Mental health among immigrants –

The case of asylum seekers in Finland

Master's Thesis in Social Policy

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Abstract

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The objective of this thesis is to examine mental health among immigrants, with a primary focus on forced migrants. Rather than conducting an original study, this thesis will consist of a literature review and analysis of previous research on the topic, including both international and national studies. The primary aim is to investigate mental health among asylum seekers in Finland, and this specific group of immigrants will be the main emphasis of the study.

The aim of this thesis, is to answer the following questions:

1) Are there any differences found in mental health between immigrants and the entire population, and whether forced migrants are more likely to suffer from mental health problems than voluntary migrants?

2) How is the mental health among asylum seekers – as a specific group?

3) If there are more mental health problems among forced migrants – what are the contributing factors to this?

4) How is the mental health among asylum seekers in Finland?

The result of my review, is that immigrants as one, whole group, do not necessarily have more mental health problems than the entire population. The reason why some migrants develop mental health problems is very different depending on their cultural background, their reason for migrating, pre-migration occurrences and the attitudes towards them in the new host country. Therefore, various studies show different results when examining "immigrants" as a whole.

Forced migrants are shown to be more likely to suffer from mental health problems than voluntary migrants, as their reason for migrating is usually more traumatic than among voluntary migrants. The migration journey may also have been more difficult than for voluntary migrants, which may be a contributing factor to mental health related problems. Pre-migration trauma, a difficult migration journey along with post-migration stressors, such as acculturation and prejudice, may make it hard to cope in the new country, which make forced migrants at higher risk of developing mental health problems.

Asylum seekers are shown to often have suffered from both pre-migration trauma in form of e.g. torture and war, as well as post-migration stress, in form of e.g. discrimination and a long asylum process, which makes them more vulnerable to mental health problems.

The TERTTU-project is currently the largest study on asylum seekers' mental health in Finland. The study showed that the majority of asylum seekers (82 %) reported having been victim of a traumatic event prior to arriving to Finland, which may have a contributing factor to PTSD. However, it is important to acknowledge the differences among people in coping and reacting to different situations. Not all who are victims of traumatic events develop mental health issues. The study also showed that 40 % of the participants reported suffering from some form of mental health problem. This suggests that while asylum seekers are very prone to various forms of mental health related problems, not all asylum seekers develop mental health issues.

Keywords: immigrants, forced migrants, refugees, asylum seekers, migration, Finland, mental health

Date: 6.5.2023	Page count: 67

Table of Contents

1 Introduction

Immigration is a global phenomenon that has increased rapidly over the past few decades. According to the United Nations, there are currently over 89 million forcibly displaced around the world, and this number is projected to continue to rise (UNHCR, 2022). Migration can be both to a new country or it can happen within the country, for example moving from a rural area to an urban area. Migration can also happen as a reaction to so-called push- or pull factors, where pull factors relate to situations where people are pulled towards a new life through pull-factors, such as economic or educational growth or other personal reasons, whereas push factors refer to situations where the person is being pushed out of the country due to reasons such as war, poverty or political factors. There are individuals who are forced to migrate due to factors related to their safety, such as war, conflict, persecution or human rights violations. These individuals are commonly referred to as forced migrants (Bughra et al., 2014).

Forced migration is a complex and often traumatic experience that can have profound effects on the mental health of those who experience it. Forced migrants often face significant challenges and barriers to integrating into a new society, including language barriers, cultural differences, and discrimination. These challenges can lead to feelings of isolation, loneliness, and depression, which can in turn exacerbate existing mental health issues or lead to the development of new ones. A good mental health is often required for being able to cope in a new host country (Ekblad, 2009).

The impact of forced migration on mental health is further compounded by the fact that many forced migrants have experienced significant trauma prior to their migration. These traumatic experiences can include physical and sexual violence, torture, and the loss of loved ones, among others. As a result, many forced migrants suffer from post-traumatic stress disorder (PTSD), depression, anxiety, and other mental health issues (Tiittala et al., 2018).

In this thesis I will discuss mental health among immigrants, with a main focus on forced migrants. The difference between voluntary migrants and forced migrants is that voluntary migrants have decided to migrate voluntarily, for example in order to find better work opportunities, whereas forced migrants have been forced to leave their home countries and migrate due to factors related to their safety, for example war, conflict or persecution. I will examine the various challenges that forced migrants face when migrating to a new country. Additionally, I will explore the various mental health issues that forced migrants commonly suffer from, including PTSD, depression, and anxiety.

My main interest is to examine the mental health of forced migrants, more specifically asylum seekers, in Finland. Forced migrants are shown to suffer from more mental health problems than voluntary migrants. This is partly due to the traumatic events that may have occurred in the native country before migrating or fleeing, which is referred to as pre-migration trauma (Schweitzer et al., 2011). Asylum seekers are considered a highly vulnerable group, as they live under the constant pressure of waiting for a decision on their asylum application, which can be challenging. In addition to adapting and integrating into a new culture and country, asylum seekers who have fled their country due to war, persecution, or conflict face a multitude of difficulties. The stress of potentially receiving a negative asylum decision can further compound these challenges, negatively affecting their overall well-being (Bughra et al., 2014)

Finland has been a country with few asylum applications annually. During the so-called refugee crisis in 2015, the number of people seeking asylum in Finland was 32,476, which is a 10-fold increase compared to previous years (Finnish Immigration Service, 2022). The number of quota refugees in Finland has also been very low, with 750 quota refugees annually between the years 2001-2019, with and exception for 2016 with 1050 quota refugees. This number has risen, to 1,050 quota refugees in 2021 and to 1,500 quota refugees in 2022 (Finnish Immigration Service, 2022).

I find the subject of mental health among migrants in Finland relevant and important to review further. In this thesis I will place the main focus on mental health among asylum seekers in Finland as I believe asylum seekers constitute the group of migrants who suffer from mental health problems the most. Overall, the goal of this thesis is to increase our understanding of the mental health issues forced migrants are facing and to identify strategies that can be implemented to address these issues. By improving our understanding of the factors that affect mental health among immigrants, we can develop more effective policies and programs to support forced migrants and promote their mental well-being.

Previously, this subject has not been studied extensively in Finland. This thesis will consist of a review and discussion of previous studies on the subject, both international and national, rather than doing an empirical study myself.

1.1 Overall aim and research questions

This thesis aims to examine mental health among immigrants and forced migrants, with a particular focus on asylum seekers in Finland. Asylum seekers are individuals who have fled their home countries due to persecution, war, or conflict and are seeking refuge in a new country. The asylum-seeking process can be lengthy and complicated, and asylum seekers often experience significant stress, trauma, and uncertainty during this process. The impact of these experiences on mental health is a crucial issue that requires greater attention and understanding. Therefore, this study will review previous research in the field of mental health among immigrants and forced migrants, with a specific focus on asylum seekers in Finland. The review will analyse the various factors that contribute to mental health challenges for asylum seekers, such as pre-migration experiences, the migration process itself, and post-migration experiences in Finland.

Firstly, I want to determine whether there are any differences found in mental health between immigrants and the entire population, and to discern whether forced migrants are more likely to suffer from mental health problems than voluntary migrants.
Secondly, I want to review mental health among asylum seekers as a specific group.
Third, I want to review what the possible contributing factors to mental health problems among immigrants are, especially among asylum seekers.
Fourth, I want to review the mental health among asylum seekers in Finland.

With my first and second question, I want to determine whether immigrants are at higher risk of suffering from mental health problems than the entire population, and if so, review the possible reasons for this. I also want to review whether there are any differences found on mental health among forced migrants and voluntary migrants. I specifically want to review the mental health among asylum seekers, as that is my main interest in this thesis. I want to review possible reasons for mental health problems among asylum seekers.

With my third question, I want to determine what factors may be contributing to mental health problems among asylum seekers. My hypothesis is that asylum seekers constitute the group of immigrants who are most prone to mental health problems, and I want to review the possible reasons for this.

Lastly, I want to put the main focus on asylum seekers in Finland and their mental health, as that is my main interest in my thesis.

1.2 Disposition

I begin this thesis by examining the background of migration (2). In chapter 2.1, I describe what migration means and review migration to Finland and the emigration from Finland from a historical perspective.

In chapter 2.1.1, I continue with focusing on refugees in Finland. I define the word refugee and explain the possible reasons for fleeing, and how the migration journey may take place. I explain the word "quota refugee", and describe how Finland is taking in quota refugees and share statistics on quota refugees in Finland.

In chapter 2.1.2, I put focus on asylum seekers in Finland. I define the word asylum seeker, and briefly describe the asylum system in Finland. I conclude with statistics from Migri.fi on asylum seekers in Finland.

In chapter 3, mental health among immigrants is reviewed. I begin by giving an overall explanation of mental health among immigrants and reflecting over the most common factors for mental health problems.

I continue in 3.2 by putting focus on forced migrants; asylum seekers and refugees. I discuss mental health among this group specifically. I present results from studies that compare mental health between asylum seekers and refugees and voluntary migrants.

In 3.3, I describe common pre-migration traumas that may have occurred in the native country before fleeing or during the migration journey, which may have contributing factors to mental health problems.

In 3.4, I reflect over the most common post-migration stress factors. The factors that are most commonly shown to affect mental health negatively are acculturation (3.4.1), prejudice, discrimination and racism (3.4.2) and poverty (3.4.3).

In 3.5, I continue with describing the most common mental health disorders shown among immigrants. According to studies I have reviewed, the most common mental health disorders shown among forced migrants are PTSD (3.5.1), depression (3.5.2) and general anxiety disorder (3.5.3).

In chapter 4, I put main focus on mental health among immigrants in Finland. I present studies that describe which nationalities show most signs on mental illness, and the most common disorders shown among immigrants in Finland, in comparison to the

entire population. I then continue with mental health among asylum seekers in Finland (4.1). In this chapter I will be presenting recent research that has been done on the subject, and the findings of the research. I finish chapter 4 by describing pre-migration traumas that asylum seekers in Finland are reported to suffer from (4.1.1).

In chapter 5, I reflect over various forms of coping and resilience shown among immigrants.

