A MULTI-METHOD DISSERTATION: EXPLORING THE INTERSECTIONS OF IMMIGRANTS AND REFUGEES; EMPLOYMENT, UNEMPLOYMENT, AND UNDEREMPLOYMENT; AND MENTAL HEALTH

by

LINDSEY DISNEY

(Under the Direction of Larry Nackerud)

ABSTRACT

Objective: The United Nations reported that in 2017, 258 million people were living in a country other than where they were born. The United States has the largest number of international immigrants by country at approximately 50 million. Refugees are a subset of the immigrant population, and approximately 3 million refugees have been admitted to the United States for resettlement since 1980. Meanwhile, mental health negatively affects approximately 44 million people in the United States each year. And, unemployment affected 6 million people in the United States in January 2019. There is a need for research efforts to understand the intersections of employment and mental health issues for the U.S. immigrant population, especially given the large number of international migrants living in the U.S. This dissertation study seeks to explore and answer the following overarching research questions through three individual studies: (1) What is known from the refugee literature about mental health, employment, unemployment, underemployment, and the inter-relationship between refugee mental health and employment issues? (2) What are the educational and vocational experiences

of college-educated Iraqi refugees living in the U.S., many of whom find themselves underemployed? (3) Over time, are immigrants who become unemployed or remain unemployed, more likely to have mental health problems than immigrants who become employed or remain employed? ***Methods:*** Three different methodologies are used in this dissertation: literature review, qualitative (interviews), and quantitative (logistic regression). The literature review provides a practice-based introduction to the literature on refugee employment and refugee mental health. The qualitative study consists of twelve interviews with college-educated Iraqi refugees about their experiences of employment in the U.S. and the impact of employment on resettlement and life satisfaction. The quantitative study utilizes bivariate and multivariate analysis to examine the relationship between employment and mental health for the U.S. immigrant population, using the NESARC dataset. ***Results:*** Findings from each study will be presented in each corresponding chapter. ***Conclusion:*** The relationship between immigrant mental health and employment is discussed. Implications for social work practice, education, research, and policy from the three studies will be presented.

INDEX WORDS: Immigrants, Refugees, Mental Health, Employment, Unemployment, Underemployment, Intersectionality

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DEDICATION

To my girls, Frida, Clara, and Isadora.

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After five years of doctoral studies, writing this page of thanks is the finishing touch on my dissertation. I would like to reflect on the people who have supported me and helped me get to this point.

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CHAPTER 1

INTRODUCTION AND LITERATURE REVIEW

I became interested in issues related to immigrants, refugees, work, and mental health from my professional and personal backgrounds. I have worked in immigrant communities since 2005. I was living near the Fort Lee, New Jersey area at the time and for three years spent my Sundays teaching Sunday School and English to recently migrated Korean youth. I was impressed with the work ethics and aspirations of the parents, many of whom worked long hours in difficult jobs as they tried to get established in the U.S.. It was also evident that the workloads put strain on the families.

After graduate school, I found myself working in Clarkston, Georgia, a town nicknamed "Ellis Island of the South" (Shaer, 2017). This time my role was as a clinical social worker. I heard first hand the toll that employment issues had on my clients' mental health. I had gotten married, and my husband was an immigrant who held a law degree from his country, but being unable to use his degree in the U.S., was working as a mechanic. Thus, it was from both my professional and personal life that I became increasingly interested in the intersections of immigrants, refugees, mental health, and employment issues.

Rationale for Dissertation Study

The United Nations (2018) reported that in 2017, 258 million people were living in a country other than where they were born. The United States has the largest number of international immigrants by country at approximately 50 million (United Nations,

2018). Refugees are a subset of the foreign-born population with unique characteristics compared to the general immigrant population. According to the United Nations (1978), a refugee is someone who was forced to flee his or her country due to a well-founded fear of persecution, war, or violence. In 2017, 68 million of the 244 million international immigrants were estimated to be refugees (United Nations, 2018). Since the Refugee Act of 1980 was signed, about 3 million refugees have been admitted to the United States for resettlement (Krogstad & Radford, 2016). At the time of this dissertation, refugee admittance policies in the U.S. have been constricted, despite an increase in persons who find themselves in situations that force them to become refugees (Pierce & Selee, 2017).

Meanwhile, mental health negatively affects approximately 44 million people in the United States each year (Any Mental Illness, 2017). The negative consequences of untreated mental illness are numerous and include diminished life satisfaction, risk of suicide, and an estimated economic cost of $193.2 billion (Any Mental Illness, 2017). And, unemployment affected 6 million people in the United States in January 2019 (U.S. Department of Labor, 2019). The negative consequences of unemployment are also numerous and include harm to the economy (Hout, Levanon, & Cumberworth, 2011), financial distress for the individual and the individual's family (Brand, 2015), and a decline in physical health and mental health (Linn, Sandifer, & Stein, 1985). There is a need for continued research efforts to understand the intersection of employment and mental health issues for the U.S. immigrant population, especially given the large number of international migrants living in the U.S. (Mousa, 2018).

The timing for this study in the context of U.S. sociopolitics is relevant and important. Discussions about immigrants and refugees have become increasingly

politicized since the campaign and election of the current president (Drews, 2018, Inglehart & Norris, 2016; Meacham, 2018). This increase in pluralism and nationalism has been well-documented in the literature (Gusterson, 2017; Inglehart & Norris, 2016). I have also felt the shift of the winds as a professional working with immigrants and refugees. For example, when I first started working with the refugee population, almost no one knew what a refugee was. The conversation would go as follows. I would explain what makes someone a refugee. After explaining, I would receive statements of admiration, commending me on my benevolent work. Starting around 2015, the usual exchange started to change. With only a brief mention of "refugee," the other party would become emotionally charged, quickly stating his or her political stance on U.S. refugee policy. And, regardless of the other person's stance, the conversation would usually go on to reveal that the other person held inaccurate information about who is a refugee and what is current U.S. refugee policy.

This is an illustration of why there is a current need for fact-based understanding of the employment and mental health issues that immigrants and refugees in the U.S. are experiencing. The literature review and the quantitative studies aim to address the "lay of the land" and increase fact-based knowledge for social workers who may have clients who are immigrants or refugees. There is also a need to humanize the foreign-born person, which the qualitative study in particular aims to do.

Further, the meaning of citizenship has been changing since the rise of globalization and technology (Abrahamian, 2015; Croucher, 2018). Traveling to another country, authorized (for the wealthy) or unauthorized (for the poor), is a possibility (Abrahamian, 2015). A. Abrahamian, author of *The Cosmopolites: The Coming of the*

Global Citizen, journalist, and citizen of three countries and resident of a fourth writes that border walls are more symbolic than real (2019). While this study does not seek to address the meaning of citizenship, it is relevant to place this study in its context – a context of global social and political uncertainty about what it means to be an immigrant, or a refugee, in a world that has less clear state boundaries.

The focus of the research in this dissertation is on the intersection of refugees and immigrants in the U.S.; mental health; and employment, unemployment, and underemployment. Three distinct methodologies are used –literature review, qualitative, and quantitative – to explore the areas of interest from a particular method of inquiry. The result is a five chapter, three manuscript dissertation. Chapter 2 through 4 each includes a study that hones in on a specific question or questions related to mental health; refugees and immigrants; and employment, unemployment, and underemployment. Each chapter ultimately seeks to answer a question or questions in a way that is humanitarian, adds to the knowledge base, and has a practice-based benefit.

Literature Review

The literature review was achieved by searching the electronic library at a major university (University of Georgia) and using key words relevant to each study (i.e. immigrant, refugee, mental health, employment, unemployment, and underemployment). Literature that focused on the population of interest and were scholarly was included. The reference lists from high quality articles were also used to further identify relevant research articles (Booth, Papaioannou, & Sutton, 2012; Holosko, 2006). The relationship between unemployment and mental health is well documented in the literature (Burnett-Zeigler et al., 2013; Cowell, Luo, & Masuda, 2009; Popovici & French, 2013;

Zabkiewicz 2008). Employment positively affects mental health (Park, Chan, & Williams, 2016), and unemployment negatively affects mental health (Caicedo & Van Gameren, 2016; Chang et al., 2013; Popovici & French, 2013). This dissertation is interested in issues of employment and mental health specifically in the immigrant and refugee populations. The following are brief overviews of the literature on immigrants and mental health; immigrants and employment; refugees and mental health; and, refugees and employment.

Immigrants and Mental Health

Foreign-born persons are less likely than native-born persons to experience mental health disorders – a phenomenon called the "healthy immigrant effect" (Cunningham, Ruben, & Narayan, 2008). However, there are some subgroup exceptions within the general immigrant population, such as refugees who are more likely to have trauma-based mental health disorders than the general population (Fazel,Wheeler, & Danesh, 2005). Additionally, immigrants have migration-related and legal status-related stressors that can negatively impact mental health, and which are unique from the general U.S. population (Kirmayer et al., 2011).

Immigrants and Employment

The U.S. Department of Labor (2018) reported that the foreign-born unemployment rate in 2017 was 4.1 percent, compared to 4.4 percent for the native-born population. Immigrants in the workforce are less likely to have higher education degrees compared to the general U.S. population. However, underemployment affects nearly 2 million immigrants, and is a waste of skills and unrealized tax revenue – with an estimated loss of $39.4 billion in annual, taxable income (Batalova, Fix, & Bachmeier,

2016). Additionally, immigrants historically have fared worse during times of recession than native Americans (Jamil, Fakhoury, Yamin, Arnetz, & Arnetz, 2016; Papademetriou & Terrazas, 2009).

Refugees and Mental Health

According to the United Nations, a refugee is someone who was forced to flee his or her country due to a well-founded fear of persecution, war, or violence (1978). Refugees have undergone incredibly devastating and traumatic events by the time they have reached the U.S. for resettlement. Given their reasons for fleeing their homelands, and the migration journey to their final host country, it is not surprising that refugees have higher rates of Post Traumatic Stress Disorder (PTSD), Major Depressive Disorder (MDD), and Somatic Disorders than the general population of the host country where they are resettled (Fazel et al., 2005; Hocking, Kennedy, & Sundram, 2015).

Refugees and Employment

Refugee resettlement programs prioritize employment in their funding and case management of new arrivals. As a result, approximately 50% of refugees to the U.S. are employed and financially independent within eight months of arriving to the U.S. (Fix, Hooper, & Zong, 2017). Rates of employment for refugees are overall higher than the general U.S. population, with refugee men having higher rates (67% versus 62%) than U.S.-born men and refugee women having the same rate (54%) as U.S.-born women (Capps et al., 2015). However, the refugee population in the United States is comprised of sixty-four nationalities, and national level data does not accurately reveal the employment difficulties that certain nationalities or subgroups may face (Capps et al., 2015). For example, Burmese, Iraqis, and Somalis have higher rates of unemployment

than U.S. natives (Capps et al., 2015). And refugees with poor English abilities are more likely to be unemployed than refugees who speak English well (Waxman, 2001). There is also research supporting that refugees have higher unemployment rates than immigrants from the same origin country (Jamil et al., 2016; Jamil, Aldhalimi, & Arnetz, 2012). Lastly, rates of underemployment are higher for some refugee groups than for the general U.S. population (Fix et al., 2017).

Dissertation Methodologies

Three different methodologies are used in this dissertation: literature review, qualitative, and quantitative. Each methodological approach provides a distinct advantage (Hussein, 2015). The literature review provides a synthesis of the studies that exist, making connections between the studies for a practice-based read. The qualitative study provides a close-up look at one specific group of immigrants: college-educated Iraqi refugees to the U.S.. The quantitative study provides a bird's eye view of the relationship between employment and mental health for the U.S. immigrant population. There is a combined contribution of having three distinct methodologies to examine one topic, and my hope is that the reader will finish this dissertation with a better all-around understanding of the intersections of immigrants, mental health, and employment (Hussein, 2015; Thomas, 2015).

