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Effects of Acculturation and Ethnic Identity on Migrant Adolescent Mental Health

Kültürleşme ve Etnik Kimliğin Göçmen Ergen Ruh Sağlığına Etkileri

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ABSTRACT

In today's world, the main problem affecting all humanity, especially children and adolescents, is the phenomenon of migration. In acculturation due to migration, the influence of dominant culture and ethnic identities on each other is discussed. Acculturation changes ethnic identities, acculturation stress experienced in this change affects adolescent mental health. In recent years, the effects of acculturation strategies preferred by majority and minority cultures on mental health and psychological well-being have been evaluated from a broad perspective. In this study, the relationships between acculturation, ethnic identity, and mental health are examined comprehensively, the literature on adolescent mental health findings is evaluated comparatively, and various suggestions are made for possible results. No systematic review study on this subject was found in the national and international literature. Early studies, in particular, found a positive relationship between adolescents' ability to identify with the dominant culture and mental health. However, today, the characteristics of the immigrant and the dominant culture are considered two-dimensionally, and it turns out that maintaining adaptation to both cultures positively affects mental health. In addition, the effectiveness of psychiatric interventions leads adoption of the society of immigrant/refugee adolescents is discussed in detail. More studies are needed to determine which acculturation processes positively affect adolescents' mental health.
Keywords: Acculturation, ethnic identity, mental health, adolescent

ÖZ

Günümüz dünyasında çocuk ve ergenler başta olmak üzere tüm insanlığı etkileyen temel sorunlardan biri göç olgusudur. Göçe bağlı olarak kültürleşmede hâkim kültürle etnik kimliklerin birbirlerini etkilemesi ele alınmaktadır. Kültürleşme etnik kimlikleri değişime uğratmakta; bu değişim içerisinde yaşanan kültürleşme stresi ergen ruh sağlığına etkide bulunmaktadır. Son yıllarda çoğunluk ve azınlık kültürlerinin tercih ettikleri kültürleşme stratejilerinin ruh sağlığına ve psikolojik iyi olmaya olan etkileri geniş perspektiften değerlendirilmektedir. Bu çalışmada kültürleşme, etnik kimlik, ruh sağlığı ilişkileri kapsamlı olarak incelenmekte; özellikle ergen ruh sağlığına ilişkin literatürde bu yönde elde edilmiş bulgular karşılaştırmalı olarak değerlendirilmekte ve olası sonuçlara yönelik çeşitli önerilerde bulunulmaktadır. Ulusal ve uluslararası alanyazında bu konuyla ilgili yayınlanmış bir sistematik derleme çalışmasına rastlanılmamıştır. Erken dönem çalışmalar özellikle ergenlerin hâkim kültürle özdeşim kurabilmesiyle ruh sağlığı arasında pozitif yönde bir ilişki göstermektedir. Ancak günümüzde göçmenin ve hakim kültürün özellikleri iki boyutlu olarak ele alınmakta ve her iki kültüre de uyumu sürdürmenin ruh sağlığını olumlu yönde etkilediği ortaya çıkmaktadır. Bu çalışmada ayrıca göçmen/mülteci ergenin topluma uyumunda psikiyatrik müdahalelerin etkiliği de tartışılmıştır. Hangi tür kültürleşme süreçlerinin ergenlerin ruh sağlığını olumlu yöne etkilediğini belirlemek için daha fazla çalışmaya gerek duyulmaktadır.
Anahtar sözcükler: Kültürleşme, etnik kimlik, ruh sağlığı, ergen

Introduction

The increase in migration worldwide for different reasons such as economic prosperity, war, and terrorism makes the problems experienced by children and adolescents due to migration an important problem in child and adolescent mental health literature. In studies analyzing the effects of migration on children and adolescents in psychiatry, there are studies evaluating the relationship between acculturation and mental health. Acculturation processes, which can be defined as the influence of the dominant culture of the country of immigration and the minority cultures of immigrants on each other and their positioning according to each other, may be associated with positive indicators such as adaptation and well-being in children and adolescents, as well as adverse psychiatric outcomes such as anxiety disorders, depression, substance use disorder, and self-harming behavior (Koneru et al. 2007).

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In the literature on acculturation and psychiatry, some approaches emphasize that immigrants forget their traditions and identify with the dominant culture in the process (Berry and Annis 1974). In these approaches, it is emphasized that the integration of immigrant adolescents with the dominant culture is a prerequisite for mental health.

In recent studies examining the relationship between acculturation and mental health, ethnic identity has been added as a resource that contributes positively to the emotional experiences of migrants. The group to which the individual sees himself/herself as belonging, the social structure to which he/she expresses that he/she belongs, defines his/her ethnic identity. There is a positive relationship between ethnic identity and an individual's general well-being (Wilson and Leoper 2018).

A limited number of studies in the literature explain how acculturation and ethnic identity are related to migrants' general mental health (Bulut and Gayman 2016, Kunt and Phillibent 2018, Dahlan et al. 2019). There are conflicting findings on how immigrants acculturate and adapt to their new culture (Cardenas and de la Sablonnniare 2017).

Our study aims to evaluate the effects of migration and the effects of migration on the mental health of migrant adolescents in terms of acculturation and ethnic identity. Moreover, Turkey's irregular and intensive migration, especially since 2011, is of critical importance for the mental health of Syrian and Afghan adolescents and psychiatric interventions for these groups. This study aims to describe the relationship between acculturation and ethnic identity processes with migrant adolescent mental health and to explain possible psychiatric interventions for the mental problems caused by ethnic identity and acculturation in migrant adolescents within this scope.

