SOCIETY. INTEGRATION. EDUCATION
Proceedings of the International Scientific Conference. Volume II, May 27th, 2022. 89-99

MENTAL HEALTH, WELL-BEING AND THE USE OF HEALTHCARE SERVICES AMONG OLDER LATVIAN DIASPORA

Ieva Reine
Riga Stradins University, Statistics Unit, Latvia
University of Latvia, Institute of Philosophy and Sociology, Latvia
Uppsala University, Department of Public Health and Caring Sciences, Sweden

Ilze Koroļeva
University of Latvia, Institute of Philosophy and Sociology, Latvia

Māris Goldmanis
University of Latvia, Institute of Philosophy and Sociology, Latvia

Abstract. *Mental health factors play a crucial role in the well-being pattern of migrants, and how the social security is being used. The aim of the study was to investigate, how the mobility across Europe and other regions of the world for different patterns and transnational lifestyles relate to mental health, wellbeing and healthcare as a pillar for social security and overall wellbeing. We analysed personal characteristics, including self-rated health and pre-disposing factors in order to reflect on the mental health differences for migrant groups.*
The study includes groups of 6242 respondents living outside Latvia who answered questions about their mental health as well as rated their overall health and assessed the use of the healthcare on a rotating basis in a 2019 survey "Research of Welfare and Social Integration in the Context of Liquid Migration: Longitudinal Approach". Comprehensive data on migrants from many countries all over the world allowed to perform multiple regression analysis on stratified groups by migration patterns, including both individual and contextual level variables. Results of the analysis showed that older migrants tended to have less psychological symptoms compared to younger persons. Moreover, those who were born or had lived in another country seemed to be more confident in the use of healthcare system in the country of residence. The results showed that individual factors like age, gender, language of communication and education level are strongly related to the use of the healthcare system of the country of origin and better health.
Keywords: *ageing, education level, general health, healthcare services, language, migration, psychological symptoms.*

Introduction

Both ageing and migration are in themselves complex multidimensional processes shaped by a range of factors (WHO, 2018). Dependent trajectories, like health predictors, health behaviour and access to healthcare create needs and opportunities for older adults with migrant background as well as for European societies (Kristiansen et al., 2016; King et al., 2017). It is, therefore, important to

https://doi.org/10.17770/sie2022vol2.6854

focus on and respond to health and well-being among the growing and diverse population of older migrants. Special emphasis should be put on turning insights from the current evidence base into policy and practice developments across countries in the WHO European Region (WHO, 2018). Even though the dimensions of health, wellbeing, and care-seeking are important, they are under-researched in the field of migration studies in the Baltic States.

Older migrants share a range of similar experiences and needs, e.g. the ability to maintain functional capability, health, quality of life and access to health and long-term services at old age. Mental health may vary in different migrant groups, but these differences are not reflecting the health conditions in countries of origin (Stuart, Klimidis, & Minas, 1998). Rather, it has been found that specific types of problems and rates of healthcare use in particular groups can be linked to migration trajectories (Kamperman, Komproe, & de Jong, 2007).

Evidence has revealed reduced odds of psychological distress, as well as mood and anxiety disorders among older migrants (Perreira et al., 2015; Yang, 2019). Nevertheless, some studies show that immigration is strongly predictive of depressive symptoms among male immigrants aged 50 and older, even after controlling for sociodemographic characteristics, physical health and other factors (Ladin & Reinhold, 2013). It has been suggested that immigration experience is associated with an increased risk of depression even years after emigrating, and that acculturation may not be protective. Physical health may still have a protective effect, suggesting that immigrants' mental health could have been even worse were they not to experience a physical health advantage. Immigrants are worse-off relative to their native-born counterparts for all durations of stay, and it is suggested that immigrants may be worse off for reasons related to immigration and not because they are converging to the population health.