Theoretical Underpinnings in Dissertation

Phenomenology and social constructionism were the theoretical underpinnings in this dissertation's qualitative study (see Chapter 3). Phenomenology is the philosophy that there is something shared (a "phenomena") by those who have an experience in common (Creswell, 2012). Social constructionism (Creswell, 2012) is the philosophy that

people use culture, history, and language to makes sense of their experiences, which, thus, results in differences in any shared experience. While there are multiple definitions and interpretations of both phenomenology and social constructionism (Creswell, 2012), my thinking was in line with Crotty (1998) and other researchers (Reeves, Albert, Kuper, & Hodges, 2008; Young & Collin, 2004) who believe that phenomenology and social constructionism are compatible and together provide a holistic theoretical foundation for a qualitative study. I believed that the qualitative data would reveal both the commonly shared "essence" of the lived experience, and, also differences among those who had similar experiences.

Intersectionality - the concept that multiple areas of oppression in one's life have a compounding negative effect (Acevedo-Garcia, & Almeida, 2012; Phoenix, 2006; Viruell-Fuentes, Miranda, & Abdulrahim, 2012) is a guiding framework for the entire dissertation, and is discussed in detail. While reading each study, the reader might consider how statuses of gender, ethnicity, immigration situation, and religious orientation intersect with issues of employment and/or mental health.

Structure of Dissertation

This dissertation is separated into five chapters, beginning with this introductory chapter. Chapters 2, 3, and 4 each report one of the three studies, and each of these three chapters includes a study-specific introduction and literature review, methodology (data collection and data analysis), results, discussion and implications, and conclusion. Chapter 5 provides a conclusion to the dissertation. References and appendixes are located at the end of each chapter.

The following is a brief overview of the three studies presented in Chapter 2, 3, and 4. Please see Chapters 2, 3, and 4 for a full description of each study.

Overview of Chapter 2: Mental Health and Employment among Resettled Refugees: What Social Workers Need to Know

Chapter 2 will provide overviews of refugee mental health and refugee employment with a specific focus on the inter-relationship between refugee mental health and employment. The literature was reviewed to determine:

1. prevalence rates of mental health disorders in refugee populations
2. barriers to mental health treatment
3. effective treatment interventions for refugee populations
4. prevalence of unemployment
5. barriers to adequate employment
6. issues of underemployment.

I also reviewed the reciprocal relationship between employment and mental health, that is, the effects of employment on mental health as well as the effects of mental health on employment. Lastly, implications and recommendations are outlined for social work practice. The results from this study provide a practice-oriented introduction to issues in refugee mental health with a specific focus on the effects of employment.

Overview of Chapter 3: A Qualitative Study of the Employment Experiences of College-educated Iraqi Refugees in the U.S.

Chapter 3 is a qualitative study that explores the educational and vocational experiences of college-educated Iraqi refugees living in the U.S., many of whom find themselves underemployed. The purpose of this research was to:

1. Explore Iraqi refugees' experiences of employment in the U.S.
2. Explore the impact of employment on Iraqi refugees' resettlement in the U.S.
3. Explore the impact of employment on Iraqi refugees' life satisfaction
4. Contribute to the knowledge base on the experiences of refugees in the United States.

Participants were interviewed following human subjects review and approval using a semi-guided interview guide, and the interviews were audio recorded and then transcribed. The interview guide included questions aimed at understanding the participants' employment experiences in the U.S., and how those experiences affected their resettlement and life satisfaction. The data was analyzed using Themeing the Data (Saldana, 2016), with the philosophies of phenomenology and social constructionism guiding the analysis (Bogdan & Biklen, 1997; Padgett, 2008). Two overarching themes were identified in the data:

1. College-educated Iraqi refugees resettled in the U.S. present a complex picture of both gratitude for their personal and family safety, and pain and frustration over the loss of their former professional status and satisfaction; and
2. College-educated Iraqi refugees resettled in the U.S. describe a common framework for making short-term and long term employment and education decisions post-resettlement.

This study will help the reader to better understand the lived experience of the college-educated Iraqi refugee. This study will also shed light on services that this highly-trained group of refugees may need in order to resettle successfully in the U.S.

Overview of Chapter 4: The Impact of Employment on Immigrant Mental Health: Results from National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)

Chapter 4 presents the full research methods and findings from the study, *The Impact of Employment on Immigrant Mental Health: Results from National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)*. Data was from the three-wave, nationally representative National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). This study sought to answer the following research question: "Over time, are immigrants who become unemployed or remain unemployed, more likely to have mental health problems than immigrants who become employed or remain employed?"

Descriptive and cross-tabulations were examined, followed by complex samples multivariate logistical regression analysis. Four independent regression models were run, each with one of the four mental health measures - Generalized Anxiety Disorder (GAD), Post Traumatic Stress Disorder (PTSD), Major Depressive Disorder (MDD), and Alcohol Abuse Disorder and/or Alcohol Dependence Disorder (AAD). The logistic regression analyses examined whether the main effects of a negative employment status were associated with a mental health diagnosis at Wave 2, when controlling for other sociodemographic measures.

Negative employment status was a significant predictor of all mental health diagnoses in the multivariate logistic regression models. Participants were twice as likely to have GAD if they reported a negative employment status ($OR=1.96$, $p<.01$). And, participants who reported a negative employment status were 1.25 times more likely to have PTSD ($p<.01$), and 1.5 times more likely to have MDD ($p<.01$). Participants with a negative employment status were about half as likely to have Alcohol Abuse Disorder or Alcohol Dependence Disorder ($OR=0.48$, $p<.01$).

This study seeks to better understand the relationship between employment status and mental health among a sample of immigrants to the U.S., particularly whether immigrant mental health changes over time, based on employment status.

Conclusion

The main objective of this dissertation is to expand what is known about immigrants and refugees in the U.S.; mental health; and employment, unemployment, and underemployment. My hope is that the studies in this dissertation will also serve to humanize the immigrant or refugee, and generate discussions about how to improve both the employment and mental health of these populations, both for the sake of the individuals and also for the betterment of U.S. society in general. Results from these studies can be utilized to guide social work practitioners, inform social work policy, and teach social work students.

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CHAPTER 2

MENTAL HEALTH AND EMPLOYMENT AMONG RESETTLED REFUGEES: WHAT SOCIAL WORKERS NEED TO KNOW

To be submitted to *Research on Social Work Practice*

[1]

Abstract

This paper provides an overview of refugee mental health and employment status with a specific focus on the how these factors are interrelated in U.S. resettled refugee populations. Effective refugee mental health interventions, prevalence rates of mental health disorders among refugees, and barriers that limit refugees' access to mental health treatment are identified and reported. An introduction to employment issues is also reported and includes prevalence rates of unemployment and underemployment, and barriers to refugee employment. This study provides a practice-oriented introduction to refugee mental health with a specific focus on the effects of employment status. Implications are outlined for social work practice.

INDEX WORDS: Refugee; Mental health; PTSD; Employment; Underemployment; Social work; Resettlement

Introduction

Social workers practicing with refugee communities resettled in the U.S. have historically needed to choose between (1) a clinical- or trauma-focused practice and (2) a case management or social adjustment-focused practice (Miller & Rasmussen, 2014; Miller & Rasmussen, 2010). However, more recently, scholars are arguing that refugee populations require a more holistic approach that combines individual mental health treatment *and* the case management services that support successful resettlement (Engstrom & Okamura, 2004; Miller & Rasmussen, 2010; Miller & Rasmussen, 2014). This review focuses on how a refugee's employment status can impact his or her mental health (and vice versa), and provide evidence supporting the need for the holistic social work model in refugee services.

In order to make this argument, an introduction to refugee mental health is first provided which: (1) addresses the prevalence rates of mental health disorders in resettled refugee populations; (2) names the barriers that prevent refugees from successfully accessing mental health treatment; and (3) identifies treatment interventions that are being used effectively with refugee populations. Next, an overview of refugee employment issues is provided, with a specific focus on unemployment, underemployment, and the barriers to adequate employment. The reciprocal nature of the relationship between mental health and employment is highlighted in order to unpack the various ways in which employment and mental health impact one another in resettled refugee populations. Lastly, we outline implications and recommendations for social workers in clinical, policy, researchers, and refugee resettlement roles.

An Overview of Refugee Mental Health

Refugees, by definition, have experienced extreme stress by the time they reach the U.S. for resettlement. A refugee, according to Article 1 of the *1951 Convention Relating to the Status of Refugees*, is an individual, who

> owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.

As is suggested by the definition, before fleeing their countries of origin, refugees may well have experienced human rights violations, including war, mass violence, persecution, family separation, torture, and rape. Certainly, the experience of persecution—and/or the fear of it—underlies the refugee experience. Also, before being resettled in the US (or in any of the resettlement countries), refugees are required to have taken up residence in a second country (often in a refugee camp) where they requested, waited for, and ultimately received their refugee papers from the United Nations. Many refugees linger for long periods before being resettled: In 2017, the UN High Commission for Refugees (UNHCR) estimated that refugees wait an average of 26 years to have their cases resolved (UNHCR, 2017). At the end of 2017, there were 19.9 million refugees who had been identified around the world of whom fewer than one per cent were resettled that year (UNHCR, 2018).

Thus, by definition, resettled refugees have experienced migration to at least one other country on their way to their final destination. Their experiences in that second country may also have been traumatic, as violence, especially against women and

children, are serious concerns in refugee camps (Lischer, 2015). When experts conceptualize refugee mental health, they think of the continuum of the refugee's experience: *pre-migration* in the home country; *migration* as the refugee fled home and sought initial refugee; and *post-migration* in the resettlement country (Bhugra & Jones, 2001). Mental health concerns may originate in any of these stages (Kirmayer et al., 2011).

Prevalence of Mental Health Disorders in Refugee Populations

Given their histories of trauma and dislocation, it is unsurprising that refugees have higher rates of mental health issues than the general populations in the host countries where they are resettled (Fazel, Wheeler, & Danesh, 2005). Refugee populations have high rates of post-traumatic stress disorder (PTSD), major depressive disorder (MDD), as well as somatic disorders (Fazel et al., 2005; Hocking, Kennedy, & Sundram, 2015). In systematic review of psychiatric research on nearly seven thousand refugees living in Western countries, the prevalence PTSD was found to be nearly ten times as high as that of non-refugees (Fazel et al., 2005). Prevalence rates of PTSD and MDD among Cambodian refugees living in the U.S. have been measured at 62% and 51%, respectively (Marshall, Schell, Elliott, Berthold, & Chun, 2005). Similarly high rates of these disorders have been found among asylum seekers in Australia: 52% for PTSD and 61% for MDD (Hocking et al., 2015). Comorbidity between PTSD and MDD also occurs frequently in refugee populations (Teodorescu et al., 2012), and some researchers postulate that the two disorders may be manifestations of the same disorder (Marshall et al., 2006).

It is very important to note that not all mental health disorders are higher in refugee populations. Mental health symptoms manifest themselves based not only on stressors (i.e. trauma, grief and loss), but also based on cultural norms and values. One U.S.-based example of this phenomenon is the comorbidity of depression and Alcohol Use Disorder (AUD): while this comorbidity is high in the native-born U.S. population (Kessler, Chiu, Demler, & Walters, 2005), there are generally low rates of AUD in resettled refugee populations (Marshall et al., 2005). In contrast, chronic pain and other somatic syndromes are more prevalent in refugee populations than in Western populations (Kirmayer et al., 2011), a trend which has been interpreted to indicate that physical aliments may be more culturally acceptable ways for many refugees to express mental health symptoms (Kleinman, 2008).

