REVIEW ARTICLE

Mental Health Issues in Adolescents and Young Adults African Immigrants

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Abstract: African immigrants in the United States account for a rapidly growing population of immigrants in the country, constituting about 4% of the foreign-born population. The group has seen a significant population increase from 881,300 in 2010 to 1,606,914 in 2010. African immigrants are, however, not a monolithic population, as this number and diversity increase, there continues to be a growing need for mental health professionals to assess the peculiar mental health-care needs and practices of this population. The primary African immigrant groups in the United States include Nigerians, Ethiopians, Egyptians, Ghanaians, and Kenyans. The delivery of optimal mental health care to this population involves a thorough comprehension of factors that influence mental health in African immigrant populations. Such factors include the ethnocultural background of families, the diversity of religions, immigration status, socioeconomic status, language, family and sibling subsystems, identity issues, and various forms of mental health stigma. Due to the complexity of these socioeconomic and cultural nuances, the mental illness presented by adolescents and young adult Africans is often atypical and their treatment requires appropriate cultural competence by physicians and mental health professionals.

***Keywords*:** African immigrants; Adolescent; Young adults; Mental health

1. Introduction

According to the United States census, approximately 1.6 million immigrants born in Africa live in the United States, of these, African immigrants account for about 4% of the foreign-born population in the United States[1]. The population has doubled in size from 881,300 to 1,606,914 between 2000 and 2010. As this number and diversity of Africans in the U.S. increase, there is a growing need to assess their health-care needs and practices[1,2]. The primary African immigrant groups in the United States include Nigerians (219,309), Ethiopians (173,592), Egyptians (137,799), Ghanaians (124,696), and Kenyans (88,519)[1]. The delivery of optimal mental health care to this population requires a thorough comprehension of factors such as culture, language, and immigration. It is worthy to note that mental illness in this group of immigrants is often atypical[3].

Several factors have been implicated as predictors of the poor mental health status among African immigrants, one of which is the prevalent racial discrimination[4]. A thorough understanding of this uniqueness is necessary to improve the clinical outcomes of this group of immigrants. There is a dearth of data on the unique challenges of the clinical evaluation and treatment of this population. In the sections that follow, we discuss some of the factors that play a major role in the mental health of African immigrants.

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2. Factors Affecting Mental Health of Adolescent and Young Adult from African Immigrant Families

- Ethnocultural background of the family
- Religion
- Immigration status
- Socioeconomic status
- Language
- Family system of African adolescents
- Sibling subsystem
- Identity issues
- Mental health stigma.

3. Ethnocultural Background of Family

Africa is a very diverse continent, with 54 countries recognized by the United Nations. Each country has unique ethnic groups often with distinct languages, religion, cultures, and values. Furthermore, there is a significant economic stratification within countries and differences in standards of living between urban/city dwellers and rural dwellers. Many African immigrants hold firm alliances to their ethnic background, the region of the country they identify with and their language/dialect[5]. As a result, each adolescent may have different beliefs, values, and more affecting their role within the family system. Practitioners working with this population need to be aware of the complex compositions of the patients, particularly the dynamics of their ethnocultural background and the significance of this for psychiatric evaluation and management in this subpopulation of Americans.

4. A Brief Overview of Religions In Africa

The majority of African immigrants are either Christians or Muslims[5]. In East Africa, Judaism is actively practiced. In recent times, Jews from this region have migrated to Israel. However, the traditional polytheism religion is alive and well. Christianity is divided into two main groups, Catholics and Protestants. Basically, all non-Catholics are Protestants. Each one of these has unique subgroups with specific characteristics. For example, the "Pentecostal movement" in Nigeria is a subgroup of Christians, with several denominations. These include but are not limited to the Redeemed Christian Church of God, Deeper Life Bible Church, and Christ Apostolic Church. These denominations are similar to non-denominational megachurches in the United States branches in Africa, Europe, and the United States of America. Other protestant denominations include Anglicans, Methodists and Baptists, and Orthodox Christians (in Egypt and East Africa). The primary subgroups of African Muslims are Sufi and Sunna[5]. Traditional African religions are also practiced in various cultures and have evolved with the practice of Islam and Christianity. The Yoruba gods in West Africa include Sango (god of thunder and lightning), Ogun (god of iron), and Oshun (goddess of water).

Religion plays a significant role in most African families and attendance to religious services is often taken seriously[5,6]. For most families, ethnicity trumps religious affiliation and many families seek treatments, especially related to mental illness with "spiritual healers" that are Christians, Muslims, or traditional healers[5]. These religious beliefs often influence the clinical presentation of immigrant adolescents and may affect how the families choose to manage the child's symptoms. When dealing with such patients, it is not unusual to discover that families have sought help from spiritual healers before presenting to western physicians.

5. Immigration Status

Many African families immigrate to the U.S. with a variety of legal statuses including permanent residency through the Visa Lottery, Refugee status, family sponsorship, and other means[6]. There are also many Africans living in America without legal status, the so-called undocumented immigrants. The lack of legal status can be a source of significant stress

for family members and adolescents or young adults from these families. Many family members are also brought into the country by legal sponsors and may be living with such sponsors; frequently, these living arrangements create stressful domestic situations. The stress posed to adolescents due to their living arrangements, and the dynamics between sponsors, relatives, friends, or other family members could influence the mental health of these adolescents.

