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Master of Health Care
Thesis, 2019

MENTAL HEALTH OF IRREGULAR MIGRANTS

- A Scoping Review

ABSTRACT

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61 p., 4 appedices
February, 2019
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The aim of this study is to describe the subjective mental health and mental health problems of irregular migrants through their individual experiences, "to give them a voice", and adduce the societal and global perspective concerning irregular migrants´ situation by illustrating the connection between their mental health problems and the human rights. This aim is achieved by making a recapitulation of their most common mental health disorders in the European level, getting insight to their special predisposition for mental disorders, finding out special features related to their mental health problems and by illustrating the most important factors related their mental health.

This research is a scoping literature review study consisting 12 articles dated between 2005 and 2016, and they were analyzed with inductive content analysis method. The analysis resulted three main themes: "Disorders of the mind", "Continuous inner terror and despondence" and "Segregation, lack of basic security and depletion of living resources in individual´s life".

The main findings were, that the most common mental health problems of irregular migrants were anxiety, depression, sleeping disorders and stress, followed by psychoses and PTSD. Also the constant fear, feelings of anxiousness and depression simultaneously, expressing mental imbalance through physical symptoms, and isolation, suggested that irregular migrants may have atypical depression symptoms compared to others and they express their poor mental health more often through bodily pain.

It was also discovered, that the undocumented status itself, being illegal and not having any kind of position inside society, has the greatest single effect on their mental health. Irregular migrants had also many obstacles when trying to seek help for mental health problems and the most barriers were related with cultural issues. These barriers were worsening their mental health, causing possibly the migration-related grief. It was also found, that irregular migrants own personal resources are extremely limited leaving them entirely dependent on outside help. Irregular migrant´s ignorance about their own rights, distrust, doctors' indifference, and problematic interaction leave them easily outside information and healthcare.

Keywords: Irregular migrants, Human Rights, Mental Health

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LIST OF ABBREVIATIONS

EU	EUROPEAN UNION
FRA	EUROPEAN UNION AGENCY FOR FUNDAMENTAL RIGHTS
GP	GENERAL PRACTITIONER
PICUM	PLATFORM FOR INTERNATIONAL COOPERATION ON UNDOCUMENTED MIGRANTS
UK	UNITED KINGDOM
UNHCR	THE OFFICE OF THE UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES
WHO	WORLD HEALTH ORGANIZATION

1 INTRODUCTION

It is estimated that there is more than 4 million irregular migrants in the European Union and 2000-4000 of them residing in Finland. Most of the irregular migrants are former asylum seekers, and it is known, that mental health disorders are very common among them (Heeren, M. Et.al. 2012, 5; Silove, D. 1996, 351), so it is justifiable to say, that irregular migrants, living in the most precarious living conditions, have mental disorders as well. Overall, mental health problems in general are considered to be the number one health challenge of the 21st century, and according to WHO (2013, 13) third of the population in Europe are annually affected to mental disorders causing the highest disease burden in many high income Western European countries.

Irregular migrants, also called undocumented migrants, paperless persons, clandestines, unauthorized migrants or even illegal aliens, is an old phenomenon as such, but only resents decades they have become "the issue" in many countries by the large refugee flows and terrorist attacks. ("Brunnenmarkt murder" 2016; Jauhiainen, J.S. & Gadd, K. 2018; Connor, P. 2016; Wike, R. Et. Al. 2016.)

Despite of the old phenomenon and in relation to the amount of irregular migrants, research about their issues is still very narrow, especially about their mental health. (Andersson, L. M. Et.al. 2018; Straßmayr, C. Et.al. 2012). There are some comparative researches (van de Sande, J. & van den Muijsenbergh, ET C. 2017; D'Isanto, F., Fouskas, P., & Verde, M. 2016) and due to huge amount of Mexican irregular migrants, there are more researches in United States. (Garcini, L. M. Et.al. 2017; Sullivan, M. M., & Rehm, R. 2005) However, in European level, to the best knowledge of the researcher, this is the first literature review about this theme.

This research is a scoping review, with 12 studies analysed with inductive content analysis and the aim of this research is to give insight to the subjective experiences of irregular migrants´ mental health problems and adduce the societal and global perspective concerning irregular migrants´ situation in relation to international human rights.

The Universal Human Rights states, that everyone are entitled to such standard of living, which is assuring adequate health and well-being including medical care and necessary social services without any kind of distinction, including migrants without legal status. Despite the fact, that all European countries have ratified these rights, they are constantly violated.

In the future, the "problem" of irregular migrants is not going disappear due to increasing migrant flow to Europe, so closed border policy and seeing them only as a threat and economical burden to societies will not be a sustainable solution ob the long run. It was discovered, the undocumented status itself, being illegal and not having any kind of position inside society, has the greatest single effect on irregular migrants´ mental health and mental health disorders and that the only way to defragment and empower them is to restore their connections to other people and to surrounding society. Empowered people with full human rights not only boosts the well-being of individuals, but also increases the strength and resilience of the whole society.

2 REFUGEES, IMMIGRANTS AND ALIENS

Migration means individuals´, or populations´, process of moving within the state or across state borders, or from one cultural setting to another, regardless of cause or length of movement or composition of migrants who are moving. It can be voluntary or forced, or both. (Davies, A.A., Et. al. 2010, 10; Lindert, J. Et. al. 2008, 14.) Migrants are not one homogeneous group of people, but can be defined in various ways, based on the reasons of departure. Migrants can be internally displaced, refugees, asylum seekers, migrant workers, people moving for family reasons, students, tourists, travellers and people in irregular situation. (Lindert, J. Et. al. 2008, 15.)

The term migrant is increasingly used when referring to a person who is settled in another country usually for quite short period of time, usually 12 months or less, and then returning home. (EU immigration portal, 2016; Travis, A. 2015) Another term for short stay, used more often by embassies or with border formalities, is non-immigrants who has granted permission for temporary visa. (Internal Revenue service 2017.) A person, who has granted the right to

reside permanently and work without restrictions, is immigrant (EU immigration portal 2016; Internal Revenue service 2017).

According to the UNHCR (1951, 3) a refugee is a person who is unable, or unwilling, to return to one´s home country because of having reasons to fear being persecuted for race, religion, nationality, political opinion or for other similar reasons. The Guardian is expanding the definition to persons who are in the need of international protection and whose *"life and freedom would be under threat"* (Travis, A. 2015). An asylum seeker, on the other hand, is someone, who has formally applied for asylum in another country, appealing to reasons mentioned above, but whose application has not been concluded (Refugee Council, 2017).

Undocumented immigrants, also called undocumented migrants or residents, are various group of people, who does not have authorised residence permit. In Europe most them have entered legally, but after period of time, their residence permit has ended and they have become undocumented immigrants for example for result of overstayed visa or negative asylum permit. (PICUM n.d.) Another common reason to become "undocumented" is crossing state borders undetected, which is very usual in United States for example, as well as acquiring irregular status by birth. (Karl-Trummer, U. Et. Al. 2010, 13; Winters, M. Et.al. 2018, 1; Straßmayr, C. Et.al. 2012, 1.) Then there are also people who have left their home countries in order to travel to formal registered employment, but have actually been trafficked into the country by criminal leagues, who have taken their papers, fees and freedom and are using them as unregistered workforce. (Wilkinson, M. 2012, 16) Whatever the reason is becoming to an undocumented immigrant, or "paperless person", as they are also called in many countries, the term maybe problematic since undocumented migrants may as well have identification card or even passport, that is, legal documents, only the residence permit is missing. (Salmi,H. Et. al. 2016)

European parliament and many other sources, including media, have also used the term "illegal immigrants" or "illegal migrants", when talking about undocumented immigrants to clarify, that they are people who do not: *"fulfil the conditions for entry, stay or residence"* in member state in question. (European parliament 2015, 2) EU Commissioner of Human Rights, (2007,3; Barret, D. 2016) however, have stated, that the term illegal immigrant, although still largely used and accepted, is emphasizing criminality and is referring to people,

whose only crime is overstayed visa or illegal entry into the country. To avoid that, terms "unauthorized" or "clandestine" have also been used. (Genova, N. 2002, 420.), but, the correct term, according to EU Commissioner (2007,3) would be "irregular migrants", referring to non citizens who are not refugees or asylum seekers and who does not have valid leave to reside in a country.

Terms alien, illegal alien and undocumented alien, are sometimes used as well, the first meaning non-citizens and the two latter ones unauthorized residents, undocumented people or illegal immigrants. However, the meanings of these terms are not very clear, and for instance in United States, some aliens with legal non-immigrant status may have a right to be employed, while some others are not. (Internal Revenue service, 2017; EU immigration portal, 2016) Illegal alien status on the other hand is very clear, meaning persons who are deportable if apprehended. (Internal Revenue service, 2017) All those three terms are very dehumanizing though, because they refer to extraterrestrial life as well, and therefore does not apply to immigrants regardless of their status in a country. (Illegal alien, n.d.)

3 THE PHENOMENON OF MIGRATION AND IRREGULAR MIGRANTS

Migration into the EU have increased exponentially in resent decade and approximately 7.6% of the whole EU population is foreign born. (Peiro, M-J. & Benedict, R. 2010, 1) Large part of migration is still intra-European, in 2008 nearly 11.3 million EU citizen were living in another EU country from their origin. (Pace, P. 2010, 5.) When European Union expanded to the eastwards in 2004, new migrant arrivals escalated in many western European countries. For example in UK 2011 was estimated that over 1,5 million foreign workers had been registered since 2004 EU expansion. (Wilkinson, M. 2012, 13) The highest peak of asylum applications were experienced in 2015 in European Union, Norway and Switzerland, when 1.3 million migrants applied for asylum in that year. (Connor, P. 2016)

However, the massive growth in migration had started already on 20th century after First and Second World Wars, but migration did emergence more or less in periods, which after became slower times.(Lindert, J. Et. Al. 2008, 14) Since year 2000 and at the beginning of the

21st century migration has accelerated rapidly. There are many political, economical and environmental global reasons for increasing migration, but in European level some reasons have had more affect than the others. (Connor, P. 2016)

By the year 2000 most of the European countries had ratified, or at least signed the Schengen agreement, which had significant effect on more free movement and working across Europe for people (EUR-Lex 2009.) Also, most of the European Union countries joint into the one currency in the beginning of the new era, which created the feeling of "One" Europe and making travelling inside Europe even easier than before. (European Commission 2007, 15-17). Furthermore, the Kosovo war, which had started rapid migration to Western Europe, was just ended, but the refugee flow was still ongoing. The growth of European Union member states 2004 and 2007 had effect on increasing migration inside and to Europe as well. (Connor, P. 2016)

In 2015 Europe experienced the largest annual arrival of asylum seekers since 1985. In that year Europe received more asylum applications than the previous peak years of 1992 and 2002 combined. (Connor, P. 2016) The reason for this onslaught was simultaneous conflicts in Syria, Afghanistan, Libya and Iraq and long term environmental negative development in several African countries creating local village level conflicts in several areas leading mass movement of people towards north. (Connor, P. 2016; Werz, M. & Hoffman, M. 2016, 146)

At the same time with increasing amount of migrants, the terrorist attacks in New York 2001, the first one of many yet to come, started the "War on terror" (European Union 2017) shaping European minds about aliens and affecting on the legislation concerning refugees in EU, which was about to ratify. (EUR-Lex 2003) Ever since the atmosphere, the asylum processes and opinions about migration are tightened in every European country, but they have had only little affect on the refugee "flow" to Europe, leading to increasing amount of irregular migrants in European Union. (Connor, P. 2016; Wike, R. Et.al. 2016.)

It is estimated that more than 200 million people annually leave their homes for seeking better life, (Lindert, J. Et.al. 2008, 15) and that there is up to 3,8 million undocumented migrants in the European Union only, but exact content is impossible to calculate. (Jensen N.K. Et.al. 2011, 2-3.) Some estimations suggests the amount is as much as 6,4 million. (Peiro, M-J. &

Benedict, R. 2010, 1) Data from Norway and Sweden showed, that most of the irregular migrants were rejected asylum seekers. (Jensen N.K. Et.al. 2011, 2-3.)

In Netherlands the estimation of irregular migrants in a year 2008 was somewhere between 62 320 and 113 912. Most of them were men under 40 years and originated from Sub-Saharan Africa and Asia. (van de Sande, J. & van den Muijsenbergh, ET C. 2017, 649.) In Denmark the same estimation was 5000 irregular migrants (Jensen N.K. Et.al. 2011, 2-3.), and in United Kingdom from 300 000 to 800 000 in 2006. (Wilkinson, M. 2012, 16) It has been estimated that there was 2000-4000 irregular migrants in Finland in the beginning of the year 2018, most of them residing in large cities, but the amount maybe rising, when asylum seekers who applied asylum in the peak year 2015 are receiving negative asylum decisions, but are not leaving the country. (Jauhiainen, J.S. & Gadd, K. 2018)

4 MENTAL HEALTH IN EUROPE AND HUMAN RIGHTS

According to World Health Organization (2018) mental health is: *"a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community"*. It means a holistic state of health, when an individual has ability to fully fulfil oneself and has a possibility to share ideas and emotions and enjoy life. Corey L.M. Keys (Galderisi Et.al. 2015, 231) has stated, that mental health is constructed of three elements: emotional, psychological and social well-being. They include being content and having good zest for life, good relationships, ability to manage everyday responsibilities well and at least fairly good self-image. In addition, to be able to provide something for the community and feel being part of it, having faith and trust in the future and in the surrounding society.

Poor mental health is a subjective feeling, that is not only a temporary low or sad mood, but longer lasting difficulty to manage own thoughts, actions or daily stressors, or breakage of soul and inner balance. It is a feeling of being un-well and disempowered. (Galderisi, S. Et. al 2015, 231-233; Lavikainen, J. Et. al. 2000, 36.; WHO 2018.) Mental disorder has defined to be a syndrome, when significant problem in behavioural or in cognitional functioning or in regulation of emotions accures. It is often associated with major distress or disability in im-

portant every day activities, excluding culturally excepted reactions to a common misfortunes, which are not mental disorders (Thyer B.A. 2015, 47). Poor mental health does not mean necessarily mental disorders or mental illnesses and mental disorder or illness does not mean automatically poor mental health. (Galderisi, S. Et. al 2015, 231-233; Lavikainen, J. Et. al. 2000, 36. ; WHO 2018.)

According to WHO (2013, 13) third of the population of Europe are annually affected to mental disorders and they cause the highest disease burden in many high income Western European countries. In the top ten countries of the World with the highest suicide rates, the first nine were all European. It has been studied, that 164,8 million people in EU suffers from mental disorders every year, which is 38,2 % of the whole population. The largest prevalence of disorders were anxiety disorders (14%), insomnia (7%), major depression (6,9%), somatoform (6,3) and alcohol and drug misuse (Wittchen H.U. Et al. 2011, 656-657, 669). According to EU statistics in 2014 7% of the people in EU were having chronic depression and 4 % of those who had mental and behavioural disorders resulted to death (Eurostat 2017)

It has been estimated that in the year 2005, 277 billion Euros was spent on mental disorders in the EU region and for example 44% of Denmark´s and 43% of Finland´s and Scotland´s social welfare benefits and disability pensions were spent on mental disorders. (WHO 2013, 13; Wittchen H.U. Et al. 2011, 657.) The economical burden of mental disorders is high, still in most of the European countries mental health is free of user charges or maximum of 20% of the real costs of services, or payment maybe required only for special services. (European Union Agency for Fundamental Rights 2015.) Other resources vary a lot inside the EU region. The number of beds signed for psychiatric patients was ranging from 8 to 152 and the amount of psychiatrists was between 30 in Switzerland and 26 in Finland to three in Albania in 2017. The number of mental health nurses varied even more from 163 in Finland to three in Greece per 100 000 population. (Eurostat 2017)

In the European region, one of the wealthiest regions in the world, mental disorders and disorders of the brain are considered to be the number one health challenge of the 21st century (WHO 2013, 2; Wittchen H.U. Et al. 2011, 657). According to different studies for example antidepressant drug treatment was receiving 40% of the people in Germany and 36% in Finland, but access to psychological therapies was much lower throughout the Europe. The median time varied from 7 to 30 days in most EU countries to receive a psychiatric assessment

and psychotropic medication. (Barbato, A. 2014, 12-13) It seems that there is no improvement in treatment delays or providing more adequate treatment, and in fact more than two thirds of affected did not receive any treatment at all. The lack of resources in Europe, however, is not the main concern, despite the look of it, but the different models of care applied. (Wittchen H.U. Et al. 2011, 656; WHO 2013, 2,7.)

According to WHO European Mental Health Action Plan 2013-2020 (2013,7) one of the main target points is to develop local and community-based mental health services to ensure low-threshold services for all. The first contacts for most of the people to health care is anyway through primary or occupational health care and, already 86% of European GP´s diagnose mental health problems and treat people with common mental health disorders. The Action Plan (WHO 2013, 2) underlines that: *"....care and treatment should be provided in local settings, since large mental hospitals often lead to neglect and institutionalization*". It also emphasizes comprehensive approach, where treatment, promotion and prevention are equally important components.

The Action Plan has three values, which create the foundation for the whole Plan. They are: Fairness, Empowerment and Safety and effectiveness. It means that mental health services are accessible and available according to people´s needs, and discrimination, prejudice or neglect is not accepted, but full rights of people with mental health problems are highlighted. People with mental health problems are entitled to take part in every decision making concerning their own health and they are able to trust, that all treatments and interventions are safe and effective. These values are rising from the several human rights declarations which all countries in the European region have ratified. (WHO 2013, 2)

According to The Universal Declaration of Human Rights (1948, article 25) everyone is entitled to such standard of living, which is assuring adequate health and well-being including medical care and necessary social services without any kind of distinction. International Covenant on Economic, Social and Cultural Rights (1966, article 12) is taking it one step further when stating that everyone has the right to enjoy: *"...the highest attainable standard of physical and mental health"*, and such conditions should be created which would assure medical service and medical attention to all when fallen ill. The International Convention on the Elim-

ination of All Forms of Racial Discrimination (1965 Article 1) adds, that not any difference should be made between citizens and non-citizens.

