

## THE REPORTED MENTAL HEALTH OUTCOMES OF TEENAGE FOREIGN-BORN NON-CITIZENS TO TEENAGE PAKISTAN-BORN CITIZENS

<sup>1</sup>Dr shiza Shakeel, <sup>2</sup>Dr Taliha Islam, <sup>3</sup>Dr. Muhammad Imran, <sup>4</sup>Dr Uzma, <sup>5</sup>Dr Ayesha tariq, <sup>6</sup>Dr. Kainat Dawood

<sup>1</sup>Mohtarma Benazir Bhutto Shaheed Medical College Mirpur AJK

<sup>2</sup>Ajk Medical College muzafrabad Ajk

<sup>3</sup>Poonch Medical College Rawalakot AJK

<sup>4</sup>Post graduate medical institute Islamabad

<sup>5</sup>Poonch Medical College Rawalakot AJK

<sup>6</sup>AJK Medical College Muzaffarabad AJK

### ABSTRACT:

**AIM:** The main purpose of our study remained to evaluate described mental health results of teenage foreign-born and teenage foreign-born to teenage Pakistan-born nationals.

**Method:** Researchers evaluated by comparing mental health position of Pakistani-born adolescent nationals to foreign-born nationals and non-citizens in years 2020+2021, through using Strong points and Problems Questionnaire from the National Health Survey, and analyzed what changes in emotional complexity altered depending on length spent in Pakistan.

**Results:** According to the findings, non-citizen teenagers had improved mental health effects than Pakistani-born citizens. Despite controlling for fundamental socio-demographic factors, the psychological health of foreign-born residents is different from that of Pakistani-born people. The proportion of psychological issues reported by immigrant teenagers rose with both the period of a family's stay in Pakistan.

**Conclusion:** Our data support a larger health benefit for foreign-born, but researchers provide supporting insight that psychological health benefit of foreign-born teenagers occurs exclusively for non-citizens.

**Keywords:** Mental health outcomes, teenage foreign-born, teenage foreign-born citizens, Pakistan-born citizens.

### INTRODUCTION:

In growth of a kid, childhood is a stage of turmoil and stress. The growing relevance of social contact, as well as significant physical also mental growth, raises danger of despair, nervousness, in addition other mental health disorders. Adolescence is, in fact, most prevalent moment in a person's life when psychiatric disease manifests itself [1]. Not only is health status extra probable coming throughout teenage years, but untreated mental illnesses throughout adolescence lower the possibility of negative life-course outcomes such as impairment, loss of growth development and ability to contribute, lower school outcomes, and an increased probability of risky activities [2]. Given the specific and fragile status of the foreign-born in Pakistani culture, immigrant teenagers appear to be at an especially high likely to develop mental health disorders. Nevertheless, many of the prior study on immigrant mental health had treated overall foreign-born teenagers as the single set, in addition amazingly little is recognized about the effect of national citizenship in influencing immigrant adolescents' psychiatric condition. Naturalized Pakistani nationals (47.2 percent), permanent residency residents (27.7 percent), undocumented immigrants (25.6 percent), and temporary lawful residents make up Pakistan's immigrant population today (6.9 percent) [3]. Whereas citizenship is sometimes neglected, previous research on the psychiatric disorder of immigrant adolescents reveals a foreign-born benefit. Given the specific and fragile status of the foreign-born in

Pakistani culture, immigrant teenagers appear to be at an especially high likely to develop mental health disorders. Nevertheless, many of the prior study on immigrant mental health had treated overall foreign-born teenagers as the single set, and amazingly slight is identified around effect of national citizenship in influencing immigrant teenagers' psychiatric condition [4]. Native born Pakistani nationals (38.4 percent), permanent residence immigrants (31.8 percent), undocumented immigrants (25.6 percent), and temporary lawful residents make up Pakistan's immigrant population today (7.8 percent). Whereas nationality is sometimes neglected, previous research on the psychiatric disorder of immigrant kids and teens reveals a foreign-born benefit. Whereas immigrant communities could have a set of general protective characteristics, health conditions for prevalent adolescent mental illnesses are notably high among some of the immigrant community. Initial generation immigrants, for instance, are now more prone than non-immigrant Pakistani nationals and second and third generation immigrants to face prejudice, social antagonism, and economic deprivation, all of which have been found to reduce psychological health. They also have to deal with the burden of linguistic hurdles and indoctrination to Pakistan. Nationality denotes a recognized inclusion into Pakistani society. Membership provides greater access to free advantages and wide variety of business; it may also act as the marker for cultural integration; in addition, foreign-born individuals might look the dissimilar amount or kind of animus than non-citizens. Every one of those variables might have a role in teenage mental health disparities [5].