Studying access to healthcare and health outcomes by means of emigrant survey is a new methodological approach that provides an opportunity to acquire insights into the situation of this vulnerable group often missed by, or heavily underrepresented in general surveys of the receiving countries (e.g., EU statistics on income and living conditions, EU-SILC). As the numbers of people moving between countries increase globally, the variety of motivations and conditions for mobility, as well as the socioeconomic context and political climate in which this mobility occurs, adds to the complexity of responding to health challenges faced by migrants in their sending, transit and receiving countries. An understanding of the healthcare seeking behaviours of this population is achieved by operationalising a transnational healthcare analytical framework. Our main contribution consists in proposing and including an analysis of transnational healthcare in relation to mental health. Among the most common problems identified of using healthcare services among migrants are language barriers, social deprivation, lack of familiarity with the healthcare system, cultural differences, different understandings of illness and treatment, negative attitudes

among staff and patients, lack of access to medical history, etc. (Priebe et al., 2011). Healthcare services are being consumed even outside the current country of residence due to accessibility problems, language issues, lack of knowledge of the social security system etc., and rather often being paid by own means and not by using possibilities offered by the healthcare insurance (Reine, 2020/2021).

Thus, the aim of the study was to analyse how the mobility across Europe and other regions of the world for different patterns and transnational lifestyles relate to mental health, wellbeing and healthcare as a pillar for social security and overall well-being among older migrants of Latvian origin.

Method

Study population and data collection procedures

This study aims to enhance the understanding of migration and integration processes by studying them in the light of new forms of mobility. Considerable effort was put to collect reliable statistical data on migrants, developing research methodology. A longitudinal research design was used to study changes in well-being in various areas of the life of migrants from Latvia. A large-scale web survey of Latvian emigrants "The Latvian emigrant communities: national identity, transnational relations and diaspora politics" was conducted in 2014, during which 14 068 respondents in 118 countries were surveyed (Mieriņa, 2022). As part of the project, in 2019 e-mail addresses were used left by the respondents (7649 or 54% of all respondents) to conduct the second wave of "The emigrant communities of Latvia" survey.

After excluding duplicates and low quality or suspicious questionnaires, 7702 respondents aged 15 and over took part in our survey, among them 6242 emigrants (including 334 transnationals, i.e. those alternating between Latvia and another country). 1460 return migrants to Latvia were excluded from the analysis. The large number of respondents allows to explore separately the integration outcomes and wellbeing of different types of migrants. Data were statistically weighted with weights that are inversely proportional to the estimated inclusion probabilities of respondents, conditional on four control variables: gender, age, level of education, and main language (Latvian or Russian). The conditional inclusion probabilities were estimated by reference to official statistics on the number and characteristics of immigrants from Latvia in each destination country. The weighting procedures used have already been tested and successfully used in the first wave of the study of Latvian migrants (Goldmanis, 2015). The Ethics Committee for Humanities and Social Sciences at the University of Latvia has approved the study.

Variables

Respondents were dichotomised into two age groups: >50 and <50 years, using the methodology of classifying older age groups as in the Survey of Health, Ageing, and Retirement (SHARE) (Börsch-Supan, 2020).

The data of the received healthcare services was taken from a question from the survey in 2019 'In which countries have you received healthcare services in the past 5 years?' with potential answers: in Latvia, in the country of residence, in another country and I haven't received healthcare services of which the first three answer alternatives were analysed in multiple regression analysis as the dependent variable.

Respondents were asked to estimate their mental health in terms of days during the last 30 days when they felt anxiousness, stress and other mental symptoms (CDC, 2000). Well-being indicator is represented by general health evaluation answering a question with 6 response alternatives about their general health status (very good, good, average, poor, very poor, hard to say).

The country of residence regarded three alternatives: living outside Latvia, mostly outside Latvia or alternating between Latvia and another country.

Sociodemographic and contextual variables were carefully selected to assess the impact on the relationship between receiving healthcare in different countries and emigration/different patterns of migration, like three levels of education, language skills of the country of residence, that were used to adjust for the main known confounders in relation to migration and health service consumption found in the previous studies (Reine, 2020/2021).