I end my thesis with a discussion and conclusion (chapter 6). In this chapter, I will also propose strategies aimed at preventing a decline in asylum seekers' mental health. These strategies will be based on the identified risk factors and challenges that asylum seekers face during the migration process, and will be grounded in evidence-based approaches to promoting mental health and well-being.

2 Background

2.1 Migration to Finland

A migrant is a person who moves from one place to another, particularly in order to find work or better living conditions. Migration can take many forms, it can refer to movement from one country to a new country or it can happen within the country, for example moving from a rural area to an urban area. Migration can also happen as a reaction of so-called push- or pull factors, where pull factors mean situations where people are pulled towards a new life through pull-factors, such as economic or educational growth or other personal reasons, whereas push factors are situations where the person is being pushed out of the country due to reasons such as war, poverty or political factors (Bughra et al., 2014).

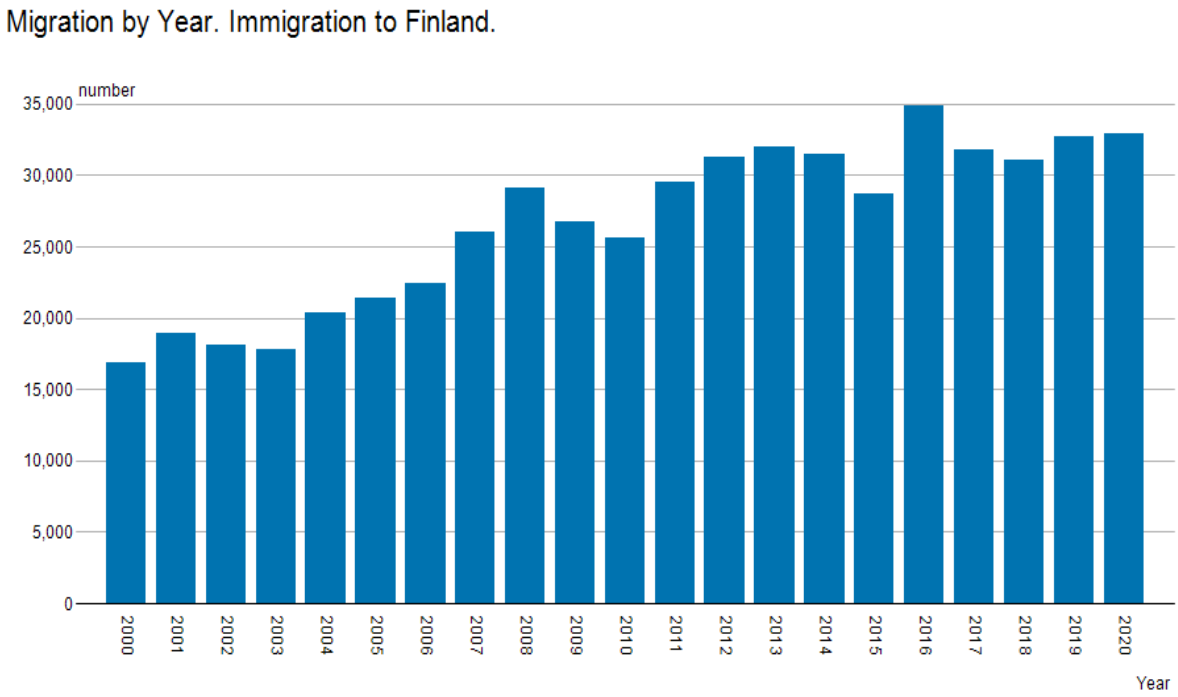
Finland has a history marked by recent traumatic events. During the 20th century, its population experienced four wars: The Civil War in 1918, two wars against the Soviet Union, in 1939-1940 and in 1941-1944 and the Lapland War against Germany in 1944-1945. The wars against the Soviet Union made many people in Finland refugees in their own country, where more than 400,000 people had to settle elsewhere in Finland as their home regions were surrendered to the Soviet Union. Until recent years, Finland has been a country of emigration rather than immigration, and people have migrated to areas like Sweden, Australia and North America. Hundreds of thousands immigrated to Sweden in the 1960s, due to the changes in the economic structures in Finland and difficulties in finding employment opportunities in the country. Recent studies show that mental health problems among Finnish immigrants in Sweden were very common, where unfamiliarity with the language and rootlessness were contributing factors (Westman, 2006; Halla & Quarshie, 2014).

Immigrants did not start arriving in Finland in substantial numbers until the 1990s. Since then, immigration has increased rapidly, with residents born abroad increased by sevenfold from 1990 to 2012. In 2012, there were approximately 200,000 foreign nationals living in Finland. This number does not include all immigrants, as some

immigrants have received citizenship in Finland. The largest immigrant groups in 2012 came from neighbouring countries; Estonia, Sweden and Russia (Finnish Ministry of the Interior, 2022b).

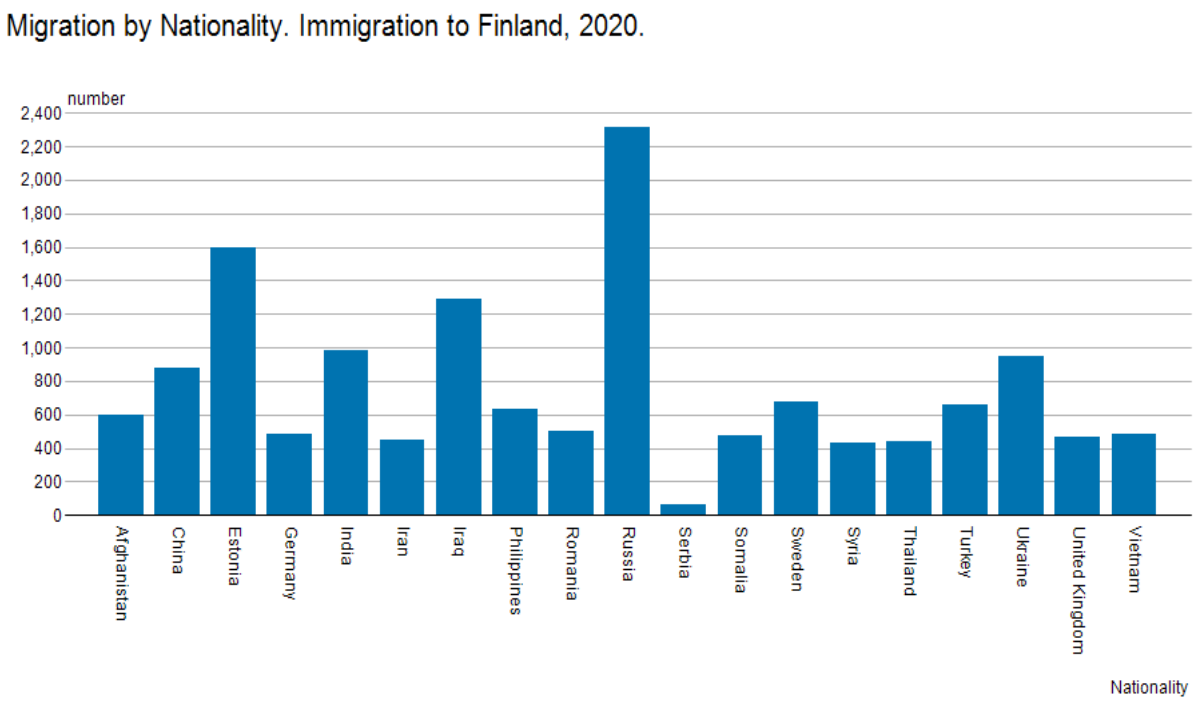
According to Statistics Finland (2022), 32,898 persons migrated to Finland in 2020 (see Figure 1). In 2020 immigration was largest from the countries of Russia with 2,316 immigrants, Estonia with 1,596 immigrants, Iraq with 1,286 immigrants, and India with 986 immigrants (see Figure 2).

Figure 1



Number of people migrating to Finland between the years 2000-2020 (Statistics Finland, 2022).

Figure 2



The number of immigrants from the 19 nationalities with the highest rate of migration to Finland in 2020 (Statistics Finland, 2022).

2.1.1 Refugees internationally and in Finland

The word refugee can be defined in two ways. The 1951 Refugee Convention defines a refugee as *"someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion"* (UNHCR, 2023, no page number). It can also be defined more specifically as a person who has received refugee status in a country after being granted asylum.

There are currently around 103 million displaced people in the world, which historically is a very large number. Most of these people are internally displaced within their native country or in a neighbouring country (UNHCR, 2022). According to UNHCR, 72 % of all refugees under UNHCR's mandate and other people in need of international protection come from only five countries. These countries are: Syria with 6.8 million refugees, Venezuela with 5.6 million refugees, Ukraine with 5.4 million refugees, Afghanistan with 2.8 million refugees and South Sudan with 2.4 million refugees (UNHCR, 2022). According to UNHCR (2022), in 2022, the countries hosting the most refugees worldwide are Turkey (3.7 million), Colombia (2.5 million), Germany (2.2 million) Pakistan (1.5 million) and Uganda (1.2 million).

For the majority of refugees, the very first step is to escape the border to a neighbouring country where they are safe. Few of the neighbouring countries where conflict is taking place are able to offer the security of a refugee status. Most often, only temporary visas can be given, which results in limited right to move outside refugee camps, to settle into a community and to gain employment. These are reasons to return home if there is a change of circumstances, but it may also be a reason to migrate further in hope of better conditions (Hatton & Williamson, 2004).

The escape to a neighbouring country is for many refugees the start of a much longer journey. It is not simply a question of arriving at an embassy or a consulate of the country of choice and apply for asylum, as most western countries do not accept an

asylum application to be lodged at an embassy, only inside its actual borders. Most often, the only way of receiving refugee status is through the refugee status determination procedure which is offered by the United Nations High Commissioner for Refugees (UNHCR) in refugee camps or settlements, or through other NGOs (Hatton & Williamson, 2004).