## **METHODOLOGY:**

Teenagers (ages 12 to 19) were polled using a harmonized variant of the 2020+2022 Health Survey. The National Bureau of Statistics sponsors NHIS, an annual cross-sectional domestic survey of civilian non-institutionalized Pakistani population. The survey consists of a basic series of questionnaires that collect basic demographic in addition health information for apiece person in the household. A mature individual offers additional detailed info about one randomly chosen child's health and quite well each family. The yearly total household reply degree is around 82 percent. Afterward deleting instances containing missing values (N = 755), our concluding analysis example included 41,919 teenagers, comprising 37,939 Pakistani-born citizens, 2,088 Pakistani-born foreign-born citizens, and 2,899 non-citizens (including lawful and unlawful immigrants). The identified independent variable, which measured place of birth and nationality status, was classified into three categories: Pakistani-born residents, foreign-born Pakistani citizens, and non-citizens. Non-citizens included legal permanent residents, refugees, students, temporary employees, and undocumented immigrants. Those foreign-born persons who have naturalized as Pakistani citizens are included in the category of foreign-born citizens. The result of concern remained psychological health status, that was quantified utilizing three distinct measures. The very first metric remained the summary score from the Assets and Problems Survey, the five-item mental health measure. Levels on the scale range from 0 to 15, through higher scores representing poor mental health. The SDQ is a detailed periodic using proxy respondents it has been used across varied groups. It is strong predictors of depression and mental treatment usage.

## **RESULTS:**

Table 1 shows specific data on teenagers based on their immigration status. In terms of ethnic and racial dispersion, there had been significant variances across groupings. The plurality of Pakistani-born citizens (64.3 percent) comprised Non-Hispanic Whites, contrasted to 32.3 percent of foreign-born members and 12.7 percent of non-citizens. Hispanics, on the other hand, made up 22.7 percent of Pakistani-born members, 34.79 percent of foreign-born nationals, in addition 62.5 actually non. Foreign-born teenagers likewise have worse economic level than Pakistani-born citizens. The major findings of nonlinear regression models are presented in Table 2 (full regression findings remained presented in S1 Table). On all three metrics, foreign-born citizens had similar emotional wellbeing to Pakistani-born teenagers after adjustment. However, the results of non-citizens differed dramatically from these of Pakistani-born

citizens. Non-citizens had to have a 0.37 unit higher (meaning fewer depressive symptoms) mental health severity score than Pakistani-born nationals (96 percent CI: 0.270.46), a 21.6 percent drop comparing to Pakistani-born nationals median. The link is stronger than the connection between residing in a home in which at least one person has the college degree or additional and residing in the household where another highest education is the high school diploma ((0.24 units inferior, 96 percent CI: 0.17 0.32). When comparison to Pakistani-born citizens, non-citizens had the reduced probability of having a psychiatric condition (OR: 0.47, 96 percent CI: 0.320.68) and emotional problems (OR: 0.46, 96 percent CI: 0.380.56). The correlations for additional factors were just the magnitude and trend we predicted, as can be seen in Table 3. For instance, an annual income of more than 430 percent. Percent of poverty line related related through an SDQ score 0.62 units lesser than average earnings of less than 230 percent.

**Table 1:**

Status	Mental Health Harshness			Emotional Difficulty			Likely Psychological issue		
	Co.	SE	p	Co.	SE	p	Co.	SE	p
Pak citizen	Reference			Reference			Reference		
Foreign citizen	-0.36_	0.052	0.02	0.218	0.01	0.47	0.047	0.01	0.46
Non-citizen	-0.06	0.078	0.48	1.07	0.68	0.084	0.117	1.07	0.63

