BSc Psychology
Department of Psychology

Mental health of Polish immigrants in Iceland

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Foreword

Submitted in partial fulfilment of the requirements of the BSc Psychology degree, Reykjavik University, this thesis is presented in the style of an article for submission to a peer-reviewed journal.

Abstract

Studies have shown that immigrants face a lot of challenges regarding mental health, social support and employment. This study explores mental health among Polish immigrants. A total of 243 participants, 18 years and older, participated in the study. The data collecting was done through an online questionnaire which included questions about age, gender, the length of living in Iceland, experience with psychological services, social support and mental health. The results revealed that Polish immigrants in Iceland have on average moderate scores in mental well-being, depression, anxiety and stress. However, 50.6% of the participants had stated that their mental health had gotten worse since moving to Iceland. Nearly 32% of the participants had sought psychological support of whom most had done so through the internet with a Polish speaking psychologist. Increased levels of social support were associated with higher mental well-being scores and lower depression, anxiety and stress scores ($p < 0.01$). Those who were unemployed experienced significantly more stress than those employed ($p = 0.038$). This study provides insight into the mental health of Polish immigrants in Iceland and potential influential factors.

Key words: Immigrants, mental health, social support, employment, psychological services

Útdráttur

Fyrri rannsóknir hafa sýnt að innflytjendur standa frammi fyrir áskorunum varðandi andlega heilsu, félagslegan stuðning og atvinnu. Þessi rannsókn skoðar andlega heilsu pólskra innflytjenda á Íslandi. Alls tóku 243,18 ára og eldri, þátt í rannsókninni. Gögnum var safnað með rafrænum spurningalista sem innihélt spurningar um kyn, aldur, lengd búsetu á Íslandi, reynslu af sálfræðiþjónustu, félagslegan stuðning og andlega heilsu. Niðurstöðurnar sýndu að pólskir innflytjendur á Íslandi upplifa, að meðaltali, miðlungs andlega vellíðan, þunglyndi, kvíða og streitu. Samt sem áður töldu 50,6% þátttakenda að andleg heilsa þeirra hafði versnað síðan þeir fluttu til Íslands. Um 32% þátttakenda höfðu leitað sér sálfræðiaðstoðar en flestir höfðu sótt sálfræðiþjónustu í gegnum netið hjá pólskumælandi sálfræðingi. Félagslegur stuðningur reyndist tengjast betri andlegri vellíðan og minna þunglyndi, kvíða og streitu ($p < 0,01$). Aftur á móti upplifðu atvinnulausir þátttakendur marktækt meiri streitu heldur en þeir sem voru starfandi ($p = 0,038$). Þessi rannsókn er sú fyrsta sinnar tegundar meðal pólskra innflytjenda á Íslandi og gefur góða innsýn í andlega heilsu pólskra innflytjenda á Íslandi og mögulega áhrifavalda stöðu hennar.

Lykilorð: Innflytjendur, andleg heilsa, félagslegur stuðningur, vinnumarkaður, sálfræðiþjónusta

Mental well-being of Polish immigrants in Iceland

People move around the world for different reasons (Squires, 2018) and immigrants tend to follow an immigrant network and remake their own communities. That might, amongst other factors, affect their ability to learn the language of their new country and thereby, build a language barrier between them and their new community (Squires, 2018). The language barriers might, for instance, have extensive effects on the provision of healthcare for immigrants as they rarely can get healthcare in their first language. As an example, as of 2018 the largest group of migrants in the United States had Spanish as their first language but only 5% of all nurses in the United States identified as Hispanic or Latino (Squires, 2018). This is not only a problem in the United States but among other nations as well, even smaller ones. For example, in the beginning of 2021, 15.5% of the Icelandic population were immigrants and thereof 35.9% were from Poland (Statistics Iceland, 2021). Iceland had approximately 388 thousand inhabitants as of the beginning of 2023, out of which a little over 23 thousand were Polish immigrants (Statistics Iceland, 2023). In 2023 there was only one registered Polish speaking psychologist in Iceland (Icelandic Psychological Association, 2023). Therefore, over 23 thousand Icelandic residents have very limited access to psychological support in their first language, as only one psychologist in the whole country can give them psychological assistance in their mother tongue.