Acculturation Strategies and Acculturation Stress

Acculturation is generally conceptualized as adapting migrants to the society they migrate to and the dominant culture (Haugen and Kunst 2017). The negative experiences of immigrants in the process of adapting to the dominant culture are defined as acculturation stress. Acculturation can also be defined as psychological and cultural development resulting from intercultural contact (Sam and Berry 2010). In the literature, two approaches, linearity, and dimensionality, become prominent depending on how acculturation occurs. In the linear approach, it is argued that the migrant individual experiences a change from his/her culture to the dominant culture. In contrast, the dimensionality approach states that both cultures should be considered independent dimensions, not a transition from one culture to another (Berry 2004). The dimensionality approach, the approach that proposes the study of both cultures as different dimensions, has gained weight recently.

Individuals or groups realize acculturation by developing strategies in their relations with the dominant culture. Based on this, Berry (1997) proposed a model for acculturation strategies. This acculturation model has four dimensions: assimilation, integration, separation, and marginalization. Assimilation is spending more time with the dominant culture rather than one's own culture, integration is preserving one's own culture and interacting with the dominant culture, disengagement is rejecting the dominant culture and making one's culture prominent, and marginalization is neither preserving one's own culture nor adopting the dominant culture. When we look at acculturation strategies in terms of gender, there is a significant difference. For example, in a study involving 440 immigrant adolescents between the ages of 12-19, it was found that girls adopted more integration strategies, while boys adopted separation and marginalization strategies (Klein et al. 2020).

Contradictory results are observed in the relationships between acculturation strategies proposed by Berry and psychiatric symptoms. Many of these contradictory results relate to assimilation as an acculturation strategy. For example, in the USA, adolescent delinquency was found to be highly associated with assimilationist acculturation to use the English language more. A study of 214 12-16-year-old adolescents of Mexican origin (Samaniego and Gonzales 1999) found that in addition to a shift towards English language use, family conflict, and inconsistent discipline also played a role in adolescent delinquency. Examining 338 Hispanic families and adolescents, Sullivan et al. (2007) found that the inability to preserve one's cultural heritage and a high Americanization orientation were particularly associated with adolescent aggression. It was determined that alcohol and substance abuse increased as separation and assimilation acculturation strategies increased in all immigrants, especially in immigrants born in the USA, depending on the duration of living in the USA (McQueen et al. 2003). Alcohol use, substance abuse, and risky sexual behaviors are frequently observed in one-way adoption of the dominant culture. Again, eating disorders, which are frequently seen in low socioeconomic groups in the dominant culture, can also be observed in immigrant adolescents. In a study in which 609 Latino

adolescents between the ages of 11-19 were examined, it was found that healthy behaviors were observed in adolescents who were acculturated in balance with the dominant culture and preserved their own culture, whereas risky sexual behaviors were observed in adolescents who were over-acculturated with the dominant culture (Ebin et al. 2001). A study examining 309 adolescent girls of Mexican descent revealed a notable connection between eating disorders and the assimilation of dominant cultural norms. However, the research also highlighted that embracing "familism," a value deeply rooted in Mexican culture, played a protective role against eating disorders (Bettendorf and Fisher 2009). As a result, studies in the literature indicate that adolescents who are acculturated by preserving their own culture have positive results. In a study of 1715 Mexican American adolescents between the ages of 6-17 who were being treated in a mental health center (McDonald et al. 2005), those who preserved their own culture had less low self-esteem and internalization problems. Biculturalism was found to have a protective effect on adolescents. High self-esteem, high academic competence, and low internalization problems were found in young people who were dominant in both cultures (Coalsworth et al. 2000, Smokowski and Bacallao 2007). These findings revealed that biculturalism allows adolescents to access the resources of both cultures by giving them the chance to succeed in various contexts (Oppedal 2006).

Despite this information, a significant but weak relationship was found in studies on the relationship between acculturation and mental health in Latino and Hispanic communities in the USA (Gassman-Pines and Skinner 2018). The weak relationship between acculturation and mental health increases to a moderate level by considering the effect of mediating variables such as socioeconomic level (Perez et al. 2018). Notably, these studies still need to determine the degrees of acculturation. For example, while acculturation by preserving one's culture is a positive value, turning only towards one's culture and rejecting the dominant culture may have negative consequences. Again, considering only the existence of dominant values in biculturalism and not taking into account the values of the ethnic culture or superficial examination may lead to inaccurate and contradictory findings.

Today, acculturation is considered in two dimensions: the migrant's own culture and the dominant culture, changes in the dominant culture and the migrant's own culture are evaluated independently of each other (Hjellset and Ihlebaek 2019). The practices that the individual attaches importance to and does not give up in the culture of origin and the features that the individual attaches importance to in the culture of origin should be evaluated separately. Immigrants are primarily exposed to culture shock in their country of origin and experience feelings of confusion, denial, and anger due to acculturation stress (Wang and Srek 2018). While early studies examined the level of cultural change that immigrants undergo depending on the migration process (Bornstein and Cote 2010), the current trend is to evaluate the process of mutual influence of the ethnocultural community with the dominant culture and two-way relationships (Ryabichenko and Lebedeva 2017). It is also important to study the changes that occur after contact between various ethnic groups and the dominant culture (Finsenan and Kotsadam 2017). Cultural contact is at the heart of the process, leading to mutual recognition and acceptance between majority and immigrant groups. As a result, acculturation that progresses towards mutual recognition is expected to impact the mental health and well-being of migrants.

