigrant perspective (primarily considered as mental health in this review), is supported mainly by studies carried out in Canada¹⁻⁶ and in the U.S.,⁷⁻¹² and asserts that migrants have a significantly lower risk of any psychiatric disorder than their Canadian-born or US-born counterparts. Some authors^{1,10,13} suggest that people who are healthier and better educated are more likely to emigrate. Yet, the probability of a lower risk of psychiatric disorder is not the same for all migrant groups.^{1,10,11,14} Diverse factors such as initial health status, age, sex, marital status, language skills, region of birth, experiences of discrimination,¹⁵ the acculturation process^{7,8} and the duration of residence in the host country^{1,9} may produce over time a decline in an initially healthy migrant status.

In contrast to North American research on the subject, numerous studies carried out mainly in Europe find higher rates of CMD among migrants as compared with non-migrants. In Germany,¹⁶ CMD prevalence was significantly higher in migrants from Poland and Vietnam as opposed to the non-migrant population. In The Netherlands¹⁷ and Belgium,^{18,19} migrants from Muslim countries had a higher prevalence of CMD than non-migrants. In Sweden, the probability of CMD among migrants (born in other European or non-European countries) doubled that of Swedish-born subjects.²⁰ In Norway,²¹ the immigrants from low and middle income countries have a higher risk of mental health problems compared to Norwegian-born subjects. In the EMPIRIC (Ethnic Minority Psychiatric Illness Rates in the Community) study,²² the prevalence of CMD was significantly higher in Irish and Pakistani men aged 35-54 years, as well as in Indian and Pakistani women aged 55-74 years, as opposed to White individuals of the same age and sex. Another study

in the U.K.²³ confirmed a higher prevalence of depressive disorder in Pakistani women living in an inner city area when compared to White European women in the same area, but found no difference among men. In Austria,²⁴ migrants from Eastern Europe had a higher prevalence of CMD than Austrian-born individuals. Several studies in Spain find that migrants, principally those from Latin America, have worse mental health than Spanish-born.²⁵⁻²⁹ Moreover, studies in Israel find that the prevalence of CMD among former Soviet Union (FSU) migrants was significantly higher than among their Israeli-born counterparts.^{30,31} In China, the prevalence of psychological symptoms in rural-to-urban migrant workers was significantly higher than in the Chinese general population, according to a meta-analysis including 48 cross-sectional studies.³² In Australia, migrants also reported poorer mental health than their Australian counterparts.^{33,34}

Both hypotheses (healthy-immigrant vs the migration-morbidity) may hold true and, at any rate, are not mutually exclusive. As we have recognized in a previous paper,²⁹ it is necessary to consider the prevalence of CMD in the country of origin of the migrants in order to verify each hypothesis. On the other hand, there is extensive research about the different factors associated with the risk of psychiatric morbidity in migrants, including individual characteristics (i.e., age, sex, world region of origin, marital status), factors surrounding the migration process (i.e., reason for migrating, acculturation, language proficiency) or those having to do with the social and occupational environment in the host country. Since migrants are a vulnerable group in any population, it is fundamental to analyze the different factors that can contribute either to the maintenance (an even to the enhancement) or to the deterioration of their mental health. Therefore, the objective of this study was to answer the following question through a systematic review of original research and previous meta-analyses: What are the factors associated with the presence of CMD in migrant population across the world? The information obtained can, in turn, assist in the design of effective preventive strategies.

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