Given that language barriers can have a negative impact on mental healthcare and healthcare overall (Al Shamsi et al., 2020; Squires, 2018), this also suggests that the language barriers and lack of access to psychological services in your own first language may affect mental health in a negative way.

Mental health

Different factors can affect one's mental health, with social stability being one of them (German & Latkin, 2012). Results from a study on social stability and health showed that higher social stability reduced the risk of mental illnesses. Social stability is a concept summarised out of social integration, housing, employment, social ties, income and more (German & Latkin, 2012). A group that often faces many challenges when it comes to social stability are immigrants and they may, for example, experience underemployment or unemployment due to being historically regarded as a secondary labour force, which may lead to poverty and lower housing standards leading to lower levels of mental well-being, anxiety and depression (Reitmanova & Gustafson, 2009). Social ties or social support is also a part of social stability and findings on the influence of social support, on mental health amongst immigrants and non-immigrants in Canada, showed that mood or anxiety disorders were more likely to be associated with low social support (Puyat, 2012). A study on stressors and barriers for using mental health services, showed that first generation immigrants in the United States reported distress because of difficulty paying for education and housing in addition to distress caused by language barriers (Saechao et al., 2012).

Influence of language

We have a stronger emotional connection to our native language than any foreign language (Caldwell-Harris, 2015). For example, bilingual people could feel less emotional involvement in something that is not in their first language (Caldwell-Harris & Ayçiçeği-Dinn, 2009). The emotional detachment to a second language could therefore affect psychotherapy of the bilingual population (Marcos, 1976).

Al Shamsi et al. (2020) researched the implications of language barriers in healthcare with a systematic review of 14 studies that fulfilled the selection criteria. The studies were conducted in many different countries, both developed and developing, and included a total of 300918 participants. The results of the systematic review showed that language barriers not only lead to misunderstandings between the caregiver and the patient but also decreased their satisfaction, thereby decreasing the quality of the healthcare and the patient's safety. The researchers found that having an interpreter present could increase the satisfaction, the quality of the healthcare, patients' feeling of safety and decrease misunderstandings but, on the other hand, would be more time consuming and costly (Al Shamsi et al., 2020). Ohtani et al. (2015) made a similar systematic review but focused more on psychiatric care.

Ohtani et al. (2015) did a systematic review as Al Shamsi et al. (2020) but focused more on psychiatric care. In their systematic review of 18 studies from four countries (United States, Canada, Australia and the Netherlands), Ohtani et al. (2015) examined language barriers in psychiatric care. Out of the 18 studies, 15 reported that limited language proficiency significantly decreased the frequency of mental health care visits. The review stated that language is a very important factor in healthcare and especially in treatment of psychiatric conditions where the patients and medical staff mostly rely on verbal communication. It was also stated that limited language proficiency might cause a delay in treatment, misdiagnosis or inadequate care (Ohtani et al., 2015).

Saechao et al. (2012) made a study that showed similar results to Ohtani et al. (2015). The study's results found that one barrier of many to getting mental health services was language, that included challenges with locating a professional that speaks the immigrant's native language and limited knowledge of the language spoken in their migration country (Saechao et

al., 2012).

Squires (2018) did research about language barriers between nurses and patients that showed that language barriers affect both healthcare delivery and patient outcomes. In the article she wrote about how language barriers in healthcare increase the risk of many factors. Squires also wrote about possible strategies to overcome these language barriers where the main focus was on language interpreters, in person or through the telephone or a video call. Nurses and patients have expressed dislike for depersonalization of the encounter when getting assistance from an interpreter through the telephone. Squires states that a healthcare provider that speaks the patients first language is the best option (Squires, 2018).

Psychological support

Psychologists can lead therapies to overcome mental struggles like anxiety and depression and therefore improve their quality of life (Clark, 2011; Wahass, 2005). In cases of moderate to severe depression and anxiety, which are the most common mental disorders (World Health Organization, n.d.), a face-to-face therapy with a psychologist is almost necessary and interventions like self-help or computerised therapies are not recommended (Clark, 2011). A systematic review, made on the effectiveness of psychological treatments for depressive disorders in primary care, compared psychological treatment to usual care and concluded that psychological treatment is superior to usual care when treating depressive disorders (Linde et al., 2015). In 2010, more studies began to show the importance of psychological support not only for decreasing or curing mental illness but also focusing on promoting mental well-being (Slade, 2010; van Agteren et al., 2021).