The number of refugees who receive direct resettlement in a third country through UNHCR is lower than 100,000 worldwide annually (UNHCR, 2022). This means many asylum seekers bypass this process. Many people with valid asylum claim and in need of international protection choose not to use the UNHCR's refugee determination procedures. Many are concerned that the process is too long, lasting from a few months up to a few years in some countries, worrying that they will not receive important economic and social assistance by the host government or the UNHCR. Many people also believe that their chances of migrating to the Western world may be increased if they avoid official channels and procedures. This makes many asylum seekers seek service through smuggling organisations (ECRE & USCR, 2003). Although concrete data is limited, estimates suggest that more than half of those applying for asylum in countries such as Germany, France, the UK and the Netherlands have been smuggled into the country (Morrison & Crosland, 2001).

Refugees who leave their native country or permanent country of residence to another country, usually a neighbouring country, because of fear of returning to the country of origin, may be admitted for resettlement in a third country under the refugee quota. Resettlement means the selection of refugees and their transfer from the country they fled to, to a third country that is willing to grant them a residence permit. Under the refugee quota, Finland accepts persons recognised as refugees by UNHCR as well as other foreign nationals that are in need of international protection. The UNHCR identifies those in most need of resettlement and submits them for resettlement in third countries. The resettlement of quota refugees is an effective way of reaching out to the most vulnerable refugees, as their need for protection and other conditions are evaluated before arriving in Finland (Ministry of the Interior, 2022a).

A quota refugee is ‘*’a person who has had to leave his or her home country or country of permanent residence; and who cannot stay in the country to which he or she has fled; and whom the United Nations High Commissioner for Refugees has defined as a refugee and resettled in a new country’’* (Finnish Immigration Service, 2023b, no page number).

Finland has been admitting quota refugees since the 1970s. Between the years 2001-2019, Finland annually received 750 quota refugees, with an exception between the years 2014 and 2015 during the worst refugee crisis in Syria, when they received 1050 quota refugees (Finnish Immigration Service, 2022).

Parliament sets the annual refugee quota according to the budget. The government formed in 2019 stated that the number of quota refugees will increase to a minimum of 850 in 2020. Thereafter the quota will be evaluated annually and set at 850-1050, taking the number of asylum seekers into account. In 2022, Finland will accept a total of 1,500 quota refugees because of the situation in Afghanistan (Ministry of the Interior, 2022b).

The UNHCR submits a list of people in need for resettlement from whom the Finnish authorities select quota refugees to be admitted to Finland. Interviews are usually used for the selection. The persons admitted to Finland as quota refugees suggested by UNHCR are granted refugee status. For being resettled into a third country, like Finland, the main criterion is the need for international protection. A person may be refused admission if he or she is alleged to pose a threat to public health and order, security or Finland’s international relations (Ministry of the interior, 2022a).

2.1.2 Asylum seekers in Finland

An asylum seeker is defined as an individual who is seeking international protection. According to Amnesty International, an asylum seeker is defined as follows: *''In countries with individualised procedures, an asylum seeker is someone whose claim has not yet been finally decided on by the country in which he or she has submitted it''* (Amnesty International, 2019, no page number).

In Finland, the asylum system is based on the UN's Refugee Convention but is regulated by the Aliens Act (301/2004). While the Refugee Convention provides a definition for the term "refugee," it does not offer explicit guidelines for the asylum process, resulting in variations in asylum systems across different countries depending on their policies. The European Union (EU) aims to establish a standardized asylum process with uniform legislation and regulations; however, the existing systems still show significant differences between various EU countries (Ministry of the interior, 2022b).

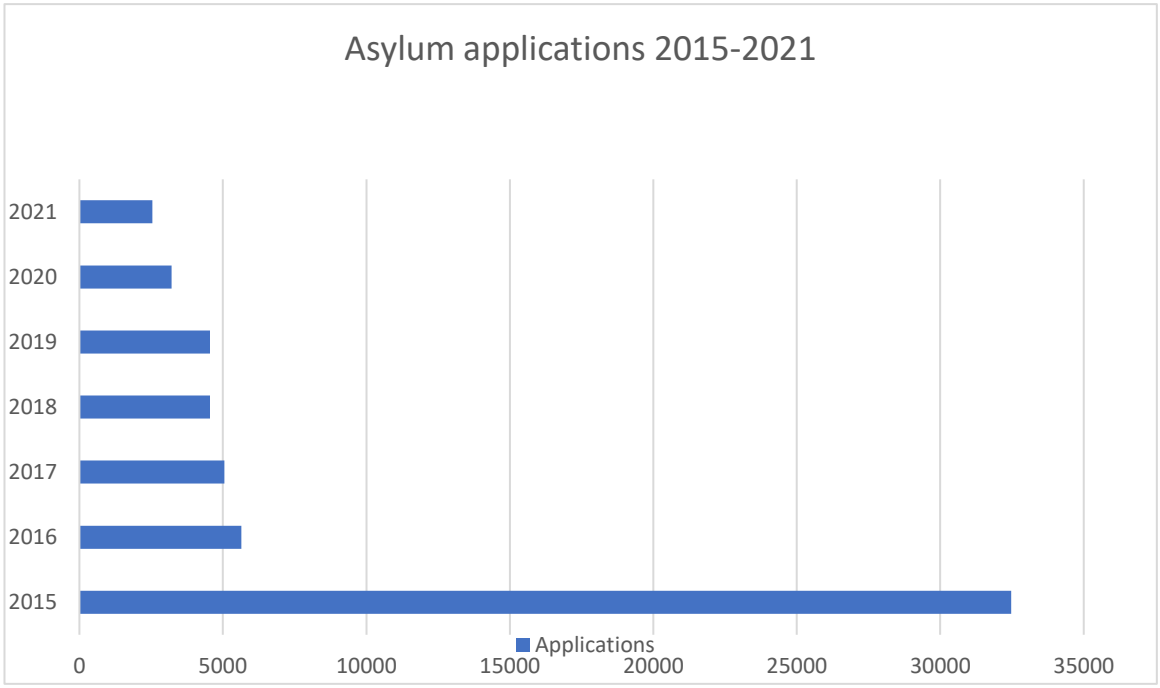
The main purpose of the Aliens Act (301/2004) is to promote and implement legal protection and good governance regarding people coming from other countries. The purpose of the act is also to promote managed immigration and to provide international protection respecting basic rights and human rights in consideration of international agreements required for Finland.

In Finland, a person can apply for asylum if the person has a well-founded fear of persecution in the applicant's native country or country of residence because of the person's origin, religion, nationality, affiliation of a certain societal group or political views. The Finnish immigration Service, or Migri, deliberates whether a person can be granted asylum. The criteria for being granted asylum is thoroughly defined in the law and in international agreements that Finland has obliged to.

Wahlbeck (2018) examines Finnish asylum and refugee policy and what views the government that was formed in 2015 held on the issue. The number of asylum seekers in Finland has previously not been large. During the so-called refugee crisis in 2015, the number of people seeking asylum in Finland was 32,476, which is a 10-fold increase to previous years. To gain a better understanding of Finland's asylum policy, it is worth noting that the country operates under the Nordic welfare state model, characterized by a well-developed bureaucracy and a significant public sector. Finland places considerable emphasis on regulating migration and ensuring orderly immigration. The Finnish Government emphasises the importance to control asylum seekers, at the border of the EU, within the EU and within the country. The government formed in 2015 presented a more restrictive policy than previous governments. The government revoked a nationally defined residence permit based on humanitarian reasons, announced stricter criteria for family reunifications and made these changes justified by referring to minimum criteria of EU legislation.

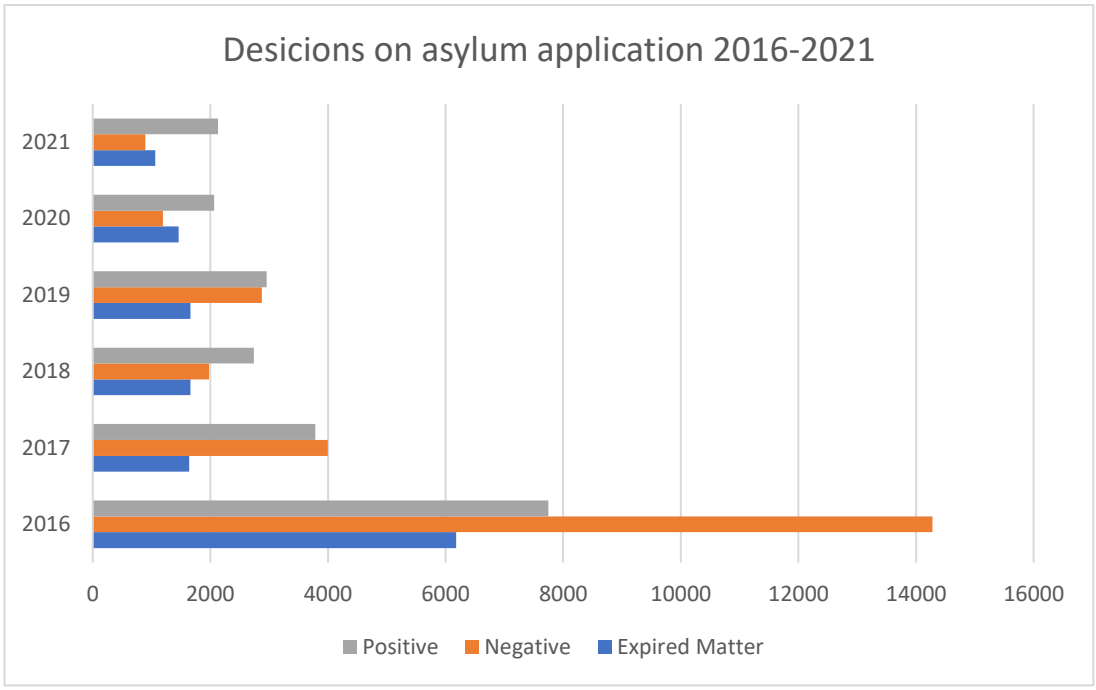
In 2021, Finland received 2,545 asylum applications. During 2021, 4,086 asylum decisions were made, where 2,132 (52.2 %) had a positive outcome and 893 (21.9 %) were negative (see Figure 3). The rest of the applications were either dismissed or had expired (Finnish Immigration Service, 2022).

Figure 3



Asylum applications in Finland between the years 2015-2021 (tilastot.migri.fi).