Statistics

The data was analysed with IBM SPSS 27 using multivariate statistics. For descriptive analyses, chi-square (χ^2) and t-tests were used to compare differences between the variables included in the model. Secondly, a logistic regression model (Table 4) was used for analysis of the population to estimate odds ratios (ORs) and 95% confidence intervals (95% CI).

Research results

Distribution of all 6242 respondents are presented in Table 1. The group of the older respondents was considerably smaller (31.5%) than in the younger group (68.5%), without any significant differences across gender distribution. The mean age of the respondents age >50 was 31.8 years, among those <50 – 63.9 years; men were slightly older than women.

The older group of respondents had considerably less days with poor mental health during the last 30 days compared to those younger than 50 years (Table 2). Self-rated general health, however, was reported as very good or good to a

significantly larger extent among younger persons compared to those above age 50. Conversely, more older persons had average or poorer health.

Table 1 ***Distribution of age groups <50>*** *(all, men and women, N, %)*

Age group	*All (N=6242)*		*Men (N=2875)*		*Women (N=3367)*	
	n	*%*	*n*	*%*	*n*	*%*
>50 years	*4279*	*68.5*	*1979*	*68.8*	*2300*	*68.3*
<50 years	*1963*	*31.5*	*896*	*31.2*	*1067*	*31.7*

Source: created by the authors.

Table 2 ***Distribution of mental health and well-being indicators among age groups <50>*** *(mean, SD, N, %, p-value for χ2 and t-test)*

Mental health and well-being indicators	*>50 years*		*<50 years*		*P >50 years /<50 years*
	n	*%*	*n*	*%*	
Days of poor mental health during the last 30-day period (mean, (SD))	*4.18*	*(7.35)*	*1.95*	*(5.65)*	*<0.001**
General health					*<0.001**
Very good	*870*	*25.5*	*298*	*16.8*	
Good	*1887*	*55.3*	*924*	*52.1*	
Average	*567*	*16.6*	*447*	*25.2*	
Poor	*54*	*1.6*	*128*	*4.2*	
Very poor	*11*	*0.3*	*29*	*1.0*	
Hard to say	*22*	*0.6*	*33*	*0.6*	

** P value significant at <.001 level.*
Source: created by the authors.

Basic sociodemographic characteristics of the 1963 respondents aged 50 and above are detailed in Table 3. The majority, i.e. 1697 respondents lived outside Latvia, 161 lived mostly outside Latvia, and 105 were alternating between Latvia and another country. The proportion of those migrants with high education level was only 3.6%; but more than a half had low education level (50.4%). One in four were native language speakers of the country of residence outside Latvia. The proportion of those with poor or very poor language skills was just slightly over 8%. There were significant differences between the genders, e.g. more women were native language speakers of the country of residence and were more fluent. Women reported almost three times more days of poor mental health experienced during the last 30 days compared to men: the average number of days was 1.95. Nearly 70% of all respondents age <50 rated their health as very good or good, but around 5% as poor or very poor. It was very common to receive healthcare in the country of residence, but more than one in five received healthcare services in

Latvia; women significantly more compared to men. Also, men were more prone to receive healthcare services in another country compared to women, but the proportion on average was only 8%.

Table 3 ***Characteristics of the respondents aged <50 years*** *(mean, SD, N, %, p-value for χ2 and t-test)*