Onset of mental health disorders in refugee populations. Each stage of the refugee's migration trajectory—pre-migration, migration, and post-migration resettlement—poses specific and distinct threats to mental health (Bhugra & Jones, 2001; Kirmayer et al., 2011). Risk factors during the pre-migration period include the traumas of exposure to war, witnessing the deaths of loved ones, torture, and persecution. During the migration phase of refugee life, family and community networks are often lost, and with them the loss of professional and/or personal identity, stability and security. During the migration phase, refugees are outside of their home countries, and often without legal permanency, the ability to work, and with no clear plan for their futures. During the post-migration resettlement phase, refugees are relocated from the initial host country to a permanent host country. Common factors affecting mental health during permanent resettlement include social and economic stress (i.e. unemployment), language

difficulties, social isolation, discrimination, loss of status (i.e. underemployment), and exposure to violence from being resettled in a low-income, possibly high-crime neighborhood (Bhugra & Jones, 2001; Ehntholt & Yule, 2006; Kirmayer et al., 2011).

Exposure to trauma, usually with the first occurrence during the pre-migration phase, is the most significant predictor of PTSD among resettled refugee populations (Kartal & Kiropoulos, 2016). Depression, however, may be rooted in post-resettlement factors, such as language difficulties and social isolation (Ehntholt & Yule, 2006). Kartal and Kiropoulos (2016) studied a sample of Bosnian refugees living in Austria and found that, though the onset of PTSD was related to pre-migration factors, the symptom severity was related to the extent of resettlement stress they experienced. Though, as mentioned above, the rate of AUD is generally lower among refugees than in the U.S. population overall, one study found that AUD among refugees was positively related to post-migration trauma (Marshall et al., 2005). Even after many years of resettlement, a personal or family history of migration has been found to be a risk factor for psychotic disorders (Cantor-Graae & Selten, 2005), but not for mood disorders (Swinnen & Selten, 2007).

Barriers To Mental Health Treatment

Though refugees have documented mental health concerns, especially PTSD, they are less likely to access mental health services than the U.S.-born population (Lamkaddem, Stronks, Devillé, Olff, Gerritsen, & Essink-Bot, 2014). Barriers to refugees' mental health treatment can be grouped into two broad categories: structural barriers and cultural barriers (Agrawal & Venkatesh, 2016; Kaczorowski, Williams, Smith, Fallah, Mendez, & Nelson-Gray, 2011; Kirmayer et al., 2011; Moreno,

Piwowarczyk, LaMorte, & Grodin, 2006). Structural barriers make it physically difficult for people to access services, and include such problems as lack of access to nearby public transportation, lack of evening or weekend hours, lack of childcare, and lack of access to services due to inadequate insurance or other means of payment. Cultural barriers are barriers that, whether structural barriers exist or not, discourage the refugee's interest or ability to seek out or remain in services. Examples of cultural barriers include: a lack of confidential and trained interpreter services; the absence of materials in the person's native language; lack of cultural sensitivity or knowledge in the clinician or agency; lack of explanation for Western interventions; and stigma against seeking mental health services in the refugee's cultural community. Addressing these cultural barriers and providing clinicians who are trained in the treatment of complex PTSD have been identified as factors that predict service utilization and satisfaction for refugees (Kaczorowski et al., 2011; Moreno et al., 2006).

Effective Treatment Interventions For Refugee Populations

Effective treatment interventions for refugee populations begin by addressing the cultural and structural barriers that impede their access to treatment, including proactively learning about the political and human rights issues in the countries from which their clients are migrating (Engstrom & Okamura, 2004; Kirmayer et al, 2011). Given that cultural sensitivity is both a predictor for not engaging in services (when it is lacking) and for engaging in services (when it occurs), it is not surprising that cultural sensitivity is a key component to effective treatment.

Cultural and political sensitivity is the basis of quality mental healthcare for refugees, but there are also specific interventions to be learned and providers should

practice those modalities whose effectiveness is supported by the literature. Several treatments for PTSD have been found to be effective for refugees, including Trauma-Focused Cognitive Behavioral Therapy (Crumlish & O'Rourke, 2010), Eye Movement Desensitization and Reprocessing (Acarturk, Konuk, Cetinkaya, Senay, Sijbrandij, Cuijpers, & Aker, 2015), Prolonged Exposure (Powers, Halpern, Ferenschak, Gillihan, & Foa, 2010), Narrative Exposure Therapy (Crumlish & O'rourke, 2010; McPherson, 2012), psychotherapy (Neuner, Onyut, Ertl, Odenwald, Schauer, & Elbert, 2008) and pharmacological therapy (Smajkic, Weine, Djuric-Bijedic, Boskailo, Lewis, & Pavkovic, 2001). However, no one treatment modality has been found to be superior (Hobfoll, Watson, Bell, Bryant, Brymer, Friedman, ... & Maguen, 2007; Powers et al., 2010; Seidler & Wagner, 2006).

Research has also explored interventions for resettlement-related stress and anxiety, and found that community-based interventions can be effective (Murray et al., 2010; Williams & Thompson, 2011). Emphasis on refugee resettlement stressors is a relatively recent shift for clinical practitioners and researchers who previously focused primarily on addressing trauma-related symptoms (Murray et al., 2010). This shift in focus has shed light on the complex and frequent challenges that refugees face during resettlement, including navigating a multitude of new systems to find housing, to seek healthcare, to enroll children in school, to use transportation, and to obtain employment, etc. In many ways, helping with these human needs is a practical approach for working with refugees, and especially for those who may not be trained in treating complex trauma. Additionally, this shift allows social workers to create relationships with refugees around concerns that may not trigger the same stigma as mental health services. Social

workers who are focused on the totality of the refugee's concerns—both through therapy and case management—may be trusted to address mental health problems when they arise.

Overview of Employment Issues for U.S. Refugees

When refugees arrive in the U.S. for permanent resettlement, they have already been assigned to a resettlement agency (e.g., International Rescue Committee) that is contracted by the U.S. Office of Refugee Resettlement to provide case management and financial and/or housing services for a limited time, usually between 30 to 180 days (Farrell, Barden, & Mueller, 2008). Helping families become financially independent—and therefore, employed—is one of the top priorities of resettlement agencies (Codell, Hill, Woltz, & Gore, 2011). Overall, resettlement agencies are successful in meeting this goal, as national-level data shows that about half of adult refugees who are in resettlement assistance programs have jobs within eight months of arriving to the U.S. (Fix, Hooper, & Zong, 2017). Indeed, employment rates for refugees are actually higher than for the general U.S. population, with refugee men having higher rates of employment than U.S.-born men (67% versus 62%; Capps et al., 2015). Only three groups of newly-arrived refugees—Burmese, Iraqis, and Somalis—have lower rates of employment than U.S. natives (Capps et al., 2015).

Refugees also tend to increase their earnings over time. Refugees who have been in the U.S. for more than 20 years make an annual average of $31,000 more per year than refugees who have been in the U.S. for less than 5 years. Additionally, after twenty years in the U.S., refugees have the same rates of using public benefits as U.S. nationals (Capps et al., 2015).

When looking at this good news, it is important to note that these trends are in flux as the national origin of refugees resettled in the U.S. has become more diverse. In 1980, the U.S. accepted refugees from 11 countries speaking 114 languages; by 2013, refugees were coming from 64 countries speaking 162 languages. As we see from the recent data on Burmese, Iraqis, and Syrians, the positive labor trends may not hold true for all refugee groups

Though the majority of resettled refugees in the U.S. find employment, find it quickly, and tend to improve their income over time, there are others who experience chronic unemployment and underemployment, putting them at risk for long-term reliance on public benefits, and life in poverty. There are clear predictors of who will be most successful in the U.S. labor market.

First, English language fluency is a huge asset. Refugees with poor English speaking ability and poor English literacy are more likely to be unemployed than refugees who communicate well in English (Waxman, 2001). Second, pre-migration education and employment experience assist with finding employment in the resettlement country. Resettled Cambodian refugees, who came to the U.S. with no education, no marketable skills, and without speaking English, were still largely unemployed (and the majority had not learned English) twenty years after resettlement (Marshall et al., 2005). Third, a longer time spent in a refugee camp is correlated with greater unemployment once resettled in the U.S. (Codell et al., 2011). Fourth, a robust social network plays a role in successful employment. Newly-arrived refugees who arrive in communities with established social networks from their countries of origin are more likely to be employed

and with a higher hourly wage than refugees whose networks consist only of newly-arrived refugees (Beaman, 2012).

Refugees themselves cite physical and mental health problems, lack of English, and childcare responsibilities as barriers to employment (Fix, Hooper, & Zong, 2017). Somali refugees who had strong pre-migration vocational backgrounds reported that cultural differences in workplace communications, U.S. business practices, and an unfamiliar work culture all contributed to their unemployment (Guerin, Guerin, Diirye, & Abdi, 2005). Potential employers have also cited reasons of their own for not hiring refugees, including a bias that refugees would have poor English, uncertainty about the legal rights of refugees to work, uncertainty about their skills and qualifications, and negative public opinion about refugees (Migration Policy, 2016).

Issues of Underemployment

While unemployment rates for refugees are, in general, lower than for U.S. natives, refugees have higher rates of underemployment. *Underemployment* is a construct that captures several types of poor fit between an employee and his or her job: (1) when a person possesses higher-level skills or more formal education than the job requires; (2) when a person has received specific training that is unrelated to the job they are doing; and (3) when a person is employed for fewer hours or in a more temporary setting that he or she wishes to be (Feldman, 1996; Verbruggen, van Emmerik, Van Gils, Meng, & de Grip, 2015). Among refugees, underemployment is associated with increased poverty (Waxman, 2001, lower self-rated health (Jamil, Aldhalimi & Arnetz, 2012), and reduced life satisfaction (George, Chaze, Fuller-Thomson & Brennenstuhl, 2012); also, some argue that suppresses local economies due to wasted skills (Broadbent, Cacciattolo &

Carpenter, 2007). Underemployed refugees also experience a demotion in social status when foreign-trained professionals—doctors, business people, professors, and engineers—are unable to practice in their fields due to bureaucratic and other barriers. In some cases, refugees' international diplomas and licenses are not recognized in the U.S., and many times, documents have also been lost in war. Lack of English language competency can also be a barrier to becoming employed in one's field of expertise (Waxman, 2001). Even refugees who have an adequate English ability may not have enough English skills to successfully navigate higher skilled job applications and interviews (Stewart et al., 2008). Overall, almost half of Burmese, Cuban, and Iraqi refugees report underemployment (Fix, Hooper, & Zong, 2017; McAfee, 2012).

Unemployment and underemployment can be sources of resettlement-related stress that both affect—and can be affected by—mental health; employment's role as a protective factor for mental health has been well documented (Baran, Valcea, Porter, & Gallagher, 2018; Beiser, Johnson, & Turner, 1993; Hocking et al., 2015; Kirmayer et al., 2011; Lunn, 2014; McAfee, 2012; Porter & Haslam, 2005; Sinha et al., 2012; Stewart et al., 2008; Takeda, 2000).

A Reciprocal Relationship between Refugee Mental Health and Employment

Unemployment is a risk factor for poor mental health in the general U.S. population (Artazcoz, Benach, Borrell, & Cortès, 2004) as well as in refugee populations (Ehntholt & Yule, 2006; Marshall et al., 2005; Porter & Haslam, 2005). Hocking et al. (2015) found that refugees with a diagnosis of MDD had more severe symptoms if they were unemployed. In a cross-sectional study of 483 Cambodian refugees, unemployment was significantly associated with higher rates of PTSD and MDD even twenty years after

resettlement (Marshall et al., 2005). In a regression analysis study of Muslim refugees living in the Netherlands, unemployment predicted psychological distress (Fassaert et al., 2011).