Figure 4



Outcome of asylum decisions made between the years 2016-2021 in Finland (tilastot.migri.fi).

3 Mental health

Mental health is a crucial component of overall health that can significantly impact an individual's well-being, functional ability, and physical health. Achieving good mental health involves managing the various aspects of life effectively, maintaining positive self-esteem, maintaining healthy relationships, being open to learning new things, adapting to changes, and taking meaningful action towards personal and professional goals. A good mental health is also vital for developing mental flexibility to deal with challenges in life, and the resilience to overcome hardships and setbacks (THL, 2022a).

On the contrary, a lack of mental health can manifest as challenges in areas typically associated with good mental health, such as positive self-esteem, optimism, and other related aspects. Additionally, it may also result in several psychological symptoms, including depression and anxiety (THL, 2022a).

3.1 Mental health among immigrants

People who migrate do not constitute a homogenous group of their own, they come from very differing backgrounds with different needs. It can be difficult to identify symptoms of mental health related problems among people from various origins. Culture may have an impact on how people comprehend mental health problems. Additionally, the concept of mental health is completely unfamiliar to some cultures. Mental health problems may also be much stigmatized in some cultures. This may also contribute to mental health difficulties among some immigrants, as the risk for mental health difficulties may be left unrecognised and untreated (THL, 2022a; THL, 2022b).

Cultural and social issues regarding the mental health among migrants are complex and multidimensional. Country of origin and socio-economic conditions in the host country have been found to impact the severity and the appearance of psychiatric distress. The process of migration can lead to various mental health disorders. These are associated with various psychological stress factors such as social isolation and exclusion. Social and economic inequalities also play a part in this (Mölsä et al., 2014).

There are some theories of a two-phased pattern of psychological distress among immigrants consisting of an escalation phase and a reduction phase. This theory was proposed by Ritsner and Ponizovsky (1999). In their study, they examined the timing of psychological distress among migrants from the former Soviet Union to Israel. The results showed an escalation phase where levels of distress were increased until the 27th month after arrival, followed by a reduction phase where the level of distress declined and returned to normal levels.

Migration does not necessarily result in long-term mental health problems. There are several studies that do not show a higher rate of mental health problems among migrants, when compared to the native population (Saarela & Elo, 2016; Markkula, et al., 2017). Although research is limited, adaptation may be easier among migrants who settle in culturally similar countries than among those settling in countries that are culturally unlike their own. A Norwegian survey by Dalgard et al. (2006) confirmed that non-western migrants in Norway suffered higher levels of psychological distress than immigrants from western countries, whose level of distress was almost equal to the native population.

There may be many factors contributing to mental health problems among migrants. Underlying causes of mental health problems may include shocking occasions (eg. war, persecution) in the former country along with experiences in the new country. Along with this, refugees and asylum seekers may have experienced a difficult migration journey, which may impact the mental health among them (Elmeroth & Häge, 2009).

The conditions in the new home country have a strong connection to mental health and well-being of immigrants. Discrimination is commonly linked with a lower quality of life, loneliness and to a lack of trust in various authorities. Being separated from family members is also linked with lower quality of life (THL, 2022a).

Promoting mental health among immigrants is an important step to support inclusion and improving the outcomes of health and wellbeing. The process of migrating may increase exposure to several psychological and social risk factors which may increase the risks of developing mental health difficulties. If symptoms are left untreated mental health difficulties may complicate everyday life and delay the integrations process (THL, 2022a).

According to THL (2022c), factors that improve health and wellbeing, good self-perceived quality of life in the new home country and feeling satisfied with one's living conditions, are:

- support from one's community and family
- trust in the service systems
- certain lifestyle choices, such as avoiding alcohol.

On the other hand, factors with a negative effect on one's health and wellbeing include:

- experiences that occurred in the former home country and on the way to the new country
- challenges encountered while at a reception center (including difficulties with receiving a residence permit)
- difficulties in matters related to integration (including access to a language course, finding a job or inclusion in different communities)
- untreated illnesses and difficulties with having access to necessary services in the new country
- having to worry about family members who remain in the home country

- cultural issues and traditions (including hereditary illnesses, women's circumcision)
- negative experiences in the new country (including discrimination, lack of social networks)

3.2 Mental health among asylum seekers and refugees

Asylum seekers are a very special group. Many asylum seekers are deeply traumatised and worried about the future and their own safety may worsen the mental health problems. There are cases where tortured asylum seekers are left with no appropriate medical examination and doctor's statement during the asylum process. This may have a negative effect on the mental health (Ekblad, 2009).

A certain amount is already known about the mental health of asylum seekers in Europe. For example, in a recent study in Sweden, it was found that more than half of the asylum seekers had clinically significant symptoms of depression and anxiety, as well as a risk of post-traumatic stress syndrome (Leiler et al., 2018). Similarly, a recent study in Germany found that the prevalence of PTSD and depression and anxiety symptoms was high among asylum seekers. PTSD symptoms were found in more than a third of the asylum seekers and anxiety symptoms in more than a quarter. More than a third had moderate or severe depressive symptoms and almost a quarter had severe depressive symptoms (Georgiadou et al., 2017).

Other studies in Germany have also shown that, compared to the German population as a whole, asylum seekers have an unmet need for care more often and a higher probability of hospitalization and the use of psychotherapy services (Schneider et al. 2015). Abnormally high prevalence rates of psychosocial problems have also been observed in minors (Kien et al., 2018; Robjant et al., 2009).

Studies show that the most common diagnoses and symptoms among asylum seekers and refugees are PTSD, anxiety and depression, particularly among those who have experienced war (Arwidson et al., 2016; Toar et al., 2009; Silove et al., 1997). Different rates of mental health problems are shown in different countries. Those who reside in refugee camps in low-income countries are more likely to suffer from anxiety and depression, reflecting the stressful conditions connected to living in a refugee camp (Bogic et al., 2015).

The findings of a study conducted by Ekblad & Shahnavaz (2004) show that two of the main risks for mental health problems among asylum seekers and refugees are pre-migration trauma that the person has been victim of before arriving to the host country and post-migration stress in the form of experiences of the treatment after arriving in the new country, such as offensive behaviour because of the person's ethnicity, threats of being rejected under a pro-longed asylum process, idleness, communication difficulties and lack of social protection.

The attitudes of the new host country towards forced migrants can lead to depression. While there may be a sense of relief upon arrival in the new and safe host country, it is not uncommon for frustration and disappointment to set in shortly after. Prolonged asylum processes can be a risk factor for the development of mental health problems for asylum seekers. The experiences of being an asylum seeker or a refugee may be influenced by gender. For example, many men have escaped the army or been part of political activism, and women may have been victims of sexual assault, leading to different experiences which have different effect on mental health (Bughra et al., 2014).

The experience of living in a new culture can result in changes to family roles and dynamics, potentially leading to conflicts between family members. Unemployment can also cause stress and exacerbate symptoms of mental health problems. In such cases, children may receive limited parental support and may be forced to take on greater responsibilities. Due to the children's general better language aptitude, children are often required to help their parents in different situations. It can also be

challenging for traumatised parents to set safe boundaries for their children. Parents may feel that they need to allow anything the children want, as they have endured so much during their childhood (Halla & Quarshie, 2014).

Studies have shown that asylum seekers are the group of forced migrants that are most vulnerable to mental health issues, despite coming from same or similar backgrounds. An Irish study found that severe mental health problems among asylum seekers, when being compared to refugees, were due to their worse socio-economic conditions (Toar et al., 2009).

A Norwegian study by Iversen and Morken (2006) confirmed that asylum seekers are at higher risk of psychiatric disorders or mental illness than both immigrants and native citizens. Gerritsen et al., (2006) found that the occurrence of depression was 68% among asylum seekers and 39% among refugees in the Netherlands, claiming that mental health problems may be more severe among asylum seekers.

There are studies that have examined the various trauma histories of survivors of organised violence and torture, and some studies have shown results where asylum seekers have dominated. Asylum seekers are not only negatively impacted in terms of their mental health due to the uncertainties they face, but asylum seekers are also more likely to have been victims of traumatic experiences compared to voluntary migrants and refugees (Silove et al., 1997).

Asylum seekers are very vulnerable to mental health problems along with suicidal thoughts. An asylum seeker's mental health may affect their credibility as asylum seekers, and the outcome of the application may be negative because of this (Ekblad & Shahnavaz, 2004). A study done by Ekblad (2009) in Sweden, where 108 asylum seekers participated through interviews, show that the main reason for fleeing the native country was because of fear of their own life (74.8 %). The most common pre-migration traumas experiences that more than half of the participants had experienced were: near death experiences (88.1 %), war (85.3 %), murder of a family member or friend (77.1 %), illness with no access to medical help (76.1 %), separation from

family members by force (69.7 %), lack of food and water supply (67.9 %), kidnapping of a relative (64.2 %) and physical or mental torture (63.3 %). The participants' experiences of the most stressful situations after arrival in the host country were; worry of a family member or relative in their native country or another country (86.1 %) and feeling isolated and lonely (62.0 %). More than half of the participants reported experiencing poor health. Not a single participant experienced his or her health to be excellent.

A study by Silove and colleagues (1997) also focus particularly on mental health among asylum seekers. Fourty asylum seekers participated in the study. Thirty (79 %) of the participants reported exposure to pre-migratory traumatic events. The most common events were: witnessing murder of family member or friend (57.9 %), witnessing unnatural death to a family member or friend (47.4 %), being close to death (44.7 %), forced separation from family members (42.1 %). Among the participoants, 26.3 % reported having been tortured. Torture experiences were reported in the forms of beating, humiliation, threat, burning the skin, blindfolding, waterboarding and insertion of needles under fingernails. Out of the thirty people who reported having been victim of traumatic events, fourteen met the criteria for PTSD. In a post-migratory context, the factor that was causing most problems according to the respondents was the fear of being sent home. As many as 80.6 % worried about this matter. The study also showed that 55.6 % of the participants worried about being unable to return home in case of an emergency and 50 % were worried about not finding work.