Characterizing variables	*All (N=1963)*		*Men (N=896)*		*Women (N=1067)*		P men/women
	n	*%*	*n*	*%*	*n*	*%*	
Currently living							*.115*
Outside Latvia (reference)	*1697*	*86.4*	*764*	*85.3*	*933*	*87.4*	
Mostly outside Latvia	*161*	*8.2*	*86*	*9.6*	*75*	*7.0*	
Alternating between Latvia and another country	*105*	*5.4*	*46*	*5.2*	*59*	*5.5*	
Level of education							*.051*
High (reference)	*70*	*3.6*	*41*	*4.7*	*29*	*2.7*	
Middle	*887*	*46.0*	*409*	*46.6*	*323*	*45.5*	
Low	*971*	*50.4*	*426*	*48.7*	*544*	*51.8*	
Language skills of the country of residence							*.001**
Native speaker (reference)	*452*	*24.3*	*189*	*22.5*	*264*	*25.7*	
Very good or fluent	*689*	*37.0*	*287*	*34.2*	*403*	*39.3*	
Good	*325*	*17.5*	*170*	*20.3*	*155*	*15.1*	
Average	*237*	*12.7*	*107*	*12.8*	*131*	*12.7*	
Poor	*118*	*6.4*	*68*	*8.2*	*50*	*4.9*	
Very poor	*40*	*2.1*	*16*	*2.0*	*23*	*2.3*	
General health							*.051*
Very good (reference)	*298*	*16.8*	*120*	*14.8*	*179*	*18.5*	
Good	*924*	*52.1*	*412*	*51.0*	*512*	*53.1*	
Average	*447*	*25.2*	*227*	*28.2*	*220*	*22.8*	
Poor	*74*	*4.2*	*33*	*4.1*	*41*	*4.2*	
Very poor	*18*	*1.0*	*8*	*1.0*	*10*	*1.0*	
Hard to say	*11*	*0.6*	*8*	*0.9*	*4*	*0.4*	
Days of poor mental health during the last 30-day period (mean, (SD))	*1.95*	*(5.65)*	*1.02*	*(3.59)*	*2.82*	*(6.94)*	*<.001**
Received healthcare services							
In Latvia	*279*	*21.9*	*112*	*18.5*	*166*	*25.0*	*.003**

In the country of residence	*1143*	*89.9*	*546*	*90.0*	*597*	*89.9*	*.528*
In another country	*101*	*8.0*	*61*	*10.0*	*40*	*6.1*	*.006**
Did not receive	*63*	*4.9*	*29*	*4.7*	*34*	*5.1*	*.440*

** P value significant at <.05 level.*

Source: created by the authors.

Multivariate logistic regression (Table 4) was performed in order to assess the association between the received healthcare services during the last five years, days of poor mental health during a 30-day period, gender, country of residence, education level, language skills and general health.

Table 4 ***Multivariate logistic regression for received healthcare services during the last five years among persons 50+ controlled for days of poor mental health during a 30-day period, gender, country of residence, education level, language skills and self-rated general health*** *(OR, 95% CI)*

Variable	**Received healthcare services**		
	In Latvia	**In the country of residence**	**In another country**
	OR (95% CI)	**OR (95% CI)**	**OR (95% CI)**
Days of poor mental health during the last 30-day period	*1.01 (.98-1.04)*	*1.02 (.97-1.07)*	*.98 (.93-1.03)*
Age groups			
>50 (reference)	*1*	*1*	*1*
<50	***.95 (.93-.96)***	***1.03 (1.01-1.06)***	*1.01 (.99-1.04)*
Gender			
Men (reference)	*1*	*1*	*1*
Women	***1.66 (1.18-2.32)***	*.77 (.50-1.18)*	*.79 (.49-1.25)*
Currently living			
Outside Latvia (reference)	*1*	*1*	*1*
Mostly outside Latvia	***2.67 (1.53-4.68)***	***.37 (.19-.71)***	*.63 (.22-1.83)*
Alternating between Latvia and another country	***7.26 (3.70-14.24)***	***.39 (.17-.92)***	*.28 (.04-1.99)*
Level of education			
High (reference)	*1*	*1*	*1*
Middle	*8.05 (.87-74.4)*	*.34 (.42-2.64)*	***.14 (.05-.39)***
Low	***10.2 (1.01-94.6)***	*.64 (.08-5.08)*	***.12 (.05-.34)***
Language skills of the country of residence			