More studies are needed in the literature on what kind of acculturation leads to positive mental health and supports the development of the individual. In addition, new elements have been added to acculturation today. These are the relationship between acculturation and personality traits and the importance of acculturation for mental health. Various personality traits, such as openness to innovation and extroversion, may support acculturation, whereas introversion and neuroticism may create resistance to acculturation. A small number of longitudinal studies have revealed that cross-cultural life experience has the potential to lead to changes in personality (Heine et al. 1999). Kauffmann (1983) examined 126 young university students who spent a semester abroad and 19 of their peers who stayed in their home country. This study determined that young people who lived abroad became more introverted than those who stayed in the country. The difference between the two groups in introversion was permanent for one year. Again, openness to experience is a personality trait that facilitates cultural adaptation (Mendenhall and Oddou 1985). In an experimental study, cultural empathy and open-mindedness led to a positive approach to intercultural situations (Van der Zee et al. 2004). Flexibility as a personality trait predicts job satisfaction of immigrants (Van Oudenhoven et al. 2003). High cautiousness and low neuroticism enable immigrants to survive in a foreign culture (Ryder et al. 2000). Schmitz (1994) integrated the Big Five personality traits and acculturation processes. This study showed that different acculturation strategies are associated with different personality traits. Thus, integration as an acculturation strategy is negatively related to neuroticism, aggression, impulsivity, anxiety, and field commitment and positively related to extraversion, emotional stability, sociability, agreeableness, sensitivity seeking, and open-mindedness. Ward et al. (2004) found that Big Five personality traits are related to psychological adjustment

across cultures. The psychological adjustment was associated with extraversion, agreeableness, agreeableness, cautiousness, and less neuroticism. Ones and Viswesvaran (1999) found that the strongest personality trait predicting immigrants' effectiveness was cautiousness. Caliguiri (2000) found that agreeableness, emotional stability, and extraversion were negatively related to migrants' desire to return home. These results show that personality traits have an impact on acculturation experiences.

The personal meaning of adapting to a culture, integrating into a culture, or preserving one's own culture may differ for individuals. Different cultural strategies may emerge for adolescents in certain living spaces and places. Which acculturation strategies come to the fore at home, school, peer relationships, and leisure time can be determined through daily, weekly, and monthly measurements. The value of acculturation in these areas for the individual can be measured. For adolescents, the value of one culture in family life and the value of another culture at school may come to the fore. As a result, general measurements made without considering individual factors may give erroneous results.

Mendoza and Martinez (1981) reported that assimilation and integration strategies explained only 4% of mental health variability and 3% of life satisfaction. Although this study is interesting, it seems like it could be more convincing. Similarly, Kapke et al. (2017) found that acculturation strategies explained 14% of the variability in general self-esteem. According to the results of both studies, more than 80% of the variance could not be explained.

As a result, the relationship between acculturation and mental health is not as unambiguous as expected. How can these results be explained? On the one hand, migration and its consequences continue to increase worldwide. Accordingly, developed Western cultures continue to develop reactive and conservative attitudes toward immigrants. On the other hand, migrant integration problems are accelerating with various negative collective actions. These results obtained in such an environment suggest possible problems regarding the research methodology and measurement techniques. If mental health indicators are associated with the acculturation of a particular identity in a specific context, the situation may present a different picture. Again, the results may differ when individual-specific and idiographic measurements are taken instead of general self-report-based measurements. In addition, measures based on preferences in areas of culture to which individuals attribute importance may be meaningful.

Ethnic Identity as a Dimension of Acculturation

Identity is a developmental process with regular transformations (Douglass and Umana-Taylor 2016). Ethnic identity, on the other hand, stands out as a multifactorial structure that includes many elements such as "awareness, self-labeling, attitude, behavior" that result in individuals' ethnic identification with a particular group and also cause emotional attachment to the group (Verkuyten 2018). According to most developmental research, ethnic identity consists of 5 elements. These are 1) self-identification as a member of a particular ethnic group, 2) commitment and attachment to the group, 3) attitudes towards the group, 4) shared attitudes and beliefs, and 5) unique ethnic traditions and practices (Rotherham and Phinney 1987). In addition to these elements, Branch (1994) added two levels at which ethnic identity functions: Individual and group level. Ethnic identity can be a development that emerges from an individual's experiences. It is a group belonging that the individual discovers on his/her own, which enables him/her to respect him/herself. Ethnic identity can also be defined at the group level. A group-centered belonging can develop with a sense of unity within an ethnic group. However, existing definitions are insufficient to explain the development and shaping of ethnic identity (Branch 1994).

Ethnic identity research is characterized by two main conceptual approaches: Social identity theory (Tajfel and Turner 1979) and developmental theory (Erikson 1968). According to social identity theory, people tend to categorize themselves as members of a group within a group and to show favoritism towards the group (Tajfel 1981). The identity created by the group becomes a part of the individual's self, and when the individual evaluates the identity positively, it increases self-esteem (Tajfel and Turner 1979). In this sense, ethnic identity is a group identity specific to minority groups. In contrast, another approach, developmental theory, argues that internal and external factors influence human development. According to Erikson, an individual's identity depends on his/her interactions with other people (Erikson 1968). In other words, human identity should be recognized and approved by others. Although the individual discovers identity, it needs to be recognized. Erikson states that the development of the individual is affected by environmental factors. Alternative models have been developed in developmental theory after Erikson. Although these models are different, they generally agree that ethnic identity develops with age, is a progressive process, and that those in late adolescence have a stronger ethnic identity than those in pre-adolescence (Marcia 1980, Phinney 1989).

Phinney (1989) proposed a three-stage model of ethnic identity about one's ethnicity. The first stage is unquestioned ethnic identity. The individual accepts his/her identity as a given and does not see it as a problem. He/she does not confront his/her ethnic identity. In this sense, ethnic identity has nothing to do with recognizing the identity of others. The second stage is when the individual develops awareness of his/her ethnic identity through his/her learning. Here, he/she adds new elements to his/her existing identity. His/her awareness of his/her identity and defense of his/her identity-related field increases.

The third stage is learning the value of one's ethnic identity compared to other ethnic identities (Phinney 1989). In this framework, Phinney (1992) proposed a four-factor structure of ethnic identity: self-identification and belonging, ethnic behaviors and practices, and ethnic identity achievement. The first element, self-identification, is the label one uses when attributing oneself to a place or a group. The second element, affiliation, and belonging, refers to the pride one feels in being part of the group. The third element, behaviors, and practices, are characteristics of the ethnic group, such as language, religion, and cultural practices. The last element, ethnic identity achievement, refers to the prosperous and stable maintenance of one's ethnic identity. Phinney stated that realizing the second and fourth stages of ethnic identity development is critical (Phinney 1992).