3.3 Pre-migration trauma

The impact of mental health problems on immigrants can vary significantly depending on the types of traumatic events experienced in their home country or during their migration journey. To fully comprehend the reasons for mental illness among immigrants, it is essential to understand the various forms of pre-migration traumas that the individual may have experienced or witnessed in their native country, such as war, violence, persecution, or displacement. Additionally, the trauma and stressors of the migration journey itself, including the risks of violence and exploitation during travel and the challenges of adapting to a new culture and language, can also contribute to the development of mental health problems. Therefore, a comprehensive understanding of an immigrant's mental health requires consideration of both pre- and post-migration factors.

Pre-migration traumas have been linked to a negative mental health. In previous research the findings indicate that being subject to or witnessing traumatic actions is a very common pre-migration experience for people from refugee backgrounds. Traumatic events that occurred prior to migrating have been associated with mental health problems such as PTSD, depression and anxiety. A systematic review by Fazel et al., (2005) of various literature suggest that 9 % of adults and 11 % of children from refugee background that have resettled in Western countries show symptoms of PTSD, which is around ten times higher in comparison to the general population.

Ethnicity and gender seem to have different habits of experiencing traumatic events. For example, in a study by Schweitzer et al. 2006 (in Schweitzer et al., 2011) on Sudanese refugees resettled in Australia, females showed a larger tendency for PTSD, anxiety and depression than men.

Various studies show that the main reported traumatic events of people from refugee backgrounds contributing to a negative mental health are lack of food and water, lack of shelter, combat situations, health problems with no access to care, torture, near

death experiences and separation from family members (Ekblad, 2009; Schweitzer, 2011; Silove, 1997).

3.4 Post-migration stress

The post-migration conditions that affect the mental health of forced migrants can vary widely depending on the host country and the individual's situation. Some of the common factors that have been found to contribute to mental health problems among forced migrants include the lack of social support, discrimination, unemployment, poverty, and difficulties with language and cultural adaptation (Wu et al., 2018).

A study in Sweden examined the mental health among refugees from the Middle East and what impact previous trauma and resettlement stress has on the wellbeing. While 22 % of the factors among those with PTSD were connected to previous trauma, the study showed that 24 % of the contributing factor to anxiety, depression and somatisation was linked to resettlement stressors. Same results are shown in various researches on the same topic (Schweitzer et al., 2011).

Post-migration conditions may either decrease or increase the ability to recover from pre-migration traumas. Mental health is not determined only by biological factors, but also by social factors. The risk for developing mental health problems are larger for member groups with less access to power, material resources and policy making, as a result of deeper economic, political and social factors that preserve inequalities. The social conditions of post-migration among refugees and asylum seekers often place them at the lower end of the social gradient. This is partly because of the nature of forced migration, but also due to policies and public attitudes towards them, including stigmatisation by the communities which they migrate into, for example towards membership of a certain group (migrants, an ethnic minority, racial or religious group). The result due to this is often social exclusion, deprivation and uncertainty (Hynie, 2018).

In a study by Barker et al. (2009) on mental health among refugees and asylum seekers in the UK, the most frequent reported post-migration problems reflected the difficulties of seeking asylum, such as separation from families, isolation and socio-economic difficulties. The problem groups that had the highest mean score were threat to family, loss of culture and support. In a similar study in Switzerland by Bryant et al. (2018) the outcome showed same or similar results as the study made by Barker et al. (2009). The study conducted in Switzerland showed that the problems with the highest mean score included threat to family, loneliness, boredom and isolation and difficulties in learning a new language.

The factors that are often found to impact immigrants' mental health in a post-migratory context are acculturation, discrimination, prejudice, racism and poverty and will be described more closely below.

3.4.1 Acculturation

Acculturation is one distinct factor that may contribute to different mental health problems among migrants. Acculturation refers to the process where individuals from one culture adapt to a new culture and the behaviours of the culture through contact and interaction between a cultural group and their members. Acculturation can also occur within a country, when people with a certain sociocultural background relocate to an area with a different culture and behavioural pattern. Acculturation can be seen in four different patterns (in Wu et al., 2018):

1. Integration – embracing the culture of the host country while maintaining the original culture.

2. Assimilation - approving the culture of the host country with having little interest in obtaining the original culture.

3. Separation – Rejecting to adapt to the culture of the host country while firmly holding onto the original culture.

4. Marginalisation – rejecting both the original culture and the culture of the host country and becoming isolated.

Among these different patterns, integration has been seen as the one with most positive mental health outcomes, as it is the most adaptive form of acculturation, whereas marginalisation is more likely to be associated with mental health problems (Wu et al., 2018).

There are studies showing that older immigrants experience acculturation differently that younger immigrants. An older immigrant may be exposed to various stress factors caused by conflicts with cultural values along with post-migration stressors and these may affect the wellbeing of the immigrant. Immigration can cause or increase stress during acculturation which may lead to a negative impact on mental health. Resilience shown among immigrants improves their ability to cope with the stress of acculturation. There are several researches on the topic of acculturation stress and its impact on migrants. The findings have shown a strong association between a higher acculturative stress and mental health issues while acculturating. Along with this, studies have linked resilience among migrants with successful acculturation (Serafica et al., 2019).

3.4.2 Discrimination, prejudice and racism

As previously mentioned, racism and discrimination may impact mental health among migrants. According to the Fourth National Survey in the UK (in Bughra et al., 2014), one in eight people from an ethnic minority experience racial harassment in some form at least once per year, which is a contributing factor for mental health problem.

Racism may be displayed in various forms. It may be institutional, structural, individual and internal. Racism is the systematic privilege of a dominant group, and the systematic disadvantage of certain groups. Institutional racism is common in the systems of education, health care, judicial and employment. Individual racism may take form in social avoidance, harassment and threat. Internal racism is when racial minorities accept the stereotypes and the racist attitudes towards them (Anderson, 2012).

Racism is a negative factor to various health reactions to those who are subject to it. Studies suggest that racism is a factor to mental stressors that harm mental health, as well as the physical health. Racism may also increase the risk for unhealthy behaviours such as substance abuse in the form of smoking, drinking and drug use (Kwate et al.; Okazaki; Paradies, in Anderson, 2012).

Discrimination is known to impact health negatively, but few studies have examined how different types of perceived discrimination are related to health issues.

The Second European Union Minorities and Discrimination Survey (EU-MIDIS II) confirmed extensive discrimination across EU countries. The frequency of discrimination towards different groups ranged between 4% and 50%, with particularly high discrimination rates observed in Finland, at 45%. Finnish studies have also proved ethnic discrimination in, for example, labour market recruitment. Experiences of discrimination are shown to impact psychological stress among several immigrant groups in Finland. Perceived discrimination is shown to be linked with feelings of unsafety, lack of trust towards institutions in society, mental health symptoms and a poor quality of life (Rask et al., 2018).

A study by Rask et al. (2018) examines the frequency of various types of discrimination among Russian, Somali and Kurdish origin populations in Finland, and the connection between discrimination and health. The results of the study showed that subtle discrimination occurred more frequently than overt discrimination among the studied population in Finland. Discrimination was experienced differently, but most commonly it was experienced in the street (24-33%), and at school (9-16%) and

in health and social services (7-20%). These findings are in line with previous findings, that discrimination is associated with poor mental health. The experiences of discrimination were clearly associated with indicators of health, and the most constant association were found for mental health symptoms. The findings showed that discrimination increased the chance for mental health issues along with poor quality of life only among the Russian and Kurdish population, whereas the association between discrimination and feelings of unsafety and lack of trust towards institutions were seen among the Somali population, as well as for the Russian and Kurdish population. The experience of discrimination has been shown to impact the psychological stress among different immigrant groups in Finland.

The findings of this study conducted in Finland support findings made in researches in other European countries.

A Dutch study by Ikram et al. (2015) showed an association between perceived ethnic discrimination and mental health symptoms. A study by Hatch et al. (2016), from the United Kingdom, showed an association between everyday discrimination and common mental disorders especially among recently migrated population groups. A Swedish study by Taloyan et al. (2006) found that over 80% of Kurdish men reported discrimination, and experiences of discrimination were linked with sleeping difficulties. Another Swedish study by Wiking et al., (2004) found that discrimination was among the factors that seemed to have a strong connection between ethnicity and poor self-reported health among immigrants from Poland, Turkey and Iran.

The study by Rask et al., (2018) found that subtle discrimination only increased the risks for poor health outcomes for all studied indicators of health, whereas overt or a combination of subtle and overt discrimination increased the risks for mental health symptoms only. Mölsä et al. (2014) found that those who reported discrimination also showed stronger symptoms of PTSD.

The EU-MIDIS II, conducted by the FRA (EU Agency for Fundamental Rights) survey also shows that immigrants and minority ethnic groups face widespread discrimination in the EU, especially in job-seeking. A total of 25,500 randomly

selected immigrants and ethnic minorities were interviewed for the survey. The respondents were not only asked about their experiences of discrimination and harassment, but also about their sense of belonging and their trust in public institution in their country of residence. FRA states that discrimination remains a union-wide problem, despite anti-discrimination laws in the EU countries.

The survey showed that people of immigrant and ethnic minority backgrounds are more likely to experience discrimination in Finland than almost anywhere else in the European Union.

Discrimination against people of Sub-Saharan African origin is predominantly common in Finland. 45% of the respondents of Sub-Saharan African origin reported that they have been subject to discrimination over the past year and 60% that they have been subject to discrimination over the past five years. Their experiences were most often related to the use of public and private services, such as health care, employment and hospitality services (EU Agency for Fundamental Rights, 2017).

A study by Castaneda et al., (2012) on immigrants from Kurdistan, Somalia and Russia in Finland, showed that more than a fifth of the participants had been victim of discrimination and insult after moving to Finland.

The only member state that showed a higher twelve-month rate of discrimination towards people of Sub-Saharan African descent was Luxembourg with 50%. High twelve-month rates of discrimination were also reported by North African respondents in the Netherlands (49%) and Roma respondents in Greece (48%) and Portugal (47%) (Teivainen, 2017; EU Agency for Fundamental Rights, 2017).