In conclusion, immigrants often have a need for psychological support but may face challenges with seeking or getting it. Research has shown that language barriers, social support

and employment can have a negative impact on mental health. When not getting proper psychological support in, for example, the form of therapies led face-to face by psychologists it might limit the possibility of overcoming mental struggles.

The current study aims to examine the mental health of Polish immigrants in Iceland, their use of psychological services in Iceland and how language barriers may affect it. The hypotheses formulated for this study were: 1) Icelandic language proficiency among Polish immigrants has a positive impact on their mental health. 2) Greater social support has a positive impact on Polish immigrants' mental health. 3) Employed Polish immigrants experience better mental health than the unemployed. 4) Those Polish immigrants who have sought psychological support have better mental health than those who have not.

Method

Research Design

This study was a cross-sectional study where participants answered an online survey at one timepoint. A convenience sample was used as participants were recruited through social media. The independent variables in this research were Icelandic language proficiency, social support, employment of Polish Immigrants in Iceland and their experience with psychological services and the dependent variable was their mental health.

Participants

The inclusion criteria for participants were to be at least 18 years old and to be an Icelandic citizen of Polish nationality. A total of 243 participants participated in the study. Out of 241 84.6% identified as female, 15.4% as male. Additionally, two others participated but did not want to answer what gender they identified as. The decision was made to not include them in the study based on a very low proportion compared to female and male, not knowing their exact

gender identification and therefore their results not being able to represent a gender group as a whole. The average age of the participants was approximately 37 years but varied from 18 to 59. Most of the participants (34%) were between 30 and 35 years old. All participants had Polish roots and 99.6% of them had two Polish parents. Most of the participants (42.7%) had lived in Iceland for three to eight years, the average residence was approximately nine years but varied from under a year to over 20 years. Details about the participants' social support and labour market status can be found in Table 1.

Measures

Participants were first addressed with questions about age, gender, the length of living in Iceland and their experience with psychological services. Then participants were asked about social support with three questions that had been translated from the Oslo Social Support Scale (OSSS-3). Additionally, there were questions about anxiety, depression and stress from the Depression Anxiety and Stress Scale 21 (DASS-21) and questions about mental wellbeing from the short Warwick–Edinburgh Mental Wellbeing Scale (SWEMWBS).

Oslo Social Support Scale

The OSSS-3 includes three questions and was standardised by Kocalevent et al. (2018). The first question is "*How many people are so close to you that you can count on them if you have great personal problems?*" and has the response options "*none*", "*1-2*", "*3-5*" and "*5+*". The second question is "*How much interest and concern do people show in what you do?*" and has the response options "*none*", "*little*", "*uncertain*", "*some*" and "*a lot*". The third question is "*How easy is it to get practical help from neighbours if you should need it*?" and has the response options "*very difficult*", "*difficult*", "*possible*", "*easy*" and "*very easy*". The scoring

range is 3-14 where scores 3-8 are considered poor social support, 9-11 are considered moderate social support and 12-14 are considered strong social support.

The Oslo Support Scale is recommended in studies for epidemiological and population-based surveys (Kocalevent et al., 2018). In the study by Kocalevent et al. (2018) the internal consistency measured α= 0.64 using cronbach's alpha, similarly to this current study which measured α= 0.59.

Depression Anxiety and Stress Scale 21

The DASS-21 questionnaire, designed by Lovibond & Lovibond, was used to measure anxiety, stress and depression (Lovibond & Lovibond, 1995). DASS-21 contains 21 statements which the participants answer on a Likert scale where 0 means *did not apply to me at all*, 1 means *applied to me to some degree, or some of the time*, 2 means *applied to me to a considerable degree or a good part of time* og 3 means *applied to me very much or most of the time*. The participants answered the statements based on feelings during the previous two weeks. An example statement for depression: "*I couldn't seem to experience any positive feeling at all*", for anxiety: "*I was aware of dryness of my mouth*" and for stress "*I found it very difficult to relax*". The sum of scores is found for each sub-scale on their own. As DASS-21 is the shorter version of DASS-42, the results from each sub-scale must be multiplied by two and the score, therefore, can range from zero to 42. Depression scores of 0-13 represent normal to mild depression, 14-20 moderate and scores from 21 and over represent severe to extremely severe depression. Anxiety scores of 0-9 represent normal to mild anxiety, 10-14 moderate and 15 and over represent severe to extremely severe anxiety. Stress scores 0-18 are considered normal to mild, 19-25 moderate and 26 and over severe to extremely severe.