The depth, breadth, and cognitive appraisal of ethnic identity are among the dimensions currently being addressed (Crocetti et al. 2008). It is argued that there are multiple forms of ethnic identity, including beliefs, expectations, and preferences. The most widely used scales in ethnic identity development are the Multigroup Ethnic Identity Scale (MEIM, Phinney 1992) and the Ethnic Identity Scale (EIS, Umana-Taylor 2004). The MEIM scale has 12 items, and the EIS scale has five items. Both scales examine different variables. The MEIM scale measures more abstract issues, such as thoughts and conversations about one's ethnic identity. The EIS scale covers actions and expectations that respondents think are related to their ethnicity. Participation in social events within cultural traditions exemplifies these actions and expectations.

As with acculturation studies, most ethnic identity studies have been conducted on Asians and Hispanics (Wong-Rieger and Quintana 1987). There are also studies on Israeli and Middle Eastern identity in the literature (Horenczyk and Ben-Shalom 2006, Amin 2014). Early studies have shown that Chinese adolescents in the U.S. as international students have strong ethnic ties due to their collectivist cultural tendencies (Triandis 1989). In a study of 135 Chinese student youth studying in the U.S., Chinese college students wanted to maintain strong ties to the culture they brought with them despite being acculturated to American culture (Ye 2006). In a study investigating the relationship between self-esteem and ethnic identity in Latino adolescents, it was concluded that collective self-esteem and general identity well-being were related to ethnic identity in Latino college students (Umana-Taylor et al. 2002). In a study with 336 Asian American college students, it was determined that individual self-esteem and emotional coping strategies were positively related to well-grounded ethnic identity (Liang et al. 2007). In a study of 55 adolescents between the ages of 10-14 who were admitted to the school intervention program due to gang membership, it was found that there were positive relationships between self-esteem, effective coping strategies, and ethnic identity among Hispanic adolescents. It was determined that a strong ethnic identity was effective in coping with discrimination and prejudice (Reder 2014). Thus, it is seen that it is critical to reveal the effects of ethnic identity on acculturation and mental health.

Ethnic Identity and Acculturation

Acculturation causes migrants to question their identity and affects changes in ethnic identity regarding behavior, values, and beliefs (Arandia et al. 2018). Phinney et al. (2001) first defined ethnic identity as a part of acculturation. This definition focuses more on the sense of belonging within a culture. Different ethnic identities may be in an advantageous or disadvantageous position in adapting to the dominant culture. For example, immigrants of European origin in the USA show a positive correlation between ethnic identity and acculturation compared to immigrants from other continents (Hsiao and Wittig 2008).

Early studies showed that immigrants forget their own ethnic and cultural traditions under the influence of the dominant culture (Berry and Annis 1974, Szapocznik et al. 1980). On the other hand, recent studies suggest that adopting one culture and forgetting another are two separate practices. In other words, it is stated that adopting the dominant culture does not mean a person does not preserve his/her original culture (Compton et al. 2018). An individual can also maintain his/her own culture by adopting the dominant culture in the place of migration.

Ethnic identity and acculturation have different interactions in different populations under different circumstances. Public policies implemented for immigrant acculturation affect ethnic identity and acculturation orientation. In a study (Vedder et al. 2007) conducted on 736 Turkish adolescent immigrants aged 13-18 living

in 6 European countries, it was found that public policies supporting the interaction of ethnic culture and dominant culture had a significant positive effect on the well-being of immigrant adolescents. In particular, policies that support anti-discrimination and intergroup contact significantly positively affect social cohesion. Thus, while belonging to one ethnic culture, adolescents may have complex ethnic identity formation through cultural growth, offering alternative identities. Thus, it has become clear that ethnic identity can be diversified with new identities and that public policies effectively ensure this. Instead of majority and minority identities, intersectional identities can be produced. This can foster integration instead of polarization.

In a study of 146 Mexican American college students, positive evaluations of ethnic identity were found to be a moderator of the relationship between acculturation stress and depression (Iturbide et al. 2009). Research still offers limited explanations on how acculturation stress integrates two cultures and how this integration positively affects mental health. However, findings show that adapting to more than one culture has positive consequences. According to Korol (2017), multicultural individuals are sensitive to cultures, open-minded, emotionally stable, active in social situations, and flexible.

In a study examining the effect of client ethnicity and client-physician/counselor matching on treatment 1946 children and adolescents attending a community mental health center were examined (Gamst et al. 2004). In this study, it was found that African American clients in ethnically matched client-physician relationships were treated in a shorter time and applied to psychiatric services at a lower rate than other clients who were not matched. These findings showed that ethnic identity matching is essential to mental health.

Acculturation and ethnic identity predict psychological well-being, but the findings are inconsistent. Early studies found that acculturation levels of immigrants (using the dominant language and adopting dominant cultural values) contribute to mental health (Nagata 1994) and psychological adjustment (Mehta 1998, Nguyen et al. 1999). In contrast to these findings, it was found that members of various ethnic groups had relatively low levels of acculturation, however, these groups had high self-esteem (Yu and Berryman 1996). In this study, which examined the self-esteem, acculturation, and participation in leisure activities of 117 Chinese adolescents between the ages of 13-21 who recently immigrated to the USA, it was found that both self-esteem and acculturation had a significant positive effect on participation in leisure activities. However, there was no significant relationship between acculturation and self-esteem. Identity conflict and intergroup distancing negatively affect mental health. Identity conflict and intergroup distance create problems such as depression and thus negatively affect mental health (Bove and Gökmen 2017).

