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Examining Factors of Asylum Seeking in Western Nations That Impact the Mental Health of Middle Eastern Refugees

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ABSTRACT Refugee aid is seldom a topic of American political conversations despite rising global refugee populations (American Immigration Council, 2020). Many Middle Eastern nations including Syria, Libya, Yemen, and Palestine are currently experiencing war and subsequently, hundreds of thousands of individuals from these nations have been forced to seek asylum elsewhere (International Institute for Strategic Studies, 2022). Factors associated with adjusting to asylum countries may affect mental health, an individual's state of psychological wellness (Centers for Disease Control and Prevention, 2023; United Nations High Commissioner for Refugees, 2022). Thus, this study aims to examine aspects of relocation to a Western asylum country that may impact the mental health of Middle Eastern refugees. Findings indicate that insufficient social support, discrimination, acculturative barriers, and lack of access to and usage of mental health services can cause symptoms of mental illness among Middle Eastern refugees living in Western asylum nations (El-Awad et al., 2021; Hashemi et al., 2019; Kisilu & Darras, 2018; Montgomery, 2011).

Political instability, conditions of war, and dire socioeconomic difficulties have driven millions of individuals out of Middle Eastern nations (UNHCR, n.d.). In 2023, there were almost six million Middle Eastern refugees between Syria and Iraq (UNHCR, n.d.). While statistics on mental health disorders among Middle Eastern refugees are lacking in literature, it has been found that 41% of Syrian refugees have some form of mental illness and over 50% of Syrian refugee children suffer from post-traumatic stress disorder (PTSD) (Ballard Brief, n.d.). Middle Eastern refugees refer to those who have fled countries in the Middle Eastern geographic region including Afghanistan, Bahrain, Iran, Iraq, Jordan, Kuwait, Lebanon, Oman, Palestine, Qatar, Saudi Arabia, Syria, Turkiye, United Arab Emirates, and Yemen (World Population Review, n.d.). Refugees who have fled or been forced out of their native country seek asylum, or protection from persecution, in a host country (U.S. Citizenship and Immigration Services, 2015). Thus, an asylum country is one in which refugees can live without fear of persecution or deportation to their native country, while they apply for permanent residence or resettlement (U.S. Citizenship and Immigration Services, 2015). This study uses a traditional narrative review framework to understand how facets of relocation to a Western asylum country may impact the mental health of Middle Eastern refugees (Coughlan et al., 2007).

Lack of social support is associated with the extent to which relocation to an asylum country impacts the mental health of Middle Eastern refugees (Belau et al., 2021; El-Awad et al., 2021; Fazel et al., 2012). It is widely recognized that social support can be a powerful tool in preventing and alleviating mental disorders (Gottlieb, 1985; Qi et al., 2020; Schug et al., 2021). Research has found that Middle Eastern refugees who relocate to asylum countries alone, without familial company, have higher rates of mental illness (Belau et al., 2021; El-Awad et al., 2021; Fazel et al., 2012). Almost 50% of Middle Eastern refugees living in Western

asylum countries reported feelings of social isolation (Belau et al., 2021). In particular, refugees who were separated from their children in asylum countries were more likely to experience poor psychological states involving adverse mental health effects (Belau et al., 2021). Refugees who obtain social support from friends, family members, and host-country natives have a lessened risk of developing mental illnesses including depression and anxiety post-relocation (Fazel et al., 2012; Montgomery & Foldspang, 2007; Montgomery, 2011). Not only is social support a protective factor against refugee mental illness, but it can also lessen the impact of discrimination from host-country natives on refugee mental health. (El-Awad et al., 2021; Hashemi et al., 2019).