3.4.3 Poverty

Income has been found to be a rather powerful factor that affects mental health in every age group. Regardless of socio-economic background, refugees often leave behind most of their material belongings. As a result, many refugees arrive in a

situation of relative poverty, and can remain in that situation for years. There are studies showing that there is a connection between socio-economic status and PTSD, distress and depression among refugees (Chen et al., 2017; Bogic et al., 2015). An analysis of 59 studies comparing refugee mental health with resident populations by Porter & Haslam (2005) show a clear connection between refugees' mental health problems and the measures of their economic opportunities, including the access to employment, right to work and socio-economic status.

Employment is another factor affecting mental health. Financial challenges are connected with poor opportunities for employment. The struggle of finding satisfactory employment, or even employment at all, is a common experience for refugees. Unemployment affects mental health on several aspects other than the economic wellbeing, such as one's status and sense of self-worth. Compared to voluntary migrants, refugees face bigger employment related challenges due to the facts that choice of whether, when and where to migrate is more difficult to control for refugees. Language barriers and proper documentation of their training are factors that contribute to employment related challenges. Language skills and interpretation affect refugee mental health overall. As previously mentioned, language barriers affect employment opportunities, but fluency in the language of the country of resettlement or asylum and access to interpretation in the everyday life has a big effect on mental health. Lack of access to qualified interpreters is a common issue in health situations, where it can have serious consequences to get access to health care and treatment. Also, lack of interpretation creates a barrier to understanding, accessing and navigating various social policies and legal conditions which can lead to a limitation of ability to advocate for their rights among refugees and asylum seekers (Hynie, 2018).

Inadequate housing has been linked to mental health problems among refugees. Refugees tend to be resettled into housing of poor quality and struggling to afford the housing. A study done by Bogic et al. (2012) on refugees from the former Yugoslavia resettled in Italy, the UK and Germany show that inadequate housing, along with

financial difficulties and separation from family members were the greatest causes to post-migration stress.

3.5 Common mental health disorders among forced migrants

In this chapter the most common mental health disorders mentioned throughout previous chapters will be explained more thoroughly. Many studies on forced migrants' mental health commonly show a high prevalence of PTSD, major depression and anxiety.

3.5.1 PTSD

PTSD has been mentioned throughout this thesis as one of the most common mental health problems among forced migrants. PTSD has previously been defined as an anxiety disorder, whereas in newer ways of diagnosing PTSD it is defined as a trauma and stress disorder. To be diagnosed with PTDS, it is required that a person has experienced an occurrence that was threatening and where his or her life has been in danger or threatened by severe damage or witnessed the above mentioned happen to someone else's life (Johansson Metso, 2018, p. 17).

After the occurrence the processing of the trauma starts. The behaviours that people show after traumatic occurrences differ between people, but to be diagnosed with PTSD a person must under at least a month show several of the following symptoms (in Elmerroth & Häge, 2009, p. 95-98):

Re-living the occurrence

- Insistent and unpleasant memories in the form of thought, images and impressions.

- Dreams and nightmares of the traumatic occurrence.
- Sudden feelings of re-living the occurrence.
- Intense emotional discomfort at stimuli that can be associated with the traumatic occurrence.
- Physical reaction at stimuli that can be associated with the traumatic occurrence.

Avoidance

- Avoiding thoughts, emotions and conversations that concern the trauma.
- Avoiding activities, people and places that remind of the trauma.
- Inability to remember certain, important aspects of the trauma.
- Decreased interest in participating in activities.
- Avoiding other people.
- Restricted to showing emotions and inability to feel love.
- No expectations for the future such as career, children or a long life.

Hypersensitivity

- Sleeping difficulties.
- Irritation and rage.
- Concentration difficulties.
- Hyper-attention.
- Exaggerated startle reactions.

By living with these symptoms, the disorder may develop to depression. By re-living the occurrence, the person is having difficulties with concentration and memory and may have a hard time focusing on trying to re-build his or her life. By starting to avoid various things, a person is likely to become isolated from family, friends and positive feelings. When a person is starting to feel emotionally worse, his or her mood and feelings are changed in a negative way. This can lead to a lower self-esteem, isolation and weaker relationships, which all may lead to depression and suicidal thoughts. By

feeling tense the person may become more irritated, angry and sentimental, and there may be changes in the person's personality (Johansson Metso, 2018, p. 26).

In a study by Markkula et al. (2017) on mental health among migrants and native Finns, the results show that PTSD was the only mental disorder immigrants were at higher risk of suffering from than native Finns. The risk for PTSD were particularly higher among immigrants from Northern Africa, The Middle East, Sub-Saharan Africa and Eastern Europe. Immigrants from these geographical regions are most often refugees rather than voluntary migrants, which means they are more likely to have suffered traumatic events, making them more vulnerable to mental health problems, such as PTSD. Globally, refugees are at a ten time higher risk of PTSD than the general population (Fazel et al., 2005).

All of those who experience threats to their lives do not develop PTSD. Up to 85 per cent of those who experience so called "Potentially traumatic occurrences" self-heal. The reason why some develop PTSD, and some do not is still being researched. Apart from biological factors such as genetics and a person's upbringing, one psychological factor is clear, and that is the feeling of powerlessness. In the manuals of diagnosing PTSD, the feeling of powerlessness, helplessness, fear and horror are required to determine whether a person is suffering from PTSD. Other feelings such as shame, anger and blame have more commonly been shown among those who develop PTSD than among those who do not (Johansson Metso, 2018, p. 15).

3.5.2 Depression

The word depression is used both for a mental illness and a state of mind. Depression in form of a mental illness means that a person is consistently (for at least two weeks) feeling depressed, showing decreased feelings of satisfaction, feebleness and other symptoms related to sentiment, emotion and behaviour. Temporary sadness and a

decreased state of mind are not a mental illness, they are considered regular experiences and are not treated as illnesses (Mieli.fi, 2020a; 1177.se, 2020a).

It is very individual how a person show symptoms of depression. In some cases, the most distinguished symptoms are various physical pain and nausea, and in those cases, it may be difficult and time consuming to determine diagnose. The most common symptoms of depression (according to Mieli.fi, 2020a; 1177.se, 2020a) are:

1. Decreased state of mind – The person is sad, depressed, irritated and showing less emotions. The future feels dark or meaningless. It is common that the person is more tearful than usual.

2. Decreased feelings of satisfaction – The person loses interest and shows no positive emotion towards matters that usually would feel satisfactory.

3. Fatigue – The person is feeling tired, unproductive and exhausted. Even the smallest tasks become overwhelming.

4. Decreased self-esteem – The person starts feeling bad about him- or herself, feels worthless and shows lack of trust towards his or her own abilities.

5. Exaggerated self-criticism and guilt – The person is feeling guilt and the need of being punished. The feeling of guilt is often related to occurrences that the person has had no power of influencing.

6. Re-occurring thoughts about death, suicidal thoughts or suicidal tendencies

7. Concentration difficulties and feelings of hesitation

8. Psychomotor agitation – Body functions become under- or overactive in an anxious manner.

9. Sleeping disorders – such as trouble falling asleep, sleeping interruptions, exaggerated sleeping need and wakefulness.

10. Changes in appetite and weight – The person may both lose appetite and weight, as well as have a bigger appetite and gain weight.

There are several reasons to depression. Most often, biological, mental and social factors are combined. It is rare to find one, underlying cause. Genetics, upbringing conditions and life circumstances are all factors that contribute to the level of sensitivity to depression among people (Mieli, 2020a; 1177.se, 2020a).

The likelihood of a person developing depression is increased if he or she has suffered from a traumatic childhood, been victim of physical or emotional violence or sexual assault or been abandoned. Difficult and tragic occurrences may lead to depression (Mieli.fi, 2020a; 1177.se, 2020a).

3.5.3 General anxiety disorder

To feel anxious is rather common, but when a person is feeling anxious and discomfort for more than six months it is considered a mental illness, and it is called general anxiety disorder. General anxiety disorder differs from regular anxiety by being consistent and exaggerated in relation to the circumstances. General anxiety disorder is in general related to concentration- and sleeping disorders, restlessness, fatigue and the inability to relax. Anxiety often cause physical symptoms, such as headache, stomach-ache or muscle tensions. It is common that the physical symptoms are what make the person seek medical help. People who feel anxious are often able to identify the main reasons for their anxiety, for example stress at work or in school, relationship problems and other forms of stress that can cause anxiety. For people who suffer from general anxiety disorder the reasons are more complex. It can be caused by previous life experiences, related to loss and fear. The anxiety may be a form of alert state, where the person constantly observes the surroundings in fear of something bad to

take place. To constantly stay alert consumes a lot of energy, and the person's ability to function is worsened (Mieli.fi, 2020b; 1177.se, 2020b).

4 Mental health among immigrants in Finland

Mental health among immigrants in Finland is not necessarily worse than among the entire population, studies have shown.

In a study by Markkula, Lehti, Gissler & Suvisaari (2017) on mental health among immigrants in Finland and native Finns showed that immigrants showed an overall lower risk of mental disorders than the native population of Finland. There were large differences by both immigrant and disorder group. For example, people with North African and Middle Eastern origin were at a higher risk than Finns to suffer from major depressive disorder along with other mood disorders. Nordic and Eastern European migrants were at the same risk level as Finns, and migrants with Russian, Sub-Saharan and Asian origin showed a lower risk of developing major depression than the native Finns (Markkula et al., 2017).

The results also showed that the largest difference between immigrants and the native population in Finland were shown among immigrants of African, Asian and Middle Eastern decent. Within these categories, immigrants from North Africa and Middle East showed the highest rate of mental health problems in comparison to native Finns, but with some inter-category differences. The risk of PTSD, somatoform disorders and major depression is increased among the mentioned immigrant groups, whereas the risk of other mental health problems is decreased. Immigrants from Asian and Sub-Saharan decent show lower rates of mental health problems overall, with an exception for PTSD. Immigrants from Africa and the Middle East are more likely to have a refugee background in comparison to other immigrant groups in Finland. The study shows that immigrants with refugee background are more likely to suffer from mental health problems, than voluntary migrants are (Markkula et al., 2017).