Much research has shown that DASS-21 is a valid scale to measure anxiety, stress and

depression (Antony et al., 1998; Clara et al., 2001; Henry & Crawford, 2005; Zanon et al., 2021). Antony et al. (1998) made research on the psychometric properties of DASS-21 and the results of the research showed that DASS-21 was considered acceptable and even outstanding when it comes to validity. They also showed that DASS-21 distinguishes depression, physical arousal and psychological tension. DASS-21 is also suitable for measuring physical arousal, unhappiness, stress and general distress (Clara et al. 2001; Henry & Crawford, 2005; Zanon et al., 2021). DASS-21 has excellent Cronbach's alpha values of α= 0.81 for depression, α=0.89 for anxiety and α= 0.78 for stress (Coker et al., 2018). The current studies Cronbach's alpha values were α= 0.92 for depression, α= 0.89 for anxiety and α= 0.91 for stress.

Short Warwick–Edinburgh Mental Wellbeing Scale

The SWEMWBS questionnaire is a shorter version of WEMWBS, which was made by Tennant et al. (2007) and measures mental wellbeing. SWEMWBS is a seven-factor questionnaire in which participants answer statements with *none of the time*, *rarely*, *some of the time*, *often* and *all of the time* (Shah o.fl., 2018). An example of a statement: "*I've been feeling useful*". The scoring range is 7-35. Scores 7-19.3 are considered low, 20-27 are considered medium, 28.1-35 are considered high.

Research has shown that SWEMBS is a good way to measure people's general mental wellbeing (Shah et al., 2018; Vaingankar et al., 2017). Vaingankar et al. (2017) researched the validity and reliability on participants with schizophrenia, depression and anxiety disorders and their results showed great reliability and validity of the scale with Cronbach's alpha values of α= 0.89. Shah et al. (2018) also researched the psychometric properties of SWEMWBS and concluded that the scale was suitable to measure general mental wellbeing of a single person and

of a group of people. Cronbach's alpha value for SWEMWBS was measured at $\alpha = 0.88$ in this current study.

Procedure

The application to conduct this study was submitted to the National Bioethics Committee for approval. Once approved the questionnaire was put up in Google forms and was then shared to Facebook and Instagram in February 2024. It was shared on the Facebook groups “Polacy na Islandii” and “Polki na Islandii” which are groups meant for Polish immigrants in Iceland and also on the Instagram profile “polkanaislandii” which is a known Instagram profile among Polish immigrants in Iceland. The questionnaire was also shared through the authors' personal connections. Before the questions, the questionnaire included information about its purpose, the researchers, guidelines for answering the questions and information about data preservation. Additionally, the participants were informed that answering the questionnaire is equivalent to informed consent for participation in the study and about possible access to psychological services, once and at no cost, if they experience any distress while completing the questionnaire.

Data Analysis

The data from the questionnaire was transferred from Google forms to Google sheets and from there to the statistical program SPSS for data analysis. SPSS was used to compute descriptive statistics and correlation, including Pearson's correlation test, between the observed variables. First and foremost between the independent and dependent variables stated earlier. Independent T test and Levene's Test for Equality of Variances was used to compare means.

Results

Descriptive statistics

Descriptive statistics on participants' social support, status on the labour market, their mental health, their Icelandic knowledge, their experience with living and psychological services in Iceland can be seen in Tables 1, 2, 3 and 4.

Table 1 shows information about the participants' social support and employment between genders and in total.

Table 1

Descriptive statistics about Polish Immigrants' social support and employment in Iceland

Gender	Social support					Employed		Unemployed		Students	
	N	*M*	*SD*	*Min*	*Max*	*N*	*%*	*N*	*%*	*N*	*%*
Female	204	8.92	2.10	4	14	181	89.1	20	9.9	2	1
Male	36	7.94	2.34	4	12	33	89.2	3	8.1	1	2.7
Total	240	8.78	2.17	4	14	214	89.1	23	9.6	3	1.3

On average the participants' social support was scored 8.78 which is considered being between poor and moderate. Female participants scored on average higher than the male participants in social support. Most of the participants were employed and working either a full or part time job.