Underemployment is shown in the literature to have a negative effect on refugee life satisfaction (George, Chaze, Fuller-Thomson & Brennenstuhl, 2012), physical health (Jamil, Aldhalimi & Arnetz, 2012), and mental health (Lunn, 2014). In a qualitative study of Somali refugees (Lunn, 2014), one woman shared her belief that her friend's psychiatric hospitalization was the result of a socioeconomic demotion after resettlement. Baran, Valcea, Porter, and Gallagher's (2018) recent study argues that refugees develop unrealistically positive expectations about life in the U.S., and then face intense job dissatisfaction when confronted by longterm underemployment. The hopelessness and dissatisfaction leads some to "consider abandoning their pursuit of the 'American dream'" and wish for return to their home countries (p. 102). In a somewhat different study, Besier, Johnson, & Turner (1993) found that underemployment did not have the same negative effect on mental health for Southeast Asian refugees that it did for Canadian citizens.

While unemployment and underemployment are risk factors for mental health problems among refugees, employment is a protective factor. For example, Hocking et al. (2015) found that refugees and asylum seekers who secured employment during early resettlement reported better mental health as compared to their unemployed peers, and were less likely to develop MDD. Employment has also been show to moderate the severity of mental health concerns among refugees (Hocking et al., 2015; Kirmayer et al., 2011; Porter & Haslam, 2005). For example, Hocking and colleagues (2015) found that

employment played a protective role in moderating the severity of anxiety, depression, and trauma symptoms.

Effects of Refugee Mental Health on Employment

The reciprocal relationship between mental health and employment means that not only does employment affect mental health, but also that mental health affects employment and employability (Beiser et al., 1993; Fassaert, De Wit, Tuinebreijer, Knipscheer, Verhoeff, Beekman, & Dekker, 2011; Teodorescu et al., 2012; Wright, Dhalimi, Lumley, Jamil, Pole, Arnetz, J. E., & Arnetz, B.B., 2016). In a large study of 1,348 Southeast Asian refugees living in Canada, prior diagnosis of depression predicted difficulty maintaining stable employment (Beiser et al., 1993). Interestingly, Wright and colleagues (2016), who followed Iraqi refugees in the U.S. over two years, found that neither the experience of pre-migration nor post-migration trauma predicted unemployment; however, refugees who experienced both pre-migration and resettlement traumas were significantly more likely to be unemployed. It is also important, if unsurprising, that refugees who experienced high levels of trauma in both periods had a much higher probability of being unemployed (91%) than refugees with low trauma levels (20%).

Implications for Social Work Practice

Given this reciprocal relationship between mental health and employment, social work practice must address both mental health and employment concerns, and understand that assisting refugees towards full and meaningful employment is a mental health intervention.

Recommendations for Social Work Clinicians

Mental health practitioners should be aware of the negative impact that unemployment and underemployment can have on mental health. Once equipped with this important knowledge, they should inquire about employment-related stressors during assessment and should support employment-related interventions throughout treatment. While there are numerous post-migration resettlement stressors that have been linked to poor mental health, employment is one of the most significant (Teodorescu et al., 2012). Teodorescu et al. (2012) found that unemployment was the most significant factor associated both with the existence of a mental health diagnosis and with the severity of the associated symptoms. Unemployment, inadequate employment, and underemployment can impact a refugee family's income, housing, social interaction, and social status. As a result, during assessment, practitioners should inquire about the timing of the onset of mental health problems and the extent to which the presenting problem may be related to resettlement stressors, such as employment (Schbley & Kaufman, 2012).

Treatment modalities for refugees should be holistic and include case management and career counseling as part of the treatment model. While trauma-informed modalities are a clinical necessity for effective treatment with traumatized populations, clinicians should also understand that the therapeutic principles of safety, coping, self-and community efficacy, connectedness, and hope have been consistently recommended by experts in the fields as key to treating refugee trauma and mental health (Hobfoll et al, 2007).

Recommendations for Social Workers in Resettlement Practice

Refugee resettlement agencies are at times criticized for not adequately meeting the needs of their clients, yet funding limitations, and, in some areas, political resistance, can be barriers for case workers and agencies who strive to help their clients the best that they can with limited resources (Capps et al., 2015). Additionally, a guiding principle of the U.S. refugee resettlement program is "work first;" thus, resettlement agencies may focus on employment to the detriment of teaching English and other strategies for improving refugee quality of life (Capps et al., 2015; Fix, Hooper, and Zong, 2017). One recommendation to combat limited resources is for resettlement agencies to engage in more partnerships with voluntary agencies (Mott, 2010), such as recruiting BSW or MSW interns, or partnering with local faith communities (Eby, Iverson, Smyers, & Kekic, 2011). An implication for practice is that resettlement agencies should take an active role in helping find employment not only for their direct clients, but also for the relatives of their clients and their clients from the past (Tran, 1991). Resettlement agencies could also expand their employer partnerships to not only place, but also continue to support new hires (Migration Policy, 2016). New employer partnerships may be more easily obtained if resettlement agencies provide clear and accessible information on refugees and refugees' rights to work to local employers (Migration Policy, 2016).

For refugees struggling with underemployment, resettlement agencies should be responsive to the fact that there are many international professionals who have fled their countries as refugees. For example, many doctors, professors, and engineers fled Iraq in 2003 because of fears of being murdered or kidnapped (McAfee, 2012; Sinha et al., 2012). As a result of their resettlement in the U.S., many Iraqi refugees have been

demoted in their vocational status (McAfee, 2012). There are other groups of refugees who have similar narratives of being unable to practice in the fields in which they have been trained due to their international diplomas or credentials being unrecognized, having lost their documents in war, or a lack of credentialing opportunities in the country of resettlement. For these refugees, interventions need to be aimed at addressing barriers to employment in their fields of expertise. Caseworkers can assist by providing case-specific career counseling and advocating with employers. Additionally, some college-educated refugees may have basic English language ability, but not enough to succeed in the job market. For these refugees, access (i.e. no cost and transportation provided) to higher-level English classes could be offered (Stewart et al., 2008).

Recommendations for Social Work Policy Makers

As mentioned previously, the U.S. refugee resettlement program focuses funding on employment, while disregarding the need for refugees to dedicate time to learn English, get credentials validated, or take courses to become credentialed in their profession in the U.S. (Capps et al., 2015; Fix, Hooper, and Zong, 2017). These policies help refugees become employed, but they inadvertently support refugees to become underemployed by not taking their skills and diplomas into account. Policymakers should advocate for expanded funding that would support English language acquisition, job training programs, and career counseling services (Capps et al., 2015; Stewart et al., 2007). Policymakers may be inclined to report an overall rosy picture of job placement statistics; however, they should report detailed employment statistics that distinguish between inadequate employment and meaningful employment (Codell et al., 2011). Policymakers should consider pre-departure programs in refugee camps to teach English,

literacy, and vocational skills while refugees are waiting to be cleared to come to the U.S. (Capps et al., 2015). Pre-departure would also be an excellent time to locate and verify refugees' academic and professional credentials.

In addition to considering policy changes to improve refugee employment, policymakers should also consider policy changes to improve refugee health insurance access. Given that Medicaid programs vary greatly from state to state, federal agencies could consider the availability of state Medicaid programs when determining where to resettle refugees, in order to ensure access to mental health treatment (Agrawal & Venkatesh, 2016). The federal government should also consider policies that would incentivize states to expand Medicaid access for refugees (Agrawal & Venkatesh, 2016).

Research supports a reciprocal or interactive relationship between employment and mental health. Currently, the best studies examining the effects of employment on mental health or the effects of mental health on employment utilize bivariate correlations or regression models, rather than causal models. There is a need for longitudinal studies that employ a control group in order to better understand the interaction occurring between refugee mental health and employment. It is also important to consider the employment experiences of the participant in his or her country of origin, also (Fix, Hooper, & Zong, 2017; Stewart et al., 2007).

There is a need for more standardized state-level data in order to understand the various compounding factors that affect refugee employment. Fix, Hooper, and Zong (2017) conducted a nation-wide study on refugee employment and resettlement location, and found that national origins were more highly correlated with successful employment than the resources of the resettlement location. In this study, Burmese and Iraqi groups

were identified as struggling, suggesting that additional resources are needed to successfully resettle certain groups.

Conclusion

Employment and mental health are inextricably bound. Social workers working with refugees in any context should consider the individual's educational and vocational histories, country of origin, and socioeconomic status in country of origin when assessing the inter-relationship between refugee's mental health and employment experiences (Beiser, 2009). As this article makes clear, social workers must understand the role of employment in refugee mental health, and also the reality that mental health factors contribute to a refugee's ability to find and maintain work. Social workers must look closely to see the differences between those who are at risk for mental health issues and those who are at risk for employment issues, and then to tailor interventions accordingly. The changes described here are needed to improve refugees' post-migration resettlement experiences, and have positive impacts on the lives of U.S. refugees.

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CHAPTER 3

THE IMPACT OF EMPLOYMENT ON THE REFUGEE RESETTLEMENT OF COLLEGE-EDUCATED IRAQIS IN THE U.S.: A QUALITATIVE STUDY

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[2] To be submitted to *Journal of Immigrant & Refugee Studies*

Abstract

Objective: The purpose of this research was to (1) explore Iraqi refugees' experiences of employment in the U.S.; (2) explore the impact of employment on Iraqi refugees' resettlement in the U.S.; (3) explore the impact of employment on Iraqi refugees' life satisfaction; and, (4) contribute to the knowledge base on the experiences of refugees in the U.S. ***Method:*** This was a qualitative study with a sample of 12 college-educated Iraqi refugees to the U.S. Participants were interviewed using a semi-structured interview guide, and the interviews were audio recorded and then transcribed. The interview guide included questions aimed at understanding the participants' employment experiences in the U.S., and how those experiences impacted their resettlement and life satisfaction. The data was analyzed using Saldaña's "theming the data" technique, guided by the philosophies of phenomenology and social constructionism. ***Results:*** Two overarching themes were (1) College-educated Iraqi refugees resettled in the U.S. present a complex picture of both gratitude for their personal and family safety, and pain and frustration over the loss of their former professional status and satisfaction; and **(2)** College-educated Iraqi refugees resettled in the U.S. describe a common framework for making short-term and long term employment and education decisions post-resettlement. ***Conclusion:*** Employment is arguably one of the most influential areas of a refugee's resettlement experience, and efforts to overcome refugee underemployment would likely improve refugees' post-migration resettlement experiences, and have positive impacts on the lives of refugees resettled in the U.S.

INDEX WORDS: Refugee, Unemployment, Underemployment, Qualitative, Iraqi, U.S., Refugee resettlement

Introduction

There is a narrative in the U.S. and other Western countries that refugees arriving from other parts of the world are uneducated, poor, and generally unfamiliar with the central elements of Western civilization (Ludwig, 2016; Steimel, 2010). While some refugees do arrive in the U.S. having spent a large portion of their lives living in temporary refugee camp conditions (Heudorf, Karathana, Krackhardt, Huber, Raupp, & Zinn, 2016), with little or no access to education (Dryden-Peterson, 2011), and minimal job skills (Brees, 2008), this is not the story of all refugees (Richmond, 1988). A large number of refugees have strong educational and vocational backgrounds and do not fit the “refugee” stereotype (Bloch, 1999; Fix et al., 2017).