Irrespective of their level of social support, many Middle Eastern refugees experience discrimination and Islamophobia in the asylum country, which can have adverse consequences for their mental health (Hashemi et al., 2019; Lindencrona et al., 2007; Montgomery & Foldspang, 2007; Stuart & Ward, 2018). Middle Eastern immigrants who speak their native language in public places in the host country experience discrimination at greater frequency, which can contribute to the development of depression and other mental illnesses (Hashemi et al., 2019). Experiencing discrimination through verbal or physical threats has been found to increase the incidence of depression and anxiety among Middle Eastern refugees (Fritzson & Sand, 2020; Lindencrona et al., 2007; Montgomery & Foldspang, 2007). An estimated 31% of Middle Eastern refugees face depression and PTSD, while an estimated 40% struggle with anxiety (Nguyen et al., 2023). An additional factor that may exacerbate mental health issues among Middle Eastern refugees is experiencing Islamophobia, which remains prevalent in many Western nations (Hashemi et al., 2019; Melinda & Minardi, 2021). Using religious practices to cope with acculturative stress may either improve refugees' mental health, or it may further impair their psychological states because it hinders their acculturation, the degree to which they are able to assimilate their values and practices to the host culture (Hashemi et al., 2019; Stuart & Ward, 2018; VandenBos, n.d.). Experiencing discrimination and Islamophobia in the host country poses evident challenges to refugee mental health (Hashemi et al., 2019; Lindencrona et al., 2007; Montgomery & Foldspang, 2007).

After relocating to an asylum country, many factors beyond discrimination and Islamophobia may prevent acculturation and subsequently decrease the mental health status of Middle Eastern refugees (El-Awad et al., 2021; Lindencrona et al., 2007; Montgomery, 2011). Research suggests that refugees with low levels of acculturation have high rates of psychological disorders, while those who have socially, academically, and linguistically assimilated to the host country experience lower rates of these disorders (El-Awad et al., 2021; Montgomery, 2011). One aspect of acculturation that may impact refugee mental health is adapting to the gender norms of the asylum country (Deng & Marlowe, 2013; Kisilu & Darras, 2018). Acculturation levels may decrease and thus depression may increase among refugees, if gender roles in the host country differ significantly from those of the country of origin (Deng & Marlowe, 2013; Kisilu & Darras, 2018). Additional acculturative hindrances including lack of proficiency in the language of the host country, as well as financial strain, have been found to increase rates of depression and PTSD among Middle Eastern refugees (Cummings et al., 2011; Hashemi et al., 2019; Lindencrona et al., 2007). Another major barrier to acculturation, the denial of a permanent residence application, can exacerbate mental health disorders among Middle Eastern refugees (Montgomery & Foldspang, 2005). Evidently, challenges with adapting to a new country may influence the development of mental illnesses (Montgomery, 2011; Kisilu & Darras, 2018).

In addition to acculturation hurdles, lack of access to and cultural stigma surrounding mental health services can intensify mental illnesses among Middle Eastern refugees post-relocation (Kisilu & Darras, 2018; Sharif & Hassan, 2021; Tahir et al., 2022). Host countries typically do not provide mental health services for Middle Eastern refugees, and when these services are provided, they are difficult to access due to language and financial barriers (Kisilu & Darras, 2018; Sharif & Hassan, 2021). Even if mental health services were accessible to Middle Eastern refugees, these services may not be utilized due to cultural stigma surrounding mental health in Middle Eastern culture (Kisilu & Darras, 2018; Tahir et al., 2022). Usage of mental health aid is viewed as shameful and taboo in many Middle Eastern cultures, particularly for men. However, refugee women have also reported reluctance to seek mental health services due to their cultural beliefs (Kisilu & Darras, 2018; Sharif & Hassan, 2021; Tahir et al., 2022).

Overall, the literature indicates that Middle Eastern refugees living in asylum countries face adverse circumstances that can cause symptoms of depression, anxiety, and PTSD (Belau et al., 2021; Cummings et al., 2011; El-Awad et al., 2021; Hashemi et al., 2019; Kisilu & Darras, 2018; Lindencrona et al., 2007; Stuart & Ward, 2018). These

circumstances include insufficient social support, discrimination, acculturative barriers, and lack of access to and usage of mental health services (El-Awad et al., 2021; Hashemi et al., 2019; Kisilu & Darras, 2018; Montgomery, 2011). These findings suggest that host countries should consider the mental health struggles that may result from immigrant relocation, and potentially enact programs to ease the acculturation process by supplying assistance with the permanent residence application process, providing language-learning services, and educating their population on cultural sensitivity towards refugees. A limitation in the literature includes a lack of research on interventions that assist with Middle Eastern refugee relocation. Additionally, research is limited due to difficulty operationalizing mental health variables and obtaining diagnoses among vulnerable populations. Future research could explore protective factors beyond social support against the development of psychological disorders among Middle Eastern refugees. In addition, it is important that future research is conducted to identify interventions that can destigmatize mental health services for Middle Eastern refugees and help them cope with the transition to a new country.

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