Table 2, located on the next page, shows the levels of well-being amongst the participants, between genders and in total.

Table 2

Mental well-being among Polish Immigrants in Iceland

Gender	Mental well-being				
	N	*M*	*SD*	*Min*	*Max*
Female	200	23.58	5.05	11	35
Male	37	22.70	5.73	10	33
Total	237	23.44	5.16	10	35

The participants' mean score for mental well-being was 23.44, which is considered to be on a medium level.

Table 3 shows depression, anxiety and stress amongst the participants, between genders and in total.

Table 3

Depression, Anxiety and Stress scores among Polish immigrants in Iceland

Gender	Depression					Anxiety					Stress				
	N	*M*	*SD*	*Min*	*Max*	*N*	*M*	*SD*	*Min*	*Max*	*N*	*M*	*SD*	*Min*	*Max*
Female	192	14.76	10.94	0	42	195	12.52	10.72	0	42	194	17.77	10.81	0	42
Male	36	17.22	12.70	0	42	36	13.17	12.15	0	40	35	17.66	11.18	0	38
Total	228	15.15	11.24	0	42	231	12.62	10.93	0	42	229	17.76	10.84	0	42

The participants' mean score was 15.15 for depression, 12.62 for anxiety and 17.76 for stress. All of those scores are considered to be moderate. Female participants scored higher in mental well-being and stress while male participants scored higher in depression and anxiety. However, an independent sample t-test revealed that none of the gender differences, in mental well-being, depression, anxiety and stress, proved to be significant ($p > 0.05$). The standard deviation in

depression, anxiety and stress was high which means that there was a wide range of dispersion in the scores. As shown in Table 3 the average scores in all three factors of DASS-21 were on a moderate level but Table 4 shows that proportionally, the lowest percentage of participants fell into that category. More participants experienced severe to extremely severe depression, anxiety and stress than moderate.

Table 4

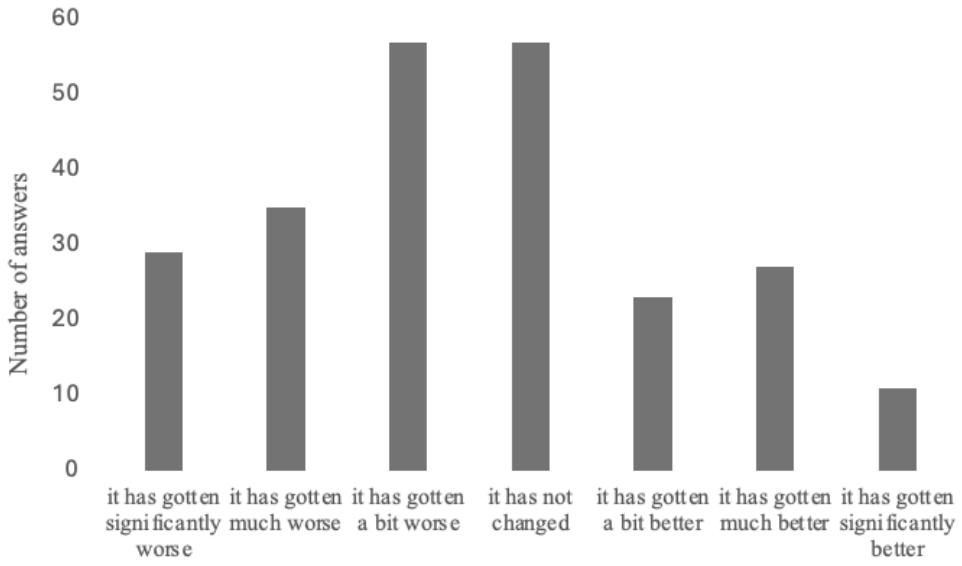
Polish immigrants' in Iceland distribution in DASS-21 scores

	Normal - Mild	Moderate	Severe - Extremely severe
Depression	43.9%	24.2%	31.9%
Anxiety	48.1%	13.9%	38.0%
Stress	53.3%	18.8%	27.9%

The participants were asked if their mental health had changed since moving to Iceland and if so, how it had changed and the results are displayed in Figure 1 on the next page.