In fact, some of the post-2003 Iraqi refugees to the U.S. became refugees as a direct result of their high social, educational, and/or occupational position in Iraq. High social status that made these Iraqi professionals and their families vulnerable to abduction and violence, either for political reasons or for ransom (Burnham, Lafta, & Doocy, 2009; McAfee, 2012; Sinha, Andrews, Lawrence, & Ghannam, 2012). As they have made new lives in the United States, many of these highly-educated professionals have been unable to transition to similar lives.

In the U.S., international professionals face hurdles as they attempt to practice in the fields in which they have been trained and credentialed. The multiple reasons for this include the loss of diplomas and licenses in the chaos of war, a lack of reciprocity in licensure between the U.S. and Iraqi for medical or engineering degrees, and in the case of law, for example, the Iraqi degree not being relevant to the U.S. legal context. Iraqi refugees with professional backgrounds therefore take low-skill jobs, with no connection

to their fields of expertise, in order to survive (Sinha et al., 2012). English language competency can also be a barrier to becoming employed in one's field (Waxman, 2001).

Underemployment is a construct that captures several types of poor fit between an employee and his or her job: (1) when a person possesses higher-level skills or more formal education than the job requires; (2) when a person has received specific training that is unrelated to the job they are doing; and (3) when a person is employed for fewer hours or in a more temporary setting than he or she wishes to be (Feldman, 1996; Verbruggen, van Emmerik, Van Gils, Meng, & de Grip, 2015). Underemployment is shown in literature to have a negative effect on self-rated health (Jamil, Aldhalimi & Arnetz, 2012), life satisfaction (George, Chaze, Fuller-Thomson & Brennenstuhl, 2012), the local economy (Broadbent, Cacciattolo & Carpenter 2007), and poverty (Waxman, 2001). Beyond the loss of a career, there is often a demotion in social status that accompanies underemployment. There are few studies that have examined how college-educated refugees living in the U.S. are impacted by a demotion in their vocational and educational social statuses.

Takeda's study (2000) of Iraqi male refugees found that those with higher education had a negative correlation with income level, indicating that some refugees with higher education levels were choosing unemployment rather than working a low-skill job. In a qualitative study of Somali refugees (Lunn, 2014), one woman shared her belief that her friend's psychiatric hospitalization was the result of a socioeconomic demotion after resettlement. However, Beiser, Johnson, and Turner (1993) found that underemployment did not have as strong of a negative effect on mental health for Southeast Asian refugees that it did for Canadian citizens.

The purpose of this research is to:

1. Explore Iraqi refugees' experiences of employment in the U.S.
2. Explore the impact of employment on Iraqi refugees' resettlement in the U.S.
3. Explore the impact of employment on Iraqi refugees' life satisfaction
4. Contribute to the knowledge base on the experiences of refugees in the United States

The ultimate goal of this research is to shed light on services that this highly-trained group of refugees may need in order to resettle successfully in the U.S.. Results of this research may help local economies better absorb and benefit from such skilled refugees. This chapter presents the full research methods and findings from the study, *The Impact of Employment on the Refugee Resettlement of College-Educated Iraqis in the U.S,* and concludes by focusing on the most salient results and their implications for social work practice and refugee resettlement policy.

Methods

I became interested in the lived experiences of college-educated refugees from my own lived experience working as a clinical social worker in a local refugee community. I learned by listening that there was great variety in the educational and vocational experiences of different refugee groups and individuals. The story of the poverty-stricken refugee who makes a better life in the U.S. is true for many refugees, yet in the stories that I heard, I found it not to be true for all. There were certain groups of refugees who were living in poverty for the first time in their lives here in the U.S., working jobs far below their skills and education. I wondered what that experience was like for them.

A qualitative study seemed the most obvious methodological approach, given the exploratory nature of my research questions. And phenomenology – the philosophy that there is something shared by those who have an experience in common - helped to frame my thinking as I developed the research questions, the interview guide, and the methods, in general (Creswell, 2012). I was also guiding by social constructivism - the idea that there is complexity in how people make meaning of their shared experiences. I was curious about what was commonly shared (the "essence" of the lived experience), and also what was different among those who had similar experiences. Having two theories, one of which was a "micro-level" theory (phenomenology) and one of which was a "grand" theory (social constructionism), provided two different lenses through which to think about the research study (Reeves, Albert, Kuper, & Hodges, 2008).

The data collection methods included semi-structured interviews, field notes of observations, and a demographic survey that included two rating questions about past and current satisfaction with employment.

Dr. Jane McPherson, a UGA School of Social Work Assistant Professor, and an expert in the interplay between human rights and the practice of social work, provided guidance and feedback throughout all phases of the research study. Dr. Ziad Jamal, a medical doctor from Iraq and an informal community leader in the Atlanta-area Iraqi refugee community, assisted in making connections to the Iraqi community. As a key informant, Dr. Jamal also provided interpretation during the interviews (when needed), language clarifications, and cultural insights. The Clarkston Community Center in Clarkston, GA, donated space to conduct interviews. The institutional review board of the University of Georgia approved all procedures.

Participants

Participants were a purposive sample of adult, college-educated Iraqi self-identified refugees who:

1. were initially resettled in the United States after 2003
2. had been in the U.S. for at least two years at the time of the interview
3. had worked in the U.S. for a period of at least 3 months

I was interested in Iraq refugees who came after the American-led invasion of Iraq in 2003 because their reasons for leaving Iraq, and under what circumstances, were anticipated to be unique from other Iraqi refugee groups. Participants were recruited via the snowball sampling method (Atkinson & Flint, 2001; Browne, 2005), which is ideal for communities that are otherwise hard to reach.

Of the twelve participants, half (N=6) were female and half (N=6) were male. Their ages ranged from 29 to 61 years old, with a mean of 43 years old. All participants were graduates of higher education in their home country where they earned the following terminal degrees: Bachelor degrees (*n*=7), Masters degrees (*n*=3), doctoral degree (*n*=1), and a medical degree (*n*=1). Additionally, four participants added to their education by attending college or a technical college since their arrival in the U.S. When asked "From 0-10 (0=not at all satisfied, 10=very satisfied), how satisfied were you with your employment experiences prior to coming to the U.S.?," the mean was 8.5. When asked the same question, but in regards to employment experiences since coming to the U.S., the mean was 6.2. It is important to note that one participant was an outlier in his

rankings (2 and 8, respectively), and when he was excluded, the means were 9.0 and 6.0, respectively. See Table 3.1 for participants' previous career in Iraq and current employment in the U.S.

Co-investigator and informal Iraqi community leader Dr. Ziad Jamal recruited the initial seven participants via phone call or in person. From there, participants were asked if they knew anyone else whom they could refer by providing a name and phone number. Prior to asking if potential participants would be interested in being interviewed for the study, Dr. Jamal explained the purpose of the study, the nature of confidentiality, and that the interview would be audio recorded. The option was given for the interview to be in English, or in Arabic with Dr. Jamal as interpreter. Participants gave their signed consent.

Table 3.1

Participants' Years of Career Experience, Career in Iraq, and Current Employment in the U.S.

Years of Career Experience	Career in Iraq	Current Employment in the U.S.
13	University Professor	Admin assistant at refugee agency
13	University Professor	Lab supervisor
6	Lab technician	Daycare worker
unknown	Preschool teacher	Daycare worker
6	Electrical engineer, supervisor	Factory
16	High school geography teacher	Factory
20	Airline pilot	Arabic interpreter
20	United Nations employee	Arabic interpreter and tutor
10	Doctor, gynecologist	Unemployed
6	Graduate student in civil engineering	University research assistant
6	Mechanical engineer	Car salesman
1	Graduate student in software engineering	Software engineer

Measures

A semi-structured interview guide was used to organize the interviews, which were audio recorded (see Appendix 3A). One participant requested immediately prior to the interview for his interview not to be recorded. The researcher agreed and took notes following the interview. The semi-structured interview guide included questions aimed at understanding the participants' employment experiences in the U.S., and how those experiences affected their resettlement and life satisfaction. I chose to use a semi-structured interview guide so that I would elicit the same essential information from each participant, while also providing participants the flexibility to share openly (DiCicco-Bloom & Crabtree, 2006).

Participants were also asked what suggestions or ideas did they have for improving the employment experiences for future professionals arriving to the U.S. as refugees. As some participants spoke more freely than others and would organically answer the questions before they were asked, the guide was used as needed (Creswell, 2012).

Data Collection

The process of data collection included a demographic survey, in-person interviews, and field notes of my observations. Human subjects approval was received from the University's Institutional Review Board prior to the initiation of data collection. Interviews were conducted in the location of the participant's choosing. Seven participants preferred to meet in their homes, three at a coffee shop, and two at the local community center. At the beginning of each interview, I reviewed the consent form, confidentiality, and provided a $25 gift card incentive for participation (see Appendix

3B). I also explained how I became interested in the topic, and what was the purpose of the study. Each participant was asked to sign the consent form and to fill out the demographic form, which also included two rating questions:

1. From 0-10 (0=not at all satisfied, 10=very satisfied), how satisfied were you with your employment experiences prior to coming to the U.S.?
2. From 0-10 (0=not at all satisfied, 10=very satisfied), how satisfied are you with your employment experiences since coming to the U.S.? Following completion of the interviews, I took field notes of my observations.

Interviews averaged 40 minutes, and they ranged from 31 to 50 minutes. Nine interviews were conducted from June - August 2016. Despite recruitment efforts, only three additional participants were successfully identified from August 2016 - December 2017. The increased difficulty in recruitment from 2016 to 2017 is suspected to be the result of a change in the sociopolitical climate following the 2016 presidential campaign and election of the current president, who is anti-refugee, anti-immigrant, and anti-Muslim in his rhetoric and policies (Meacham, 2018; More Scare Tactics, 2018). There appeared to be an increased fear and lessened trust between potential participants and researchers, and among the Iraqi community, which inhibited the effectiveness of the snowball sampling method.

Data Analysis

A professional transcription service was employed to transcribe the audiotapes. The written transcripts were then used for conducting the data analysis, manually. Once transcribed, I re-immersed myself in the data by reading through all interviews.

Additional researchers were not included as coders, as I leaned toward the school of thought that there is more than one way to "accurately" code data when using "theming the data" (Padgett, 2008; Saldaña, 2015; Questions about Thematic Analysis, 2013).

Paper copies of the interviews were printed, with wide margins on each side of the data. The left margin was used for analytic memoing, and the right margin was used for coding and split into two columns. The left-most coding column was used for coding as the themes were developing. Once the themes were categorized in a way that reflected the data, answered the research questions, and told a story, the right-most coding column was used for returning to the data and re-coding using the drafted categories. The re-coding process further refined the categories.

The coding process itself was guided by a "lumper" approach (Saldaña, 2015, p. 79), and, after a pilot run, selected codes were used repeatedly as commonalities throughout the data were intentionally sought out. The process was organic, and codes were expanded, condensed, re-worded, and re-categorized as coding continued. While the first round of coding was broad, the subsequent rounds of coding were iteratively more focused on themes relevant to my research questions. All data in the corpus is informative, but not all data is "relevant text" to the study at hand (Saldaña, 2015). The initial round of coding sought out "first impressions," simple examples, and verbatim words, phrases, and sentences that provided an understanding of how the participants viewed their experiences (Creswell, 2012; Saldaña, 2015). After themes were discerned throughout the initial analysis, the second round of coding (or "theming") served the analytic purposes of weaving themes together and identifying overarching constructs. Ultimately, themes were identified that resonated with the research questions.

The overall coding process utilized was "theming the data," as defined by Saldaña (2015), with phenomenology and social constructionism as the guiding philosophies (Padgett, 2008). Theming the data is an appropriate choice for interviews, participant-generated documents, and research questions that are looking for "essence" (Saldaña, 2015). So going into this study, I believed that truthful, comprehensive findings would result in both universal experiences and unique experiences.