A meta-analysis study on Turkish immigrants in Europe showed that Turkish adolescent immigrants adopt integration in terms of experiencing contact with the dominant culture while maintaining their own culture and that they prefer this bicultural orientation to assimilation (Güngör 2014). A study conducted on immigrant adolescents aged 12-15 living in Austria (Kıylıoğlu and Wimmer 2015) found that Turkish immigrant adolescents preferred integration strategies in public spaces such as schools, while they preferred different acculturation strategies in different spaces. In recent years, it has been emphasized that the identification of two cultures in Turkish adolescents living in Germany has become difficult, especially in pre-adolescence, due to experienced and perceived ethnic discrimination (Juggert et al. 2020). As a result, exposure to ethnic discrimination in the dominant culture makes it difficult for adolescents to turn to a bicultural integration strategy.

Acculturation and Mental Health

The basis of human behavior and development is shaped by contact—every contact with a different culture results in cultural and psychological change. A study conducted on 5440 Australian adolescents between the ages of 9-14 emphasized that the well-being of young people could be increased by universalist policies covering all groups and that integrated communities are good for mental health (Redmond et al. 2018). Positive acculturation is defined by mental and physical health and high self-esteem.

In a study conducted with 5423 adolescents aged 6-14 years, suicidal ideation and depression were more common in Mexican American adolescents than in Anglo-Americans (Roberts and Chen 1995). Suicidal ideation and depression were less common in Mexican adolescents who were fluent in English. These results showed that acculturation plays a role in suicidal ideation.

Non-integration of the immigrant with the dominant culture is a very troubling process, while integration creates positive results in terms of child-parent relations (Gassman-Pines and Skinner 2018). This study involved two groups of participants. The first group included 46 Mexican immigrant children aged 9-12, along with 38 fathers and 46 mothers. The second group comprised 185 Mexican immigrant children aged 2-6, with

their 185 mothers and 155 fathers. Findings across both groups indicated that fathers who embraced both their native culture and American culture demonstrated fewer negative behaviors, such as aversiveness and withdrawal, in their interactions with their children, and engaged in closer relationships with them. The wives (mothers) of these fathers also showed less avoidance and withdrawal behaviors and had more close interactions with their children. The father's role as the primary parent in integrating with the dominant culture comes to the fore, and the father's integration with the dominant culture has a positive effect on his wife (mother) and his interaction with his children.

Fossion et al. (2002), in their study on Moroccan immigrants, admitted to 272 psychiatric emergency rooms, claimed that second-generation Moroccan immigrants in Brussels had a higher risk of schizophrenia compared to the first-generation Belgians. This study also found that young Moroccan immigrants aged 18 and overstayed with their families more and experienced more unemployment. Carta et al. (2005), in a study conducted across Europe, found that psychotic disorders were more common in immigrants than in individuals from the dominant culture. In this study, it was suggested that schizophrenia was more likely to be seen in Indian, Irish, Pakistani, Polish, and Caribbean second-generation immigrants living in the U.K. than in first-generation and British immigrants. Again, mental problems such as anxiety disorders, bulimia, neurosis, and substance abuse have been reported more in second-generation immigrants than in first-generation (Carta et al. 2002). These results show that second-generation migrants are under more acculturation stress. The effects of traumatic experiences experienced by the first generation in connection with migration become evident in second-generation migrants through intergenerational transmission.

It is anticipated that individuals undergoing acculturation stress may encounter challenges that could negatively impact the mental health of migrants. These challenges may include adapting to speaking the dominant language, residing among people from diverse cultures, and navigating varying political and economic systems. When acculturation stress surpasses an individual's perceived control, it can potentially precipitate conditions such as depression, anxiety, and somatization (Organista 2009). This acculturation stress is frequently observed, especially in first and second-generation immigrants. In a study conducted on Mexican immigrant adolescents, it is stated that this stress may also be reflected in the third and subsequent generations (Schwartz et al. 2007). These pressures may lead to indifference towards one's own culture as well as adaptation to the new culture. In a study of 188 bicultural Latino university students (Castillo et al. 2008), it was found that low family income, perceived family conflict, and marginalization within the group were highly associated with acculturation stress. In this study, in-group marginalization explained a significant portion of the variability in acculturation stress when all variables were controlled. As a result, indifference and denial of both cultures may lead to marginalization and association with crime. These results are frequently observed in marginalized groups living in ghettos in Western societies (Cebotari and Vink 2013).

It is quite natural for individuals who are inadequately supported or unsupported in coping with acculturation stress to have psychologically negative behavioral tendencies. For example, Vega and Gil (1998) found that those who felt acculturation stress intensely had high suicidal tendencies. The authors argued that drug use among adolescents is normative. In their longitudinal study, as acculturation towards the dominant culture increases among Hispanic-American adolescents, drug use of adolescents also increases. Cocaine use increased, especially in African American late adolescents and early adults. In a study of 26 male and 28 female Mexican immigrant adolescents, it was suggested that acculturation stress was associated with self-harming behaviors (Hovey 1998). In addition, immigrant individuals with high self-esteem show fewer negative actions, such as antisocial behaviors, hostility, and aggression that may be caused by acculturation stress (Schwartz et al. 2007).