The European Social Charter from 1961, (2) contains the same statements which can be found from the United Nation´s declarations, that everyone has the right to: *"Enjoy the highest possible attainable standard of health"* and *"Without adequate resources has the right to social and medical assistance"*, but also a statement which says, that: *"Everyone has the right to benefit from social welfare services"*. The Fundamental Rights of the European Union (FRA 2015a, Article 34) has much common grounds with The Universal Declaration of Human Rights when prohibiting all discrimination at any grounds and even with the statement of social and housing assistance for all those who lack sufficient resources, but in the end: "*...in accordance with the rules laid down by Union law and national laws and practices"*. In the renewed commitment of Non-discrimination and Equal Opportunities of European Union (European Commission 2008, 2-3) fundamental recognition of every individual´s equal value and access to opportunities is emphasized. It also adduces the importance of individuals to know their rights. The commitment (European Commission 2008, 9) states that: *"The marginalisation of millions of people is unacceptable above all from the perspective of equality and effective enjoyment of human rights".* It refers to the Roma, the biggest minority in Europe, and to their situation, but that sentence describes the whole content of this document by giving a strong message: non-discrimination and equal opportunities for all grounds! (European Commission 2008, 16)

Despite the universal rights to health and life, and the fact that all European countries have ratified these treaties and are obliged to follow them and act accordingly, the access of irregular migrants to health care in European region varies a lot. (PICUM 2017, 10, 13) In some countries emergency -, primary – and secondary health care are all free of charge, for example in Belgium, France, Netherlands and Portugal. In some countries Emergency health care is free of charge, but everything else is offered against payment, like in Denmark, Estonia and Spain. In several European countries every level of healthcare is chargeable, such as in Austria, Hungary and Croatia. (FRA 2015b.) Then there is also countries with different internal practices, like Finland, where payment is required in every level of health care for irregular migrants, except in few cities, like Helsinki, where the rights of irregular migrants were broaden up to be similar with the citizens, meaning access to health care centres free of

charge (FRA 2015b; Helsingin kaupunki (n.d.); PICUM 2017, 6,17.) There is also countries where access to additional health services is available only on paper, since public officials are required to report irregular migrants to immigrant authorities. (PICUM 2017, 10)

5 THE AIMS AND OBJECTIVES OF THE STUDY

The aim of this study is to describe the subjective mental health and mental health problems of irregular migrants through their individual experiences, "to give them a voice", and adduce the societal and global perspective concerning irregular migrants´ situation by illustrating the connection between their mental health problems and the human rights.

There are still very limited amount of research concerning irregular migrants and especially their mental health. To the best knowledge of the researcher of this study, this is the first scoping review of this subject on the European level. This study may give valuable information to people working with asylum seekers and irregular migrants. This study can be used as an basic information "baggage" or as a training material for example for students or volunteers and for health care professionals who are not yet familiar with this phenomenon.

The objectives of this study are to make recapitulation of the most common mental health disorders irregular migrants have in the European level, to get insight to their special predisposition for mental disorders, to find out special features related to their mental health problems and to illustrate the most important factors related their mental health.

The research questions are: 1. What psychological or mental health problems irregular migrants who reside in Europe have, 2. How mental health problems are described in studies and 3. What factors are related to mental health problems of irregular migrants.

6 RESEARCH METHODOLOGY

According to Arksey, H., & O´Malley, L. (2005, 20-21) a scoping review study: "May be used also as a method of its own right when research area or phenomenon is complex and it

has not been reviewed comprehensively before". It aims to examine the extent, range and nature of a particular research area and summarize research findings. (Arksey, H., & O´Malley, L. 2005, 21; Grant, M.J.,& Booth, A. 2009, 101; Rumrill, P. Et al. 2010, 401). The Scoping review method is ideal for this study, because the subject has not been reviewed before, it is indeed multifaceted phenomenon requiring objective approach and allowing large-scale mapping and screening of relevant literature around the chosen subject in order to find profound answers.

The review was conducted according to Arksey, H., & O´Malley, L. (2005, 22) methodological framework, which has five stages: identifying the research question, identifying relevant studies, selection of studies, charting the data, and collecting, summarizing and reporting the results. This research was started in August 2017, the data gathering process took place between September and November 2017, and the whole study was finished by the February 2019.

6.1 Search strategy

The search of articles was carried out in 9 different databases and it was completed in Springer Journal and Google Scholar to minimize the risk of relevant articles being left out. (Stolt, M. Et. al. 2016, 61) The chosen databases were: Academic Search Premier (EBSCO), reference database of Finnish articles, (ARTO), Nursing Journal database, The Cumulative Index for Nursing and Allied Health (CINAHL®), WHO Global Health Library, known as Global Index Medicus, (GIM), The National Library of Medicine´s database Medline (Ovid®), Finnish bibliographic database Medic, and ProQuest, Pubmed and Social Care Online. Springer Journal database and Google Scholar search engine were used as a supplemental search tools, since such systematic and organized search as in other databases was not possible.

When search resulted only few articles, the limiters were not used, and when the search came up with more than 1000 results despite the limiters, the search was remade targeting the both search sentences to abstracts. If still receiving more than 1000 results and the beginning of the list of articles seemed at least fairly relevant, the first 250 articles were gone through. However, all searches that resulted under 1000 results were glanced through and all "seems like relevant by title" –articles were selected. All hits were sorted by relevance before screen-

ing and too much weight on quality of results was not put at this point of search, but results were selected based on title very open-mindedly, so that articles where information about irregular migrants was “hidden” inside text could be found.

6.1.1 Search words

The first phase of search strategy was creating the research topic for applicable form for database searches, by finding the most important concepts related to this particular topic, creating the research questions and identifying the key words to be able to conduct the database searches. (Stolt, M. Et. al. 2016, 36; Siu, C., & Comerasamy, H. 2013, 69)

In this research was used the PCC identification tool by Joanna Briggs Institute (2017). Tool helped in refining and clarifying the research topic and questions and transforming the questions to search terms. (Joanna Briggs Institute, 2017) The PCC – tool is developed from the PICO principal used in systematic reviews or in evidenced based practice especially for scoping reviews. It contains three elements, which are: Population, Concept and Context (Joanna Briggs Institute, 2017). The Population means participants or the target group being examined, the Concept means the phenomena of interest and the Context stands for the settings or surroundings to which the research is limited to (Joanna Briggs Institute, 2017).

TABLE 1. PCC identification tool (The Joanna Briggs Institute, 2017)

PCC identification tool – forming the search elements from the research questions

Topic: Mental health of irregular migrants - a Scoping review

What mental health problems or psychological disorders irregular migrants who reside in Europe have?
How mental health of irregular migrants is described in studies?
What factors are related to mental health of irregular migrants ?

	Population	Concept	Context
PCC	Irregular migrants	Mental health problems / Psychological disorders / Mental health	In Europe

All three PCC elements were identified one by one from each research question with underlining similar words inside questions with different colours, after the questions were written as open and clear way as possible. Then, the words with similar colours were combined and placed to three different columns. (Table 1.)

The next phase was creating search words from these three elements (Stolt, M. 2016, 37,38.) which were: "irregular migrants", "mental health problems", "psychological disorders" and "mental health" and "in Europe". Based on preliminary searches using the word "Europe" with irregular migrants or relative phrases, the searches produced only very limited amount of search results and to make sure that relevant researches were not omitted, the word "Europe" was excluded and search words were created using the first two elements, the words in the columns of the Population and the Concept.

The words or sentences in the Population and the Concept columns, later called elements or element words, could have been used as a search words as such, but to ensure a wide approach and maximum coverage (Arksey, H., & O´Malley, L. 2005, 23) these elements were broaden up by creating more similar, equivalent and identical words and synonyms. Help and ideas were found from dictionaries, Wikipedia, Ministry of internal affairs, immigration sites

and Google in English, Swedish and Finnish. All created search words are presented in the appendix 1. Based on the high prevalence of some mental disorders in Immigrants and refugees, both adults and children (Fazel Et. al. 2005, 1309-1311; Kirmayer, L. Et. al. 2011, E961-E962) and similar symptoms also discovered in undocumented Mexican immigrants (Sullivan, M.M., & Rehm, R. 2005, 248-249.), post-traumatic stress disorder, depression, schizophrenia and anxiety were added to the search words list.

6.1.2 Search sentences

The third phase of the search strategy was forming the search sentences. Using the created wordlists, starting with English words, MeSH –terms were searched using Academic Search Premier (EBSCO®) -database. The MeSH –terms, Medical Subject Headings, are hierarchically-organized official terminology for medical words (U.S. national Library of Medicine, 2018). MeSH –terms in Finnish were also searched using ARTO®, the reference database of Finnish articles. Any Swedish databases were not used, so MeSH –terms in Swedish were not searched.

The search sentences were created using Boolean operators. The Boolean operators are used in database searches to connect the search words together and connect and define the relationship between search terms, or words in this case (EBSCOhelp). One search sentence was formed by adding all matching MeSH –terms found for the Population element together with the Boolean operator OR, and the other sentence similarly adding all matching MeSH –terms for the Concept element together with the Boolean operator OR. These two sentences were then put together, connecting them with the Boolean operator AND. Surprisingly not very many useful words were found in Finnish language regarding this particular topic from ARTO®, so the search sentence created from MeSH –terms was very limited and in the end, only Boolean operator OR was used. (Appendix 2.)

Example of the MESH –term search sentence in English and in Finnish:

((Undocumented OR "Illegal Immigrants*" OR "Illegal Aliens" OR "Unauthorized Immigrants") AND (Mental* OR Mentally* OR "Mental Disorders" OR "Mental Health*" OR "Psychological Trauma" OR "Stress, Psychological" OR Depression* OR Anxiety*))*

(Paperiton OR Paperittomat OR "Laiton maahanmuuttaja" OR "laittomat maahanmuuttajat" OR Laiton maahantulija OR "Laittomasti maassa oleskeleva")

The idea was to use only MeSH -terms to search articles to avoid using long search sentences. However, preliminary searches revealed that different word combinations produced again and again new articles that was not found before. One of these prolific combinations were search sentence, where only English MeSH –terms created from the Population element were used. To separate this sentence from the previous one, it was named English MeSH A –term sentence. (Appendix 2.)

Example of the MESH A –term in English:

(Undocumented OR "Illegal Immigrants*" OR "Illegal Aliens" OR "Unauthorized Immigrants")*

The preliminary searches also revealed, that using MeSH -terms only, all relevant articles were not able to adduce. Furthermore, the search sentence made of MeSH –terms in Finnish did not include any of the words in concept element, so the all search sentences had to be broaden up. Also, the decision had to be made, how to use the Swedish words. On the other hand the PCC identification tool and ideation work produced huge amount different words to search with. The problem was, which words to leave out and what words to use to reform the search sentences and how to justify the choices. To follow the profound idea of scoping reviews, to produce large volume of material, ensure the maximum coverage of search results and maintain somewhat systematic way to do the search, the decision was made to reform several different search sentences and do the literature searches in four different ways. Two of them are already introduced above, the other two are represented next.

In third way of making searches, all created words from the Population and the Concept elements were used with all three languages. The words of the Population element and of the Concept element were combined together with the Boolean operator OR and then these two sentences were joined with the Boolean operator AND. (Appendix 2.)

Example of the search sentence used in a third search in English:

(Irregular OR Undocumented* OR Paperless* OR "illegal migrant*" OR "Illegal immigrant*" OR "Illegal alien*" OR "Illegal minorities" OR "Minority group*" OR "Unauthorized people" OR "Unauthorized workers" OR "Unauthorized employ*")* ***AND*** *(Mental health problem* OR Mental health difficulties OR Mental health illness* OR Mental health sickness OR Mental health disorder* OR Mental health disease* OR Mental health symptom* OR Mental health stress* OR Mental health crisis OR Mental health derangement* OR "Mental problem*" OR "Mental difficulties" OR "Mental illness*" OR "Mental sickness" OR "Mental disorder*" OR "Mental disease*" OR "Mental symptom*" OR "Mental stress*" OR "Mental crisis" OR "Mental derangement*" OR "Mental unbalance" OR "Common mental health disorder* OR Psychological problem* OR Psychological difficulties OR Psychological emotional difficulties OR Psychological illness* OR Psychological sickness OR Psychological disorder* OR Psychological ill health OR Psychological symptom* OR Emotional problem* OR Emotional difficulties OR Emotional stress* OR Emotional disorder* OR Emotional illness* OR Emotional disorder* OR Emotional crisis OR Unhealthy condition* OR Poor mental health* OR Post-traumatic stress* OR Depress* OR Schizophrenia OR Anxiety)*

Since the search sentence formed of Concept element words (the sentence after the Boolean operator AND), was far too long to execute literature search in any database, it was divided to smaller sentences. Then there were one sentence made of the population element words, and four sentences in English, three in Finnish and two in Swedish created from the Concept element words. The one sentence made of the population element words were joint together with each of these separated sentences in three different languges with the Boolean operator AND. All these combinations are presented in the appendix 2.

Finally, it was also discovered, that there were some systematic literature reviews, that were not able to use as a search material, but their reference lists could be very fruitful. That created an exciting idea, could more relevant results be found for my research by finding more systematic reviews. Finding more systematic reviews became the fourth way of making literature searches. The searches were done again with Boolean operator using English MeSH A –terms combined with phrase "systematic review" in a title:

(Undocumented or "Illegal Immigrants*" or "Illegal Aliens" or "Unauthorized Immigrants") AND (TI systematic review).*

EBSCO –database was used as a starting point and results of the other databases were compared to EBSCO results. Only articles that were "new" compared to articles found in EBSCO were included.

Little alterations to search sentences were done in every database according to database guidance to be able to carry out the search, but that only mend for example using the specific type of parenthesis, or mark to cut the word, at the most. The search words, and the way they were "cut" and their orders in search sentences, as well as the way the search was performed, was always kept the same. The search was always done at first with the search sentences only and limiters were added afterwards.

6.2 Search outcomes

All four ways to search articles from all the nine databases resulted 14 625 articles, or hits, altogether. (Table 4.) The First and the Second search with English Mesh- and Mesh A – terms were the most productive, only databases Medic and Springer Journal did not give any results, or relevant results, with these search sentences. The third way of making searches with long search sentences in all three languages, English, Finnish and Swedish was again most productive in English. In Finnish or in Swedish the search sentences produced hardly any results or relevant results related to the subject under study. Therefore searches made in Swedish or Finnish did not offer extra value for making literature search inclusive. (Table 2.)

Databases Arto, Chinal, Ebsco and Medline offered more search results than the other databases, whereas social care oriented database Social Care Online seemed to produce clearly less results, although the subject under study is strongly related to social science. (Table 2.)

TABLE 2. Search Results

Database Number of articles found (hits)	Arto	Chinal	EBSCO	GIM	Medic	Medline (Ovid)	Pro-quest	Pubmed	Social care Online	Goole scholar	Springer Journal	Systematic Reviews References from 6 articles	*All databases*
1. search	213	306	486	123	13	124	126	163	10	503	0	-	*2067*
2. search	213	411	220	38	6	250	250	250	74	250	250	-	*2212*
3. search	3755	1960	1267	232	204	1691	357	342	116	0	0	-	*9924*
4. search*	0	0	362 (5)	0	0	0	60 (1)	0	0	0	0	422 (6)	*422*
Altogether	4181	2677	2335	393	223	2065	793	755	200	753	250	-	*14625*

**Number of systematic review articles found inside parenthesis, number of references found from those reviews before the parenthesis.*

6.3 Inclusion and exclusion criteria

Inclusion and exclusion criteria, known also as eligibility criteria, is a selection method, that tells which studies have been included to this research and which ones have been left out, and why (Higgins, JPT., & Green, S. (Edit.) 2011). The PCC -identification tool helped to determine the right criteria. (Joanna Briggs Institute, 2017) The inclusion and exclusion criteria are represented in the Table 3.

In this study the inclusion criteria concerning population were irregular migrants, both sexes with all ages, all ethnical, socio-economical and educational backgrounds, employed or not. Therefore immigrants, refugees, asylum seekers, residents and all other than irregular migrants were excluded. However, some alleviations had to be made along the way, since many studies concerning immigrants or minorities included also information about irregular migrants.

The concept was mental or psychological disorders, but also all symptoms referring to these disorders were included, as well as post-traumatic stress disorder, depression, schizophrenia and anxiety as explained earlier. (Sullivan, M.M., & Rehm, R. 2005, 241). Instead, no limitations with the beginning of symptoms or diagnosed disorder, or whether there was a diagnosis or not, was set, to assure comprehensive results.

TABLE 3. Inclusion and exclusion criteria

Inclusion criteria	**Exclusion criteria**
Irregular migrants	Immigrants, refugees, asylum seekers, residents
Mental and psychological disorders	Any other condition
Europe, including United Kingdom, Norway, Switzerland and Russia	Any other country
Published 2000 - 2018	Published before 2000
English, Finnish, Swedish	Other languages
High quality scientific articles, preferable peer reviewed	Other types of articles, grey literature
All study designs, except systematic reviews	Systematic reviews
Only articles found from the chosen databases	All other material
Only articles which answer to all the research questions	Articles that only partially or not at all answer to the research questions

The context was Europe. It means, that geographically the study was limited to European countries, in traditional sense. Meaning, that all European Union countries were included to the criteria as well as the United Kingdom which voted for secession from EU in 2016, and Norway, Switzerland and Russia which are not EU countries.

The search was limited to papers published during the year 2000 or after. The chosen timeframe has its explanation in the chapter 3.1. in this study, where affects of several EU level decisions and events, as well as the raise of irregular migration and their connection, is explained. All those reasons have had affect on increasing amount of irregular migrants in Europe and studies about them. Only study outcomes published in English, Finnish or Swedish were exepted due to lack of resources. Swedish being another official language in Finland was included to maximise the search result.

Only high quality scientific articles, preferable previewed found from the chosen databases were included to this study. The “grey literature”, such as letters and diaries were ruled out, but also all the other subjective and printed sources, for example newspaper articles, books and reports, were set aside to maintain as neutral perspective as possible to delicate subject, but also due to limited resources. Studies that only partially addressed the population were

included to assure full coverage of results (Higgins JPT., & Green, S. (Ed.) 2011), whereas researches which answered only partially, or not at all, to the research questions were excluded, since it would have been difficult to draw the line to what extent the quality and partial amount of results are enough, should all the fragments of answers include? Again, time and available recourses limited the included researches only to ones that fully answered all the research questions.

6.4 Selecting articles

The next phase in methodological framework by Arksey, H., & O´Malley, L. (2005, 22) is selecting articles. According to Joanna Briggs Institute´s scoping review guide (2017) the study selection process should include exclusion of articles based on titles, abstracts and full text examination. The Prisma Flow diagram tool was used to conduct this selection process. It was originally designed for systematic reviews, but in so called Prisma statement Moher, D. Et .al. (2009, 2) have aligned that it can be used in other types of researches as well as a basis for reporting. It includes four phases: "Identification", "Screening", "Eligibility" and "Included", and articles are excluded in every four phase based on the guidance of Joanna Briggs Institute. The flow of articles from identification to final inclusion is represented in Figure 1.

