

Depressive symptoms among immigrants in Europe: what is the role of social exclusion?

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Perhaps one of the current world's most pressing needs is hospitality. Hospitality means welcoming others with their radical differences.

Authors such as Jacques Derrida (1930-2004) and Emmanuel Lévinas (1906-1995) dwell on this question, raising complex and profound reflections that highlight the need for an unconditional hospitality, since “*what really matters is to act at the service of the Other*” ¹ (p. 151), even though “when I open my door to someone, I’ll have to be prepared to run a greater risk” (Derrida, 1999, *apud* Meneses ², p. 69).

The above quotes aim to introduce one of the articles in this issue of CSP ³ that addresses the inequalities in depressive symptoms between natives and immigrants in Europe: the mediating role of social exclusion. We begin this exploration by contending that the study of signs and symptoms of psychological distress and/or mental disorders among immigrants is only the tip of the iceberg in a much larger issue involving the discussion concerning our own model of society, which is increasingly exclusionary, when we should be moving in the opposite direction if we want humankind to remain on Earth for many more centuries.

The discussion raised by the article might sound obvious. Using data from the seventh round of the *European Social Survey* of 2014, with a sample of 1,792 immigrants and 22,557 native Europeans, the authors state that self-report of depressive symptoms is higher among immigrants than among natives, and that the prevalence rates are higher among immigrants that have lived in Europe for up to 10 years and for over 20 years. The results also show that different dimensions of social exclusion – economic, social, and cultural, taken together – explain these differences in depressive symptoms completely between natives and immigrants residing in Europe for 1-10 years and very slightly for immigrants residing there for over 20 years. Economic factors alone explain the difference between natives and immigrants that have lived from 1 to 10 years in Europe.

A first question could be, what happens with immigrants that have lived in Europe for 10 to 20 years? After 10 years in Europe, are they more integrated, and after 20 years, do homesickness, unfulfillment, and the things they have left behind begin to weigh more heavily on them? And what about immigrants that have lived less than 10 years in Eu-

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rope? Why do they have high prevalence rates of self-reported depressive symptoms? Is the economic crisis of 2008 in Europe a possible explanation for the difficulties detected in these immigrants?

In fact, the world has always experienced human migrations, from small groups to even entire populations. According to United Nations data, the world now has some 250 million international migrants, that is, persons living in different countries from the ones in which they were born. Of this total, more than 68 million are in situations of forced displacement⁴. Although the article does not distinguish between international migrants and refugees, this is a basic distinction when dealing with the migratory process. While migrants make a voluntary choice to live abroad, usually for economic reasons, refugees are forced to leave their countries “*due to well-founded fears of persecution related to their race, religion, nationality, social group, or political opinions, or armed conflicts, widespread violence, and serious human rights violations*”⁵ (p. 2). Refugees thus present even greater vulnerability than economic migrants.

Returning to the article published in this issue of CSP, we find that immigrants in Europe presented higher prevalence of self-reported depressive symptoms, mainly in contexts of social exclusion and economic deprivation.

This higher prevalence occurs even in immigrants that have lived in Europe for less than ten years. However, some studies^{6,7} show that when they first arrive in their new country, immigrants' mental health appears to be better than that of the natives, but with the passing years these data even out with those of the general population.

Kyrmayer et al.⁶ argues that the history of migration features at least three phases: the pre-migration period, the migration period per se, and the period of post-migration resettlement. Depending on the circumstances and events in each of these phases, the immigrant's mental health may also suffer greater or lesser problems. For example, refugees that have been exposed to major violence in their home countries generally display higher rates of post-traumatic stress disorder and chronic pain or other somatic disorders. Migration involves three main sets of transitions: changes in personal ties and in the reconstruction of social networks, the passage from one socioeconomic system to another, and the change from one cultural system to another. Disillusion, demoralization, and depression may occur earlier as the result of losses associated with the migration, or later, when the initial hopes and expectations are not fulfilled and when the immigrants and their families face lasting obstacles to advancement in their new home country because of structural barriers and inequalities aggravated by policies of exclusion, racism, and discrimination.

In the face of such an arid context, the welcoming response by the country that receives the immigrants is essential for greater integration, less social exclusion, and thus less likelihood of triggering intense psychological suffering and mental disorders.

Breaking down the borders of prejudice and opening hospitality to others seeking solace in our land is always an enormous challenge.

This is a key issue of our time. To become a brother to everyone requires release, availability, and a path to openness that begins in our own home, with those closest to us, and continues with a collective engagement in the search for broader transformations in our society and in our humanity.

Difficult, but indispensable! And we have a long way to go!

Additional information

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