Although acculturation is a demanding life experience, it can be beneficial in adapting to multiple cultures and expanding worldviews (Gassman-Pines and Skinner 2018). Culture as a resource is an important potential in mental well-being (Gone 2016). Yeh and Inose (2002) examined cultural adjustment difficulties and strategies for managing cultural adjustment in 274 Chinese, Korean, and Japanese adolescents. In this adolescent study, the most crucial difficulty experienced by adolescents was communication problems. Communication was also found to be an important problem for Russian immigrants (Birman 2006). A study on 238 Iranian immigrants, 130 men and 108 women aged 25-72 living in the USA determined that integrated or assimilated Iranian groups showed better psychological adjustment than those who resisted the dominant culture (Ghaffarian 1998). The same study by Ghaffarian found that the relationship between acculturation and mental health did not differ between the first and second generations (Ghaffarian 1998). Obasi and Leong (2009) found that the integration strategy caused more psychological distress than more traditional strategies (preference for preserving one's cultural origin) in 130 African immigrants. Oppedal et al. (2004), in a sample of 137 multi-ethnic adolescents in Norway, found that adolescent immigrants who developed competence in both the dominant culture and their

own culture had higher self-esteem and fewer mental illness diagnoses. On the contrary, the longitudinal assimilationist strategy was found to have a more negative impact on symptoms of stress, alcoholism, and depression (Greenland and Brown 2005). This longitudinal study followed 35 Japanese adolescents living in England for one year. High intergroup anxiety led to an increase in acculturation stress, high in-group cohesion led to a decrease in psychosomatic problems. In another study conducted on 440 adolescent immigrants aged 12-19 years who migrated to Germany, marginalization and internalization problems were found to be significantly related in both genders after controlling for age and education level. In this study, separation as an acculturation strategy seems to be associated with more externalization (Klein et al. 2020).

Psychiatric problems such as the tendency to crime, acts of violence, substance abuse, hyperactivity, depression, and anxiety are common in migrated children and adolescents (Aydın et al. 2017). Sam and Berry (1995), in their study on 568 12-16-year-old, third-world immigrant adolescents who immigrated to Norway, stated that immigrants exhibited depressive tendencies, had low self-esteem, and showed various psychosomatic symptoms during the acculturation process.

Yuen et al. (2000) found that Native Hawaiian adolescents in the United States showed more psychiatric problems, such as suicide attempts, depression, and substance abuse, than other Hawaiian adolescents. In a study of 152 Moroccan Dutch adolescents with an average age of 13 (Adriaanse et al. 2016), it was found that psychiatric symptoms or disorders were more common in adolescents who perceived discrimination, felt culturally distrusted, and had a history of trauma. It was emphasized that social interventions and supportive studies with adolescents from the dominant culture should be included in the treatment of adolescents who experience marginalization, discrimination, and cultural insecurity the most in this group. In a qualitative analysis of 14 studies, Rodriguez et al. (2022) concluded that the identity construction of immigrant adolescents is inherently linked to their experiences of depression. It was suggested that migrant adolescents who are prone to psychiatric disorders should be assured through public policies on communication and continuity of care.

A study conducted on 282 Syrian adolescent students between the ages of 13-18 in Turkiye determined that the variables of collective self-esteem, acculturation stress, and perceived stress significantly explained the strategy of separation from acculturation preferences (Keleş 2020). Syrian adolescents in Turkey prefer the separation strategy to integration among acculturation strategies.

In another study conducted on 215 British immigrant children of Asian origin between the ages of 5-11, it was observed that immigrant children with a preference for integration increased their participation in social activities and acceptance by their peers in the long term, the situation remained almost constant in those who preferred other acculturation strategies (Brown et al. 2013). As a result, positive mental health outcomes are observed when integration is prominent as an acculturation strategy, whereas there is an increase in psychopathologies in the case of assimilation, marginalization, and separation strategies.

Ethnic Identity and Mental Health

There are conflicting results in the literature on the relationship between ethnic identity and mental health. One of the most important reasons for this contradiction is that researchers focus on either ethnic identity or mental health. Phinney argued that ethnic identity and acculturation should be considered together as interrelated concepts. Phinney also argues that since ethnic identity requires being a member of a homogeneous group and this identity is perceived as overt and explicit by the multiple ethnic groups surrounding it, it is imperative for the majority to see this group as different and characterize it as a minority. When two groups recognize each other, intergroup harmony becomes possible. Mutual recognition of majority and minority identities and respect for their values and interests contribute to social cohesion (Phinney 1992).

Psychological adjustment of immigrants is not possible without ethnic identity adjustment. Early studies found that ethnic identity was associated with high self-esteem in 8th and 9th grade Hispanic adolescent students (Grossman et al. 1985). Low ethnic identity was also shown to be accompanied by low self-esteem in African American students (Parman and Helms 1985). According to Phinney (1989), ethnic identity is positively related to various psychological adjustment variables for 10th-grade African American, Asian American, and Mexican American student adolescents. On the other hand, it is observed that being close to one's ethnic group in interaction with the dominant culture decreases self-esteem. Some studies have not found a relationship between ethnic identity and adjustment (White and Burke 1987). A study of 73 African American and 139 Anglo-American university students found that identity salience, attachment to identity, and self-esteem constituted ethnic identity (White and Burke 1987). However, the same ethnic identity formation process affected African and Anglo Americans differently due to their dominant and minority positions. Accordingly, whites attached to

white identity appear to have lower self-esteem than blacks attached to black identity. This finding may have emerged due to the fact that criticisms against white identity and negative burdens in the historical background of white identity are perceived more in the university environment, accordingly, white university students see white identity as a factor that lowers self-esteem.

Beiser and Hou (2016) found that immigrants who moved to Canada and were granted a secure status prior to their immigration experienced significant improvements in their psychiatric difficulties and traumas after settling, leading to successful adaptation. In Norway, the behavioral problems of 249 local Sami adolescents aged 13-16 and 210 Norwegian adolescents were compared, and according to the findings, the highest number of behavioral problems were observed in Sami female adolescents. Especially girls who had to live in their own ethnic community that had been assimilated reported more psychiatric problems (Kvernmo and Heyerdahl 1998). The findings show that female adolescents who do not like their own community but cannot find the opportunity to live in the dominant culture are problematic. Unidirectional acculturation can make individuals alien and critical of their roots. Duarte et al. (2021), in their study of 2004 adolescents and young adults between the ages of 15-29, found that the rates of tobacco addiction and substance abuse were higher in Puerto Rican boys than in girls and Anglo Americans and that generalized anxiety disorder was more common in girls than in boys and Anglo Americans. This study also found that adolescents who were subjected to ethnic discrimination were at high risk of psychiatric disorders.