Figure 1

Change in mental health among Polish immigrants since moving to Iceland



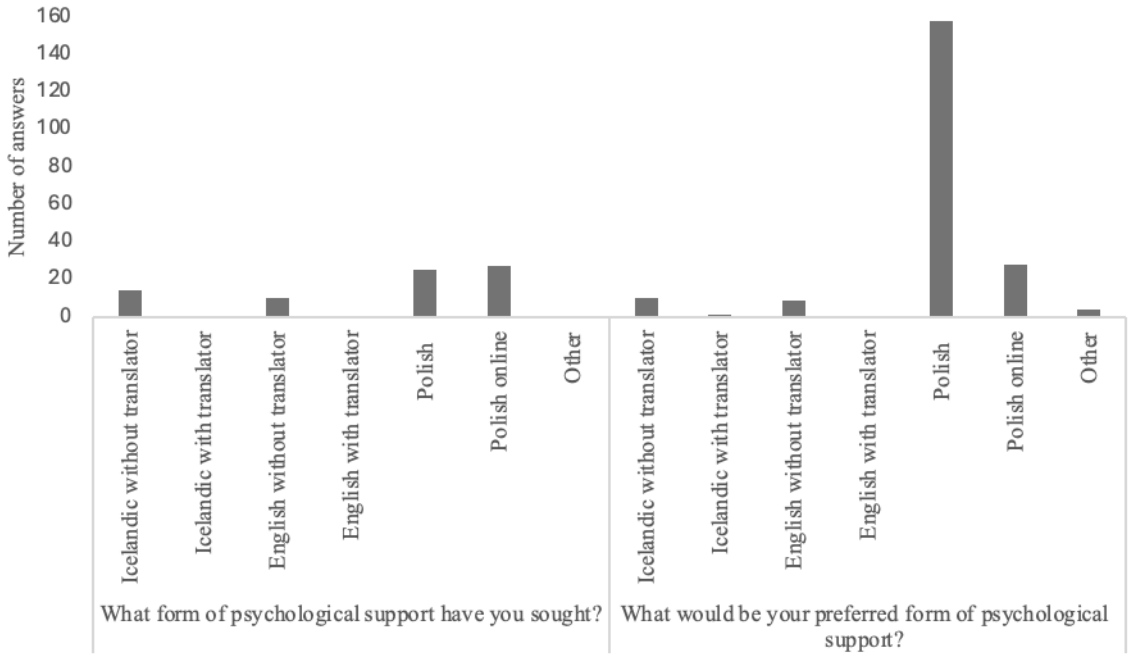
Overall, participants' mental health had worsened since moving to Iceland where more than half (50.6%) stated that their mental health had gotten worse, whereof 12.1% answered that their mental health had gotten significantly worse since moving to Iceland. On the other hand, 23.8% of participants said their mental health had not changed since moving to Iceland and 25.6% stated that it had gotten better, whereof 4.6% said that it had gotten significantly better.

This study also investigated the participants' experience with psychological support, potential language barriers in seeking such support and therefore the language barriers effects on mental well-being. Around 32% of participants had sought psychological support since moving to Iceland, of those, 90.8% were female and 9.2% male. Most of the participants (86.8%) who had sought psychological support had done so during the last four years.

Figure 2, on the following page,illustrates the forms of psychological support participants had sought and the forms they were inclined to seek in the future.