Similar studies in countries such as Sweden and the Netherlands show, in contrast to Finland, higher prevalence rates of mental health problems among immigrants than the native population. However, Finland shows more mental health problems than its

neighbouring, Nordic countries on several aspects. Finland shows a higher suicide rate and a higher level of alcohol abuse, along with alcohol-related mortality (OECD, 2017). The twelve-month prevalence of major depressive disorder in Finland is 7.4%, which is slightly higher than the average on a global perspective (Markkula et al., 2015). These factors may contribute to the results that show a lower risk of mental health problems among immigrants than native population, in some disorder and immigrant groups.

Kuusio, Seppänen, Jokela, Somersalo and Lilja (2020) conducted a major study, named *Ulkomaalaistaustaisten terveys ja hyvinvointi Suomessa - FinMonik-tutkimus 2018–2019*, on 6800 immigrants from 120 various nationalities living in Finland and their health and well-being. This study is currently the most extensive study done on this subject in Finland.

The result of this study shows an overall, positive health, welfare and inclusion among immigrants in Finland. The majority of the respondents reported having a good social network, a good ability to work and were consuming considerably less alcohol in comparison to the entire population. Experiences of discrimination were shown to create challenges on the well-being among immigrants. 40 % of men and 37 % of women with foreign background reported having experienced discrimination during the past year. One of ten women reported feeling unsafe in the streets nearby their own home. Ill-being and the prevalence of risk factors to the well-being was most frequently reported among forced migrants. Approximately one in five people from North Africa and the Middle East reported that they were feeling lonely. People from these areas also showed a lower quality of life than the entire population. Along with this, nightmares and insomnia were frequently reported among this group. This migrant group were also showing a higher prevalence of diabetes, depression and mental health problems (Kuusio et al., 2020).

Castaneda et al. (2012) study mental health among migrants in Finland from Russia, Somalia and Kurdistan (MAAMU). The study showed that women with Kurdish and Russian descent experienced themselves having a worse mental health than the Somali

women. Especially the Somali men experienced their mental health to be very good. Participants with Somali background were the ones most pleased with their lives. They were pleased with their everyday lives, despite many of the participants reported having problems with various activities in society, such as bank errands or using the internet.

Among the participants, 78 % of the participants with Kurdish descent, 57 % of participants with Somali descent and 23 % of participants with Russian descent reported having been victim of a traumatic event in the native country. Participants from Kurdistan were the ones reporting the highest amount of consisting injury due to violence. Among Kurdish men 82% women participating in the study reported to have experienced a traumatic event, most often war related. Among women the number was 72%. Among Somali immigrants 44% of men and 68% of women reported having been victim to traumatic events (Castaneda et al., 2012).

The study also showed that 50 % of Kurdish women and 25 % of Russian women and 25 % of Kurdish men showed serious symptoms of depression and anxiety, whereas for the general population in Finland less than 10 % show these symptoms (Castaneda et al., 2012).

4.1 Mental health among Asylum seekers in Finland

Limited research has been conducted on the mental health of asylum seekers in Finland. However, efforts are underway to establish a database on their mental health.

In a survey conducted in Tampere at the beginning of the 2000s, it was found that about half of the asylum-seeking adults had mental health problems, the most common being depression, anxiety and sleep symptoms. A fifth of adult asylum seekers used a mental health service at the specialized hospital level, as well as a mental health service at the general practitioner level (Pirinen, 2008).

In Finland, the need for mental health services for asylum seekers of all ages has since also been identified in a survey where reception centers nationwide were asked about the availability of various services for asylum seekers (Tiittala et al., 2018). Almost all reception centers recognized the need for mental health services for both adults, youth and children, and every fifth reception center assessed the availability of services for adults as low. Also, in a recent survey that mapped the entries in the Finnish Immigration Service's patient information system, it was found that perceived mental health problems were among the most common reasons for visits to the infirmary (Tiittala et al., 2018).

A national development project (named TERTTU) was done by the national institute of health and welfare in Finland (THL) in collaboration with the Finnish migration service between the years 2018-2019. This project is among the largest studies that has been conducted on the subject of health and wellbeing of asylum seekers in Finland. The aim of the TERTTU-project was to *''develop the current health examination protocol for assessing the health, wellbeing and need for health care services of asylum seekers''* (THL, 2019, no page number).

In the study, psychological symptoms and mental health status of adult asylum seekers were investigated in several ways. In connection with the interview, the adults filled out the Hopkins Symptom Checklist-25 form, which maps 25 symptoms of depression and anxiety (e.g. nervousness, tendency to cry, bad mood, difficulty falling asleep, fear or panic attacks, feelings of worthlessness, thoughts of ending life) over the past 7 days. Each item was answered on a four-point scale (not at all/somewhat/quite a lot/very much). The form was filled out by interviewing while working with the interpreter in those situations where the subject had difficulties filling out the form themselves.

The study showed that almost 40% of the subjects showed significant symptoms of depression and anxiety, more frequently shown in women than in men. Almost half of the women showed significant symptoms of depression and anxiety, while about a third of men showed them. The results were similar when looking at depressive and

anxiety symptoms separately: the symptoms were common and there were more often showed in women than in men. About a third had difficulty falling asleep or interrupted sleep, both among men and women. About 7% of adults had thoughts about ending their life (Castaneda et al., 2019). The age groups did not differ strongly from each other in terms of the occurrence of depression and anxiety symptoms.

The group of people that showed most symptoms of depression and anxiety were shown among asylum seekers from Sub-Saharan Africa. 60% of asylum seekers from this region showed these symptoms (Castaneda et al., 2019).

4.1.1. Pre-migration trauma among asylum seekers in Finland

A survey conducted in Tampere at the beginning of the 2000s found that 57% of adult asylum seekers had experienced torture, 12% had experienced other violence, and 49% had been detained. Asylum seekers' experiences of torture and abuse seemed to be connected to many factors regarding health and well-being of asylum seekers, especially mental health problems. Few physical findings or symptoms related to torture were found (Pirinen, 2008).

The outcome of studies on asylum seekers have been similar in other parts of Europe as well. A study conducted in Germany found that four out of five asylum seekers had experienced or witnessed a traumatic event. Very high numbers have also been found in asylum seeker children's prevalence of various traumatic experiences (Georgiadou et al., 2017). With regards to previous studies, it seems that traumatic and shocking experiences are very common among children and adults with a refugee background. However, it is important to remember that not everyone who has experienced something traumatic is traumatized, as people react and cope differently (Tiittala et al., 2018).

In the TERTTU-project, 82 % of all participants reported having experienced a traumatic event prior to arriving in Finland, in form of e.g. war, kidnapping and witnessing death of others (Castaneda et al., 2019). The study found that shocking and potentially traumatic events before coming to Finland were common in both children, adolescents and adults. More than four out of five adult asylum seekers had experienced some shocking event either in their former home country or during the asylum-seeking journey. This result is in line with previous studies done in Finland and elsewhere (Castaneda et al., 2019).

When looking at the results by background, there was one group of people that stood out. Among people from Sub-Saharan Africa, almost everyone had experienced shocking events before coming to Finland. This group also includes, for example, victims of torture and sexual violence. Among men, 67 % from this area reported having been victim to torture, and among women 57 % from the same area reported having been victim of sexual violence (Castaneda et al., 2019).

The proportions of the experiences were alarmingly high (see Table 1 and Table 2). Among the people from Sub-Saharan Africa, there were also many people who had experienced shocking events during the asylum-seeking journey (Castaneda et al., 2019). This highlights the need to promote other forms of obtaining international protection, such as taking in quota refugees, so that the shocking experiences during the asylum-seeking journey do not further burden those seeking asylum from a new country and settling in the country (Tiittala et al., 2018).

Table 1

Experiences of traumatic events prior to arriving in Finland by gender, adults.

	Men **%**	**Women** **%**	**All** **%**
Experiencing a traumatic event prior to arriving to Finland	88.7	73.9	82.8
Experiencing a traumatic event during the migration journey	11.5	12.9	12.1
Experiencing war	31.3	28.7	30.3
Victim of a natural disaster	20.9	19.9	20.2
Witnessing violent death or injury of another person	63.6	43.3	55.6
Victim of kidnapping or being captured	40.2	21.4	32.7
Victim of torture	48.3	28.8	40.3
Victim of sexual violence	7.7	24.4	14.4

(Castaneda et al., 2019).

Table 2

Experiences of traumatic events prior to arriving to Finland by region, adults.

	Russia and former Soviet Union	Middle East and Northern Africa	Sub-Saharan Africa	Other regions
Experiencing a traumatic event prior to arriving to Finland	80.8	80.2	93.8	82.1
Experiencing a traumatic event during the migration journey	2.2	10.9	37.5	NA
Experiencing war	17.9	29.8	50.0	35.7
Victim of a natural disaster	13.6	24.9	15.6	26.2
Witnessing violent death or injury of another person	45.4	51.6	79.5	63.1
Victim of kidnapping or being captured	30.6	27.2	53.2	29.8
Victim of torture	30.8	38.5	60.3	42.9
Victim of sexual violence	9.6	11.1	34.1	10.7

(Castaneda et al., 2019).

5 Coping and resilience among migrants

There are different ways of coping with various trauma. Aaron Antonovsky, professor in medical sociology, have studied factors that maintain or create a good mental health. He has found that well-being has a high connection with sense of coherence (SOC). SOC explains how people can survive and live a good quality life despite being victims of severe traumas. Antonovsky has pointed out three main factors that create a sense of coherence, which are: comprehensibility, coping and meaningfulness.

Comprehensibility refers to as to what extent an event can be seen as organised rather than chaotic or random. For asylum seekers in this case, the comprehensibility can be affected negatively due to a lack of understanding in the asylum system due to lack of information about the process, and different steps of the process can be seen as random rather than organised if one feels that he or she cannot comprehend it. This may lead to difficulties in coping as it is hard to predict the future (Elmerroth & Häge, 2009, p. 62).

Coping is about the feeling of having adequate resources to manage the demands that are put on an individual. For a lot of refugees, the level of coping is low. They lack control of the environment and may feel powerless in the new society of the country they have arrived to. Individual with a low sense of coherence may feel that they do not have what it takes to cope with a new situation whereas those with a higher sense of coherence have a better way of coping with difficult situations. The individual can learn how to live with certain problems even though they may not be able to solve them completely. (Elmerroth & Häge, 2009, p. 108-109).