**Table 2:**

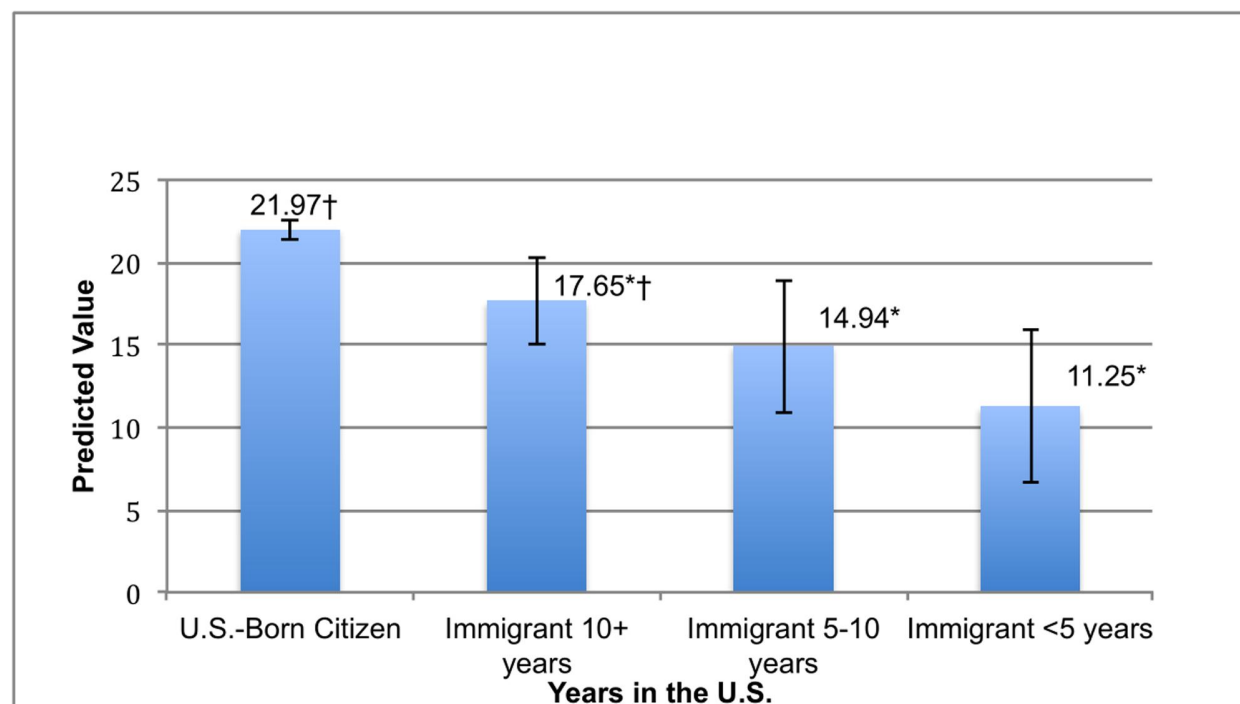
Status	Mental Health Harshness			Emotional Difficulty			Likely Psychological issue		
	Co.	SE	p	Co.	SE	p	Co.	SE	p
Pak citizen	Reference			Reference			Reference		
Foreign citizen	0.25	0.159	0.14	0.97	0.579	0.03	0.34	1.278	1.18
Non-citizen	-0.43	0.11	0.01	1.37	0.213	0.09	1.34	1.087	1.01

**Table 3:**

	Pakistani-Born Citizen		Non-Citizen		Foreign-Born Pakistani Citizen	
	N = 6,950		N = 995		N = 790	
	%	SE	%	SE	%	SE
<b>Mental Health Results</b>						
Likely Psychological Issues	3.23	0.005	5.86	0.003	3.47	0.006
Emotional Issues	10.54	0.008	25.23	0.004	18.05	0.01
Mental Health Cruelty	2.44	0.045	2.78	0.016	1.577	0.074
<b>Gender</b>						
Female	0.005	53.85	0.023	0.016	49.82	53.57
Male	0.022	55.14	47.46	0.016	55.28	0.006
<b>Age</b>						

5±8	0.014	34.68	39.04	0.004	29.26	0.012
9±13	0.017	28.61	38.42	0.006	34.6	0.019
14±16	0.016	34.75	26.57	0.001	38.75	0.015

**Figure 1:**



## DISCUSSION:

Our research looked at the disparities in mental health among Pakistani-born besides foreign-born adolescents based on their national citizenship. Considering significant financial deprivation, researchers discovered that non-citizen adolescents consistently outperform Pakistani-born citizen teenagers in identity mental health [6]. This conclusion remains reliable with the larger immigrant paradox that has been reported for other variables. The edge in mental health reported for non-citizens did not extend to foreign-born nationals. On an accumulator bet, foreign-born nationals remained suggestively less possible than Pakistani-born people to remain categorized as having a potential psychological condition or psychological trouble, but these correlations were entirely described by their observable sociodemographic situation [7]. Foreign-born adult teenagers are older, extra probable to remain lady, and probable to live in extremely sophisticated homes than Pakistani-born citizens. Although that was beyond the scope of the study to understand the disparities we found, explanations why non-citizen teenagers had positive health results definitely had substantial public health ramifications. Here seem to be three possible explanations [8]. Firstly, real frequency may be equal across populations, with the difference being in the reporting of mental health disorders. Although there is a great deal of cultural variation across immigrant sets, this remains likely that variations in psychological health researchers found are attributable to cultural variances in recognizing or reporting psychological disorders, that are also connected to green card [9]. Lastly, effectively psychological effects amongst non-citizen teenagers might represent true protective variables connected with non-citizen family and neighborhood social and familial supports. Heritage, an ingrained feeling of connection founded in familial bonds, is a predictive