Figure 2

Forms of psychological support sought and preferred by Polish immigrants

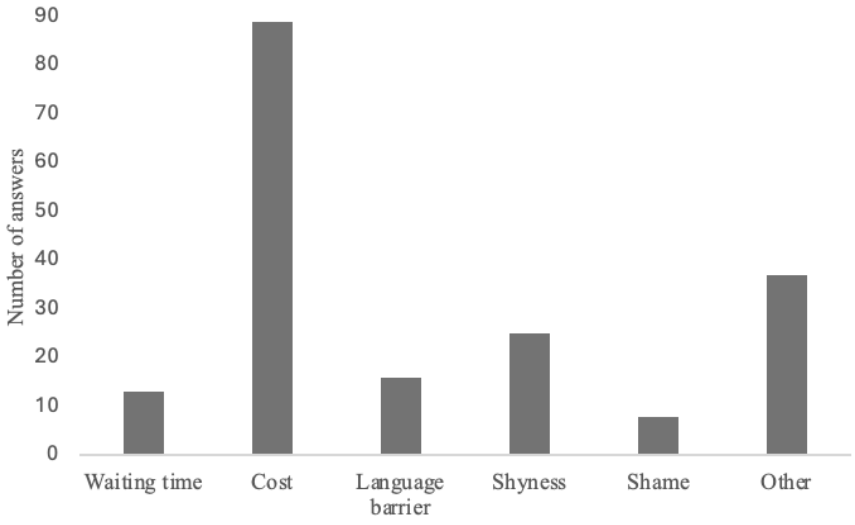


As seen in Figure 2 the most used form of mental health care by Polish immigrants in Iceland were services offered by Polish speaking psychologists via the internet, such as through skype, zoom or facetime, and the next most used form was face-to-face counselling with a Polish speaking psychologist. Out of 76 participants that had received psychological support, 25 had been to counselling with a Polish speaking psychologist based in Iceland. Although participants were open to getting psychological support via the internet, up to 75% said they would most likely choose mental health services face-to-face with a Polish speaking psychologist. No one had sought or wished to seek psychological services with a translator.

Figure 3, on the following page, shows what factors participants considered to have been keeping them from seeking psychological services.

Figure 3

Obstacles for seeking psychological support among Polish immigrants in Iceland



Most of the participants stated that the cost of a session with a psychologist was their biggest reason for not seeking psychological support. When asked about their proficiency in Icelandic, 23.7% of the participants said it was good or very good, 22.9% said it was average and 53.4% said it was bad, very bad or none.

Out of the total number of participants 89.1% were working either part time or full time, 1.3% were students and 9.6% were unemployed. Table 5 shows the mental health scores between the employed and unemployed.

Table 5

Mental health scores between employed and unemployed Polish immigrants in Iceland

	Mental well-being	Depression	Anxiety	Stress
Employed	23.59	14.67	12.36	17.66
Unemployed	20.78	21.45	17.27	20.45

The unemployed scored on average lower on mental well-being and higher on depression, anxiety and stress which indicates that unemployed individuals experienced worse mental health outcomes than employed individuals.

Table 6 shows the difference between the mental health of those who have sought psychological support and those who have not.

Table 6

Mental health between Polish immigrants in Iceland who have and have not sought psychological support

	Mental well-being	Depression	Anxiety	Stress
Have	22.29	17.83	15.08	20.50
Have not	24.00	13.83	11.46	16.46

Those who have sought psychological support scored on average lower in the mental well-being and higher in depression, anxiety and stress which indicates that those who have sought psychological support experience on average worse mental health than those who have not.

Inferential statistics

A Pearson correlation analysis was conducted between Icelandic knowledge, social support and the four mental health factors to test the hypotheses on Icelandic proficiency and social support having a positive impact on Polish immigrants mental health. Table 7, on the next page, displays the results.

Table 7

Correlation between Icelandic knowledge of Polish immigrants in Iceland and their mental state

	Mental well-being	Depression	Anxiety	Stress
Icelandic knowledge	0.580	-0.370	-0.001	-0.016
Social Support	0.483**	-0.506**	-0.382**	-0.369**

**= $p < 0.01$

The correlation was moderate and positive between Icelandic knowledge and mental well-being, moderate and negative between Icelandic knowledge and depression and very low and negative between Icelandic knowledge and on one hand, anxiety and on the other, stress. These correlations were, however, insignificant ($p > 0.01$). However, table 7 also shows a relationship between social support and the mental state factors. The participants' social support was poor to moderate as seen in Table 1. Table 7 reveals that the correlation between social support and mental well-being was moderate and positive and the correlation between social support and depression, anxiety and stress were all moderate and negative. This means that increased levels of social support were associated with higher mental well-being scores and lower depression, anxiety and stress scores ($p < 0.01$). This suggests that individuals with better social support showed better mental health outcomes.

To test the hypothesis on employed Polish immigrants experiencing better mental health than the unemployed, a Levene's Test for Equality of Variances was conducted and led to the results that the differences between the employed and unemployed in mental well-being, depression and anxiety were insignificant as the *p*-value was more than 0.05. However, the test also revealed that those who were employed experience significantly less stress than those who were unemployed ($p = 0.038$)

A Levene's Test for Equality of Variances was also conducted to test the hypothesis on those Polish immigrants that had sought psychological support having better mental health than those who had not, revealed that the difference between these groups were insignificant as the *p*-value was higher than 0.05.