Native speaker (reference)	*1*	*1*	*1*
Very good or fluent	***2.47 (1.52-4.03)***	*1.29 (.69-2.40)*	*.53 (.28-1.02)*
Good	***1.95 (1.10-3.46)***	*.67 (.34-1.33)*	***2.08 (1.08-4.01)***
Average	***3.68 (1.99-6.80)***	***.41 (.20-.83)***	*.75 (.28-2.04)*
Poor	***7.02 (3.39-14.8)***	***.40 (.16-.98)***	*1.92 (.75-4.92)*
Very poor	***15.1 (3.39-59.8)***	*.42 (.09-1.90)*	*.88 (.07-11.1)*
General health			
Very good (reference)	*1*	*1*	*1*
Good	***2.47 (1.52-4.03)***	***2.23 (1.32-3.75)***	***.38 (.22-.68)***
Average	***1.95 (1.10-3.46)***	***4.40 (2.13-9.10)***	***.43 (.21-.88)***
Poor	***3.68 (1.95-6.80)***	*2.74 (.76-9.23)*	*.53 (.15-1.85)*
Very poor	***7.07 (3.38-14.8)***	-	-
Hard to say	***15.1 (3.79-59.8)***	*2.34 (.19-29.0)*	-

*Note: OR = Odds Ratio; 95% CI = 95% Confidence Interval; p value significant at <.001 level (in **bold**).*
Source: created by the authors.

Among those who received healthcare services in Latvia, significant associations were found with age >50 years and women, as well as those who mostly lived outside Latvia or were alternating between Latvia and another country. Moreover, the use of healthcare services in Latvia was strongly associated with low education and non-native language speakers with different level of language skills. Strong associations were also found for all those who did not have very good health.

The use of healthcare services in the country of residence was, on the contrary, associated with age <50 years, living outside Latvia, native language speakers of the country of residence, as well as having good or average self-rated health.

The number of those who received healthcare services in another country was rather small, however, significant associations were found with high education level, good language skills and, seemingly, very good health.

Those who did not receive healthcare services during the last 5 years were excluded from the further analysis due to the low number of cases.

Mental health was not related to healthcare seeking behavior.

Discussion

Our results confirmed the WHO (2018) conclusions that older migrants may experience better mental health under certain circumstances. We can conclude

that those residing outside Latvia seem to experience more advantageous ageing both mentally and socially, that includes even the access to healthcare services ensured by, e.g. sufficient language skills. Other studies suggest that immigrants show a general tendency towards a lower use of health services than native populations and that there are significant differences within immigrant sub-groups in terms of their patterns of utilization (Sarría-Santamera et al., 2016). Older Latvian residing outside Latvia tend to represent second or third migrant generations that are more similar to natives rather than those who have migrated recently. Thus, the trajectories of migration create different prerequisites both in time perspective as well as economically and socially (Kristiansen et al., 2016; Kin et al., 2017).

The main limitation of this study is that it was not possible to measure predisposing health factors. Thus, we were not able to study health selection of the population of Latvian migrants and draw conclusions of contributing factors as it could have been possible in a longitudinal design.

While those rooted in the country of residence experience better social security, there is a relatively new, but strong group represented by well-educated persons living a transnational lifestyle alternating between different countries. Those persons tend to use healthcare services in several countries. In contrast to transnationals, those with lower education and poorer language skills seem to be more dependent on the healthcare of the country of origin (Reine, 2020/2021). Understanding migrants' patterns of accessing healthcare can contribute to more effective policy solutions supporting migrants in the European Union today. Further studies should include information categorizing and evaluating the diversity within the immigrant population.

Acknowledgements

The research was carried out with the financial support of the Latvian Council of Science within the framework of the grant "Research of Welfare and Social Integration in the Context of Liquid Migration: Longitudinal Approach" (No. LZP-2018/1-0042). Part of the study (related to ageing) was performed within the project/agreement No. 1.1.1.2/VIAA/3/19/540 'Challenges of ageing in the Baltic Sea region'.

References

Börsch-Supan, A. (2020). *Survey of Health, Ageing and Retirement in Europe (SHARE) Wave 8. COVID-19 Survey 1* (0.0.1.beta) [Data set]. SHARE–ERIC. DOI: 10.6103/SHARE.W8CABETA.001

Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion Division of Adult and Community Health. (2000). *Measuring Healthy Days Population Assessment of Health-Related Quality of Life.* Atlanta, Georgia: U.S. Department of Health and Human Services Health.