The article search resulted 14 625 hits and they were the starting point for this selection process. The first exclusion phase in many cases is deleting double articles. (Joanna Briggs Institute, 2017) In order to do that, the whole material is usually fed to one of the web-based database managers in order to manage and exclude articles more easily. However, in my case the amount of articles was so high, that feeding them first to a database manager, or to go them through manually, would have been too arduous, and therefore it was decided to alter the order of the first phase of the Flow diagram. The studies were first eliminated based on their title and Introduction and that order in Flow diagram have been used at least in one other research (Brown, G. 2014, 38). After glancing through the titles and introductions of all articles, all, that did not seem to meet the inclusion or exclusion criteria, 13 861 articles altogether, was deleted.

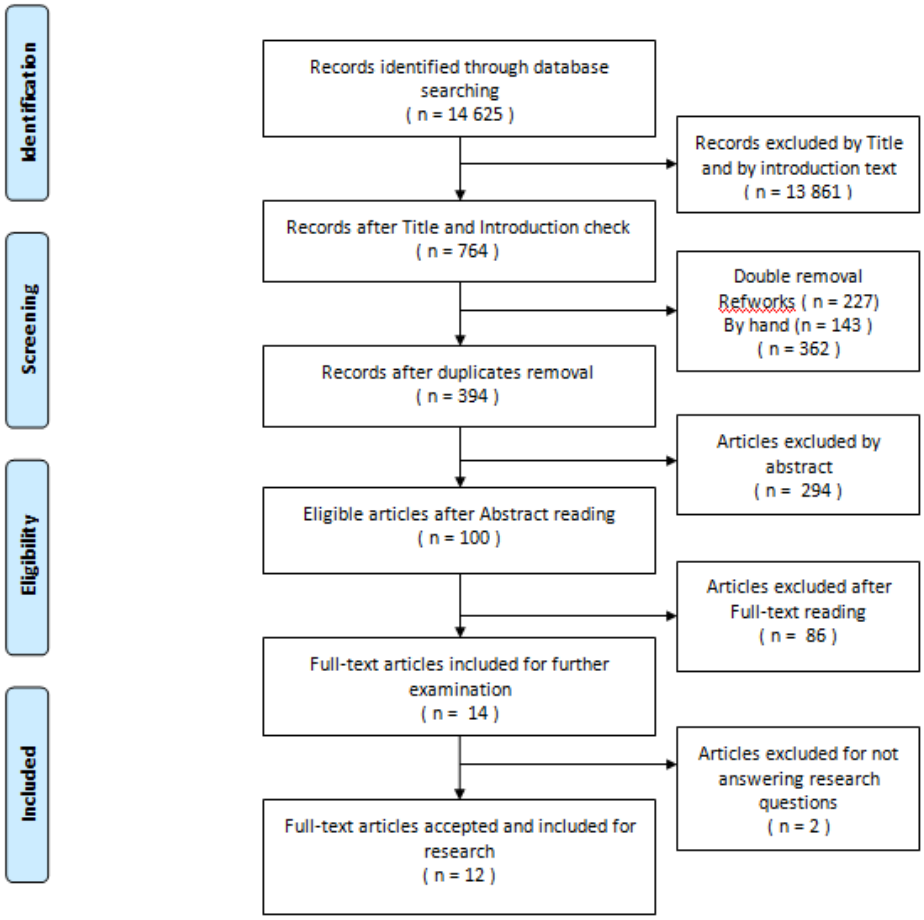

FIGURE 1. The Prisma Flow Diagram (Joanna Briggs Institute, 2017)

The remaining 764 hits were transferred to reference management software, RefWorks. Duplicates were then removed by the software, and articles from Springer Journal, Google Scholar and selected literature reviews were compared to a software bibliography to remove duplicates manually. 227 duple articles were removed leaving 537 articles. However, it was then discovered, that for some reason Refworks had not removed all duplicates, and therefore the whole material was gone through once more and 143 duplicates were identified and removed singlehandedly. After this 394 articles were remaining. The next phase was reading through the abstracts of remaining articles and those articles that did not meet the eligibility criteria was deleted. At this point help of the Information Specialist of Diaconia University of Applied Sciences was used to identify articles that did not meet the criteria, or for example were not scientific articles at all.

After the abstract reading, 294 articles were removed, because they didn´t concern the subject, or undocumented migrants, or the research was conducted outside Europe. The most common reason was that an article was not a research, but a column, an opinion piece or a chapter in a book for example. Other reasons were a different timeframe, other language than Finnish, Swedish or English, or not having access to an article. Few systematic articles were removed as well. After the elimination, 100 eligible articles were left.

Full texts of all 100 articles were then red through and after reading them, only 14 articles were remaining. 65 articles were deleted because they did not either concern the subject well enough and mental health issues of undocumented migrants, or answered to research questions. Six of the articles did not make any difference between undocumented migrants and other marginalized groups, so even if mental health was the main issue, it would have been impossible to say, which results concerned only undocumented migrants and which were not. Six of the 100 were not scientific articles after all, and other four did not concern undocumented migrants at all. Despite of the continuous help of information specialist, access to three of the articles were denied. One article was removed, because the research language turn out to be Norway and one article was actually implemented in Toronto.

After this elimination process of articles, 14 studies remained. They were all carefully read through once more to assess the quality of chosen articles, to ensure that they all answered to research questions, all eligibility criteria was met and to make sure that ethical aspects were considered in every research and there were no signs of compromised ethicalness. In the end, two more studies were decided to eliminate, because they did not seem to answer the research questions well enough, and so, twelve researches remained and were finally selected for the analysis. These twelve researches are represented in the appendix 3.

7 CONTENT ANALYSIS

The Inductive Content analysis method was chosen for processing the researches. Content analysis is an bjective way of coding and categorizing data and it is well suited to analyse important and little-known, multifaceted sensitive phenomena. It is not bound to any particular science, it can be used with all written texts and it is often used in nursing research. (Bengtsson, M. 2016, 8-9; Graneheim, U.H. & Lundman, B. 2003, 105; Vaismoradi, M. et. al. 2013, 400-403).

Inductive reasoning means by Bengtsson, M. (2016, 10), that: "*The researcher analysis the text open-mindedly in order to identify meaningful subjects answering the research question"*. In inductive content reasoning the codes are derived directly from the text at hand and the codes can be modified and re-shaped along the study process, as was done in this research. (Bengtsson, M. 2016, 12; Vaismoradi, M. et. al. 2013, 401)

There are four main stages in inductive content analysis method. The first phase is to decide the meaning unit, which can be anything from one word to constellation of words or sentences which are related to each other through the same meaning. (Bengtsson, M. 2016, 11-12; Graneheim, U.H. & Lundman, B. 2003, 106-107; Sarajärvi, A. & Tuomi, J. 2009, 110). In this study shortened or summarized sentences were used as a meaning unit. The whole analysis with the meaning units and every phase of the analysis is described in the Appendix 4.

The next phase of the analysis is finding all meaning units from the studies. Every identified meaning unit were colour-coded while reading the text. After this all meaning units were numbered after the number of the study (studies were numbered before hand from 1 to 12) in question to be able to drag down every meaning unit to certain study later on for re-checks. (Bengtsson, M. 2016, 12; Sarajärvi, A. & Tuomi, J. 2009, 109.)The aim at this point of analysis was to find meaning units which preserved the core ideas, the research questions in mind, from every meaningful sentence or paragraph and make a list out of them. (Graneheim, U.H. & Lundman, B. 2003, 106.) With the list of meaning units at hand, the studies were red through once more to make sure that the meaning units really answered the research questions and they were linked to the context (Bengtsson, M. 2016, 9; Vaismoradi, M. et. al. 2013, 401).

The categorization process is the third phase of content analysis (Bengtsson, M. 2016, 12; Graneheim, U.H. & Lundman, B. 2003, 107). It was started with simplifying all meaning units to condensed meaning units and giving them a code. Some of the meaning units could have not been simplified any further and then the meaning unit became to be as same as the code. All similar codes that shared a commonality were combined together to create sub-categories, which were then named with a title that described these combined codes. (Bengtsson, M. 2016, 12; Graneheim, U.H. & Lundman, B. 2003, 107.) However, in the first research question sub-categories were not used, since "the answers" to the research question were discovered already when creating the codes and sub-categories simply would have not brought any new value for the study.

TABLE 4. Example of the Content Analysis

2 Research question: What mental health problems or psychological disorders irregular migrants who reside in Europe have?

MEANING UNIT	CONDENSED MEANING UNIT	CODE	SUB-CATEGORY	CATEGORY
4..."that effects my health, because I am always nervous" 7. Nervousness or shakiness inside 7. Feeling restless, can´t sit still	4. "I am always nervous" 7. Nervousness or shakiness 7. Restless, can´t sit still	4. ALWAYS NERVOUS 7. NERVOUSNESS 7. RESTLESS	NERVOUSNESS	**CONSTANTLY STRESSED**
5. She doesn´t sleep well sometimes 7. Difficult falling asleep, staying asleep 12. Some used remarks as "to have nightmares"	5. She doesn´t sleep well 7. Difficulties with sleeping 12. Having nightmares	5. DOESN´T SLEEP WELL 7. SLEEPING PROBLEMS 12. NIGHTMARES	SLEEPING PROBLEMS AND NIGHTMARES	
4."So much worries!" 4."Too much stress and too much fear" 4."I am suffering.....so much stress"... 7. Worry too much about things	4. So much worries 4. Too much stress and fear 4. Suffering from stress 7. Worrying too much	4. LOTS OF WORRIES 4. STRESS AND FEAR 4. VERY STRESSED 7. CONSTANTLY WORRIED	CONSTANTLY WORRIED AND STRESSED	

While doing the categorization, the studies were red through once more with meaning unit list, to make sure that the core of the meaning units were understood right and they fell under the categories to which they were placed. This also ensured that no data was excluded and suitable category was found to each code (Graneheim, U.H. & Lundman, B. 2003, 107.) Neutral help to the study was used to check that the codes and the categories and their titles coincided.

At the last phase of the content analysis sub-categories were grouped together based on their content to form categories. (Graneheim, U.H. & Lundman, B. 2003, 106-107; Sarajärvi, A. & Tuomi, J. 2009, 112.) These main categories were also named with describing titles and finally a theme was created around the categories to answer the research question. According to Bengtsson, M. (2016, 12) the content analysis is completed when explanations and answers to research questions have reached. After the last naming process this goal was achieved.

8 RESULTS

The aim of this research was to survey the mental health of irregular migrants in Europe through three research questions. The material consisted of twelve (=12) researches, which had studied the health, mental health or mental health problems of irregular migrants, their access to or exclusion from health care and/or their living circumstances. All studies were dated between 2005 and 2016. Four studies were implemented in Netherlands, two in Switzerland and the rest in Norway, Sweden, Germany, England and Denmark. In four of the researches the study design were qualitative, in three it was quantitative, one of the researches was a survey study and the rest four were different kinds of mixed method studies. The amount of studied irregular migrants varied significantly in different researches from 10 to 100 depending on the study design. In two researches interviewees were only doctors treating irregular migrants instead of irregular migrants and in one research the research subject was over 500 hundred patient records of irregular migrants. All included researches can be found in the Appendix 3.

Three main themes were found, one for each research question: “Disorders of the mind”, “Continuous inner terror and despondence” and “Segregation, lack of basic security and depletion of living resources in individual´s life”. The results are described by research questions and different narratives and original quotations found from the material are used to illustrate the content and to explain the results. After each narrative or quotation is the number of the research, or researches, were they were found from.

8.1 What mental health problems or psychological disorders irregular migrants who reside in Europe have?

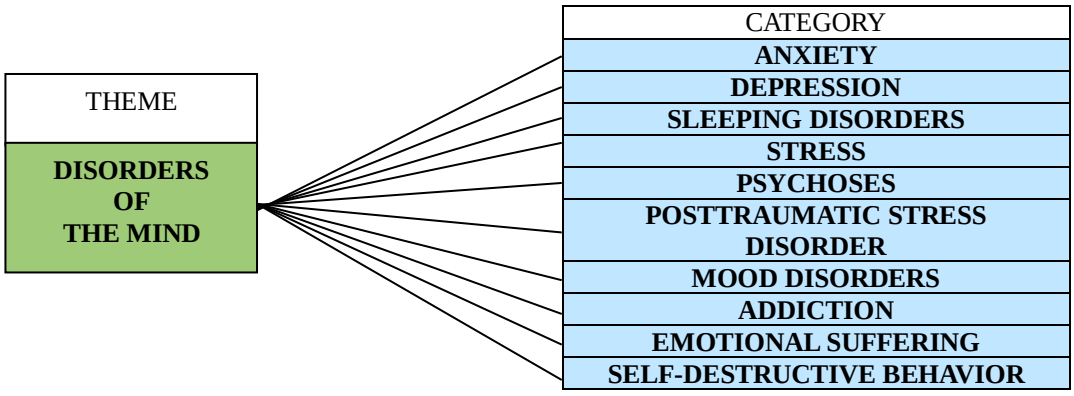

FIGURE 2. Themes and categories 1.

The main theme of the first research question is called "Disorders of the mind" to illustrate the large variety of mental health problems and disorders which irregular migrants who reside in Europe have. Anxiety (1,3,5,6,7,8,9,11), depression (1,3,5,6,7,8,9,10,11), sleeping disorders, such as nightmares and sleeplessness (2,4,5,8,11,12) and stress (1,7,9,12) were most common. The results are represented in the Figure 2.

> *"Rates of clinically relevant anxiety were highest for AS* [Assylum seekers] *and IM* [irregular migrants]*" (3)*
>
> *"Findings from the HSCL -25 questionnaire indicate the prevalence of depression was ten times higher than among Swedish participants and twice as high as that reported in a study of recently settled Iraqi refugees in Sweden"* (5)
>
> *"18 of 23 respondents reported having sleeping disorders, 5 respondents specifically reported nightmares and/or sleeping less than 4 hours per night"* (5)

Four studies out of twelve described depression and anxiety being "clinically significant" (3,5,6,7) underlining the severity of these mental problems. Psychoses (9,10,11) and post-traumatic stress disorder (PTSD) (3,6,9,11) were described clearly less. However, one of the studies mentioned PTSD being amongst the mental health problems encountered the most by

irregular migrants (9) and one mentioned PTSD being the most common mental health problem (11).

> *"The mental health problems they encountered most were depression and anxiety disorders, acute stress reactions, post traumatic stress disorders, chronic alcohol and other substance abuse"* (9)

> *"Compared with the Greek patients, the illegal patients certainly have more psychological problems. And not just simple psychological problems, but also heavier mental illnesses, like psychoses"* (9)

> *"Both groups* [failed asylum seekers = irregular migrants and asylum seekers] *indicated comparably high PTDS symptomatology"* (6)

> *"Similarly, both samples reported...moderate pain intensity during last month"* (6)

Mood disorders, like panic attacks and agitation (2,8), addiction, such as alcohol and substance abuse (9,11) and emotional suffering implemented through experiences of pain (1,6) were mentioned in two studies each. Self-destructive behaviour meaning suicidal thoughts was directly mentioned only in one research (5).

8.2 How mental health is described in studies?

The main theme: "The continuous inner terror and despondence" describes well the overall mental health of irregular migrants. The six categories introduces the full spectrum of emotions and trajectory from fear to despair. They are all represented in the Figure 3. Severe depression is the norm for irregular migrants manifesting itself through mental and physical symptoms. One study (4) noted that all participants had come to the country to seek better life, either work or study, or provide the family members left behind, but the precarious living conditions became somewhat surprise. As one participant described:

"Nobody tells you what it is like to be illegal". "...it was a bad life. It was tearing me apart". (4)

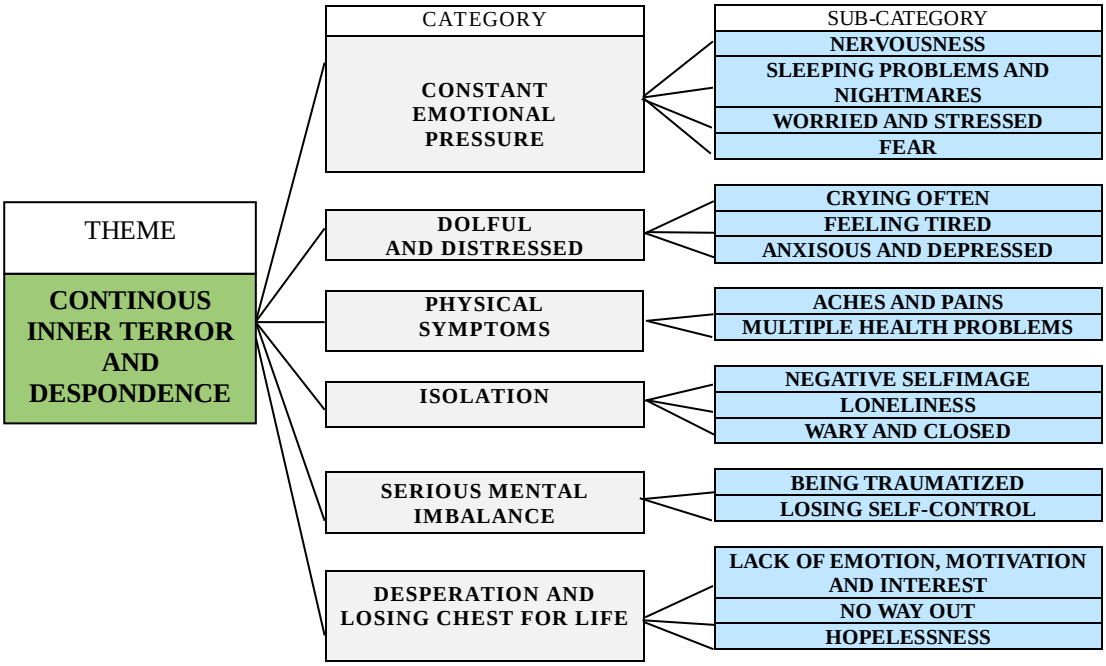

FIGURE 3. Themes and categories 2.