Results

The results are reported in stages. A brief description of the participants' employment experiences in the U.S. is reported first, followed by the two overarching themes that emerged from the analysis. Each overarching theme has subthemes, which are also listed and discussed under each corresponding theme. There are also key points within each subtheme. Thus, the reader can expect the organization of the results section to go from grandest to smallest, from overarching theme to subtheme to key point. Examples, paraphrases, and quotes are offered throughout the results section to help the reader hear the voices of the participants (Creswell, 2012).

All participants reported that they had experienced underemployment in the U.S.. Participants reported that their employment in the U.S. tended to require few skills and emphasize physical labor. Employment also tended to be located far from home. Job placements were arranged by the refugee resettlement agencies, and factory work was the typical job placement. Some reported upward mobility from their initial job placement, while others did not. Only four of the 12 participants sought out educational opportunities in order to improve their employment prospects.

Two overarching themes emerged from the data:

1. College-educated Iraqi refugees resettled in the U.S. present a complex picture of both gratitude for their personal and family safety, and pain and frustration over the loss of their former professional status and satisfaction; and

2. College-educated Iraqi refugees resettled in the U.S. describe a common framework for making short-term and long term employment and education decisions post-resettlement.

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Theme 1. College-educated Iraqi refugees resettled in the U.S. present a complex picture of both gratitude for their personal and family safety, and pain and frustration over the loss of their former professional status and satisfaction

There were three subthemes related to the emotional experiences of the college-educated Iraqi refugees. Those were:

1. Employment experiences affect resettlement and mental health well-being.
2. The educated refugee experiences additional losses.
3. Gratitude for safety and a change in paradigm.

The following is a report of the three subthemes. Key points of each subtheme are italicized.

Subtheme 1a. Employment experiences affect resettlement and mental health well-being. All participants reported that employment helps with overall resettlement; yet, also, negative experiences in the work place had damaging effects on the social and emotional aspects of resettlement.

Employment, even underemployment, helps with resettlement. All participants reported that employment helps with resettlement because money is essential to resettle successfully. As one participant explained, "I need to work to pay my bills, to pay my rent, to pay other utilities." However, beyond the financial need, employment was reported to serve other social and emotional needs necessary for successful resettle. For example, all participants reported that employment provided opportunities to interact with society, to make friendships, and to learn and improve English. Three participants shared that the jobs provided the opportunity for positive interactions with Americans. As one participant described, "even my supervisor is one of the nicest men I ever saw."

Other extraneous benefits of employment, even underemployment, were to learn U.S. systems, such as how to rent a car or how to book a plane ticket, and to build their financial credit so they would eventually have other financial capabilities, such as obtaining a car loan or qualifying for better housing. One participant reported that she learned from her coworkers how to manage work life and family life in the U.S., where work hours are typically much longer than in Iraq. She reported, "Just to see how being their daily life, or how they are arranging their schedule, so we will look at them and try to be like them."

A common viewpoint held by participants was that although underemployment was difficult emotionally, the jobs were viewed as stepping stones for better, future

employment opportunities. For example, some participants reported that they were able to use early job experiences to practice interviewing, to build a working history, and, to learn U.S. work culture and norms. One participant reported trying to show that he could do more, in hopes of additional responsibilities or promotion - “At that time I tried to show my ability because I was working that very simple job.”

Employment was also reported as a return to normalcy - “because I am used to working,” and this was helpful for their mental health. In summary, participants reported that employment was a significant influencer is their early resettlement experience. As one participant explained:

> “I think if I was not working right now and staying home or just studying, in this case, I would not be adjusted with a new life. It would be too hard for me. I think getting a job, even a simple job would help a lot in breaking the barriers.”

Negative experiences in the work place hindered the social and emotional aspects of resettlement. For five of the twelve respondents, employment prevented social interaction, or was the setting for negative early experiences in the U.S. that set the tone for resettlement – such as a disrespectful boss, a company that bounced paychecks, or harsh physical conditions. Some participants reported that the long shifts and long commutes, which are common for factory work and for those without their own vehicles, were not only exhausting but also isolating. The following quotes are exemplars from participants:

> "I am like a machine there. I cannot improve myself, I cannot improve my language."
>
> "I don't get to see my wife."
>
> "The supervisor was not so nice with me, but it was like I have to continue."

Subtheme 1b. The educated refugee experiences additional losses. Participants reported losses that included the loss of an established career, the loss of financial stability, the loss of social status, and the loss of fulfillment from work.

The loss of achievements. Nearly all participants used the phases "starting from scratch," "starting totally from zero," or "starting all over." Younger participants shared that war had disrupted their education and career plans, and they felt the loss of achievements when they were unable to pick up where they left off here in the U.S. One participant stated, "You build yourself for education, for your position, and in one second, you lose everything. That's hard." Older participants shared that the loss of an established career was extremely sad for them.

> "It was my wish from very small, very little, from the first grade, I wished to be a physician and I worked hard to be a physician, so I went to the medical school like I wanted and when I finished, I was very happy to work as a physician...[and now] I'm not satisfied."
>
> "It's not my work. At the beginning, I said it's okay, but after that, I couldn't – either I work as a doctor or not. It's not my field."

The loss of financial stability. Eleven of the twelve participants reported that the loss of financial stability was devastating for them. Some who were close to retirement age reported losing a lifetime of savings for themselves and their children. Two of the

twelve participants reported that they had returned to Iraq due to the financial distress in the U.S., and then returned again to the U.S. after earning money in Iraq.

> "Here you see the couple when they get married or when they have their first child they start to save for college. For us when we came, after a year, two of my children they started college…we were not prepared."
>
> "Because there it was a fixed [secure] job. I had health insurance, benefits, and it was one of the highest paid jobs in Iraq…the salary was super, super high, and the people of course, the whole atmosphere was really great. My job now, I love it, but because I don't have benefits, because it's not a fixed job…these are some of the differences."

The loss of social status. Nine participants, especially those who had built a career prior to the war, reported losses of status, reputation, responsibilities, and supervisory tasks. One participant, who worked as a doctor in Iraq and no longer works in the U.S., reported that it is painful for her that her children do not see her as a doctor, as respected in their community. Another participant shared, "In my previous job, seriously, I was like a king." This participant was an electrical engineer supervisor in Iraq and at the time of the interview was employed as a factory worker.

Participants commonly reported that upon resettlement in the U.S. they had to endure jobs that were low-skill (i.e. repetitive tasks) and physically harsh (i.e. extreme cold or heat, standing in place the entire shift, lifting heavy boxes, twelve hour shifts). Several participants pointed out the juxtaposition – that previous jobs in Iraq were intellectually stimulating, professional jobs with no financial or physical stress.

The loss of fulfillment from work. Nine participants shared a loss of fulfillment from work, and a resulting decline in life satisfaction. Rather than receiving meaning and fulfillment from their jobs, some participants reported instead feeling demeaned.

> "I love my field. I love the nutrition. I love this field with chemical, with the food stuff. I love it."
>
> "Any person who has a high level of education, it's hard to work in this kind of job. People without education, without experience, can work anywhere."
>
> "We will not say like, let him work the same level as he was, but like a decent job, but not in a chicken factory."
>
> "I know more than that."

Subtheme 1c. Gratitude for safety and a change in paradigm. Despite feeling additional losses, most refugees shared that they were prepared for these losses when they fled Iraq, and were immensely grateful to have survived war. These participants also reported a fundamental change in their paradigm. As part of the shift in paradigm, the importance and meaning of employment had changed.

> "Sometimes I feel sad. But considering the conditions over there, I'm very lucky. The hell with the job though, I mean, we almost got killed twice. Her brother got killed. What's the point of having a very good job if you don't feel safe in your own house? So I am grateful. Even if I'm working a lesser job or less pay or whatever, I'm grateful. I'm very grateful."
>
> "Well the priorities are different…because with every human being, the first priority is to be safe."
>
> "I mean, if I get killed, what's the point if I'm making a million a month? What's the point?"
>
> "Life [in the U.S.] is safe. I don't feel like someone is gonna stop me in the

> middle of the way and just kill me and take my car or kidnap me and torture me. That's the situation with our country, or a bomb might explode anywhere and kill me or my family. Now I feel safe."
>
> "We are here. We are safe. We feel we are lucky. When we see some people without legs, without part of family is die, is kidnapped, I feel like, I'm satisfied. I feel I am lucky. I'm not sad."

All participants reported a change in their outlook, priorities, goals, and roles as a result of becoming a refugee. One participant, a woman who was a professor in Iraq, shared that she found meaning in her new work at a refugee agency, stating, "It's my duty to help them." Another participant, currently underemployed, reported, "I consider myself very lucky to get this job – at least it's cleaner than other jobs…like I said, I could've ended up in a chicken factory, which is the way itself a torture."

Theme 2. 2. College-educated Iraqi refugees resettled in the U.S. describe a common framework for making short-term and long term employment and education decisions post-resettlement.

There were three subthemes that emerged that were related to the decision-making processes of ongoing employment and education goals.

1. There was much deliberation about "next steps."
2. Informal and formal counsel was a significant influencer in the decision-making process.
3. Hope was a key emotion during the decision-making process.

In discussing their experiences, participants shared the processes, adaptations, and sacrifices made to reach their employment and education goals. The following is a report of the three subthemes. Key points of each subtheme are italicized.

Subtheme 2a. There is much deliberation about "next steps." Participants spent much time and anxiety gauging the possibilities of continuing, starting over, or giving up. Current financial needs, English ability, life stage, field relevance, transferability of field, and safety in returning to Iraq were examples of influencers in the decision-making process. The following are quotes are exemplars from participants:

> "Because my children they needed my help, dropping them, taking them here and there. I didn't have time to [start over]. Maybe it wasn't the right time."
>
> "We had to start all over again. The main focus was financially at that time. To put my hours into work more than study."
>
> "If they are still young they can do it."
>
> "We [are] married, have kids. We have fulltime job to feed our family, and we have full-time school. It's really hard to knit all these together, you know?"
>
> "I didn't think it was the right time for me [to start over]. Maybe if I got more support, more help. And then I thought, 'Okay let me just forget about it.'"

The ability to speak professional-level English ability was discussed by all participants. High-level English skill are necessary to not only to perform a job, but also to find a job, to interview for a job,, and to become licensed to drive. One participant acknowledged that she was at an advantage over other college-educated Iraqi refugees because she had a high English level. She reported, "What makes it [adjusting] easy is

knowing the language…Knowing the language means you will drive, you will find a job."

Another participant, when asked if had been able to continue his career in the U.S., responded, "That's impossible. First of all, my degree won't be valid here at all, I mean not just mine, anyone. You need to finish school, I mean go start all over again." Three participants shared their belief that even if their degrees were able to translated and validated, the degrees would remain useless.

Subtheme 2b. Informal and formal counsel was a significant influencer in the decision-making process. Counsel from informal and formal networks was a significant influencer in participants' decision-making process. Counsel ranged from a stranger who went out of her way, to a long-term formal mentor. Counsel was also in the form of community ethos, community consciousness, and mass experience. For example, narratives of success stories, narratives of long-term underemployment, and narratives of choosing unemployment over underemployment were shared as influencers for making decisions.

Informal counsel. Informal counsel included refugee community networks and American co-workers to find jobs, to understand U.S. systems, and how to take next steps. The Iraqi community, both in the U.S. and those still in Iraq (i.e. helping obtain transcripts) were reported as a resource for counsel. One participant stated, "We rely in the main way on our friends who come to United States and work before us."