Goldmanis, M. (2015). Statistisko svaru dizains pētījumā "Latvijas emigrantu kopienas". Mieriņa, I. (red.) Latvijas emigrantu kopienas: cerību diaspora (42.-65.lpp.). Rīga: LU Filozofijas un socioloģijas institūts.

Kamperman, A. M., Komproe, I. H., & De Jong, J. T. (2007). Migrant mental health: a model for indicators of mental health and health care consumption. *Health Psychology, 26*(1), 96-104. DOI: 10.1037/0278-6133.26.1.96

King, R., Lulle, A., Sampaio, D., & Vullnetari, J. (2017). Unpacking the ageing–migration nexus and challenging the vulnerability trope. *Journal of Ethnic and Migration Studies, 43*(2), 182-198. DOI: 10.1080/1369183X.2016.1238904

Kristiansen, M., Razum, O., Tezcan-Güntekin, H., & Krasnik, A. (2016). Aging and health among migrants in a European perspective. *Public Health Reviews, 37*(1), 1-14. DOI: 10.1186/s40985-016-0036-1

Ladin, K., & Reinhold, S. (2013). Mental health of aging immigrants and native-born men across 11 European countries. *The journals of gerontology. Series B, Psychological sciences and social sciences*, *68*(2), 298–309. DOI: 10.1093/geronb/gbs163

Mieriņa, I. (2022). Migrantu pašidentifikācija un integrācija mītnes zemēs. No I.Mieriņa (red.), *Latvijas emigrantu kopienas: labklājība un integrācija mūsdienu migrācijas kontekstā.* Rīga: LU Filozofijas un socioloģijas institūts.

Perreira, K.M., Gotman, N., Isasi, C.R., Arguelles, W., Castañeda, S.F., Daviglus, M.L., Giachello, A.L., Gonzalez, P., Penedo, F.J., Salgado, H., & Wassertheil-Smoller, S. (2015). Mental health and exposure to the United States: Key correlates from the Hispanic Community Health Study of Latinos. *Journal of Nervous and Mental Disease*, *203*(9), 670–678. DOI: 10.1097/NMD.0000000000000350

Priebe, S., Sandhu, S., Dias, S., Gaddini, A., Greacen, T., Ioannidis, E., ... & Bogic, M. (2011). Good practice in health care for migrants: views and experiences of care professionals in 16 European countries. *BMC Public Health*, *11*(1), 1-12. DOI: 10.1186/1471-2458-11-187

Reine, I. (2020/2021). Veselības aprūpe Latvijā: kāda ir ģeogrāfijas ietekme uz diasporas izvēli? *Akadēmiskā Dzīve Nr. 56* (2020/2021), 56-61. Pieejams: https://www.apgads.lu.lv/fileadmin/user_upload/lu_portal/apgads/PDF/Akademiska_Dzive/Akademiska-Dzive_56/adz-56-05-Reine.pdf

Sarría-Santamera, A., Hijas-Gómez, A. I., Carmona, R., & Gimeno-Feliú, L. A. (2016). A systematic review of the use of health services by immigrants and native populations. *Public Health Reviews, 37*(1), 1-29. DOI: 10.1186/s40985-016-0042-3

Stuart, G. W., Klimidis, S., & Minas, I. H. (1998). The treated prevalence of mental disorder amongst immigrants and the Australian-born: community and primary-care rates.

International Journal of Social Psychiatry, 44(1), 22-34. DOI: 10.1177/002076409804400103

Yang, F. J. (2019). Is childhood migration a mental health risk? Exploring health behaviors and psychosocial resources as pathways using the cross-sectional Canadian Community Health Survey. *Social Science Research,* 83, 102303. DOI: 10.1016/j.ssresearch.2019.04.016

WHO (2018). *Health of older refugees and migrants. Technical guidance.*