The first category and the sub-categories describe how nervousness (4,7), sleeping problems and nightmares (5,7,12), worries and continuous stress (4,7), and fear (1,4,7,10.12) were causing constant emotional pressure for irregular migrants. Nervousness appeared as shakiness (4) and restlessness (7) and sleeping problems as a difficulty to fall asleep and stay asleep (7). Stress was related to fear (4) and constant worry about things (7) and fear was insecurity (1), sudden spells of terror or panic (7) or feeling constantly scared (4,7,12). Studies described how the criminalized situation, instability of daily routines, lack of social benefits and severe economic troubles had significant affect on mental and physical health (4). Constant fear of where to stay (5), fear of being caught (4,5,7, 12), fear of the future (4,5,7.) and the fear caused by the experiences in the past (4, 7, 10, 12) exacerbated by suspicion and distrust (10) were causing the constant emotional pressure.

"What happens to my son if I get sick again? Who takes care of him? It is too much stress, too much fear." (4)

The constant emotional pressure was leading in many cases to dolefulness and distress, which is the second category. It appeared as a crying sensitiveness, tiredness, anxiousness and depression. Irregular migrants described that they were crying easily (7) or constantly (4,12) and how they have lost all power (5) and being slowed down and everything becoming an effort (7). Anxiousness and depression had many forms. Some felt depressed, because they felt being trapped (4), someone felt let down because did not get help (5) and some were almost immobilised by the anxiety (2). Some were just feeling blue and melancholic (7,9), while others were so depressed, that it prevented them going out (4).

> *"Sometimes I stumble into a depression. I can´t even travel. I am always scared". (4)*
>
> *"How do you live?? Tell me, how do you live?? I have been here for 7 months. I can´t do it, I can´t! I always have this fear, I always cry, I am not doing well." (4)*
>
> *"I was feeling so bad, I was so tired, I couldn´t do anything." (5)*

Depression, anxiety, worrying and constant fear are often manifested through bodily pain and variety of health problems. The third category "Physical symptoms" is consisting different kinds of experiences of pain and deterioration of health. However, General practitioners noticed these symptoms easily:

> *"They often come with the complaint like stomach pain or pain somewhere else, but you immediately recognize it´s psychological, you see it in their faces."* (10)

Headache (7,9), stomach pain (5,9,10) or other physical pain (5,10), as well as weight loss (5), poor appetite, trembling and faintness (7) were the most common physical signs of depression.

> *"I see my wife suffering a lot from stress and trauma, she has chest pain and other stomach pains, back pain and really many things." (5)*

Mental health was also described through isolation, which is the category including subcategories: "Negative self- image and "Loneliness". Not being able to achieve the goals set to oneself were causing feelings of failure (4) and not being able to study or improve economical situation made people to feel worthless (2,4,7). Constant fear of denunciation and being

caught was capturing people inside four walls and social interaction in many times was very limited. (4) Also, not being able to trust anyone and being compelled to lie was limiting meaningful friendships. The situation was making irregular migrants cautious (9), tensed (7) and extremely distrustful (10) and eventually closed (7,9). This was separating them even further from the surrounding society forcing them living underground. These emotions are described in sub-category "Wary and closed".

The category "Serious mental imbalance" and the sub-categories "Being traumatized" and "Losing self-control" explain how hard experiences in the past and the current situation together are severely traumatizing people:

> *"It was a shock to move out (apartment), I got sick because of that"* (4)
>
> *"Being illegal immigrant was a trauma and a shock."* (4),
>
> *"The FAS (Failed Asylum Seekers) sample was severely traumatized."* (6),

and sometimes it may lead to situation when they are losing control over life:

> *"He started drinking heavily, started "loosing reality", as he puts it."* (4)
>
> *"Some respondents used remarks as "hearing voices". (12)*

Continuous inner terror and despondence is also implemented through "desperation and loosing chest for life", which is the last category inside this theme. The sub-categories "Lack of emotion, motivation and interest", "No way out" and "Hopelessness" are describing well the feelings of irregular migrants, when dreams are gone (2), future holds nothing good (2,4,7) there is no plans anymore, nothing to do (2,4). Apathy (4), loss of pleasure (7) and feelings of being trapped (4,7) are leading to suicidal thoughts (7) and real action (5) for some.

> *"I have no hope anymore...all my dreams are gone...".* (2)
>
> *"I am in Limbo...life is just passing me by" (4)*
>
> *"I want to rest, I am sick. If the police come – they come, I don´t care. (4)*
>
> *"I felt like I had lost all of my power. I passed through all of that, but my wife didn´t and tried to kill herself".* (5)

It also describes the trajectory of feelings and emotions from arrival to an end, how hope is turning to hopelessness, fear to isolation, and lose of motivation to apathy and loss of interest affecting vulnerable people to reach out to anyone, who has something to offer.

> *"It´s a form of slavery, They exploit us....they know that we need to work and they know our conditions they exploit us". (2)*

8.3 What factors are related to mental health of irregular migrants?

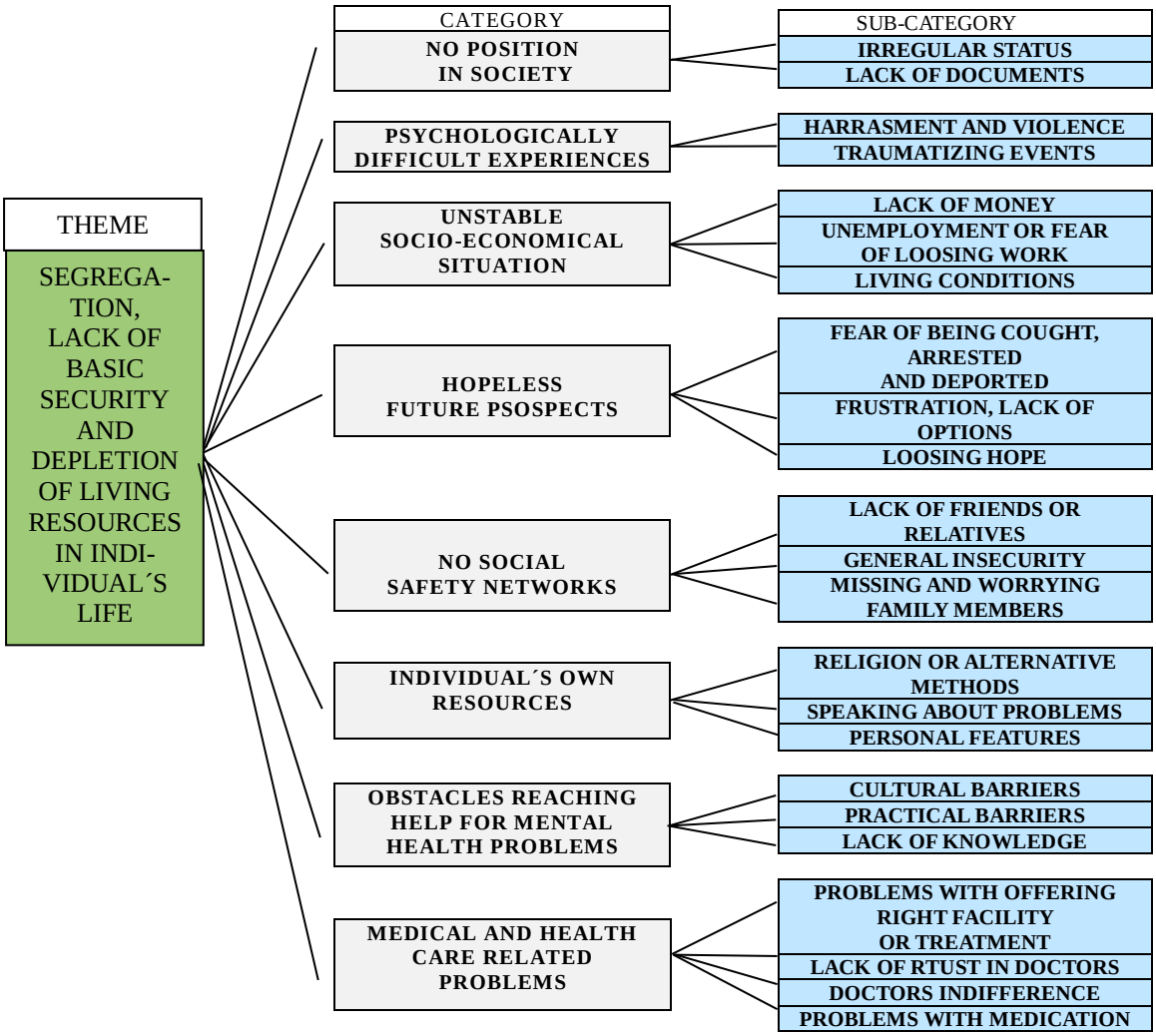

FIGURE 4. Themes and categories 3.

Segregation, lack of basic security and depletion of living resources in individual´s life is description of the factors that are influencing on irregular migrants lives. Eight categories describe the problems of irregular migrants in society and with society. Some factors emerge repeatedly in every research question underlining the severity, such as the category "Hopeless future prospects". All categories are represented in the Figure 4.

The first and foremost problematic issue for irregular migrants is described in the first category: "No position in society". It was mentioned one way or the other almost in every selected studies and it is effecting on every aspect of life, as one interviewed irregular migrant puts it: *"I can´t do nothing without documents you know"* (12). The lack of documents and/or the irregular status itself deteriorated living conditions (1) and increased disempowerment, insecurity and dependence (2) and decreased motivation (2,12). "Paperlessness" also had serious negative effects on mental health and it was experienced of causing break down and leading to desperate actions (5,9,12)

> *"Conditions of living with an irregular migratory status induced mental health problems"* (1)
>
> *"Mental health deteriorated a lot since they lived without legal status* (5)
>
> *"The current situation can lead them into actions we have to suspect, before they actually do them"* (9)
>
> *"Constant worries about documents...mentioned repeatedly"* (12)
>
> *"The paper issue break them finally"* (12)

The second category "The psychologically difficult experiences" was described through experiences of harassment and violence and previous traumatizing events. The difficult experiences included sexual abuse (7) and domestic violence (9,12), war and prosecution (7) and large variety of high impact traumatic events, such as imprisonment, torture and killing of family members (6,7,12) and involuntary prostitution (12). These experiences was attributed in one study the second perceived cause to mental health problems right after the irregular status (12) and it was mentioned at least indirectly in every research. What was notable, that quotations of irregular migrants about this subject was not found in any chosen researches.

> *"I thinks she has taken all our stress over the time since we became refugees"* (5)

> *"The FAS [failed asylum seekers] sample...had experienced comparable numbers of traumatic events, such as imprisonment, torture and the killing of family members"* (6)

The third category "the unstable socio-economical situation" explains how the current situation, everyday life and it´s struggles, had huge impact on deterioration of mental health of irregular migrants. In the sub-category "Lack of money" low income level (4) and financial instability (12), debts (4) and someone being dependent on their savings (1,7) were the main sources for their financial difficulties and emotional stress. Many irregular migrants were unemployed (4,12) or doing part time, "black market" jobs (1) or working exchange for housing and food, most of them being constantly feared of losing work and housing (4,9). These themes were described in the second sub-category.

> *"Participants experienced insecurity of not having regular employments...as well as pressure from relatives in home countries who expected regular supplies of money."* (1)

> *"The absence of employment contracts or rental agreements and the constant threat of losing work and housing resulted for most study participants in perceived instability."* (4)

The third sub-category "living conditions" inside the theme "unstable socio-economic situation" is drawing a picture of unstable, poor, inhuman situation of irregular migrants strongly related to their mental health. Bad alimentation or hunger (4,7) homelessness (5,7) or precarious housing conditions (12) were mentioned in every study in one way or another.

> *"Stressors are precarious socio-economic conditions."* (4)

> *"Bad alimentation, too much work too much stress, sleeping badly."* (4)

> *"Sometimes every day we move to the new flat, this is quite chaotic."* (5)

> *"Being homeless significantly associated with distress."* (7)

> *"The majority went bed hungry at least once a month."* (7)

Sub-categories: “Fear of being caught, arrested and deported”, “Frustration, lack of options” and “Losing hope” created the next category “Hopeless future prospects”. Being rested and deported was one of the biggest fears. Although living as an irregular migrant was unimaginable and impossible, forced return was seen even worse alternative. Constant possibility of deportation caused worry (9), stress (1) fear (2,4,5,10,12), threat (4), anxiety (2) and even emotional trauma (4).

> *“Constant anxiety and fear of being caught had psychological effects.”* (2)
>
> *“Then I got really, really sick again. It was the fear of the police, that the police would come find me.”* (4)

Feeling stagnant and trapped (2), unfulfilled dreams (2) and passive life (10) along with limited options (4) was causing frustration (4) and had influence on hopeless future prospects. When dreams were shattered (4) and there was no hope for better future (10) anymore, people started losing hope and even exaggerated their mental health problems out of desperation (10).

> *“I can´t go to work or university, I just stay at home lying idle”* (2)
>
> *“This really pushes you to the limit”* (4)
>
> *“To see your dream shattered, means to see yourself shattered.”* (4)
>
> *“A minority of GPs* [General Practitioners] *thought that few Ums* [Undocumented Migrants] *exaggerated their mental health problems out of desperation in order to receive legal status for medical reasons”* (10)

The next sub-categories: “Lack of friends and relatives”, “General insecurity” and “Missing and worrying family members” describe how lack of social safety networks has influence on mental health. Loss of everything that you are familiar with (1) addition to limited social relationships and isolation (2), and having no relatives or friends (10) was related to increased mental health problems. Also the government policy was seen as an isolating factor (2) and that, along with general insecurity (4) and worries about family members left behind, were also related to deteriorating mental health.

> *"You don´t even have your identity. You´ve lost your home, your relatives, mother tongue, culture and friends...so if you speak about stress, this is also stress."* (1)
>
> *"You cannot trust...I try to escape from everyone"* (2)
>
> *"We are all alone here and this policy is isolating us even more."* (2)
>
> *"There is no security here. What happens to my son if I get sick again?"* (4)
>
> *"The lack of friends or relatives who could encourage the UM [Undocumented Migrant] to visit a GP [General Practitioner] for mental health problems were also mentioned as possible reasons."* (10)

"Individual´s own resources" is a category that brings forth empowering aspects influencing on mental health. "Religion and alternative methods", "speaking about problems" and "personal features" as sub-category titles describe protective and remedial factors from mental health crises. Personal faith, praying, reading, working and asking advice (12) for instance were included in religious and alternative methods to seek relief or to cope with problems and speaking openly about the problems were mentioned separately (12). Surprisingly being from Mongolia and having higher education was connected with lower distress in one survey, which cannot be generalised though. Individual´s personal character traits and inner strength was also mentioned as being positive resource.

> *"If I didn´t believe in God, I couldn´t go on here; I wouldn´t be able to bear the situation."* (4)
>
> *"I go to the doctor and she speaks to me, so nicely, that is also medicine!"* (12)
>
> *"One respondent believed that mental health problems were related to personal character traits; that despite difficult circumstances one could still stay positive"* (12)

Penultimate category "Obstacles reaching help for mental health problems" describes the barriers prohibiting irregular migrants for seeking help. Most of the barriers were concerned with cultural issues including language problems (9), embarrassment, shame, stigma and fear being shunned related to mental health problems (9,10,12), fear of gossiping in community or

even prosecution (12) and simply strange concepts (10). Cultural taboos (10,12) and even idea of being demonized, when suffering from mental imbalance (10) was mentioned. On the other hand practical barriers were also hindering irregular migrants for getting help. Distance, transport, work, lack of time (9,12) and other urgent health problems (9,12) were mentioned when explaining hampering factors. Employer related reasons were mentioned separately. They were: employer´s presence at reception room or dependency on good will of the employer to bring them to see the doctor (9). The lack of knowledge was one of the obstacles reaching help including unawareness about their rights or where to go or what to do in the case of illness (1,9,12).

> *"GPs reported that...problems were seldom directly mentioned by UMs [Undocumented Migrants]...due to feelings of shame."* (9)

> *"Sometimes they have the idea that they are demonized, that this is the cause of their problem."* (10)

> *"Yeah, but we didn´t knew that you can go to a GP [General Practitioner] with depression, we didn´t know that."* (12)

The very last category: "Medical and health care related problems" included sub-categories: "Problems with offering right facility", "Lack of trust in doctors", "Doctors indifference" and "Problems with medication". Problems with referrals (9,10), time pressure and lack of treatment options (5,9,10) were the reasons related to primary health care. Medication related problems were mentioned separately, including difficulties to get medication or migrant´s reluctance to take them. (12) The problematic interaction between irregular migrants and doctors who were treating them was also hindering mental health care. Irregular migrants mistrust in doctors and even superstitious and conspiracy theories (9,10) and on the other hand doctors attitude and ignorance (9,12) towards migrants and their problems rejected irregular migrants from talking about their concerns related to their mental health.

> *"Referrals directly to a psychiatrist are low, because there is lack of volunteer psychiatrists...for whom to refer such patients"* (5)

> *"GPs stated that they referred UMs less often to mental health care institutions"* (10)

> *"So when the pills got finished I didn´t know what to do! So I was a little bit reluctant and I waited..."* (12)
>
> *"Because, I don´t know, it never came up with the topic, he only said that what is your complaint."* (12)
>
> *"People tend to get more scared of the care, coz when you say you have psychological problems, and one day just break down, they just insert you the valium thing or whatever, I don´t know, and they take you..."* (12)

9 DISCUSSION

The results of this study showed, that anxiety, depression, sleeping disorders and stress were the most common mental health problems of undocumented migrants followed by psychoses and PTSD, while panic attacks, agitation and addiction being probably less frequent. According to the study of Carcini, L. (2017, 7) the most prevalent mental disorders were major depressive disorder, panic disorder and generalized anxiety disorder. Substance use was mentioned fourth, whereas the PTSD prevalence was discovered to be quite low. A recent study of Andersson L.M.C Et. al. (2018, 5) confirms these findings about anxiety and depression; 68% of the study participants had either moderate or severe anxiety or depression. However PTSD diagnosis fitted even for 58% of the respondents. Carcini L. (2017, 7) explained the modest amount of PTSD cases in undocumented Mexican immigrants to be a cause of traditional criteria for PTSD, which does not adduce the symptoms well enough related to trauma among non-western cultures. (Carcini, L. Et. al. 2017, 9.) This could explain the limited amount of PTSD cases in all researches, considering the fact, that PTSD is known to be highly related to severe traumatisation and many irregular migrants are known to originate outside Europe.