In the literature, especially in the last 20 years, studies have found a positive relationship between the ethnic identity of European Americans and Asian Americans and psychological outcomes such as well-being and adjustment (Umana-Taylor and Shin 2007, Forrest-Bank and Cuellar 2018). Belonging to ethnic identity is also positively associated with general mental health (Carta et al. 2005, Lardier 2018). In a study of 881 Mexican-origin middle school students, it was determined that Mexican adolescents born in the USA experienced difficulties and difficulties in knowing Spanish and mastering Mexican culture, on the contrary, adolescents born outside the USA experienced difficulties in knowing English and mastering American culture (Romero and Robert 2003). In this study, no coping mechanism was suggested for the stress experienced by bicultural Latino adolescents. A study of 111 articles found a weak relationship between life satisfaction and self-esteem in student adolescents with different ethnic identities (Ghvami et al. 2011).

On the other hand, individuals with strong ethnic identities were found to have high levels of well-being and high self-esteem (Fuligni et al. 2002). More studies are needed to clarify these contradictory findings. In these studies, the relationship between ethnic identity and mental health should be addressed in specific contexts rather than general summaries. In addition to self-esteem, which is frequently considered a mental health variable in studies, different psychological and psychiatric variables should be used.

Psychiatric Interventions and Recommendations for Migrant Adolescents

Assessing the characteristics of the school and environment where migrant children and adolescents are placed is one of the first steps in determining mental health interventions (Tyrer and Fazel 2014, Fazel et al. 2016). Resilience, family interest, peer support, school and arts-based interventions, and accessible social resources are all protective factors in adapting adolescents to a new country. Psychiatrists can address individual-family-school-community support systems and the adolescent's unique cultural values and practices in the therapeutic process to increase the resilience of migrant adolescents (Theron et al. 2011).

Bronfenbrenner (1997) developed a framework for migrant adolescents based on an ecological perspective in understanding the effects of family, community, and environment on the individual. The ecological perspective is critical in determining culturally appropriate practices in mental health intervention. In Bronfenbrenner's ecological framework based on three systems, the microsystem covers the private sphere of the adolescent and his/her family. The mesosystem focuses on the school, community/neighborhood interactions of the adolescent and his/her family and reveals the competencies or deficiencies of the adolescent and his/her family in terms of school and neighborhood/community. The macro system includes the broader society, social institutions, programs, assessments, evaluations, educational goals, and public policies that affect the lives of adolescents and their families. Clinicians who adopt an ecological perspective are more holistic and culturally sensitive.

Micro-Based Interventions: Adolescent and Family

Blanco-Vega et al. (2008) examined the relationship between acculturation and the mental health of Latino immigrant adolescents using an ecological approach. The findings of this study showed that positive factors that improve social and emotional sensitivity are family attachment, positive self-esteem, positive community

support, biculturalism, and school attachment. Clinicians consider all potential factors that affect adaptation to a foreign country, such as language barriers, socioeconomic status, trauma experiences, and family (George 2012, Miller 2012).

At the micro level, culture-specific mental health interventions should focus on the adolescent and his/her family. Clinicians should make sure that the family, caregivers, and important family members are included in the treatment process for adolescents at risk of posttraumatic stress disorder (PTSD), anxiety, and depression due to trauma experience and acculturation stress (Ehntholt and Yule 2006). Including the family in the therapeutic process is essential not only for the language barrier but also to bridge the gap between the adolescent and the culture in mental health interventions and to facilitate the adolescent's participation in therapy dynamics (Weine et al. 2006). For this reason, the loss of basic cultural support for adolescents coming from forced migration without family and relatives aggravates the effects of trauma and anxiety.

With the help of cognitive behavioral therapy (CBT) applied at the micro level, testimonial psychotherapy based on people telling their own life stories, traumatic life experiences, and interpretation of these narratives, narrative expressive therapy (NET) in the short-term treatment of PTSD, EMDR, and evidence-based treatments, psychological treatment and reintegration are provided in adolescents based on the establishment of a relationship of security and trust. Betancourt et al. (2015) found that the protective factors against acculturation stress and settlement stress in immigrant adolescents are healthy family interaction, support networks, and peer support.

As a result, in the intervention of migrant adolescents, it is vital to get the support of their family and culture. In this respect, the family should be included in the intervention process in every way.

Meso-based Interventions: School and Community/Neighborhood

Recent studies have revealed the importance of school and school environments in accessing mental health services for migrant adolescents (Fazel et al. 2014, 2016). In-school mental health services are usually easily accessible by the adolescent and his/her family, and the school environment is a safe and less stigmatized mental health service area for migrant adolescents (Ellis et al. 2013). In the U.K., three-quarters of migrant adolescents use mental health services within the school (Fazel et al. 2016). Here, migrant adolescents learn relaxation, breathing exercises, anger control, ways of expressing emotions, peer support in concentrating on lessons, and how to speak effectively. The relationship between the teacher and the mental health clinician increases the effectiveness of the treatment (Fazel et al. 2016).

Dutton (2012) worked on "The Haven Project" (THP), which was organized for immigrant adolescents in Liverpool, England. In this project, non-verbal skills and abilities such as music, psychodrama, and gardening were used to reveal the strengths of the adolescent and his/her family. The project focused on the sense of self that adolescents need, and the project's impact on adolescents' making friends, managing school stress, and successful acculturation was revealed. In the THP project, the team included a psychologist, a mental health nurse, and an art psychotherapist in addition to the project director physician. This project team built alliances with families and provided practical and accessible interventions.

Studies have drawn attention to the benefits of art therapy in strengthening the resilience of migrant/refugee adolescents and families (George 2012, Hughes 2013). In Canada, taking photographs and sharing verbal narratives and art were found to be effective in coping with settlement stress in immigrant children and adolescents aged 6-18 from various countries (Yohani 2008). In this project, known as "The Hope Project," a six-month intervention program was organized. In this project, families shared their hopes about their children with their children and learned about their children's hopes. Thus, mutual solidarity and positive support developed between parents and children.