Meaningfulness gives life an emotional meaning. After a traumatic event the individual tries to find meaning in what has happened. The search for meaningfulness may take several years and is often developed into acceptance. Individuals that believe that things happen for a reason engage in activities that are emotionally important. After a severe trauma the individual can focus on getting through the trauma with

dignity. Individuals who feel a low sense of meaningfulness can on the other hand feel anxious, shame, devastation and overwhelmed, which can lead to difficulties in finding meaning of life (Elmerroth & Häge, 2009, p. 110).

Resilience is a concept that can be applied to predict mental health. Resilience refers to the positive adaption despite being exposed to different risks and difficulties. In the concept of migration, resilience includes positive adaption to the various challenges and stressors met in the new country through determined coping. Several studies have shown positive mental health as one of the main resilience outcomes. A higher level of resilience has been found to improve self-esteem, lower depression and anxiety and a healthier psychological wellbeing. While examining resilience among migrants, recent studies have also put focus on the effect of acculturation. For example, a study by Luna (2013), on Mexican migrants in Oregon USA, suggest that more assimilated people show increased levels of resilience. This shows a potential connection between acculturation, resilience and mental health. However, this theory has rarely been tested in existing studies, and require additional research in empirical studies (Wu et al., 2018).

In studies concerning resilience, results indicate that self-esteem and optimism are components of resilience, and these are highly linked to mental wellbeing and social functioning (Serafica et al., 2019).

6 Discussion and conclusion

In this thesis I have reviewed mental health among migrants with main focus on forced migrants. I have also put focus on Finland, as I am interested in further reviewing mental health among forced migrants in Finland. I have used various international literature in my thesis, along with various studies from Finland. It is vital to understand the heterogeneity of migrants, and also of the native population when doing comparisons. Instead of studying the overall risk of all migrant groups, it can be much more valuable to study specific risks in specific groups, for example, focusing on forced migrants as a specific group, for a more detailed outcome. However, limited data on asylum seekers as a specific group has made it challenging to review mental health among them in Finland. A database on the mental health of asylum seekers in Finland is currently being established, but more research is needed in this area.

To summarise my questions at issue of this thesis:

Are there any differences found in mental health between immigrants and the entire population, and are forced migrants more likely to suffer from mental health problems than voluntary migrants?

Studies have shown that the relationship between mental health and migration is complex and multifaceted. While some studies have found that immigrants do not necessarily have more mental health problems than the native population, other studies have highlighted the diverse factors that may contribute to mental health problems among migrants. These factors include cultural background, reason for migration, pre-migration occurrences, and the attitudes towards them in the new host country. As a result, the results of studies that examine "migrants" as a whole can vary widely.

Some studies have found that migrants who migrate to culturally similar countries and do not have a traumatic past may not be at a higher risk of developing mental health-related problems, whereas migrants who go through a process of acculturation may be at a higher risk. This is because the process of acculturation involves adapting to new cultural norms and values, which can be challenging and stressful for migrants.

Forced migrants, who have been forced to flee their home countries due to persecution or conflict, are shown to be more likely to suffer from mental health problems than voluntary migrants. This is because their reason for migrating is usually more traumatic than among voluntary migrants, and the migration journey itself may have been more difficult and dangerous. Forced migrants may also face additional post-migration stressors such as acculturation, discrimination, and lack of social support, which can make it even harder to cope in the new country. All of these factors contribute to the higher risk of developing mental health problems among forced migrants.

How is the mental health among asylum seekers as a specific group?

According to the studies in this thesis, asylum seekers are shown to be a particularly vulnerable group of migrants who face various challenges that can negatively affect their mental health. They may have experienced traumatic events in their native country, including persecution, war, and violence, and may have had to flee their homes due to fear of harm or death. This pre-migration trauma can have a significant impact on their mental health and well-being.

Moreover, post-migration stressors can also contribute to mental health problems among asylum seekers. These include difficulties in adapting to the new culture, language barriers, financial insecurity, lack of social support, and discrimination. Asylum seekers often experience long waiting periods during the asylum process, which can worsen their mental health problems. Uncertainty about their future and fear of deportation can also add to their stress.

The studies reviewed in this thesis suggest that asylum seekers are more likely to suffer from mental health problems than other groups of migrants, such as refugees and voluntary migrants. For instance, the study by Gerritsen et al. (2006) found that depression was more prevalent among asylum seekers than refugees in the Netherlands. The authors argued that the reasons for this difference could be related to the fact that asylum seekers face more uncertainty and insecurity during the asylum process, which can further worsen their mental health problems.

To conclude, asylum seekers are shown to be the group of migrants that is most vulnerable to mental health problems. The factors that contribute to this are both related to pre-migration traumas along with post-migration stress. As mentioned, asylum seekers have been shown to often been victim of various traumas in the native country and during the migration journey, along with living with various post-migration stressors in the new country and living with the insecurities that the asylum process holds.

Overall, the mental health of asylum seekers is a complex and multifaceted issue that requires careful attention and support. It is crucial to address the various factors that can negatively affect their mental health, both pre- and post-migration, in order to promote their well-being and successful integration into their new host country.

What are contributing factors to mental health problems among immigrants, especially among asylum seekers?

According to the studies I have reviewed I have found that both pre-migration traumas and post-migration are contributing factors to mental health problems. Voluntary migrants may not have experienced any pre-migration trauma nor any major post-migration stress, which makes it easier to cope in a new country, and the mental health is not affected negatively. Forced migrants, and especially asylum seekers, are shown to often have suffered from both pre-migration trauma in form of e.g. torture and war, as well as post-migration stress, in form of e.g. discrimination and a long asylum process, which makes them more vulnerable to mental health problems. Pre-migration

traumas, such as violence, war, persecution, and human rights violations, can significantly affect the mental health of forced migrants. Some studies I have reviewed, suggests that pre-migration traumas are strongly associated with the development of PTSD symptoms among forced migrants. In addition to pre-migration trauma, post-migration stressors such as acculturation, unemployment, discrimination, and language barriers can contribute to the development of mental health problems among forced migrants.

It is also important to consider the role of resilience factors in mental health outcomes among forced migrants. For example, social support from family and community, positive coping strategies, and a sense of belonging can help ease the negative impact of pre- and post-migration stressors on mental health.

Overall, while both pre-migration trauma and post-migration stressors contribute to mental health problems among forced migrants, the nature and severity of these stressors can vary depending on factors such as migration status, cultural background, and individual resilience factors.

How is the mental health among asylum seekers in Finland?

The TERTTU-project is currently the largest study on this subject in Finland. The study showed that the majority of asylum seekers (82 %) reported having been victim of a traumatic event prior to arriving to Finland, which may have a contributing factor to PTSD. However, it is important to acknowledge the differences among people in coping and reacting to different situations. Not all who are victims of traumatic events develop mental health issues.

The study also showed that 40 % of the participants reported suffering from some form of mental health problem, and more frequently among women. Most common mental health issues reported, among both women and men, were depression, anxiety and trouble sleeping.

The ethnic group that was found to have most mental health issues were people from Sub-Saharan Africa, where 60 % showed symptoms of depression and anxiety.

This suggests that while asylum seekers are very prone to various forms of mental health related problems, not all asylum seekers develop mental health issues.

According to THL.fi, for the prevention and treatment on mental health problems among migrants, adequate attention needs to be given to groups when the symptoms are frequently appearing. These groups are:

- refugees and asylum seekers
- elders and those who have migrated at an older age
- low educated migrants
- people with economic difficulties
- Newly arrived migrants and people with weak expertise of Finnish or Swedish.

Availability and accessibility of mental health services must be guaranteed. Despite the prevalence of mental illness, it is shown that immigrants use mental health services less than the general population. Mental health services for immigrants, refugees and asylum seekers need to be invested in as mental health problems are connected to other health and well-being problems (THL, 2022b).

6.1 Proposed health-promoting strategies

Health-promoting strategies could minimise the mental health problems among asylum seekers. Six different strategies are proposed as the result of a study made by Ekblad (2009). The proposed strategies are:

1. The asylum process is shortened. Isolation and waste of time during the wait while the asylum application is processed is the factor that is shown to be the

most significant reason for suicidal thoughts among asylum seekers and is therefore the main reason why the asylum process need to be shortened. In Finland an asylum application made after 20.07.2018 must be processed within six months, with some exceptions (Finnish Immigration Service, 2023a).

2. Importance of connection. Asylum seekers are at risk of marginalisation, and this could be changed by a change in the laws on the asylum seekers' right to work. In Finland, the conditions for an asylum seeker to participate in gainful employment is to wait three or six months after the application has been received. The waiting time is three months if the asylum seeker has shown a valid passport or another legitimate travel document to the authorities and six months if no such document has been shown to the authorities (Migri.fi, 2019).

3. Staff at the receptions are offered continuous counselling on how to treat and receive the asylum seekers' needs and uncertain life situations.

4. The asylum seeker receives information on health by medical personnel and knowledge on the risk factors of mental illness and how to prevent mental illness.

5. Making sure that every newly arrived is offered a free health screening and a health interview.

6. Access to health care according to a person's needs. In Finland an asylum seeker is entitled to participate in a health screening when moving to a reception centre. The aim is to prevent illnesses and to help the individual to achieve the best physical and mental health possible. Adult asylum seekers are entitled to acute and necessary health care. Underage asylum seekers receive health care on the same grounds as children registered at a municipality in Finland (Finnish immigration service, 2023a).

Based on the experiences of the TERTTU-project, the methods used in the study for asking about shocking, possibly traumatic events were well suited for their purpose, and would also be suitable for use in, for example, the initial health check of asylum seekers. Experiencing a shocking event does not automatically lead to trauma or mental health symptoms, and not everyone who has experienced a shocking event requires treatment during the admission phase or at any point in their lifetime. However, knowing and understanding the upsetting events that applicants may have experienced can help staff at the reception centres for asylum seekers become aware of these experiences, which can be significant for asylum seekers' well-being and daily survival. In addition, asking about the various experiences can give the asylum seeker a message that the frequency of shocking events is known and that it is also possible to talk about their experiences (Castaneda et al., 2019).

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