Since most of the undocumented migrants are former asylum seekers (Jauhiainen, J.S. & Gadd, K. 2018; Jensen N.K. et. Al. 2011, 2-3.), researches concerning mental health of asylum seekers may apply to undocumented migrants at least in some level. These studies support the findings of anxiety, depression and PTSD being the most common mental health

problems, while for example panic disorder, agoraphobia, generalized anxiety and social phobia being less frequent. (Heeren, M. Et.al. 2012, 4-5; Silove, D. Et.al. 1996)

In western countries alcohol is typically associated with mental health problems. However, all these studies showed, that substance use among irregular migrants was actually quite rare. In this literature research alcohol or substance use was mentioned in all studies only twice. In Heeren, M. Et.al. (2012, 5) study only four participants of 86 were alcohol abusers (4,7%) and in the study of Undocumented Mexican Immigrants the same rate was 3,7% (Carcini, L. Et.al. 2017, 7.) Carcini, L. Et.al. (2017, 9) speculates, that increasing risk for deportation and loosing productivity at work are the main reasons for the small alcohol consumption levels.

The second research question focused on the subjective feelings of irregular migrants concerning their own mental health. Mental health was delineated through constant emotional pressure and distress, and feelings of anxiousness and depression often emerged simultaneously. Mental imbalance was expressed through physical symptoms and isolation. Sullivan, M. & Rehm, R. (2005, 249) noted in their study, that undocumented migrants did have a unique risk profile concerning mental health disorders. Carcini Et.al. (2016, 20) and Carta, M. Et.al. (2005, 4-5) introduced a condition, called "Chronic and Multiple Stress Syndrome" or "Ulysses syndrome", which includes symptoms of atypical depression; the mixture of depression, anxiety, bodily pain and dissociative behaviour. Immigrants exposed to risky and hard journey, precarious living conditions, racism and separation from family and familiar culture are tended to develop this condition eventually.

Irregular migrants own descriptions about their mental health seemed to start with a chock and denial along with confusion and constant worries, and especially fear, which manifested itself in many forms, but also irritation and even anger. Instable situation was followed by frustration and anxiousness. The overall situation became a struggle and some irregular migrants had difficulties to accept what was happened to them, or find a meaning to it. In the end, some were so depressed, that they were almost paralysed. Many described feelings of hopelessness, loosing motivation and interest and apathy. This development in their mental health situation looked very similar to traditional Kübler-Ross model of five stages of grief. In contrast to this model irregular migrants situation is ongoing and many of them were in fact describing simultaneous feelings of anxiousness and depression, like they would have

been in a never-ending cycle, where the stage of anxiousness starts all over. Similar aspects were discussed by Carta, M.G. Et.al (2005, 4), only they compared the whole immigration process with grief process of seven stages, which all included loss of something; friends and family, language, culture, home, loss of ethnic group, health and status.

Undocumented migrants were also describing their emotions by telling, how their negative self-image was result of not being able to achieve the goals set to oneself causing feelings of failure. This, combined with fear and being wary and closed was leading to isolation and separation even further from the surrounding society. Viertola (2012, 7, 10-11) describes in her study Jerome Wakefield´s and Ruth Lister´s insights about people´s emotions living in poverty. Poverty was causing feelings of injustice, shame, humiliation and being stigmatized and diminished individual´s self-esteem leading to dependence, loose of hope and lack of ability to achieve aspirations. Sullivan, M. M. & Rehm, R. (2005, 247) discovered in their study, that isolation and marginalization had a great impact on irregular Mexican migrants´ mental health. Feelings of being "outsiders" without possibilities to improve the status together with disintegration of relationships and connections to so called "normal" society deteriorated their mental health.

In the third research question undocumented migrants explained the factors which were related to their mental health. The main finding was, that the undocumented status itself, being illegal and not having any kind of position inside society had the greatest effect on their mental health. Insecurity, precarious living conditions and desperate thoughts and actions were all results of irregular status. This in understandable, since the status itself had effect on every aspect of their lives. In fact, their mental health started deteriorate as soon as they had to start living without legal status. In the studies of Levecque, K. & Van Rossem, R. (2015, 59-60) and Sousa, E. Et.al. (2010, 447-448) migrants who´s home country was some other than an EU country, had a significantly higher risk for depression and increased risk for social exclusion as well.

De Genova, N.P. (2002, 439) is criticizing, that *""Illegality" is the product of immigration laws"*. He says, that history has led to formulations of the laws and to an active exclusion of illegal immigrants and denial of fundamental human and social rights. Levecque, K. & Van Rossem, R. (2015, 59-60) did not find any of the EU countries´ national migrant integration

policies having effect on social exclusion, however, they studied migration in general. Sullivan, M.M. & Rehm, R. (2005, 247) found in their study, that the illegal status of undocumented Mexicans deteriorated their legal protection, health care, social security and availability of information. De Genova (2002, 439) stated, that allowing the existence of "illegal aliens" is a cheap reserve of workforce fostering their vulnerable situation. He describes the current situation as *"legal production"* of illegality, which is increasing the racism and creating physical borders in to their everyday life.

D´Isanto, F. Et.al. (2015, 1133) are suggesting, that penalising employers of illegal immigrants with more restrictive policy would be an answer in minimizing the amount of people with irregular status, and by the time it would turn into legal migration. This would, according to them however require reaping productivity benefits from low skilled workers for example. From the human rights point of view, this is unbearable solution. It would be beneficial for hosting countries and for economy, perhaps, but it would still leave many of the irregular migrants without status and human rights, and could lead to other human rights violations regarding workforce and work conditions.

On the third research question irregular migrants describe how one of the most significant factors deteriorating their mental health is the "hopeless future prospects". The constant fear of being caught had a strong effect on their minds, and even if the life as an irregular migrant was seen absolutely impossible alternative, forced return was seen even worse. Irregular migrants described being in Limbo, living in a space, where you are neither dead nor alive and which has no connection to real life. The Limbo probably describes their situation well, being condemned to a never ending situation they have no control over. It is not surprising, that irregular migrants describe how the constant threat of being deported is causing worry, stress, fear and even emotional trauma. This phenomena was also introduced in the literature review of Sullivan, M. & Rehm, R. (2005, 249). They call it "legal status stress" by researches Finch and Vega, meaning the constant fear of deportation, avoiding all officials and limiting all contacts with family members abroad to not to get caught. The notable thing is, that the legal status stress alone was discovered to increase the possibility for fair or poor health.

In the illustrations of depletion of social safety networks, irregular migrants describe how lack of friends and family and missing them were connected to poor mental health. Limited

social relationships, losing everything that is familiar to you and general insecurity was deteriorating mental health. It is evident, that the bond between society and individual is not getting strong enough, if an individual is not able to relate or identify to other surrounding people. (Viertola 2012, 81) This is especially difficult for irregular migrants, because the surrounding society does not support building this connection. This has an evident effect on irregular migrants mental health. Some irregular migrants even noted, that government policy was indeed one of the factors causing this isolation and source of the poor mental health.

In this study the illustrations of irregular migrants revealed their individual resources being very limited and only very few of them were able to name any kind of coping mechanisms that could have had positive effect on their mental health. This reinforced the image of excluded, vulnerable and dependant group of people in great need of help. Laura Viertola states (2012, 67), that if society decides not to take care of the people, who are not able to take care of themselves, the bond between a society and an individual is going to brake, which leads to social isolation and separation from the society. This isolation, according to Viertola (2012, 70), combined to mental health problems may lead to fear of depletion of living resources in individual´s life and to never ending chaos.

The category: "Obstacles reaching for help for mental health problems" explains the barriers impeding irregular migrants to seek help. These barriers are also the factors that are worsening irregular migrants mental health and most of these factors have very much in common with the ones causing the migration-related grief. Just as described above, the most barriers were related with cultural issues: language problems, shame and stigma in relation to mental health problems, strange concepts and cultural taboos and believes.

The last categories explain the obstacles irregular migrants have when trying to reach out for help. One of the obstacles was irregular migrant´s ignorance about their own rights and the actors to whom to turn to. The others were medical and health care related problems. Irregular migrants mistrust in medical stuff was hindering their chances of getting help, which deteriorated their mental health. On the other hand, doctors indifference or attitude, problematic interaction and problems with offering right facility or simply enough time were factors directly related with poor mental health. Similar findings were made in the study of Sullivan, M. & Rehm, R. (2005, 246-247) and Straßmayr Et. al. (2012,9) In both studies was noted,

that irregular migrants are out of legal protection, social security and access to information and healthcare. Lack of awareness, lack of special competencies, for example staff who are able to treat irregular migrants in a culturally sensitive way, are common problems. They also pointed out, that when irregular migrants do not get medical attention, risk for poorer health outcomes follows.

277 billion Euros was spent on mental disorders in the EU region 2005. Since then the economical situation has tightened all over Europe and diminishing resources in mental health care are already effecting the general population, so it is obvious it has its effect on irregular migrants care too. (Straßmayr Et.al. 2012, 10) WHO has expressed their statement, that even that level of care maybe discriminatory, meaning that it is not sufficient enough. (WHO 2013, 2) Mental health services should be available according to needs, and neither prejudices nor discriminatory actions should have effect on them. (WHO 2013, 2) Like Irene Khan (Viertola 2012, 7) have stated, that poverty is not just an economical problem, but a human-rights violation, exactly same statement could be said about mental health care of irregular migrants.

The exclusion of irregular migrants from health systems and services have traditionally seen as protecting the rights and safety of citizens, however, it may have larger impacts on societies than one would think. The exclusion means for example lack of basic information about disease prevention and lack of vaccinations leading to possible increasing spreading of communicable infections. It means lack of treatment of physical and mental health conditions until they reach a crisis point. The aftermaths are expensive. The study of European Union agency for Fundamental Rights (2015, 34) showed that access for example to prenatal care could lead to 48-69 % savings of direct medical costs compared to offering only emergency care. According to WHO (2018) social exclusion, unhealthy lifestyle, physical ill-health and human rights violations are associated with poor mental health. In fact WHO accentuates that it is impossible to maintain high level of mental health if fundamental rights are not respected and protected. (WHO 2018) It is also a known fact, that the longer the time from seeking help to intervention the deeper the impact on individual´s well-being (Barbato, A. 2014, 12).

Recent years there have been some alleviations in some European countries concerning for instance access to health care, offering free medical care, or access to emergency care at least, but these services in most cases require registration and “papers”, so in reality, the access is

very limited. When they are entitled to treatment, in any case, they have to settle for less compared to other patients (Jensen, N.K. 2011, 8).

Actually recovery from a mental illness is a process which does not fit in with social exclusion, stigma or discrimination. It requires social participation and to be able to create positive relationships with other people, social acceptance and self-determination. (Provencher, H.L. & Keyes, C.L. 2011, 61) Empowering people with basic human rights is the only way of giving freedom and dignity to the oppressed by Khan (Viertola 2012, 7.). This has a strong link to undocumented peoples mental health, whose whole existence has being criminalized. The WHO European Mental health Action Plan 2013-2020 (WHO 2013) has three values, one them being empowerment. Just like empowering the poor is the only way to set them free, empowering the irregular migrants with basic human rights is the only way to give them their freedom and dignity.

Mental health problems which are used to consider being only individuals personal burden, have today a Global impact. When 21 –year old illegal immigrant from Kenya killed a woman in 2016 in Austria, he were known to be homeless and mentally ill. According to the police the attack could have been prevented if the attacker had been admitted to psychiatric institution. He arrived to Austria 2008 legally, but had overstayed his visa. ("Brunnenmarkt murder" 2016) In September 2018 a 31-year old illegal migrant from Afghanistan with crack addiction and mental health problems stabbed seven people in Paris. He had arrived in 2017 without authority. (Allen, P. 2018) There is also a case of 16-year old Syrian asylum seeker boy, who was convicted of planning a terrorist attack in Germany in 2016. Spending his time only on his phone due to his deep loneliness, let him to be affected for jihadist propaganda. ("Syrian teen sentenced" 2017)

These are only marginal examples of exclusion and discrimination. Of course, not all irregular migrants, asylum seekers or refugees have proclivity to radicalism or even mental health problems. The majority of terrorist attacks still occur outside Europe and those attacks implemented in Europe and in the United States are committed by legal residents. (Koser, K. & Cunningham, A. 2018, 8) According to the Migration Policy Institute's analysis since 9/11 till 2015, only three of 745 000 refugees who resettled in the United States have been arrested and charged of terrorism. The amount of asylum seekers and irregular migrants are probably

fairly similar. (Koser, K. & Cunningham, A. 2018, 9) Nevertheless, the issue is "a hot potato" right now and the policy of closed borders and exclusion of irregular migrants from society and from health services are not solving the problem. As it is said in the European Mental Health Action Plan 2013-2020 (2013): "*The promotion of mental health and the prevention and treatment of mental disorders are fundamental to safeguarding and enhancing the quality of life and well-being of individuals, but it is also increasing the strength and resilience of society as a whole*".

10 ETHICS

Scoping review study suited well to this research, to an independent project and to a subject which was not reviewed before, but contained a delicate nature. (Arksey O´Malley 2005, 21; Brown, G. et al. 2014, 39-44.) In this research all the principals of Scoping reviews were followed, but also aspects from systematic reviews were adopted, when appropriate and possible. Also several diagrams and charts were used to explain and clarify the search results and exclusion process. The PCC identification tool, Prisma flow Diagaram and the inductive content analysis supported the entity. The attempt was to create a research, where the requirements of validity, credibility, reliability, transferability and confirmability are met and there is clear evidence, that dishonesty and plagiarism is being avoided.

The study was performed by one researcher only. There is no clear recommendations about the amount of researchers conducting a scoping review, but it is evident that one researcher alone cannot provide as objective, versatile and reliable information as several researchers could. (Arksey O´Malley 2005, 21) This is decreasing both the credibility and reliability.

Three research questions were chosen for this study to be able to scrutinise the phenomena from several angles and they were written to as understandable form as possible. Although the questions were chosen carefully and with thought, they produced fairly similar results, weakening the validity of this work. On the other hand the answers to research questions can reinforce one another and maybe add some reliability of results.

Inclusion and exclusion criteria were followed as planned. Only high quality scientific articles were selected and so called "grey literature" was ruled out. Therefore one of the main points of Scoping reviews, that is, emphasizing the coverage of different literature and data sources, was not met (Arksey & O´Malley 2005, 22-23). Instead, all study designs were excepted, apart from systematic reviews. Only researches in English, Swedish or Finnish was excepted due to timeframe and resources, which unfortunately ruled out several relevant studies, lowering the validity. In fact, it was later discovered that Norwegian studies could have been included to the research material, since researcher had been able to understand them, due to similarity of languages with Sweden. A richer understanding of the phenomena was ensured with accepting studies in which all genders, ages and backgrounds of participants were represented.

Strict limitations about search terms are not recommended to set by Arksey and O´Malley (2005, 22) and therefore wide, innovative and multifaceted search words and terms were tried to create to guarantee the breadth of coverage. For the same reason nine different databases were chosen for literature searches. The search strategy is documented in detail to make it clear and repeatable, but the large amount of search sentences with the three languages still requires delving into the system for someone who is not familiar with it. That is hindering the reproducibility, and the methodological rigor. (Arksey & O´Malley 2005, 22) In order to strengthen the credibility and validity, help of the Information Specialist was used along the process to ensure that all relevant data was gathered and not unintentionally excluded.

The search process itself resulted large material, 14 625 articles at the beginning. The opinion about the credibility or validity concerning the overall amount of articles is two-parted. It could be said that the extensive material and large coverage of literature searches is actually strengthening the credibility, since "no stone was left unturned" and the ability to produce such material, yet maintain organised system during the elimination process with elaborate description reinforces the validity. However the a massive amount of articles and somewhat original search strategy could be seen as a factor detracting credibility and validity.

All stages of the selection process were successfully finished and at the end of the process eligibility criteria was met resulting 12 accepted articles to the research. The amount of articles (n=12) was average for scoping reviews and therefore sufficient. Instead, the participants

(n=529) and patient records (n=54) in these twelve studies put together created a quite representative sample adding the value of the results.

Scoping reviews are sometimes blamed for being bias and their rigor being limited since quality assessment does not belong to the process. (Arksey & O´Malley 2005, 20; Grant & Boot 2009, 101) In this review the articles were high quality studies per se, meaning that quality assessment was done before accepting the article for publishing. However, particular attention to ethical consideration of articles was made to assure that ethicalness was not compromised in any of them. It means that the research was, at least, approved by ethical committee, the anonymity of participants was assured and informed consent was used, and/or ethical aspects were implemented some other, plausible, way.

The analysing process was carried out through four main stages of inductive content analysis. Creating meaning units was the most challenging phase of the process and especially not to include factors which are generally related to mental health problems and even mentioned in these particular studies, but not in relation to mental health problems. Recoding and –labelling was used during the analysis process and every change was carefully written down. A Memo was kept to keep track of changes. (Bengtson, M. 2016, 13). This elevates the dependability of this research. Vaismoradi, M. Et.al. (2013,403) suggests, that material should be coded with more than one independent student. Since this was not possible, impartial help was used to get opinions about grouping, labelling and categorizing material during the analysis. There are few similarities in categories between research questions, but representative quotations point out their differences. However, researcher´s inexperience about the study design may debilitate the value of the results and the whole study.

According to several scientists, the results should be published in away, that the interests of examined people are not jeopardized, and in a way which doesn´t feed negative attitudes against examinees. On the other hand, society has a right to learn more about prevailing circumstances which lead to stigmatization and discrimination. At the long run this may protect society when these processes have been examined openly and fairly. (Hirsjärvi, S. Remes, P. & Sajavaara, P. 2000, 27-28; Achkar, M & Maclin, R. 2009, 3)

In this research, results are represented honestly, truthfully and unbiased touch was kept throughout the whole process. Results are not embellished in favour of irregular migrants yet they are represented delicately, considering the affect on them (Hirsjärvi,S. Remes, P. & Sajavaara, P. 2000, 27-28; Archar, J.M. & Maclin, R. 2009, 3). The results are tried to pursuit in a clear, readable and understandable way, so that the reader may understand the phenomenon, results and the consequences, and to strengthen the ethicalness and validity of this research through them. (Kylmä,J. & Juvakka, T. 2007, 133) The attention was to shed light on the situation of irregular people, provide correctives and to enable positive changes for communities and people, which is one of the meanings of the ethical standards. ("A Guide to Ethical Principles" 2006, 9-10)

11 CONCLUSIONS AND IMPLICATIONS

This scoping review has shown, that irregular migrants have several mental disorders and the illegal status itself along with their precarious living conditions and traumatic experiences expose them to several mental health disorders. Irregular migrants also may have atypical depression symptoms and they may emphasize their symptoms through bodily pain more often compared to others. Also, the undocumented status itself has a significant effect on their mental health along with many obstacles when trying to seek help for mental health problems. Many of these obstacles are related with cultural issues possibly causing the migration-related grief.