factor of teenage mental health kids and might even remain factual for other non-citizen groups as well. According to study, connection between parents, religion, and social support among immigrant households all lead to a higher feeling of well-being in this community. Additionally, the significant link seen between process of migration and migrant social networks underlines the idea that immigrants frequently come as a result of pre-existing social interactions [10].

## CONCLUSION:

In addition to elucidating the causes for the effects research saw, assessing the long-term benefit of lower risk for mental health disorders amongst non-citizen kids is an interesting subject for future research. Better mental health among immigrant teenagers, for particular, might explain why this cohort has lower health issues in maturity than Pakistani-born residents. Mental health may have a key role in lowering smoking rates amongst immigrant grownups, that was recognized as the main factor for its death benefit over Pakistani-born people.

## REFERENCES:

1. Abramson, A. (2020). *How COVID-19 may increase domestic violence and child abuse*. American Psychological Association, April 8, 2020. <https://www.apa.org/topics/covid-19/domestic-violence-child-abuse> [Google Scholar]
2. Chandra, J. (2020, April 2). Covid-19 lockdown | Rise in domestic violence, police apathy: NCW. *The Hindu*. <https://www.thehindu.com/news/national/covid-19-lockdown-spike-in-domestic-violence-says-ncw/article31238659.ece> [Google Scholar]
3. Dong, L., & Bouey, J. (2020). Public mental health crisis during COVID-19 Pandemic, China. *Emerging Infectious diseases*. 26. [https://doi.org/https://wwwnc.cdc.gov/eid/article/26/7/20-0407\\_article](https://doi.org/https://wwwnc.cdc.gov/eid/article/26/7/20-0407_article) [Crossref], [Web of Science ®], [Google Scholar]
4. Graham-Harrison, E., Giuffrida, A., Smith, H., & Ford, L. (2020, March 28). Lockdowns around the world bring rise in domestic violence. *The Guardian*. <https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence> [Google Scholar]
5. Jayakumar, P. B. (2020, April 1). Alcohol non-availability kills more than coronavirus in Kerala; foreign liquor served as 'medicine'. *Business Today*. <https://www.businesstoday.in/current/economy-politics/alcohol-non-availability-kills-more-than-coronavirus-in-kerala-foreign-liquor-served-as-medicine/story/399716.html> [Google Scholar]
6. Li, W., Yang, Y., Liu, Z. H., Zhao, Y. J., Zhang, Q., Zhang, L., Cheung, T., & Xiang, Y. T. (2020). Progression of Mental Health Services during the COVID-19 Outbreak in China. *International journal of biological sciences*, 16(10), 1732–1738. <https://doi.org/10.7150/ijbs.45120> [Crossref], [PubMed], [Web of Science ®], [Google Scholar]
7. Liu, S., Yang, L., Zhang, C., Xiang, Y., Liu, Z., Hu, S., & Zhang, B. (2020). Online mental health services in China during the COVID-19 outbreak. *The Lancet Psychiatry*, 7(4), e17–e18. [https://doi.org/10.1016/S2215-0366\(20\)30077-8](https://doi.org/10.1016/S2215-0366(20)30077-8) [Crossref], [PubMed], [Web of Science ®], [Google Scholar]
8. Loiwal, M. (2020, March 2020). 20% increase in patients with mental illness since coronavirus outbreak: Survey. *India Today*. <https://www.indiatoday.in/india/story/20-per-cent-increase-in-patients-with-mental-illness-since-coronavirus-outbreak-survey-1661584-2020-03-31> [Google Scholar]
9. Moukaddam, N., & Shah, A. (2020). Psychiatrists beware! The impact of COVID-19 and pandemics on mental health. *Psychiatric*

*Times*, 37(3). <https://doi.org/https://www.psychiatrictimes.com/psychiatrists-beware-impact-coronavirus-pandemics-mental-health> [PubMed], [Google Scholar]

10. Times of India. (2020, March 20). Do you have the obsessive-compulsive coronavirus disorder? *TimesofIndia.com*. <https://timesofindia.indiatimes.com/life-style/health-fitness/health-news/do-you-have-the-obsessive-compulsive-coronavirus-disorder/articleshow/74655648.cms> [Google Scholar]