Discussion

This study aimed to explore the mental health of Polish immigrants in Iceland. The hypotheses put forward were four: 1) Icelandic language proficiency among Polish immigrants has a positive impact on their mental health. 2) Greater social support has a positive impact on Polish immigrants' mental health. 3) Employed Polish immigrants experience better mental health than the unemployed. 4) Those Polish immigrants who have sought psychological support have better mental health than those who have not.

The main results of the current study showed that there was no relationship between Icelandic language proficiency and mental health. However, there was a significant relationship between social support and mental health where higher social support showed better mental health. Additionally, the results showed that employed participants had significantly lower stress levels compared to unemployed participants. Lastly, there was no significant difference in mental health of Polish immigrants depending on if they had sought psychological support or not.

The first hypothesis of the current study was that Icelandic proficiency among Polish immigrants has a positive impact on their mental health. The results did not show any significant correlation between these two factors and did, therefore, not align with previous studies whereas previous studies stated that language barriers can lead to decreased or worse psychological support and therefore lead to worse mental health (Al Shamsi et al., 2020; Ohtani et al. 2015; Saechao et al., 2012). Squires (2018) stated that the best option for patients in healthcare was to get service in their own native language, although research done by Saechao et al. (2012) revealed that immigrants meet challenges with locating a professional that speaks their native language, which might be the case with Polish immigrants in Iceland as there is only one

registered Polish speaking psychologist in the whole country (Icelandic Psychological Association, 2023).

The second hypothesis was that social support has a positive impact on Polish immigrants' mental health. The results showed that those with better social support did, in fact, experience better mental health, similarly to previous research which concluded that higher social support leads to better mental health (Puyat, 2012). The participants' social support was considered poor to moderate and their mental health moderate which also gives some clues about the relationship between these factors. Social support is a part of social stability as is employment. Which leads us to the third hypothesis of this current study.

The third hypothesis stated that employed Polish immigrants experience better mental health than the unemployed. The results showed that the unemployed participants experienced significantly more stress than those employed. Based on previous research, unemployment can cause decreased mental health and immigrants usually face challenges with under- or unemployment (German & Latkin, 2012; Reitmanova & Gustafson, 2009).

The fourth and last hypothesis was that those Polish immigrants who had sought psychological support experience better mental health than those who have not, however, the results showed no difference between the mental health of those who had sought psychological support and those who had not. Psychological therapies help with mental disorder symptoms and increase mental well-being and face-to-face therapies seem necessary for treating moderate to severe depression and anxiety (Clark, 2011; Wahass, 2005). Many of those who had sought psychological services had done so via the internet and not face-to-face which, based on former research, might at least partly explain the different results.

The current study had its strengths and limitations. High participation was one of the advantages of this study, as higher engagement increases the reliability, validity and applicability of a study. Standardised questionnaires were used in this study which brought quality to it. The gender ratio counts as a disadvantage to the study as most of the participants were women. Eliminating the two participants from the study that did not want to answer what gender they identified as, can be counted as a weakness and can be considered ethically wrong. A disadvantage to this study is also that it did not reveal cause and effect, only the relationship of factors. Exploring cause and effect between the factors investigated in the study holds promise for future exploration, additionally, could lead to finding a proper way to increase mental health.

Further research could be done on why the mental health of this group is on average not better than moderate. In continuation of this study it would be possible to analyse the difference in mental health between participants who used different types of psychological support or analyse the correlation between Icelandic proficiency and mental health between those who experienced normal-mild depression, anxiety and stress and those who experienced severe-extremely severe depression, anxiety and stress. It would also be good to investigate the mental health of Polish immigrants in Iceland in comparison to non-immigrants or in comparison to immigrants from other nations in Iceland.

To conclude, this study touched on important issues of a big part of the Icelandic community. Polish immigrants in Iceland do not experience great mental health and many of them feel that their mental health has gotten worse since moving to Iceland. This study provides insights into the importance of ensuring social support and stability to increase the mental health of Polish immigrants in Iceland and immigrants overall.

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