Despite the evidence, that irregular migrants have high levels of mental health problems and they are undoubtedly in increased risk to show symptoms of illness, research is still very limited on this group of people. Ulysses syndrome for example is probably not yet very well known phenomena, as well as the migration-related grief, which both are needed to study more to braise evidence about them. Also, the increased knowledge about the mental disorders the irregular migrants have, may show, that perhaps PTSD, for example, is underdiagnosed in this group of people. Furthermore, it may give ideas where to focus on the limited available resources.

There are already some studies in the European level about mental health problems of irregular migrants, as this scoping review has showed, but to the best knowledge of the researcher, Finland for instance remains so far without any. There are many special features in Finland regarding for example excellent human rights situation, have being able to decrease high suicide rates and homelessness. Finland could have lot to offer for the research of irregular migrant´s mental health problems.

This scoping review is reminding, that leaving irregular migrants without mental care and treatment, and forcing them to live in inhuman conditions, are both violations against human rights in contrast to what European countries are committed to. Also Irregular migrants' resources are extremely limited and they are entirely dependent on outside help.

The amount of irregular migrants are rising every year in Europe and at the same time with the increasing amount of other migrants, the European legislation concerning all immigrants along with the asylum processes and general opinions about migration are tightened in every European country. Irregular migrants are seen even more easily as a threat and economical burden to societies and to people. It was discussed earlier in this paper about the costs of mental health treatment and it is a fact that all resources have to be prioritized. When the resources are limited, the help can be focused on to certain most significant problems concerning irregular migrants. Hopefully this study has shed some light on them.

To change the way the irregular migrants are seen, and to motivate to people preserve the human rights and think they truly belong to everyone, we need more research concerning irregular migration and irregular people, and we need to dare to ask unpleasant questions. For example at the moment, there is very little research about the threats, if there is any, that irregular migrants create to societies, what are they and exactly how they effect on societies. What crimes irregular migrants have committed, have they? Is irregular status in any connection to radicalism and is it leading to it?

What is clear, is that that irregular people are affected to several factors which may lead to mental health problems, and at least in individual level the meaning of improved access to health care, and especially to mental health care, has a great impact on their lives. Furthermore, it is quite clear, that boosting the well-being of individuals, their self-esteem and di-

minishing the shame, stigma and humiliation and saving them from the Limbo and empowering them with basic human rights, is the only way to give them dignity. This corrects the broken bond between society and an individual, ending the possible chaos in individual's life and instead of being a threat to society, they could be a possibility. This increases the humanity, the strength and the resilience of the whole society. After all, the only strong society is the one that preserves the human rights and is including everyone inside the circle.

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APPENDIX 1. Forming the search words with PCC –identification tool
(The PCC Identification Tool Joanna Briggs Institute, 2017)

	Population	Concept
PCC	Irregular migrants	Mental health problems / Psychological disorders
The key words In English	Irregular migrant Irregular immigrant Irregular alien Irregular people, parents Irregular men, women, children Irregular, workers Irregular minorities Irregular workers, employees Undocumented migrant Undocumented immigrant Undocumented alien Undocumented people, parents Undocumented, workers Undocumented men, women Undocumented children Undocumented minorities Undocumented workers, Undocumented employees Illegal migrant, Illegal immigrant Illegal alien, Illegal minorities Paperless Minority groups Unauthorized people Unauthorized workers, Unauthorized employees	Mental health problems, Mental health difficulties, Mental health illnesses, Mental health sickness, Mental health disorders, Mental health diseases, Mental health symptoms, Mental health stressors, Mental health crisis, Mental health derangement Mental problems, Mental difficulties, Mental illness, Mental sickness, Mental disorders, Mental disease, Mental symptoms, Mental stress, Mental crisis, Mental derangement, Mental unbalance, Common mental health disorders Psychological problems, Psychological difficulties, Psychological emotional difficulties, Psychological illnesses, Psychological sickness Psychological disorders, Psychological ill health, , Psychological symptoms Emotional problems, Emotional difficulties, Emotional stress, Emotional disorders, Emotional illness, Emotional disorder, Emotional crisis Unhealthy condition, Poor mental health Indisposition Post-traumatic stress disorder Depression, Depressive disorder Schizophrenia Anxiety
The key words In Swedish	Papperslösa Papperslösa barnen, kvinnor, Papperslösa män, hemlösa Papperslösa människor, arbetare Papperslösa föräldrar Papperslös flykting Papperslös invandrare Papperslös inneboende Odokumenterade Odokumenterade barn, kvinnor Odokumenterade män, Odokumenterade hemlösa Odokumenterade människor, Odokumenterade arbetare Odokumenterade arbetstagare Odokumenterade föräldrar Odokumenterade invandrare Odokumenterade immigrant Odokumenterade flyktning	Psykiska sjukdomar, Psykiska problem, Psykiska störningar, Psykiska funktionshinder, Psykiska symptom, Psykiska sjukdomstillstånd, Psykiska svårigheter, Psykisk stress, Psykisk ohälsa, Psykisk Kris Mentala problem, Mentala sjukdomar, Mentala störningar, Mentala svårigheter, Mental kris Emotionella problem, Emotionel Kris, psykologiska problem,Psykologiska Kris Kris, stressjukdomar, Dålig hälsa, opasslighet Depression Post-traumatisk stressyndrom Scizofreni Ångest, ängslan, Farhåga, ångeststörning

	Illegala Illegala utlänningar Illegala invandrare Gömd flyktning Utan tillstånd / uppehållstillstånd Irreguljär migration Odeklarerade invandrare Odeklarerade arbetstagare	

	Population	**Concept**
PCC	Irregular migrants	Mental health problems / Psychological disorders
The key words In Finnish	Paperittomat Paperittomat ihmiset Paperittomat miehet, naiset, Paperittomat lapset Paperittomat vanhemmat Paperittomat työntekijät Paperiton maahanmuuttaja Paperiton siirtolainen Paperittomat kodittomat Laiton maahanmuuttaja Laiton maahantulija Laittomasti maassa oleskeleva Vähemmistöt	Mielenterveysongelmat, Mielenterveysvaikeudet Mielenterveyden ongelmat, Mielenterveyden häiriöt, Mielisairaus, Mielenterveysoireet, Mielenterveyden kriisi Psyykkiset ongelmat, Psyykkiset vaikeudet Psyykkiset sairaudet, Psyykkiset häiriöt, Psykologiset ongelmat, Psykologiset häiriöt, Psyykkinen Kriisi Yleiset mielenterveyden häiriöt, Emotionaaliset on-gelmat, Emotionaalinen Kriisi, Henkinen Kriisi, kriisi-tekijät, Kriisi Post - traumaattinen oireyhtymä, Post-traumaattinen stressi Masennus Skitsofrenia Ahdistus, Ahdistuneisuus, Ahdistuneisuushäiriö

APPENDIX 2. Search sentences

1.search	**English MeSH –terms** ((Undocumented* or "Illegal Immigrants*" or "Illegal Aliens" or "Unauthorized Immigrants") AND (Mental* or Mentally* or "Mental Disorders" or "Mental Health*" or "Psychological Trauma" or "Stress, Psychological" or Depression* or Anxiety*))	**FinnMeSH –terms** (Paperiton OR Paperittomat OR "Laiton maahanmuuttaja" OR "laittomat maahanmuuttajat" OR Laiton maahantulija OR "Laittomasti maassa oleskeleva")	
2. search	**English MeSH A–terms** (Undocumented* or "Illegal Immigrants*" or "Illegal Aliens" or "Unauthorized Immigrants")		
3. search	**ENGLISH** **1.** (Irregular* OR Undocumented* OR Paperless* OR "illegal migrant*" OR "Illegal immigrant*" OR "Illegal alien*" OR "Illegal minorities" OR "Minority group*" OR "Unauthorized people" OR "Unauthorized workers" OR "Unauthorized employ*") AND (Mental health problem* OR Mental health difficulties OR Mental health illness* OR Mental health sickness OR Mental health disorder* OR Mental health disease* OR Mental health symptom* OR Mental health stress* OR Mental health crisis OR Mental health derangement*) **2.** (Irregular* OR Undocumented* OR Paperless* OR "illegal migrant*" OR "Illegal immigrant*" OR "Illegal alien*" OR "Illegal minorities" OR "Minority group*" OR "Unauthorized people" OR "Unauthorized workers" OR "Unauthorized employ*") AND ("Mental problem*" OR "Mental difficulties" OR "Mental illness*" OR "Mental sickness" OR "Mental disorder*" OR "Mental disease*" OR "Mental symptom*" OR "Mental stress*" OR "Mental crisis" OR "Mental derangement*" OR "Mental unbalance" OR "Common mental health disorder*) **3.** (Irregular* OR Undocumented* OR Paperless* OR "illegal migrant*" OR "Illegal immigrant*" OR "Illegal alien*" OR "Illegal minorities" OR "Minority group*" OR "Unauthorized people" OR "Unauthorized workers" OR "Unauthorized employ*") AND (Psychological problem* OR Psychological difficulties OR Psychological emotional difficulties OR Psychological illness* OR Psychological sickness OR Psychological disorder* OR Psychological ill health OR Psychological symptom*) **4.**(Irregular* OR Undocumented* OR Paperless* OR "illegal migrant*" OR "Illegal immigrant*" OR "Illegal alien*" OR "Illegal minorities" OR "Minority group*" OR "Unauthorized people" OR "Unauthorized workers" OR "Unauthorized employ*") AND (Emotional problem* OR Emotional difficulties OR Emotional stress* OR Emotional disorder* OR Emotional illness* OR Emotional disorder* OR Emotional crisis OR Unhealthy condition* OR Poor mental health* OR Post-traumatic stress* OR Depress* OR Schizophrenia OR Anxiety)	**SWEDISH** **1.** (Papperslös* OR Odokumenterad* OR Illegal* OR Illegal* utlänning* OR Illegal* invandr* OR Gömd flyktning* OR Utan tillstånd OR Utan uppehållstillstånd OR Irreguljär migration OR Odeklarerad* invandrar* OR Odeklarerad* arbetstag*) AND (Psykisk* sjukdom* OR Psykisk* problem* OR Psykisk* störning* OR Psykisk* funktionshind* OR Psykisk* symptom* OR Psykisk* sjukdomstillstånd* OR Psykisk* svårighet* OR Psykisk stress OR Psykisk ohälsa* OR Psykisk* Kris*) **2.** (Papperslös* OR Odokumenterad* OR Illegal* OR Illegal* utlänning* OR Illegal* invandr* OR Gömd flyktning* OR Utan tillstånd OR Utan uppehållstillstånd OR Irreguljär migration OR Odeklarerad* invandrar* OR Odeklarerad* arbetstag*) AND (Mental* problem* OR Mental* sjukdom* OR Mental* störning* OR Mental* svårighet* OR Mental* Kris* OR Emotionella problem* OR Emotionella Kris* OR psykologisk* problem* OR Psykologisk* Kris* OR Kris* OR stressjukdom* OR Dålig hälsa* OR opasslighet*) **3.** (Papperslös* OR Odokumenterad* OR Illegal* OR Illegal* utlänning* OR Illegal* invandr* OR Gömd flyktning* OR Utan tillstånd OR Utan uppehållstillstånd OR Irreguljär migration OR Odeklarerad* invandrar* OR Odeklarerad* arbetstag*) AND (Depression* OR Post-traumatisk stressyndrom* OR Scizofreni* OR Ångest* OR ängsla* OR Farhåga* OR ångeststörning*)	**FINNISH** **1.** (Paperit* OR Lait* maahanmuuttaja* OR Lait* maahantulija* OR Laittomasti maassa oleskeleva* OR Vähemmistö*) AND (Psyykki* ongelma* OR Psyykki* vaikeu* OR Psyykki* sairau* OR Psyykki* häiriö* OR Psykologi* ongelma* OR Psykologi* häiriö* OR Psyykki* Kriisi* OR Ylei* mielenterveyden häiriö* OR Emotionaali* ongelma* OR Emotionaali* Kriisi* OR Henki* Kriisi* OR kriisitekijät OR Kriisi*) **2.** (Paperit* OR Lait* maahanmuuttaja* OR Lait* maahantulija* OR Laittomasti maassa oleskeleva* OR Vähemmistö*) AND (Post – traumaatti* oireyhtymä* OR Post-traumaatti* stressi* OR Masennus OR Skitsofrenia OR Ahdistus OR Ahdistuneisuus OR Ahdistuneisuushäiriö*)
4. search	**English MeSH –terms + systematic review** (Undocumented* or "Illegal Immigrants*" or "Illegal Aliens" or "Unauthorized Immigrants") AND (TI systematic review)		

APPENDIX 3. Description of Included studies

Authors	Year	Title	Country	Purpose/Aims	Method/design	Sample	Main findings	Ethical consideration
1. Biswas, D. Et. al.	2011	Access to health care and alternative health-seeking strategies among undocumented migrants in Denmark	Denmark	To examine undocumented migrants´ experiences of access to the Danish healthcare system, undocumented migrants´ use of alternative health-seeking strategies and ER nurses´ experience in encounters with undocumented migrants.	Qualitative, semi-structured interviews	10 UMs from South Asia / 8 ER nurses	Limited rights, fear of being deported, lack of networks and language skills, uncertainty about possibilities predominant. Self-medication, illegal drug market and contacts to home-country doctors alternative methods. ER nurses willing to treat all.	Post-interview debriefing available, anonymity ensured, no approval from ethical committee (not required) Helsinki ethical declaration followed, verbal informed consent used.
2. Bloch, A.	2014	Living in Fear: Rejected Asylum Seekers Living as Irregular Migrants in England.	England	To Explore individual experiences of the asylum system leading to irregularity, examine every day life, strategies and fears of refused asylum seekers living as irregular migrants.	Qualitative, in-depth interviews	19 irregular migrants, former refused asylum seekers	Disbelief and administrative loopholes hindering asylum process. Fear of being deported, acute anxiety distinctive element. Need to remain hidden, isolation. Illegal, low-paid works or unemployment. Living in a limbo without rights.	Several ethical guidelines followed, anonymity ensured, informed consent used, trained interviewers. Approval from ethical committee not mentioned.
3. Heeren, M. Et. Al	2014	Psychopathology and resident status – comparing asylum seekers, refugees, illegal migrants, labor migrants and residents.	Switzerland	To describe, compare and predict mental health outcomes in five different study groups.	Quantitative, Self-rating questionnaire, three stepwise logistic regression analysis.	5 study groups: 65 asylum seekers, 34 refugees, 21 UMs, 26 labour migrants, 56 Swiss residents	Anxiety and depression were most frequently reported by asylum seekers and UMs, PTSD by asylum seekers and refugees.	Approved by ethical committee. Licensed clinical psychologist consulted for instructions.

Authors	Year	Title	Country	Purpose/Aims	Method/design	Sample	Main findings	Ethical consideration
4. Kuehne, A. Et. al.	2015	Subjective health of undocumented migrants in Germany – a mixed methods approach	Germany	To explore subjective health status of undocumented migrants	Mixed method, comparative research with quantitative questionnaire and qualitative ethnographic analyses with semi-structured interviews	96 Ums for questionnaire 35 migrants living or lived as UM for interviews	Illegal status significant negative effect on subjective mental and physical health. Constant fear of deportation. Precarious life-situation, poverty and problems accessing health care leading deterioration of health status.	Anonymity ensured, Approved by ethical committee. Helsinki ethical declaration followed, informed consent used.
5. Läkare utan Gränser	2005	Experiences of Gömda in Sweden: Exclusion from health care for immigrants living without legal status	Sweden	In order to assess the key barriers to health care that Gömda face and more fully understand their social situation.	Two different questionnaire surveys with Cronbach´s Alpha test and in-depth interviews	102 Gömda for the first questionnaire, 23 Patients for the second and, 6 Gömda for the interviews	82% of respondents reported facing barriers to health care in Sweden. Prevalence of clinically sifnificant depression and anxiety was very high among the 23 respondents.	Anonymity ensured, informed consent used. Approval from ethical committee not mentioned.
6. Mueller, J. Et. Al.	2009	Mental health of failed asylum seekers as compared with pending and temporarily accepted asylum seekers.	Switzerland	To study mental health of failed asylum seekers compared to asylum seekers.	Quantitative, Structured interviews and questionnaire.	40 failed asylum seekers, 40 asylum seekers.	Long and unsettling asylum process fails to identify those who are most in need. Both examined groups highly affected with at least one clinically significant condition.	Anonymity ensured, informed consent used. Approved by ethical committee. Interviews conducted by trained psychologists.

Authors	Year	Title	Country	Purpose/Aims	Method/design	Sample	Main findings	Ethical consideration
7. Myhrvold, T, Et. Al.	2016	The mental healthcare needs of undocumented migrants: an exploratory analysis of psychological distress and living conditions among undocumented migrants in Norway.	Norway	To explore UMs mental healthcare needs, gather insight into their living condition and their influence on risk factors.	Exploratory mixed method design with quantitative questionnaire and interviews.	90 UMs	Extremely high psychological distress among UMs. Family and work had no positive effect, because of great responsibilities without possibilities to full fill them and exploitation.	Anonymity ensured, informed consent used. Approved by ethical committee. Post-interview debriefing available
8. Schoevers, M.A. Et. Al.	2009	Self-rated health and health problems of undocumented immigrant women in the Netherlands: A descriptive study	Netherlands	To gain insight into the health situation and specific health problems of undocumented women.	Descriptive study. Interviews, Open-ended and structured questionnaire with multivariate logistic regression analysis.	100 female undocumented immigrants	65% of undocumented women rated their health as poor and 91% spontaneously mentioned having current health problems. Gynaecological and psychological complaints were very prevalent and obstetric problems numerous.	Approved by ethical committee. informed consent used. Anonymity ensured.
9. Teunissen, E. Et. Al.	2016	Reporting mental health problems of undocumented migrants in Greece: A qualitative exploration.	Greece	To reveal barriers and levers of mental healthcare for Ums by General Practitioners.	Qualitative, Semi-structured interviews, constant comparative method, thematic analyses	12 General Practitioners in Grete.	Societal resistance, budget cuts, administrative obstacles and lack of support were the main barriers not to deliver care. Solution used: Free access, free psychotropic drugs and referrals to other doctors.	Approved by ethical committee. Trained interviewer was used. Anonymously processed.