Group therapy has also been found to help build trust, belong, and nurture cultural life in migrant communities. For example, in "The Life Tree" project, Afghan migrant/refugee adolescents and their mothers drew their own life trees as a metaphor, and thus, a life story emerged that exhibited the migrant adolescents' own roots, cultural background, and present connections (Hughes 2013).

Uğurlu et al. (2016) used drawing, relaxation, movement, and art therapy together to reduce the psychological symptoms of Syrian immigrant adolescents. The study was conducted with volunteer Syrian adolescents in Sultanbeyli, Istanbul, and the appropriateness of the art therapy themes with Turkish and Syrian lifestyles was considered. The therapists were bilingual and familiar with Syrian culture. In this quasi-experimental study based on pre-test and post-test measurements, it was found that depression and anxiety decreased significantly in the post-test.

These studies show the positive results of addressing migrant adolescents together with their school and their environment. Implementation of an effective mental health center at school emerges as an essential step.

Macro-based Interventions: Society

Opinion leaders who bridge the gap between society and migrant and refugee communities, facilitate access to community resources and serve meaningful functions for both groups stand out as effective in mental health interventions. People who establish the communication of migrant adolescents with mental health services and create awareness in migrant communities in the direction of health education occupy the primary position in the intervention of clinicians. It has been found that migrant adolescents suffer less from acculturation stress and depression due to effective bridging between migrants and mental health institutions. It was also found that these adolescents developed positive coping strategies, and their social support levels increased (Cardoso and Lane 2016).

Ellis et al. (2013) worked with a trans-cultural psychiatry team on immigrant middle school students in the USA. This study used culture-specific intervention techniques to include all immigrant members. These studies revealed the advantages of adapting to the dominant culture as well as discovering the strengths within the individual's own culture. Nicolas et al. (2009) reduced depressive symptoms of Haitian American adolescents using culturally adapted evidence-based treatment and cognitive behavioral group therapy. In this study, the cohesion and integration of professionals, families, and group leaders were taken into consideration.

NET has been found to be effective in PTSD in child and adolescent populations (Brown et al. 2017, Morina et al. 2017). It was also found that the standardized anxiety prevention program called FRIENDS was significantly effective in internalization, anxiety, and depression compared to the control group (Barrett et al. 2000). The intervention techniques based on expressive art activities defined as EXIT, which are generally applied to adolescent communities, were found to significantly reduce mental health complaints in the experimental group in a 26-month follow-up study on migrant adolescents (DeMott et al. 2017). These interventions are aimed at the personal and social development of the adolescent, preventing anxiety, reducing trauma and emotional symptoms, and increasing life satisfaction.

There is a need for a framework/institutionalization where projects enriched with various psychiatric and psychological techniques are implemented throughout society, and their results are monitored. Implementing these projects and evaluating their effects in a society like Turkey, where there is a high level of migration, is an urgent step. Again, civil society leaders representing various migrant groups should be included as bridge-builders.

Conclusion

We are witnessing a process in which migration is experienced intensively in the world and Türkiye. The effects of migration can be predicted in terms of adolescent mental health, and interventions have gained importance. In this framework, it is essential to determine the possible effects of the culture of the country of immigration and the minority/migrant culture and the mental health problems that may arise in adolescents as a result of the observed incompatibilities.

Initial studies had established a positive correlation between adolescents' ability to identify with the dominant culture and mental health. However, nowadays, the characteristics of the immigrant's culture and the dominant culture are considered in a two-dimensional way, and it has been revealed that maintaining adaptation to both cultures positively affects mental health. Further studies are needed to determine which types of acculturation processes positively affect adolescents' mental health. In addition to studies addressing positive variables such as high self-esteem, general well-being, and effective coping strategies of immigrant adolescents in the acculturation process, there are also studies addressing mental disorders such as self-harming behavior, substance abuse, depression, suicidal tendency, anxiety, and internalizing/externalizing behaviors. However, since the studies are pretty limited and present contradictory results, there is a need for studies that evaluate psychological characteristics such as culture (e.g., individualism-collectivism), personality traits of adolescents (e.g., openness to innovation, neuroticism), self-compassion, self-efficacy, and resilience together. In this respect, review studies on the relationship between migration, forced migration, and mental health indicators in our country have gained momentum, especially with the Syrian civil war (Taycan et al. 2019, Öztuna and Kıssal 2023). In this study, the relationships between acculturation, ethnic identity, and mental health are discussed holistically, and psychiatric interventions related to mental health problems related to acculturation

and ethnic identity are included. The originality of our study is the holistic perspective it follows and the fact that it addresses psychiatric interventions together.

When the conditions of first and second-generation immigrant adolescents in the literature were evaluated, it was determined that mental disorders such as anxiety disorders and substance abuse were mostly observed in second-generation adolescents. These studies have revealed the need for longitudinal follow-up of mental disorders. Studies on second-generation adolescents in countries like Türkiye, which have a high number of immigrants, will make an important contribution to the literature and may also lead us to take precautions about the characteristics of our social adaptation and development. Studies on the interventions to be developed in this regard and the methods and techniques to be used in these interventions should be conducted on first-generation adolescents and then on second-generation adolescents. It is possible to achieve recovery through reassuring and supportive psychiatric interventions.

The accumulated knowledge of psychiatric interventions necessitates the inclusion of the migrant family, migrant culture, and migrant civil society leaders. Supporting our schools with adequate mental health services is a need that cannot be postponed. Schools are the primary place of adaptation for migrant children and adolescents. Institutionalization of migrant children and adolescents at the community level will be a necessary step. This institutionalization will lead to the development of public policies on child and adolescent migrants.

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