6. Socioeconomic Status

The African immigrant adult population is more educated relative to other foreign-born U.S. nationals (**Table 1**). However, the levels of educational attainment vary significantly among countries of origin and the difference in education does not generally reflect on the income, as earnings seem to be evenly distributed among both groups[1]. Approximately 23.6% of African immigrants above age 25 have a bachelor's degree compared to 16.5% of other foreign-born U.S. nationals and 16.6% have a graduate degree compared to 12% of other foreign-born nationals[1]. African immigrants who enter the labor force put emphasis on work and success to support their family members in the United States and frequently extended family members in the country of origin as well. Sometimes, parents are unable to work at the job level; they had in their home country and often accept less skilled jobs with low pay to provide for their family. For example, it is not uncommon to see individuals trained as physicians in their home countries who work as clerks or security guards in the U. S. Human stories such as these serve as further stressors on the mental health of the entire family, especially the adolescent. Unfortunately, the frustrations of the parents may be displaced onto the children.

7. Language

Due to their colonial history, many African countries have English, French, Portuguese, or Arabic as their official languages. In addition to the official language, most African Immigrants are fluent in a local language that predates colonization. In cases of recent immigrants, language barriers present a significant issue to their acculturation at school or even at work regardless of English being an official language of their home countries. Adolescents of African descent may face intense ridicule due to their accents.

8. Family System

Most African families emphasize interdependence as opposed to independence. Indeed, independence is often discouraged. There is also emphasis on respect for elders or anyone older. In the African household, concerns must be related in a manner deemed "respectful" otherwise one may be perceived as "disobedient." There is a prevailing attitude that children are to be seen, not heard. Adolescents and young adults from these families may struggle with expectations from parents with respect to self-expression within the home. Corporal punishment is well accepted as a mode of discipline for children and young adolescents. African families also place emphasis on the extended family network versus nuclear family network, "it takes a village to raise a child," a famous saying of the Yoruba people of Southwestern Nigeria emphasizes this point.

Table 1. African immigrant adult population compared with foreign-born U.S. nationals: Education attainment and income (United States Census Bureau, 2010).

Level of Education/Income	African immigrants (%)	Other foreign-born U.S. nationals (%)
Graduate degree (>25 years)	16.6	12
Bachelor's degree (>25 years)	23.6	16.5
$35k–50K	18.9	17
$50K–75K	19.2	15.7
$75K or more	20.7	19.7

Conventionally, extended family members live in the same household, and even if they are not in the same household, other members of the extended family are often called on to mediate family issues, whenever necessary.

9. Sibling Subsystem

Although polygamy is officially recognized only in Islam and traditional religions, the practice is not infrequent among African families. In polygamous families, there might be numerous step-siblings and, in some families, there are conflicts between siblings in this family context. Polygamous family sibling rivalry persists among immigrant families coming to the U.S. Even among monogamous families, sibling rivalries can be quite prevalent. Elder children are frequently given "responsibilities" for younger siblings such as cooking, bathing, and getting siblings ready for school. For some African immigrant adolescents, this could be a source of increased stress, particularly when the adolescents may have friends that may not have such responsibilities. The responsibilities given to older children can also create conflicts between these children and their younger siblings.

10. Identity Issues

Young adults from immigrant families present with conflicts regarding their identity on their family's immigration to the U.S. The U.S. has numerous populations from the African Diaspora, including African Americans, Caribbean Americans, and Afro-Latino Americans. A clear sense of identity is crucial for the healthy mind. In adolescents, finding a sense of belonging to their home and new country raises identity dilemmas. Some struggle with issues such as "Am I African?," "Am I African American?," Some families strongly discourage assimilation to prevent their children from "losing their native identity"[5]. This dynamic, however, varies from families to families. Within families that discourage assimilation, adolescents who seek to assimilate into the larger American culture may be met with vigorous resistance from their family, which often leads to highly stressed home environments. Some adolescents also report experiences with racism or with bullying by peers due to their accents, hair texture, or skin color. There may be heightened sense of feeling different from their peers due to their cultural identity. For example, the adolescent may be embarrassed by the type of lunch they bring to school compared to their peers.

11. Mental Health Stigma

In many African countries, mental illness is stigmatized. The mental illness faces discrimination, social ostracism, and violation of basic human rights. Ironically, some of these violations occur in institutions where people with mental illness seek treatment. Mental health facilities may be unhygienic with inhumane living conditions such as the use of caged beds with various forms of restraints for patients. Having family members with psychiatric illness are often highly stigmatized and may reduce marriage prospects for other family members. In a study conducted in Nigeria, participants generally responded with fear, avoidance, and anger toward those who were observed to have mental illnesses. The stigma linked to mental illness in that country can be attributed to a variety of factors which include lack of education, fear, religious beliefs, and general prejudice[7]. The psychiatrist-to-patient ratio in Africa is significantly less than in western countries. According to the WHO data, there are 0.10 psychiatrists per 100,000 persons in Nigeria, 0.11 psychiatrists per 100,000 in the Republic of Benin, and 0.03 psychiatrists per 100,000 in South Sudan.[8] In the United States, there are 12.40 psychiatrists per 100,000 persons[5]. African immigrants arriving to the U.S. come from countries where there is limited awareness or acceptance of mental health evaluation and treatment strategies.[9] Adolescents and young adults who present for treatment, therefore, present with various levels of awareness, concerns, ambivalence, and suspicion regarding psychiatric treatment depending on the family's level of awareness of the mental illness and associated treatments.

12. Conclusion

The African immigrant population is rapidly increasing in the United States. Many African immigrants often stay in the U.S. and do not return to their home country, thus making their homes here for them and their children. The children of these immigrants grow up in the United States, straddling two cultures. Adolescents and young adults from these families

presenting for mental health treatment, often with atypical presentations, practitioners must be aware of the many socio-cultural factors that are important in evaluating these adolescents and young adults. Increased awareness of these factors will improve the quality of mental health care of this unique population.

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