



Resilience and mental health among Kurdish refugees in Finland

Afrouz Zibaei*

Manchester Metropolitan University, UK

Correspondence: Afrouz Zibaei, Manchester Metropolitan University, UK.

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Abstract

The global refugee crisis, with over 65.6 million displaced individuals by 2018, poses significant public health challenges, particularly concerning the mental health of refugees. This study examines the resilience and mental health of Kurdish refugees in Finland, a population often exposed to traumatic events and chronic stressors. Existing research highlights a high prevalence of PTSD, anxiety, and depression among refugees, while resilience and social support are recognized as critical factors in mitigating these mental health impacts, factors such as the severity of trauma, older age, and challenges in host countries can diminish resilience, leading to adverse mental health outcomes. In Finland, Kurdish refugees face difficulties related to employment, education, and social integration, which further complicate their mental health and resilience. This article explores the complex interplay between mental health and resilience in the context of Kurdish culture, where mental illness is often stigmatized, and access to mental health services is limited. By understanding the cultural, social, and psychological factors that shape the mental health of Kurdish refugees, the study aims to provide insights into effective support strategies that enhance resilience and promote well-being. The study also calls for further research into the resilience and vulnerability factors among older refugees, emphasizing the need for culturally sensitive approaches to mental health care in refugee populations.

Introduction

The global movement of forced refugees and migration is recognized as an important conflict in international public health. The global number of refugees and migrants are 65.6 million until March 2018. A research study by Steele *et al.*, and by Porter and Haslam¹ showed that the Conflict of forced refugee and migration had mental health disorders related to traumatic events and daily stressors. The mental health studies have been related mostly to PTSD, anxiety and depression refugee and migration. Siriwardhana and Stewart² and Bonano and Mancini³ resilience and social support are the key factors in reducing the mental health impact of refugee and

migration experience.² Because resilience is the ability of a person to adapt or recover from stressful situations and traumatic experiences.⁴ Resilience is a multidimensional construct such as personal skills and attributes (self-esteem or hardiness), social environments, and a family support network.⁵ The difficulty of the situation and older age of refugees and migrants have been affected by decreased resilience.² This study aims to fill the gap in evidence by collating the current evidence on resilience and mental health consequences of Kurdish refugees and migrants in Finland.

Mental Health and Refugee

Health is a multidimensional concept, and it is not

just the absence of disease and disability but as well as a feeling of happiness and welfare. The positive aspects of health are strength and protection against mental disorders.^{6,7} Therefore, health can be described by compatibility and self-management. Health can be defined as the physical, mental, emotional, and social resources for a productive and satisfying life. Banaian and Parvin⁸ describe the meaning of “mental health is the ability to carry out everyday activities, establish proper relationships, and exhibit proper social and cultural behaviour”. Stress among refugees is an important factor threatening mental health, such as social, cognitive, and physiological. Stress is according to daily life such as unpleasant events, death, sickness, accidents, economic problems, social injustice, and workplace problems, wherever they can impact an individual’s physical and mental health in the long term, which leads to physical and mental disorders.⁹ The relationship between disease and good health is relative to attention to mental health. Research studies have shown that one out of 5 people has one type of mental disorder in the world, which affects his/her professional, and social performance. The relationship between disorder and good health has been related to health promotion, health protection and health services. Positive emotions are ingredients within resilience because reduce the risk of depression and promote growth Fredrickson *et al.*¹⁰ anxiety and depression mental disorders will become the most common diseases by 2030.^{11–13} Through stress management and favourable copy, the strategy will be able to cope better with needs.¹⁴ According to Campbell¹⁵ and Narchal¹⁶ exploitation immigrants and refugees’ challenges are facing loneliness and isolation in a host country. According to many studies in Finland, immigrants find it difficult to get jobs based on their education and qualifications. (Compatibility of Competence and Work at the Multicultural Workplace) study, funded by the Finnish Work Environment Fund and the Finnish Institute of Occupational Health (2015–2018). Refugee and migrant populations’ situations are challenging, the host country can help them with a variety of opportunities for building resilience, e.g. financial investment, infrastructural innovation, making labour power, and developing a new skill for social action. Migrants and refugees bring new energy into workforces and when they have the right to work and access educational opportunities, they help to raise productivity in host countries, through purchasing

departments, innovation, and entrepreneurship (new business). Mental health scientists accept resilience such as mental health protection, promotion and recovery processes. Resilience is a personal ability to deal with stressful conditions which can connect the negative effects of stress. Resilience can protect people against mental disorders in their daily lives.¹⁷ The Finnish Institute of Occupational Health (2015–2018). One of the features of resilience is adult resilience. According to Taormina RJ¹⁸ four dimensions of adult personal resilience include:

- Determination: the cognitive dimension of personal resilience, the setback of physical trauma
- Endurance, unpleasant or difficult situations, both cognitive and physical
- Adaptability, coping with environments and fit into changing conditions, living in different countries with different cultures.¹⁹
- Recoverability, ability to recover, physically and cognitively, physical aspect of resilience, physiological foundations.²⁰

The resilience of refugees and immigrants is facing new challenges and adversity.²¹ Resilience is the capacity to grow and build strength resources from challenging experiences.²² According to Campbell¹⁵ and Narchal¹⁶ exploitation immigrants and refugees’ challenges are facing loneliness and isolation in a host country. Resilience is connecting the human condition, it’s the ability to copy different conditions and the ability to deal with them which makes us feel stronger healthy, and successful again after something has happened. Research has shown that resilient people are: happier, have better relationships, have higher life satisfaction and less hopelessness, anxiety and depression. From a developmental psychopathology perspective, it is important to understand ways to competence and positive mental health and to understand the ways to problems and disorders. Resilience is a dynamic concept, which refers to adapting or developing concerning a significant challenge. The resilience factors can focus on geographical, national, cultural, community or social.

How mental health is conceptualized in Kurdish culture?

Kurdish society’s cultural and social influences play

an important role in using the service of mental illness and types of treatment. According to several research studies depression, PTSD and general health form a very extensive area of mental health and psychiatry among those people. The thought of mental health illness and the threat of stigma, in this society the taboo is linked with shame. Nasir & Abdul-Haq²³ and Kirmayer²⁴ explained that the understanding and development of mental health and psychosocial well-being is rooted in social, cultural and religious contexts. The cultural and religious play an important role in the understanding of psychological and social problems, and based on the Kurdish living situation the methods of treatment among Kurdish people are different in different living countries. Cultural concepts have a significant influence on a person's perspective, e.g. how to express suffering people, how to explain mental health and disaster and how they seek help. However, adult Kurdish refugees from different parts of Kurdistan are suffering and finding adaptive strategies to cope with their situation in the host country.²⁵

Relationship Between Mental Health and Resilience

According to Masten & Obradovic's²⁶ study early since the 1970s the resilience study has been controlled by psychiatry, clinical psychology, and human development. The reason was to understand better of human psychopathology. Bring up successful internal and external adaptation processes, which are characterized by healthy psychological well-being and physical health in individuals and communities. Personal natural play an important role in resilience.²⁷ The resilience combined with biological and psychosocial influences, such as intelligence, competence, temperament, self-regulation, and self-esteem.²⁸ According to research studies by Lee *et al.*²⁹ and Hu *et al.*³⁰ have a significant relationship between resilience and mental health resilient people have better mental health. However, understanding mental resilience to mental disorders is an important concept, because trauma and chronic stress are known as psychiatric disorders. According to Tedeschi & Calhoun³¹ explanation resilience is related to mental health growth from pre- to post-trauma. Davydov & Ritchie³² suggested resilience has improved the relationship between stressful life events and mental

health conditions. The high-risk groups are mental health across nations e.g. women, older adults, disabled people, victims of conflict and unemployment. The understanding of the concept of mental resilience can help to clarify underlying mental health resilience challenges such as first multi-level defence from the transfer of adaptive (health to disorder) reactivity, and second a balance of biological, psychological and social interactive which developing an adaptive.³³ The resilience in the WHO 's concept is a "conceptualization of mental health as a positive state of psychological well-being going beyond the absence of disease".³⁴ According to research studies, resilience is specific to genetic, biological, psychological, family, community, social, and environmental effects.³⁵ Mental disorders are different between populations and cultures for example countries or migrant and non-migrant groups. The conceptions and meanings of mental health are challenged based on cultural and linguistic differences. The researchers describe mental resilience as an ability to 'spring back' to initial levels of mental, emotional and cognitive activity after disturbance and suffering.^{10,37}

Patel and Goodman explained that mental resilience is protection mechanisms which help to maintain a given of health in the face of suffering. Positive emotions are makings to active within resilience, which reduces the risk of depression and promotes build-up.¹⁰ Mental resilience needs a balance between negative and positive experiences in everyday life.³⁶ Resilience can have reduced vulnerability. Vulnerability depends on the balance of particular positive and negative events.¹⁰ According to WHO the main idea is to keep a resilience approach to mental health as a positive condition of psychological well-being to an absence of disease.³⁴

Conclusion

Research studies for the future in adult personal resilience need to know that: first better understanding of the psychology of resilience which personality variables, such as personal integrity, and emotional intelligence and second, understudying adult resilience levels in different cultures.³⁷ Further research is needed to know to resilience and vulnerability factors among older refugees. Because both are important issues related to psychological problems and identify

among older refugees. The refugee and migrant both pre- and postmigration characteristics were important determinants of their mental health.^{38–40}

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Conflicts of interest

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