The Somali community was also reported as a resource for counsel, likely because of a shared religion and language, and because Somali refugees in the Atlanta area have generally been in the U.S. longer than the Iraqi community and thus are more

established and acculturated. Participants who had found upward mobility in their U.S. employment reported pride and fulfillment with being able to join in the cycle and become an informal counselor to someone else.

Formal counsel. Resettlement agencies were reported as a formal agency for counsel. However, resettlement agencies were viewed as limited in their helpfulness. As one participant complained, "[They said] anyone come to the U.S. are equal, regardless if you finish medical school or didn't finish anything. Everyone is equal, so they provide jobs as a worker [in a] chicken factory." Three participants cited a local program that had federal funds to pay for higher education as being of high impact on their decision-making.

Subtheme 2c. Hope was a key emotion during the decision-making process. Participants reported hope – and the lack of hope – as a primary emotion during the decision-making process of next steps. Hope was generally reported as high during early resettlement, followed by feelings of discouragement and hopelessness as dreams and goals went unmet. "Losing time" and "wasting time" were the types of phrases heard when participants recounted their decisions and the decision-making process. One participant, commenting on the ups and downs of hopefulness, reported:

> "When I came here, I felt like it's gonna be easy to find something. Because what I hear, it's like a land of opportunity. I definitely will find something very quick. It turns out not. It's promising. Here, it's promising. If you deciding something and if you just go forward for it, you'll get it eventually, sooner or later."

Discussion

This section will take a deeper look at the overarching themes, followed by an additional discussion of where differences lie among the participants.

Discussion of Theme 1: College-educated Iraqi refugees resettled in the U.S. present a complex picture of both gratitude for their personal and family safety, and pain and frustration over the loss of their former professional status and satisfaction

Refugees tend to find some kind of employment relatively quickly after arriving in the U.S. (Fix et al., 2017), so it is fair to say that employment experiences shape refugees' initial impressions of the United States, and have bearing on the hopes and anxieties of refugees about their future lives in a foreign country. Overall, employment – any employment – helps refugees to resettle. There also appears to be a honeymoon period during early employment experiences during which refugees are more tolerant of underemployment and gain the most alternative benefits from their job. This may partially be explained by their early hope for the future and belief that the underemployment position is short-term – which may or may not end up being true.

Reports of alternative benefits of employment are discussed in the Results section, and include the chance to learn a new society and new systems. In addition to learning, employment, any employment, provides the opportunity to learn culture and make mistakes in a low risk setting. For example, one participant shared about having interpersonal difficulties at his job, which was not something that he had experienced before. He viewed himself as being an agreeable person and did not understand why his coworkers seemed to dislike him. Finally, his supervisor shared directly with him that the way he spoke to others was being perceived as bad-mannered.

> "He said 'Mohammed, you might not know this, but in here, people should say please'…Cuz in our country, we don't have the same culture. We think that, okay, I don't have to say please because this is your job. You have to do it."

While all refugees have experienced multiple losses as a result of being a refugee, the college-educated refugee experiences additional losses. Feelings such as "sad," "frustrated," and "used to cry every day" were commonly reported. Yet, two participants welcomed the change to start over. One participant reported that his field was becoming obsolete, so he felt excited about pursuing another field. Another participant reported that she did not enjoy her previous job as a teacher, and hoped to become a pharmaceutical technician here in the U.S.. When asked if she was able to continue her career, she responded, "No. No, I even didn't like it as being a teacher back home. I didn't like being a teacher…the resettlement, this came on my side so I can change my career." This quote illustrates the diversity in where people start out that then affects their inner experience. For this individual, she did not experience the end of her career as a loss, although she did have other employment-related losses.

On the other end of the spectrum, one participant reported, "either I work as a doctor or not [work at all]". Research supports the rejection of underemployment in favor of unemployment by some groups of higher educated refugees (Correa, Barnett, & Gifford, 2015; Takeda, 2000).

Depending on age, life stage, and transferability of field, career plans were interrupted to different degrees. For example, those young and male did not report negative comments about manual labor or entry-level positions. Also, some experiences

did not meet as many roadblocks because fields were less governed. While medical fields were impenetrable, technical fields, particularly newer fields (i.e. computer software), provided realistic opportunities for continuing a career.

All participants reported gratitude for safety from war, and changes in their priorities, goals, and roles as a result of becoming a refugee. Within this paradigm change, careers became less important, and the weight of employment or career goals on mental health well-being became less than it was prior to the war. For those who lost their careers, new jobs were viewed as a practicality, not a source of pride or identity. The new attitude was "be satisfied."

Helping other refugees because a new source of pride and identity for the college-educated Iraqi refugee. Because college textbooks and college courses are commonly taught in English, or a hybrid of Arabic and English, this subsect of refugees was at an advantage over other refugees. One participant, a woman who was a Professor in Iraq, shared that she found meaning in helping new refugee arrivals to the U.S., stating, "it's my duty to help them." Her career goals changed, and the catalyst for receiving fulfillment from work also changed. This participant also shared that helping others was healing for her. I wondered if this might be true for participants, in general. War exposed the worst of humanity, yet helping others appeared to provide a restorative, healing, counter-experience.

Theme 2. College-educated Iraqi refugees resettled in the U.S. describe a common framework for making short-term and long term employment and education decisions post-resettlement.

From the interviews, it became apparent that participants put a lot of thought into the decision-making process. A few planned to start over with a more promising career. Yet, going to school is resource-draining. The participants shared their process of assessing "Is the degree worth it?" Of course, Americans also ask themselves this question (Leonhardt, 2014).

The college-educated Iraqi refugee who comes to the U.S. often finds him or herself in a situation similar to low-income Americans who are without college degrees. Americans without college degrees often are forced to work jobs that are low-pay and without securities or benefits. The difference is that the college-educated Iraqi refugee may be managing life in poverty, and situations that arise from insecure jobs (i.e. a factory moving overseas, an ill spouse who needs caregiving), for the first time in their lives.

The local economy at the time of resettlement is also a factor in the decision making process. For example, if local unemployment is high, a husband and a wife may only have the option to work different shifts. Research shows that immigrants fare worse than the native-born U.S. population in times of economic recession, and refugees even worse than the general immigrant population (Jamil, Fakhoury, Yamin, Arnetz, & Arnetz, 2016; Jamil et al., 2012).

Hope, and hopelessness, was a key emotion influencing the decision-making process of a refugee's next steps. Hope may be an outcome of individuals' self-efficacy. Here is a quote highlighting one participant's self-efficacy:

> "Nobody helped me with finding a job…I got this position in grocery store by myself. I rode the bus when I come after maybe, after two month. I ride the bus, and I search about something to hiring."

It would be interesting to explore self-efficacy and employment experiences among college-educated refugees.

Differences within the lived experience.

Listening to the participants, I became further interested in who adapted more easily, who reported more hopefulness, and whose overall mental health well-being appeared to be more "satisfied." In other words, in the midst of the shared lived experience, where did the differences lie? The following is what I observed. There were differences based on gender, personal resilience, and level of choice.

There were differences between men and women in their experiences of underemployment, resettlement, and life satisfaction. Both men and women cited responsibilities as barriers to overcoming underemployment, but men cited their role as financial provider ("must take any job") and women cited their role as mother (lack of extended family to provide childcare, not enough time to care for family and go to school and go to work). The women I interviewed all shared that employment provided a social experience. It is possible that employment provided a social experience that, unlike men, the women might not otherwise have the opportunity to engage in. Yet, I also wondered

if college-educated women might be more likely to choose unemployment over underemployment, given the "fall-back" role as mother.

Individual resiliencies are likely a part of why some are better able to resettle successfully. Additionally, some people are more optimistic or pessimistic than others, regardless of the events in their lives. As one participant observed, "The people who used to complain there they will not change, wherever you put them they will continue to do the same. They have other stuff to complain about, not the difference between American and Iraq." Another participant shared his belief that optimism was a key component for successful resettlement and employment: "They have to believe it's never too late."

Of the differences within the shared lived experience, the amount of "choice" that each participant had in their refugee and employment experiences was perhaps the largest unspoken, or possibly unrealized, difference. For example, while all participants self-identified as an Iraqi refugee, there were variations in legal and cultural classifications. Sunnis and Christians fled Iraq because of a lack of safety and returning would put their lives at risk. Shia generally did not face the same concerns for safety and had more choice in whether to leave, and whether to return after leaving. One participant had American citizenship through a parent, so she did not face the same concerns and worries over legal status, and had not had the experience of fleeing to a second country. What I found as I listened to each participant's experience and then his or her perspective was that the amount of choice that each had was positively correlated with his or her positive resettlement and life satisfaction. Lack of choice is a type of loss – a loss of control. Those who had less control experienced greater losses.

Similarly, those who were younger had more choices than those who were older, with younger participants reporting a more positive outlook and plans to continue forth with career plans. Younger participants reported losing achievements and having set-backs – but they had not lost their entire careers. Those younger still have the time to plan long-term. Also, it is more feasible to work twelve hour days, and go to school at night, when your life stage is young, in good health, and without a family. For someone near retirement age, in poor or declining health, or with a family, starting over is not very realistic.

There were shared circumstances that may have helped some to resettle more successfully or more easily than others. For example, those who had a new role that they could move into, such as a community volunteer or a role as a mother, appeared to ease the pain of losing career achievements or plans. It is possible that those who were doing more positively had found some way to manage the conflict of loss and gratitude.

Implications for Social Work Practice

One purpose of this research was to generate ideas about how to support professional people who come to the U.S. as refugees. The participants in this study were asked directly what were their recommendations for how to help professional refugees to the U.S.. Recommendations for social work practice, social work education, and social work research are presented below and include the participants' direct recommendations, also.

While the results from this study are focused on the field of social work, it would be remiss not to highlight the benefits that the results from this study can have across multiple disciplines. The results from this study add to the knowledge base of numerous

research fields including mental health, sociology, U.S. policy, economics, refugees, and resettlement. And the recommendations presented below can also provide guidance for the practice fields of refugee resettlement, mental health, career counseling, and immigration policy.

The ultimate goal of this research is to shed light on services that this highly-trained group of refugees may need in order to resettle successfully in the U.S.. Results of this research may help local economies better absorb and benefit from such skilled refugees. Additionally, this research may be relevant to promoting successful resettlement in other groups of highly educated refugees.

Recommendations for Social Work Practice

It is important for social workers in refugee resettlement and refugee mental health to understand the lived experiences of college educated refugees. For example, participants would like to see resettlement agencies provide career-specific counsel and advanced English classes, rather than a "one-size-fits-all" approach to resettling refugees. Specifically, participants requested that resettlement agencies provide job connections outside of factory work. One participant provided the example of a bank teller position – a position that does not require a degree, has the same pay as factory work, but does require more skills than factory work and is in a more comfortable environment. These kinds of jobs were viewed as a better fit for the college-educated, English-speaking refugee, but also as jobs that required connections.

For social workers working in refugee resettlement, it would be helpful to know that underemployment can be emotionally difficult, and to be able to discuss directly with clients what might be some of the underlying barriers to taking or continuing in assigned

jobs. There are also nuances that are good to understand when advising college-educated clients. For example, some participants recommended obtaining transcripts as quickly as possible, while others recommended not wasting time. Understanding how transferrable is a field or a degree can help case workers to provide accurate and competent counsel.

Resettlement agency social workers should also be mindful of their own patriarchal bias in how they allocate resources or time to clients. Two of the female participants in this study complained that agencies were only focused on helping the men – that resources, discussions, and expectations were for the men, while the women were assumed to stay at home with the children.

Lastly, understanding the role of employment in refugee mental health is important for social workers working in the field of mental health. Modalities or interventions that address grief and loss may help college-educated refugees to find balance in their mental health well-being.

