Mental health among immigrant working mothers

new vulnerabilities, old coping strategies

Socioeconomic Crisis and Mental Health: From Research to Action – Calouste Gulbenkian Foundation

Mental health in migrant populations: a controversial focus of research

•.The **healthy-migrant hypothesis** supported by studies carried out in Canada and in the US stresses that **migrants have better mental health than non-migrants.** [1]

•The **migration-morbidity hypothesis** sustained by studies carried out mainly in Europe find **higher rates of common mental disorders among migrants compared with non-migrants** [2]

• To verify either hypothesis, it is necessary to consider the **prevalence of psychiatry morbidity in the country of origin** of migrants

1-[Ali 2002, Asanin-Dean & Wilson 2010; Fang & Goldner 2011; Stafford et al. 2011; Blair & Schneeberg 2013]
2-[Bhugra 2004; Pumariega et al. 2005; Levecque et. al 2007; de Wit et. al 2008; Wittig et al. 2008; Jurado et al. 2014]

Mental health in migrant populations: a controversial focus of research

• Rates of common mental disorders (CMD) vary in different migrant groups and do not simply reflect the rates in their countries of origin.

[Laurence et al. 2011]

•.The prevalence of specific types of mental health problems is influenced by the nature of the migration experience.

[Jurado, Mendieta-Marical, Marínez-Ortega, et.al. 2014]

• CMD' prevalence is generally found to be higher among migrant women than migrant men.

[Thapa & Hauff 2005; de Witt et al. 2008; Del Amo et al. 2011; Fassaert et al. 2011]

Growing demand for female immigrant workforce
New vulnerabilities in mental health

- Migrant women–mothers from the 'Global South' that move to the 'Global North' to work in domestic and care markets

- **New sources of vulnerability** :
- labour instability, low pay, limited welfare benefits, lack of regulation
 - experiences of discrimination and prejudice
- inequalities in the access of social and health care
- transnational motherhood experienced as a burden and emotional distress

- **High risk for psychological and mental health problems**
- **Low rates of contact with mental–health services**

[Dyer et. 2011; Evergeti & Ryan 2011; Akesson et. al. 2012; Bonizzoni, 2014,

Migrant mothers' idioms of distress and pathways to mental health. Research Project

- **Aims** – To provide a comparative perspective of migrant mothers' psychosocial distress, including modes of expressing, explanations of causes, coping strategies and treatments, experience of mental health services and barriers to mental-health services utilization.

- **Constructs** – For the purposes of the study, constructs such as "distress", "cause", "coping", "cure", "treatment" were defined by the respondents themselves.

- **Methods** – Semi-directive biographical interviews with thirteen Filipino migrants, fifteen women from Cape Verde, fifteen from Sao Tomean, and another fifteen of Indian origin settled in Lisbon.

The Participants:

Strategic comparison	Filipino women	Cape Verdean and Sao Toméan women	Indian women
Migratory goals	Family–oriented	Family–oriented	Family reunification
Incorporation in the labour market	Care and domestic jobs Regular remittances	Cleaning and domestic jobs Regular remittances	Care and domestic jobs Occasional remittances
Gender roles and responsibilities	Apparent egalitarianism in the division of labour Gender asymmetries (sacrificial feminine ethos)	Gender asymmetries (women having the responsibility of raising and supporting their children)	Gender asymmetries (based on patriarchal values)
Changing family relations	Transnational mothering Family reunion in the distant future	Transnational mothering Short/medium term reunion Female single–parent families	Reconstruction of values and practices of extended family
Religious participation	Members of transnational Christian	Participants of local and transnational Church groups	Participants in Sanathan Dharm Hinduism

Distinction between source of distress, associated expressive idioms and coping strategies as described by Filipino migrant mothers

Categorization as defined by Filipino migrant mothers		
	Spiritual	Psychosocial	Physical
Origin of problems	'being angry with God', 'feeling let down', 'loss of faith'	. acculturative stress . working conditions . lengthy separations worries about children and family left behind . worries about husbands who 'have affairs and are lazy while we are sacrificing here.'	.hereditary .post delivery complications
Expressive idioms	mainly emotional some physical	mainly emotional some physical	emotional and physical
Coping strategies	religious coping	religious coping . giving religious significance to hardships . sharing problems . seeking divine intervention religious groups as	medical help barriers: . economic costs . shame, stigma

Distinction between source of distress, associated expressive idioms and coping strategies as described by migrant mothers of Indian origin

	Categorization as defined by migrant mothers of Indian origin			
	Spiritual/ Cosmic	Evil influences	Psychosocial	Physical
Origin of problems	. *karma* (moral actions from past lives) . cosmic impact on destiny and daily situations . ancestor, *buth* and *jinn* spirit possession	*nazar* – evil eye *jadoo* – black magic triggered by close relatives	. loss of spousal relationship . marital distress . socioeconomic difficulties . conflicts with in–law's relatives	.'*malfunctioning of the head*'
Expressive idioms	emotional and/or physical	emotional and/or physical	mainly emotional some physical	emotional and physical

Distinction between source of distress, associated expressive idioms and coping strategies as described by Cape Verdean and Sao Tomean mothers

Categorization as defined by Cape Verdean and Sao Tomean migrant mothers			
	Spiritual	**Evil influences**	**Psychosocial**	**Physical**
Origin of problems	'struggle between good and evil' on a spiritual level	. evil eye . witchcraft . 'spirits that seek weakness to bring evil'	. poverty exacerbated by austerity policies . gender problems 'Creole men have three, four or five women. All our women are victims of this situation.' . racism / discrimination . managing hard work with child care . loss of the mother-children relationship	.hereditary . female sterility
Expressive idioms	emotional and/or	emotional and/or physical	mainly emotional some physical	physical and emotional

Barriers for seeking mental health help	Resilience and coping strategies
• lack of knowledge of MH services • economic costs • shame at being labelled mentally • anticipated stigma • language/translation difficulties • culture-specific idioms of mental illness (causes rather than psychopathology) • lack of understanding (of benefits) of 'talking about problems with a stranger'	•fulfillment of gender roles as a motivating coping factor •uses of culture-specific idioms of distress as coping strategies •religious coping (both problem and emotionally focused) •religious-civic activism as resilience for mental and general wellbeing (mainly in times of socioeconomic decline and austerity policies)

Concluding remarks

Although there is overall consensus that psychological problems are significantly more common in migrants and refugees, in **particular women**, it must not be forgotten that an important number of **migrant working mothers are able to cope well, despite repeated exposure to adverse events**, and do not merely **become mental health casualties.**

Research findings reveal the importance of **culture-religious resilience resources**, and its close connection **with coping** in detail.

Directions for future research

• Research is urged to shed light on **how** gender and **gender roles might impact on mental-health needs and mental-health service** utilization among immigrant populations.

• Research on mental health needs to be more gender sensitive by addressing **how women experience socio-economic difficulties in potentially different ways to men.**

• This information would be useful to develop **specific interventions** and resources for mental distress, as well as to design **mental-health promotion programs** and prevention strategies.