Authors	Year	Title	Country	Purpose/Aims	Method/design	Sample	Main findings	Ethical consideration
10. Teunissen, E. Et. al.	2015	Mental health problems of undocumented migrants in the Netherlands: A qualitative exploration or recognition, recording, and treatment by general practitioners.	Netherlands	To gain insight into the ways of approaching UMs mental health issues by general practitioners and barriers impacting on recognition, recording and treatment of UMs mental health.	Qualitative, semi-structured interviews, constant comparative method	16 General practitioners	General practitioners do recognise mental health problems of Ums. Limited possibilities to record and treat mental health, language problems, cultural issues, somatic problems that had to be treated first and lack of trust were main barriers.	Approved by ethical committee. Trained interviewers. Anonymity ensured. Permission asked from interviewees.
11. Teunissen, E. Et. Al.	2014	Mental health problems in undocumented and documented migrants: a survey study.	Netherlands (Australia)	Compare UMs and documented migrants mental health treatment and registration in general practice.	A survey study	541 patients´ records	UMs consulted General Practitioner far less than documented migrants. UMs had less diagnosed mental health problems, but no differences in the prescription of psychotropic medication. UMs had less referrals to mental health care institutions and psychologists, more often to psychiatrists.	Approved by ethical committee.
12. Teunissen, E. Et.al.	2014	Mental health problems of undocumented migrants (Ums) in the Netherlands: a qualitative exploration of help-seeking behaviour and experiences with primary care	Netherlands	To explore UMs health-seeking behaviour and experiences in General practice in relation to mental health problems.	Qualitative, Semi-structured interviews, thematic analysis.	15 Ums representing the main non-western migrant nationalities.	Mental health problems related to precarious living conditions. Religion and friends the first option for support, General Practitioners the last. Mental health problems being taboo, lack of knowledge and mistrust main barriers for seeking help.	Approved by ethical committee. Anonymity ensured, Permission asked from interviewees.

APPENDIX 4. Content Analysis

1. Research question: What psychological or mental health problems irregular migrants who reside in Europe have?

MEANING UNIT	CONDENSED MEANING UNIT	CODE	CATEGORY
1. Irregular migratory status induced mental health problems including anxiety. 3. Rates of clinically relevant anxiety were highest for IM (illegal migrants) 5. Prevalence of clinically significant anxiety was very high. 6. Samples reported high anxiety severity two thirds being clinically significant. 7. Respondents had a clinical level of anxiety. 8. Prevalence of common health problems in study population: anxiety 9. The mental health problems they encountered most were...anxiety disorders 11. The most common mental health problems encountered were: anxiety	1. Status induced anxiety. 3. Clinically relevant anxiety 5. High clinically significant anxiety 6. High anxiety severity 7. Clinical level of anxiety. 8. Anxiety 9. Anxiety disorders 11. Anxiety	1. ANXIETY 3. CLINICALLY RELEVANT ANXIETY 5. CLINICALLY SIGNIFICANT ANXIETY 6. ANXIETY 7. CLINICAL LEVEL ANXIETY 8. ANXIETY 9. ANXIETY DISORDERS 11. ANXIETY	**ANXIETY**
1. Irregular migratory status induced mental health problems including depression. 3. IM (illegal migrants) contributed to clinically relevant symptoms of depression. 5. The questionnaire indicate that the prevalence of depression was ten times higher.... 5. Prevalence of clinically significant depression was very high. 6. Samples reported high depression severity two thirds being clinically significant. 7. Respondents had a score corresponding with the diagnosis of major depression. 8. Prevalence of common health problems in study population: depressed mood 9. The mental health problems they encountered most were...depression. 10. “It is difficult to discuss these problems, especially when it is about.....depressions. 11. The most common mental health problems encountered were: depression	1. Status induced depression. 3. Clinically relevant symptoms of depression. 5. High prevalence of depression 5. High clinically significant depression 6. High depression severity 7. Major depression 8. Depressed mood 9. Depression 10. Depression 11. Depression	1. DEPRESSION 3. CLINICALLY RELEVANT DEPRESSION 5. DEPRESSION 5. CLINICALLY SIGNIFICANT DEPRESSION 6. DEPRESSION 7. MAJOR DEPRESSION 8. DEPRESSED MOOD 9. DEPRESSION 10. DEPRESSION 11. DEPRESSION	**DEPRESSION**

1. Research question: What psychological or mental health problems irregular migrants who reside in Europe have?

MEANING UNIT	CONDENSED MEANING UNIT	CODE	CATEGORY	THEME
2. Recurrent nightmares because of possible Border Agency visits. 2. Inability to sleep because of possible Border Agency visits. 4. "I couldn´t sleep, it was difficult you know". 5. Respondents reported having sleeping disorders. 5. Respondents specifically reported nightmares 5. Respondents specifically reported sleeping less than 4 hour per night. 8. Prevalence of common health problems in study population: sleeplessness 8. Prevalence of common health problems in study population: nightmares 11. The most common mental health problems encountered were: sleeping disorders 12. Sleeping problems caused by stress	2. Recurrent nightmares 2. Inability to sleep 4. Couldn´t sleep 5. Sleeping disorders 5. Nightmares 5. Sleeping less than 4 hours/night 8. Sleeplessness 8. Nightmares 11. Sleeping disorders 12. Stress based sleeping problems	**2.** NIGHTMARES **2.** INABILITY TO SLEEP **4.** INABILITY TO SLEEP **5.** SLEEPING DISORDERS **5.** NIGHTMARES **5.** SLEEPING PROBLEMS **8.** SLEEPLESSNESS **8.** NIGHTMARES **11.** SLEEPING DISORDERS **12.** SLEEPING PROBLEMS	**SLEEPING DISORDERS**	**DISORDERS OF THE MIND**
1. Irregular migratory status induced mental health problems including generalized stress. 1."So if you speak about stress, this is also stress" (...loosing identity, friends...) 1. Participants also experienced stress from insecurity... 1. This also illustrates the stress which undocumented migrants may experience... 7. Prevalence of psychological distress were extremely high. 9. The mental health problems they encountered most were...acute stress reactions 12. Some respondents used remarks as....stress	1. Status induced generalized stress. 1. Losing everything, cause of stress 1. Stress from insecurity 1. Stress experienced by Ums 7. High psychological distress 9. Acute stress reactions 12. Stress	**1.**GENERALISED STRESS **1.**STRESS **1.**STRESS **1.**STRESS **7.** EMOTIONAL STRESS **9.** ACUTE STRESS REAC-TIONS **12.** STRESS	**STRESS**	
9. "Illegal patients have also heavier mental illnesses, like psychoses". 9. "Recently we had an extreme case of an UM with an acute psychosis" 10. "It is difficult to discuss these problems, especially when it is about psychosis... 11. The most common mental health problems encountered were: Psychotic disorders	9. Illegal patients have psychoses 9. UM with an acute psychosis 10. Psychosis 11. Psychotic disorders	**9.** PSYCHOSES **9.** PSYCHOSES **10.** PSYCHOSES **11.** PSYCHOTIC DISORDERS	**PSYCHOSES**	
3. Probable diagnosis of PTSD. 6. Separate analysis of the PTSD cases revealed moderate to severe symptom severity. 9. The mental health problems they encountered most were...post-traumatic stress disor-der 11. The most common mental health problems encountered were: PTSD	3. PTSD probability. 6. Moderate to severe PTSD 9. Post-traumatic stress disorder 11. PTSD	**3.** PTSD **6.** PTSD **9.** PTSD **11.** PTSD	**POSTTRAUMATIC STRESS DISORDER**	
2. Panic attacs because of possible Border Agency visits. 8. Prevalence of common health problems in study population: agitation	2. Panic attacs 8. Agitation	**2.** PANIC ATTACS **8.** AGITATION	**MOOD DISORDERS**	

1. Research question: What psychological or mental health problems irregular migrants who reside in Europe have?

MEANING UNIT	CONDENSED MEANING UNIT	CODE	CATEGORY
9. The mental health problems they encountered most were...chronic alcohol and other substance abuse 11. The most common mental health problems encountered were: addiction	9. Chronic alcohol and other substance abuse 11. Addiction	**9.** ALCOHOL / SUBSTANCE ABUSE **11.** ADDICTION	**ADDICTION**
1. "If you think about pain....I cannot explain what pain is" (talking about losing everything) 6. Samples reported moderate pain intensity during the last month.	1. Feelings of pain 6. Moderate pain intensity	**1.** PAIN **6.** PAIN	**EMOTIONAL SUFFERING**
5. Gömda (irregular migrants) showed from moderately high to extremely high levels of suicidal thoughts.	5. High levels of suicidal thoughts	**5.** SUICIDAL THOUGHTS	**SELF-DESTRUCTIVE BEHAVIOR**

2. Research question: How mental health is described in studies?

MEANING UNIT	CONDENSED MEANING UNIT	CODE	SUB-CATEGORY	CATEGORY
4. He started drinking heavily, started "loosing reality", as he puts it 12. Some respondents used remarks as "hearing voices"	4. Started drinking heavily, losing reality 12. Some told hearing voices	**4.** DRINKING HEAVILY, LOSING REALITY **12.** HEARING VOICES	LOSING SELF-CONTROL	**SERIOUS MENTAL IMBALANCE**
4."It was a shock to have to move out, I got sick because of that" 4."Being an illegal immigrant was a trauma and a shock" 4. "It´s an emotional crises; a state of un-well-being" 5. "My wife is suffering from stress and trauma" 6. The FAS (failed asylum seekers) sample was severely traumatized	4. A shock to move out, got sick 4. Status was a trauma and a shock 4. Emotional crises and not feeling well 5. Suffering from stress and trauma 6. Failed asylum seekers severely traumatized	**4.** A SHOCK TO MOVE OUT **4.** TRAUMATIZED AND SHOCKED **4.** EMOTIONAL CRISES **5.**STRESSED AND TRAUMATIZED **6.** SEVERELY TRAUMA-TIZED	BEING TRAUMATIZED	

2. Research question: How mental health is described in studies?

MEANING UNIT	CONDENSED MEANING UNIT	CODE	SUB-CATEGORY	CATEGORY
4..."that effects my health, because I am always nervous" 7. Nervousness or shakiness inside 7. Feeling restless, can´t sit still	4. "I am always nervous" 7. Nervousness or shakiness 7. Restless, can´t sit still	4. ALWAYS NERVOUS 7. NERVOUSNESS 7. RESTLESS	NERVOUSNESS	**CONSTANT EMOTIONAL PRESSURE**
5. She doesn´t sleep well sometimes 7. Difficult falling asleep, staying asleep 12. Some used remarks as "to have nightmares"	5. She doesn´t sleep well 7. Difficulties with sleeping 12. Having nightmares	5. DOESN´T SLEEP WELL 7. SLEEPING PROBLEMS 12. NIGHTMARES	SLEEPING PROBLEMS AND NIGHTMARES	
4."So much worries!" 4."Too much stress and too much fear" 4."I am suffering.....so much stress"... 7. Worry too much about things	4. So much worries 4. Too much stress and fear 4. Suffering from stress 7. Worrying too much	4. LOTS OF WORRIES 4. STRESS AND FEAR 4. VERY STRESSED 7. CONSTANTLY WOR-RIED	WORRIED AND STRESSED	
1. UMs appeared insecure and preferred quick treatment 4. "I always have this fear"... 4. "I am always scared, I have so much fear" 7. Suddenly scared for no reason 7. Feeling fearful 7. Spells of terror or panic 10. You have to deal with people who are extremely fear-ful 12. "If I am...so scared, I think about what I can do"....	1. Insecured and preferred quick treatment 4. Always have fear 4. Always scared, have fear 7. Suddenly scared for no reason 7. Feeling fearful 7. Spells of terror or panic 10. Extremely fearful people 12. I am so scared	**1.** INSECURED **4.** ALWAYS HAVE FEAR **4.**ALWAYS SCARED, FEARED **7.** SUDDENLY SCARED **7.** FEELING FEARFUL **7.** TERROR OR PANIC **10.** EXTREMELY FEAR-FUL **12.** SCARED	FEAR	

2. Research question: How mental health is described in studies?

MEANING UNIT	CONDENSED MEANING UNIT	CODE	SUB-CATEGORY	CATEGORY
4. "I always cry, I´m not doing well" 7. Crying easily 12. Some respondents used remarks as "I always cry"	4. Always crying, not doing well 7. Crying easily 12. I always cry	4. ALWAYS CRYING 7. CRYING EASILY 12. ALWAYS CRYING	CRYING OFTEN	**DOLEFUL AND DISTRESSED**
5. "I was feeling so bad, I was so tired, I couldn´t do anything"... 5. "I felt like I had lost all of my power " 7. Feeling everything is an effort 7. Feeling low in energy, slowed down 12. "If I am so sick, and so tired".....	5. Was feeling bad, was tired 5. Felt that had lost all power 7. Feeling everything is an effort 7. Feeling low in energy, slowed down 12. Sick and tired	5. FEELING BAD, TIRED 5. LOST ALL POWER 7. EVERYTHNG IS AN EFFORT 7. SLOWED DOWN 12. TIRED	FEELING TIRED	
2. "Some were almost immobilised by these anxieties" 4. "I get depressed, because I feel trapped" 4. "I was very depressed, it was tearing me apart" 4. "Sometimes I´m so depressed I can´t even travel" 5. "I feel so let down as I needed help.... but they just refused" 7. Feeling blue 9. "The situation can create a melancholic and a depressed mood" 9. Most GP´s recognized anxious or depressed symptom presentation. 10. UMs in the consultation room often depressed and anxious	2. Almost immobilised by anxiety 4. Depressed, because feels trapped 4. Was very depressed 4. Sometimes so depressed that can´t travel 5. Feels let down because didn´t get help 7. Feeling blue 9. Melancholic and a depressed mood 9. Symptoms of anxiousness or depression 10. Often depressed and anxious	2. STRONG ANXIETY 4. DEPRESSED, TRAPED 4. VERY DEPRESSED 4. SERIOUS DEPRESSION 5. FEELS LET DOWN 7. FEELING BLUE 9.MELANCHOLIC AND DEPRESSED 9. ANXIOUS OR DEPRESSED 10. OFTEN DEPRESSED OR ANXIOUS	ANXIOUS AND DEPRESSED	

MEANING UNIT	CONDENSED MEANING UNIT	CODE	SUB-CATEGORY	CATEGORY
2. "What plans can I make?" 2. " I´m in Limbo, life is just passing me by" 2. "I´m just sitting here, doing nothing" 4. " If the police come - I don´t care" 7. Feeling no interest in things 7. Loss of sexual interest or pleasure	2. No plans anymore 2. Life is just passing by 2. Just sitting, doing nothing" 4. Don´t care 7. Feeling no interest in things 7. Loss of sexual interest or pleasure	2. LOOSING VISIONS 2. LIFE IS PASSING BY 2. DOING NOTHING 4. APATHY 7. NO INTEREST 7. LOSS OF PLESURE	LACK OF EMOTION MOTIVATION AND INTEREST	**DESPERATION AND LOOSING CHEST FOR LIFE**
4. "I get depressed, because I feel trapped" 7. Feeling of being trapped or caught	4. I feel trapped 7. Feeling of being trapped or caught	4. FEELING TRAPPED 7. FEELING TRAPPED OR COUGHT	NO WAY OUT	
2. "I have no hope anymore"...."all my dreams are gone" 4. "Sometimes I don´t know what to do" 5. "My wife tried to kill herself' 7. Feeling hopeless about future 7. Thoughts of ending your life	2. No hope, dreams gone 4. Doesn´t know what to do 5. Wife tried to kill herself 7. Feeling hopeless about future 7. Thoughts of ending your life	2. NO HOPE 4. HOPELESSNESS 5. TRIED SUICIDE 7. HOPELESS 7. SUICIDAL THOUGHTS	HOPELESSNESS	

2. Research question: How mental health is described in studies?

MEANING UNIT	CONDENSED MEANING UNIT	CODE	SUB-CATEGORY	CATEGORY
4. He suffered a great deal...to be a failure 7. Feeling worthlessness 7. Blaming yourself for things	4. Suffered to be a failure 7. Feeling worthlessness 7. Blaming yourself for things	4. FEELINGS OF FAILURE 7. FEELS WORTHLESSNESS 7. BLAMING YOURSELF	NEGATIVE SELFIMAGE	**ISOLATION**
2. "I used to feel lonely and isolated" 7. Feeling lonely	2. Felt loneliness and isolation 7. Feeling lonely	2. LONELY AND ISOLATED 7. FEELING LONELY	LONELINESS	
5. "I couldn´t do anything and my voice used to shiver" 5...."and sometimes (she) becomes quite withdrawn" 7. Feeling tense or keyed up 9. "They are very cautious, very closed" 10. "They don´t tell you many things" 10. "People who are extremely distrustful and fearful"	5. Couldn´t do anything 5. Becomes withdrawn 7. Feeling tense or keyed up 9. They are cautious and closed 10. Don´t tell many things 10. Extremely distrustful	5. PETRIFIED 5. WITHDRAWN 7. TENSED OR KEYED UP 9. CAUTIOUS AND CLOSED 10. WARY 10. EXTRMELY DISRTU-STFUL	WARY AND CLOSED	

MEANING UNIT	CONDENSED MEANING UNIT	CODE	SUB-CATEGORY	CATEGORY
5. "She has chest pain, stomach pains, back pain and many things" 7. Headaches 9. Headache or stomach pain 10."They often complain stomach pain or pain somewhere else....but you recognize it´s psychological	5. Chest pain, stomach pain, back pain Etc 7. Headaches 9. Headache or stomach pain 10. Complaining stomach pain or pain somewhere else	5. CHEST PAIN, STOMAC PAIN, BACK PAIN ETC 7. HEADACHES 9. HEADACHE OR STOM-ACH PAIN 10. STOMACH PAIN / OTHER PHYSICAL PAIN	ACHES AND PAINS	**PHYSICAL SYMPTOMS**
4. "I got an infection, blood came out of my ears. From all the stress" 5. " I lost weight and I was feeling bad" 7. Heart pounding or racing 7. Faintness 7. Poor appetite 7. Trembling	4. Infection from stress 5. Lost weight and was feeling bad 7. heart pounding or racing 7. Faintness 7. Poor appetite 7. Trembling	4. STRESS BASED INFEC-TION 5. WEIGHT LOST 7. HEART POUNDING /RACING 7. FAINTNESS 7. POOR APPETITE 7. TREMBLING	MULTIPLE HEALTH PROBLEMS	

3. Research question: What factors are related to mental health of irregular migrants?

MEANING UNIT	CONDENSED MEANING UNIT	CODE	SUB-CATEGORY	CATEGORY
1. Conditions of living with irregular status induced problems	1. Living conditions with the status induced problems	1. LIVING CONDITIONS WITH THE STATUS	IRREGULAR STATUS	**NO POSITION IN SOCIETY**
2. Completely unable to do anything due to status	2. Unable to do anything due to status	2. UNABLE TO DO ANYTHING DUE TO STATUS		
2. Dependency, disempowerment and/or insecurity as a consequence of the position	2. Dependency, disempowerment, insecurity due to the status	2. DEPENDENCY, DISEMPOWERMENT, INSECURITY DUE TO THE STATUS		
2. These are the anxieties of what to disclose [when someone starts to ask questions about status]	2. Anxiety of what to disclose (due to status)	2. DISTRUST DUE TO THE STATUS		
4. "The situation [being illegalized] affects me"	4. Situation is affecting	4. SITUATION IS AFFECTING		
4. A significant negative effect of living without status on health	4. Living without status has significant negative effect	4. STATUS HAS SIGNIFICANT NEGATIVE EFFECT		
5. Mental health deteriorated a lot without legal status	5. Mental health deteriorated without status	5. STATUS DETERIORATED MENTAL HEALTH		
9. "The current situation can create [desperate] actions"	9. Situation can create (desperate) actions	9. SITUATION MAY LEAD TO DESPERATE ACTIONS		
12. The UMs attributed their mental health problems to their status	12. Attributed mental health problems to status	12. MENTAL HEALTH PROBLEMS ATTRIBUTED TO THE STATUS		
12. Current undocumented status causing the mental problems	12. Status causing mental problems	12. STATUS CAUSING PROBLEMS		
12. "The paper issue break them finally"	12. The paper issue break them	12. PAPERLESSNESS CAUSING BREAK DOWN	LACK OF DOCUMENTS	
12. Constant worries about documents mentioned repeatedly	12. Constant worries about documents	12. DOCUMENTS CAUSINGWORRIES		
12. "I can´t do nothing without documents you know"	12. Can´t do anything without documents	12. NOT ABLE TO DO ANYTHING WITHOUT DOCUMETS		

3. Research question: What factors are related to mental health of irregular migrants?

MEANING UNIT	CONDENSED MEANING UNIT	CODE	SUB-CATEGORY	CATEGORY
7. Having experienced sexual or other harassment 9. Problems they encountered most.....domestic violence 12. Some respondents used remarks...."problems with husband"	7. Experienced sexual or other harassment 9. Domestic violence major problem 12. Problems with husband	7. EXPERIENCED HARASSMENT 9. DOMESTIC VIOLENCE 12. PROBLEMS WITH HUSBAND	HARASSMENT AND VIOLENCE	**PSYCHOLOGICALLY DIFFICULT EXPRIENCES**
3. experineced traumatic events 5. "She has taken all our stress since we became refugees" 5. Many reported traumatic experiences in their home countries 6. High impact traumatic events such as imprisonment, torture, killing of family members 7. Leaving home country because of war or prosecution 12. Traumatising experiences (war, torture, prostitution)	3. Experienced traumatic events 5. Taken all stress since became refugees 5. Traumatic experiences in their home countries 6. High impact traumatic events 7. Leaving because of war or prosecution 12. Traumatizing experiences	3. EXPERINECED TRAUMATIC EVENTS 5. TAKEN ALL STRESS AFTER BECAMING REFUGEES 5. TRAUMATIC EXPERINECES IN HOME COUNTRIES 6. HIGH IMPACT TRAUMATIC EVENTS 7. WAR OR PROSECUTION 12. TRAUMATIZING EXPERIENCES	TRAUMATIZING EVENTS	

3. Research question: What factors are related to mental health of irregular migrants?

MEANING UNIT	CONDENSED MEANING UNIT	CODE	SUB-CATEGORY	CATEGORY
1. Relatives in home countries expected regular supplies for money 4. Debts due to the costs of migration 4. Income....often lies significantly below what they had hoped for 7. Having someone financially dependent on you 12. Financial instability	1. Relatives expected supplies for money 4. Debts due to the costs of migration 4. Income, significantly lower 7. Someone financially dependent on you 12. Financial instability	1. RELATIVES EXPECTED MONEY 4. DEBTS 4. LOW INCOME LEVEL 7. SOMEONE FINANCIALLY DEPENDENT 12. FINANCIAL INSTABILITY	LACK OF MONEY	**UNSTABLE SOCIO-ECONOMIC SITUATION**
1. Insecurity of not having regular employment 4. The absence of employment contracts or rental agreements and constant threat of losing work and housing 9. Uncertainties about their job main sources of stress 9. Fear that the employer finds out their mental health problems 10. Not allowed to work 12. Unemployment	1. Insecurity of irregular employment 4. Unemployment and homelessness or threat of losing work and housing 9. Uncertainties about their job 9. Fear of the employer finding out 10. Not allowed to work 12. Unemployment	1. IRREGULAR EMPLOYMENT 4. UNEMPLOYMENT, HOMELESSNESS / FEAR OF LOOSING WORK AND HOUSING 9. UNCERTAINTIES ABOUT THEIR JOB 9. FEAR OF THE EMPLOYER 10. NOT ALLOWED TO WORK 12. UNEMBLOYMENT	UNEMPLOYMENT OR FEAR OF LOOSING WORK	
4. "Bad alimentation, too much work, too much stress, sleeping badly" 4. Stressors are precarious socio-economic conditions 5. "Sometimes every day we move to the new flat, this is quite chaotic" 7. Being homeless significantly associated with distress 7. The majority went bed hungry at least once a month 12. Precarious and insecure housing conditions	4. Bad alimentation, too much work, too much stress, sleeping badly 4. Precarious socio-economic conditions 5. Sometimes every day we move 7. Being homeless 7. Hungry at least once a month 12. Precarious and insecure housing conditions	4. BAD ALIMENTATION, TOO MUCH STRESS 4. SOSIOECONOMIC CONDITION 5. CONSTANTLY MOVING 7. HOMELESSLESSNESS 7. HUNGER 12. PRECARIOUS AND INSECURE HOUSING CONDITIONS	LIVING CONDITIONS	

3. Research question: What factors are related to mental health of irregular migrants?

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MEANING UNIT	CONDENSED MEANING UNIT	CODE	SUB-CATEGORY	CATEGORY
1. If caught by the police	1. Fear on being caught by the police	1. FEAR OF BEING CAUGHT	FEAR OF BEING COUGHT, ARRESTED AND DEPORTED	**HOPELESS FUTURE PROSPECTS**
2. Constant anxiety and the fear being caught	2. Anxiety and fear being caught	2. ANXIETY / FEAR OF BEING COUGHT		
4. A constant fear of denunciation, detention and deportation	4. Constant fear of denunciation, detention and deportation	4. FEAR OF DETENTION AND DEPORATATION		
4. The emotional trauma caused by imprisonment and an involuntary return to the country of origin	4. Emotional trauma of imprisonment and an involuntary return	4. EMOTIONAL TRAUMA BY IMPRISONMENT AND AN INVOLUNTARY RETURN		
4. Perceived threat of deportation impacting on daily life	4. Perceived threat of deportation	4.THREAT OF DEPORATATION		
4. “Then I got really sick, it was the fear of the police”...	4. Got sick of the fear of the police	4. FEAR OF THE POLICE		
4. Accessing health care a potential way of being identified	4. No access to health care because of the fear	4. THREAD OF DEPORTATION		
5. Respondents felt extremely fearful of being sent back	5. Extremely fearful of being sent back	5. FEAR OF DEPORTATION		
9. Worried of being arrested and handed over	9. Worried of being arrested and handed over	9. WORRY OF BEING ARREST-ED AND HANDED OVER		
10. Fear of reporting to authorities	10. Fear of reporting to authorities	10. FEAR OF BEING CAUGHT		
12. Fear of being arrested and deported	12. Fear of being arrested and deported	12. FEAR OF BEING ARRESTED AND DEPORTED		
12. “We like to avoid getting sick because of fear” [being caught]	12. Avoiding getting sick because of fear	12. FEAR OF BEING CAUGHT		
2. Being trapped, locked up, in prison	2. Feelings of being trapped	2. TRAPPED	FRUSTRATION, LACK OF OPTIONS	
2. “ I can´t go to work or university, I just stay at home lying idle”	2. Can´t go to work or university	2. CAN NOT DO ANYTHING		
2. Feeling of stagnation and unfulfilled dreams and aspirations	2. Stagnation, unfulfilled dreams and aspirations	2. STAGNATION, UNFUL-FILLED DREAMS		
4. “I can´t do anything, everything has to stay secret”	4. Not able to do anything	4. LIMITED OPTIONS		
4. “This really pushes you to the limit” [living illegally]	4. Situation is pushing to the limit	4. FRUSTRATION		
10. Their life stands still, that makes them very passive	10. Life makes them very passive	10. PASSIVE LIFE		
4. “To see your dream shattered, means to see yourself shattered”	4. Shattered dreams, shattered mind	4. SHATTERED MIND	LOOSING HOPE	
10. Exaggerated mental health problems out of desperation	10. Exaggerated out of desperation	10. DESPERATE ACTIONS		
10. UMs have no hope for a better future	10. No hope for a better future	10. NO HOPE		
10. Uncertainty of UMs about the future	10. Uncertainty about the future	10. UNCERTAIN FUTURE		

3. Research question: What factors are related to mental health of irregular migrants?

MEANING UNIT	CONDENSED MEANING UNIT	CODE	SUB-CATEGORY	CATEGORY
1.“You´ve lost your home, relatives, mother tongue, culture and friends” 2.“We are alone and this policy is isolating us even more 2. Limited social and work place interactions, negative impact on self-confidence 2. “You cannot trust....I try to escape from everyone” 10. Lack of friends and relatives who could encourage the UM to visit a GP 10. Their difficult social situation	1. Loss of home, relatives, mother tongue, culture and friends 2. “We are alone, policy is isolating 2. Limited interactions negative impact on self-confidence 2. Cannot trust, trying to escape 10. No friends or relatives to encourage 10. Difficult social situation	1. LOST FAMILY, FRIENDS AND PREVIOUS LIFESTYLE 2. LONELINESS AND ISOLATION 2. LIMITED INTERACTIONS 2. SELF IMPOSED ISOLATION 10. NO FRIENDS OR RELATIVES 10. DIFFICULT SOCIAL SITUATION	LACK OF FRIENDS AND RELATIVES	**NO SOCIAL SAFETY NETWORKS**
4. “I can´t live in tranquility” 4. “There is no security here” 4. “I always have to watch out” 4. “I always have this fear”	4. Not able to live in tranquillity 4. No security here 4. Always have to watch out 4. Always have fear	4. NO TRANQUILLITY 4. NO SECURITY 4. INSECURED 4. FEAR	GENERAL INSECURITY	
12. Worries about family members they left behind	12. Worries about family members they left behind	12. WORRIES ABOUT FAMILY MEMBERS THEY LEFT BEHIND	MISSING AND WORRYING FAMILY MEMBERS	

MEANING UNIT	CONDENSED MEANING UNIT	CODE	SUB-CATEGORY	CATEGORY
4. “If I didn´t believe in God, I couldn´t go on here” 12. “I pray - those things bring me relief” 12. Exploring alternatives first: walking, reading, TV, working etc. 12. Asking advice from friends, pastor	4. Couldn´t go on without God 12. Praying brings relief 12. Alternative methods to cope with problems 12. Asking advice from others	4. GOD GIVES STRENGTH 12. PRAYING BRINGS RELIEF 12. ALTERNATIVE METHODS 12. ASKING ADVICE	RELIGION AND ALTERNATIVE METHODS	**INDIVIDUAL´S OWN RESOURCES**
12. “I go to the doctor and she speaks to me, that is also medicine” 12. “Speaking openly about mental health problems”	12. Speaking with the doctor is medicine 12. Speaking openly about problems	12. SPEAKING WITH THE DOCTOR 12. SPEAKING OPENLY	SPEAKING ABOUT PROBLEMS	
7. Being from Mongolia and higher level of education associated with lower levels of psychological distress 12. Personal character traits; despite difficult circumstances one could stay positive 12. Some UMs thought that mental health problems could only be solved by oneself	7. Mongolia and higher education associated with ower levels of distress 12. Personal character traits 12. Mental health could only be solved by oneself	7. MONGOLIA AND HIGHER EDUCATION, LOWER DISTRESS 12. PERSONAL CHARACTER TRAITS 12. PRIVATE ISSUE	PERSONAL FEATURES	

3. Research question: What factors are related to mental health of irregular migrants?

MEANING UNIT	CONDENSED MEANING UNIT	CODE	SUB-CATEGORY	CATEGORY
9. Cultural and language barriers	9. Cultural and language barriers	9. CULTURAL / LANGUAGE BARRIERS	CULTURAL BARRIERS	**OBSTACLES REACHING HELP FOR MENTAL HEALTH PROBLEMS**
10. Feelings of shame about illegal residency	10. Feelings of shame	10. SHAME		
10. Cultural and language barriers	10. Cultural and language barriers	10. CULTURAL / LANGUAGE BARRIERS		
10. Cultural health believes, and a taboo on mental illness	10. Cultural believes, taboos	10. CULTURAL TABOOS		
10. Embarrassed to present mental health issues	10. Embarrassed about mental health issues	10. EMBARRASSEMENT		
10.“Thoughts of being demonized and causing the problems	10. “Thoughts of being demonized	10. IDEA OF BEING DEMONIZED		
10. “Talking about gloominess and depression is way outside their system”	10. Gloominess and depression is not understood	10. STRANGE CONCEPTS		
9. Language and cultural barriers	9. Language and cultural barriers	9. LANGUAGE / CULTURAL BARRIERS		
9. Problems were seldom directly mentioned, due to shame	9. Problems not mentioned, due to shame	9. SHAME		
12. Fear of gossip in their community about mental health problems	12. Fear of gossip in their community	12. FEAR OF GOSSIPING		
12. Fear of being shunned	12. Fear of being shunned	12. FEAR OF BEING SHUNNED		
12. Stigma associated with mental health problems	12. Stigma with mental health problems	12. STIGMA		
12. Fear of prosecution	12. Fear of prosecution	12. FEAR OF PROSECUTION		
12. Stigma and taboo....barrier in consulting the GP	12. Stigma and taboo creating barriers	12. STIGMA AND TABOO		
9. The presence of the employer when talking about mental health issues	9. The presence of the employer	9. EMPLOYER´S PRESENCY	PRACTICAL BARRIERS	
9. Dependency on the employer to bring UMs to health care centre	9. Dependency on the employer	9. DEPENDENCY ON THE EMPLOYER		
9. urgent physical problems	9. Urgent physical problems	9. PHYSICAL PROBLEMS		
9. The lack of time to discuss mental health problems	9. The lack of time to discuss	9. THE LACK OF TIME		
9. The presentation of other more urgent problems	9. Other more urgent problems	9. OTHER URGENT PROBLEMS		
12. Practical barriers [distance, transport, work]	12. Practical barriers	12. PRACTICAL BARRIERS		
1. Not knowing what to do in the case of severe illness	1. Not knowing what to do in the case of illness	1. NOT KNOWING WHAT TO DO	LACK OF KNOWLEDGE	
9. The lack of knowledge about the GP´s role in mental health	9. The lack of knowledge about the GP´s role	9. THE LACK OF KNOWLEDGE		
12. “I didn´t know where to go”	12. Didn´t know where to go	12. NOT KNOWING WHERE TO GO		
12. “We didn´t knew that you can go to GP with depression”	12. “We didn´t knew that you can go to GP	12. NO KNOWLEDGE		
12. Lack of knowledge about the right to medical healthcare	12. Lack of knowledge about rights	12. LACK OF KNOWLEDGE		

3. Research question: What factors are related to mental health of irregular migrants?

MEANING UNIT	CONDENSED MEANING UNIT	CODE	SUB-CATEGORY	CATEGORY
5. A lack of volunteer psychiatrists for whom to refer such patients 9. Referrals to mental health institutions often failed 10. Lack of continuity of care 10. Because of time pressure, GPs ignored mental health problems 10. GPs referred UMs less often to mental health care institutions 10. Lack of options in treatment 10. Referrals to mental health care organizations often failed, problems were not considered necessary	5. A lack of volunteer psychiatrists 9. Referrals to institutions often failed 10. Lack of continuity of care 10. GPs ignored problems due to time pressure 10. GPs referred UMs less often to institutions 10. Lack of options in treatment 10. Referrals to mental health care organizations often failed	5. A LACK OF PSYCHIATRISTS 9. REFERRALS OFTEN FAILED 10. LACK OF CONTINUITY 10. TIME PRESSURE 10. FEWER REFERRALS FOR UMS 10. NO TREATMENT OPTIONS 10. REFERRALS OFTEN FAILED	PROBLEMS WITH OFFERING RIGHT FACILITY OR TREATMENT	**MEDICAL AND HEALTH CARE RELATED PROBLEMS**
9. Lack of trust in healthcare professionals 9. Fear of telling about the problems 10. Lack the necessary trust in the GP to present mental health problems 12. Mistrust in doctors	9. Lack of trust in professionals 9. Fear of telling about the problems 10. Lack the necessary trust in the GP 12. Mistrust in doctors	9. LACK OF TRUST 9. FEAR 10. LACK OF TRUSTIN DOCTORS 12. MISTRUST IN DOCTORS	LACK OF TRUST IN DOCTORS	
9. Sometimes GPs ignored mental health problems 9. Some GPs thought that mental health problems were less urgent 12. GP´s attitude kept respondents from talking about problems	9. Sometimes GPs ignored problems 9. Some GPs thought that mental health problems were less urgent 12. GP´s attitude kept respondents from talking about problems	9. GPS IGNORENCE TOWARDS PROBLEMS 9. GPS PRORITIES ELSEWHERE 12. GP´S ATTITUDE	DOCTORS IN-DIFFERENCE	
12. “I was not getting medication, because I was outside the procedure 12. Using a friends psychotropic medication 12. “Medication alone could not solve anything” - reluctant to take psychotropics	12. Not getting medication, because was outside care 12. Using a friends medication 12. Reluctant to take medication	12. NOT GETTING MEDICATION 12. USING FRIENDS MEDICATION 12. RELUCTANT TO TAKE MEDICATION	PROBLEMS WITH MEDICA-TION	