Recommendations for Social Work Policy

Many of the recommendations previously discussed are only possible with an increase in funding. Indeed, even the participants recognized the limitations of the resettlement agencies' social workers who had large caseloads and few resources. Thus, a critical recommendation for social workers in the policy field is for funding advocacy. Funding can be in multiple forms – i.e. paying for rent longer than three to six months, paying for educational expenses, employing more case workers, employing career counselors, funding advanced English classes, funding transportation vouchers, or establishing car-loan programs for new arrivals. While there are several free programs for learning English, both through the resettlement agencies and other local programs, the

classes are typically aimed at learning basic conversational English. A higher level of English is often needed to obtain a higher-paying, skill-based job.

The U.S. refugee resettlement program is remarkably successful is helping refugees secure employment, but at the expense of providing time or resources for refugees to improve their English, get credentials validated, or take courses to become credentialed in the U.S.. (Capps, Newland, Fratzke, Groves, Auclair, Fix, & McHugh, 2015; Fix et al., 2017). Thus, the current policy of funding to support quick employment inadvertently causes refugees to become underemployed.

Additionally, participants would like to see formal systems in place for evaluating skills. For example, one Iraqi doctor suggested a formal program that would allow medical doctors to work in hospitals for a period of time as a physician assistant, and then to be evaluated by other doctors. It is a waste of time and skills for a trained and experienced doctor to start over on a path that is very long.

Lastly, given the educational and vocational successes reported by young, college-educated refugees, having a legal route for young, educated persons to migrate to the U.S. – rather than through the extremely limited refugee visa - would be mutually beneficial for both young professionals who have had to flee their homelands and for the U.S. economy (Dalmia, 2019). This is a common sense approach to immigration policy that should be advocated by social workers in the field of policy.

Recommendations for Social Work Research

One recommendation for social work research is to learn how other refugee-receiving countries interact with the professional refugee. All countries have employment laws and professional recognition systems, and some serve the country better than others.

Research could help to identify which countries have implemented policies that are mutually beneficial.

Conclusion

As this chapter concludes, my hope is that the reader is better able to understand the lived experience of the college-educated Iraqi refugee. All participants confirmed that employment experiences impacted their resettlement experience and their life satisfaction – and in both positive and negative ways. All participants shared the complicated relationship between loss of their previous life and gratitude for safety for themselves and their families from war. And all participants shared the worrying process of making decisions for their future educational and vocational plans.

Though the majority of resettled refugees in the U.S. find employment relatively quickly and tend to improve their income over time (Fix et al., 2017), there are others who experience chronic underemployment, putting them at risk for long-term reliance on public benefits, life in poverty, mental health problems, and diminished life satisfaction (Teodorescu, Heir, Hauff, Wentzel-Larsen, & Lien, 2012). Efforts should be made by social workers to address the issue of underemployment for college-educated refugees.

Of course, employment is surely not the one driver of resettlement experience. It is one part of the total experience. Yet, employment is interconnected with finances, social interaction, mental health well-being, life satisfaction, and engagement with society. As such, employment is arguably one of the most influential areas of a refugee's resettlement experience. Efforts to overcome refugee underemployment would likely improve refugees' post-migration resettlement experiences, and have positive impacts on the lives of refugees resettled in the U.S..

Limitations

There were a few limitations in this study that should be noted. The sample size does not allow for generalizability. And, there is a valid concern of sampling bias in the snowball sampling method that was utilized. It is possible that the participants recommended other participants who had similar experiences and outlooks as themselves, and thus the sampling may be more of a subgroup of college-educated Iraq refugees rather than a true sample (Atkinson & Flint, 2001).

Another limitation in this study is that the data only captures the past and current feelings at the time of the interview. Hope was generally reported as high during early resettlement, followed by feelings of discouragement and hopelessness as dreams and goals went unmet. And for participants who were able to met dreams and goals, they reported a resulting uptake in hope. Those doing well currently reported that they did not have the same positivity or optimism in years or months prior to the interview. Thus, while the essence of the lived experience is the shared among participants, the lived experience is one that is influenced by a specific time and place.

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APPENDIX 3A

Semi-structured Interview Questions

1. Can you tell me about your educational and professional background?
2. Since coming to the U.S., have you been able to continue your career?
3. Does it matter that you had a degree?
4. Since coming to the U.S., what has your employment experience been?
5. Has your employment experience in the U.S. positively affected your resettlement in the U.S.? In what ways? Negatively affected?
6. Has your employment experience in the U.S. positively affected your life satisfaction? In what ways? Negatively affected?
7. If we could improve for future professionals arriving in the U.S., what do you suggest that could be done differently or better? What's been helpful to you? What ideas do you have?

APPENDIX 3B
Consent Form

UNIVERSITY OF GEORGIA
THE IMPACT OF EMPLOYMENT ON THE REFUGEE RESETTLEMENT OF COLLEGE-EDUCATED IRAQIS IN THE U.S.
CONSENT FORM

Researcher's Statement
I am/We are asking you to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. This form is designed to give you the information about the study so you can decide whether to be in the study or not. Please take the time to read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information. When all your questions have been answered, you can decide if you want to be in the study or not. This process is called "informed consent." A copy of this form will be given to you.

Principal Investigator: Lindsey Disney, LCSW
School of Social Work, University of Georgia
lrd31231@uga.edu, (865)919-2003

Purpose of the Study
The purpose of this interview is to (1) learn about your experience of employment in the U.S., (2) learn about the impact of employment on your adaptation to the U.S. and life satisfaction, and (3) contribute to the knowledge base on the experiences of refugees in the United States. Eventually, I hope that information gathered from this work will be used to inform and improve the recognition of international professionals.

You have been selected as a possible participant because (1) you have a college diploma, (2) you resettled in the U.S. more than two years ago but following 2003, (3) you have worked in the U.S. for at least 3 months, and (4) you are interested in talking about your experiences working in the U.S..

Study Procedures
If you agree to participate, you will be asked to …

- Complete a one-page list of questions about yourself and your migration experience.
- Participate in one interview, lasting approximately one hour. The interviews will occur in the place of your choice: your home or a private room at the Clarkston Community Center. Access to services at the community center will not be affected by the decision to participate or not to participate.
- Agree to have your interview audiotaped.

Additionally, at the end of the interview, you will be asked if you know anyone else who may qualify to be a participant. Referring other participants for the study is voluntary. You are not required to recommend other participants. We are seeking 10-20 participants in total.

Risks and discomforts
It is possible that you may feel sadness or feelings of grief and loss when sharing about your employment history and current employment. It is very important that you feel comfortable participating and do not feel forced to participate in any way. Because of this concern, you may end the interview at any time and for any reason. While the interview is expected to be a positive experience for you, the Principal Investigator can make referrals for counseling as requested. A local resource for counseling services is DeKalb Co. Board of Health Refugee Services, 445 Winn Way, Decatur, GA, 30030, 404-294-3818.

Benefits
The principle benefit to you is the opportunity to discuss your life experience with an interested interviewer. Also, you will benefit from helping with a study designed to influence U.S. policy and social work practice.

Incentives for participation
Participants will receive a $20 honorarium for being in the study.

Audio/Video Recording
The interviews will be audiotaped so that all of your responses can be recorded. The audiotapes will be destroyed after transcription.

Privacy/Confidentiality
The records of this study will be kept private and confidential. In order to best prevent a breach of confidentiality, the following data security procedures are in place. Your name will not appear in any published reports, neither will any other information that would make it possible to identify you. The location of the interviews will be masked. The audiotapes will be destroyed after transcription. Transcriptions will be stored securely and only researchers will have access to the records.

Only under suspicion of child/elder abuse or that someone is a danger to him/herself or others abuse will confidentiality be breached.

Taking part is voluntary
Your involvement in the study is voluntary, and you may choose not to participate or to stop at any time without penalty or loss of benefits to which you are otherwise entitled.

If you have questions
The main researcher conducting this study is Lindsey Disney, a doctoral student at the University of Georgia. Please ask any questions you have now. If you have questions later, you may contact Lindsey Disney at lrd31231@uga.edu or at 865-919-2003. If you have any questions or concerns regarding your rights as a research participant in this study, you may contact the Institutional Review Board (IRB) Chairperson at 706.542.3199 or irb@uga.edu.

Research Subject's Consent to Participate in Research:
To voluntarily agree to take part in this study, you must sign on the line below. Your signature below indicates that you have read or had read to you this entire consent form, and have had all of your questions answered.

____________________________	____________________________	__________
Name of Researcher	Signature	Date
____________________________	____________________________	__________
Name of Participant	Signature	Date

Please sign both copies, keep one and return one to the researcher.

CHAPTER 4

THE IMPACT OF EMPLOYMENT ON IMMIGRANT MENTAL HEALTH: RESULTS FROM A NATIONAL SURVEY (NESARC)

[3]

[3] To be submitted to *Journal of Immigrant & Refugee Studies*

Abstract

Objective: Mental illness and unemployment are both well-documented in the literature as having harmful, and even detrimental, impacts on individuals' lives. However, less in known about the intersections of mental illness and unemployment in the U.S. immigrant population. This study seeks to answer the following research question: "Over time, are immigrants who become unemployed or remain unemployed, more likely to have mental health problems than immigrants who become employed or remain employed?" ***Method:*** Data was from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), a three-wave, nationally representative dataset. Multivariate logistical regression analysis examined whether the main effects of a negative employment status were associated with a mental health diagnosis at Wave 2. ***Results:*** Negative employment status was a significant predictor of all mental health diagnoses in the multivariate logistic regression models. ***Conclusion:*** The results from this study indicate that unemployment has a negative impact on immigrant mental health, specifically for Generalized Anxiety Disorder (GAD), Post Traumatic Stress Disorder (PTSD), and Major Depressive Disorder (MDD) diagnoses. Unemployment predicted lower odds of Alcohol Abuse and/or Dependence (AAD). Discussion includes implications for social work practice, policy and research are presented.

INDEX WORDS: Immigrants, Unemployment, Underemployment, Mental health, PTSD, MDD, GAD, Alcohol abuse, Alcohol dependence

Introduction

Forty-four million people in the United States each year suffer from mental illness (Any Mental Illness, 2017), resulting in diminished life satisfaction, higher risk of suicide, and an estimated economic cost of $193.2 billion (Any Mental Illness, 2017). And, unemployment affected 6 million people in the United States in January 2019 (U.S. Department of Labor, 2018), resulting in harm to the economy (Hout, Levanon, & Cumberworth, 2011), financial distress for the individual and the individual's family (Brand, 2015; Vinokur, Price, & Caplan, 1996), and a decline in physical health and mental health (Linn, Sandifer, & Stein, 1985). Meanwhile, there were approximately fifty million immigrants living in the United States in 2018 (United Nations, 2018). Given the large number of immigrants living in the United States, it is important for research efforts to understand the intersection of employment and mental health issues for this specific population.

The relationship between unemployment and mental health is well documented in the literature (Burnett-Zeigler et al., 2013; Cowell, Luo, & Masuda, 2009; Popovici & French, 2013; Zabkiewicz, 2010). Individuals with mental health or substance abuse issues are less likely to become employed (Burnett-Zeigler et al., 2013), and unemployment negatively affects mental health (Caicedo & Van Gameren, 2016; Chang, Stuckler, Yip, & Gunnell, 2013; Popovici and French, 2013). Meanwhile, employment positively affects mental health (Park, Chan, & Williams, 2016).

There is abundant national-level research that has documented the relationship between unemployment and mental health in the general U.S. population, and using robust methods such as longitudinal studies (Evans-Lacko, Knapp, McCrone,

Thornicroft, & Mojtabai, 2013; Paul & Moser, 2009; Wanberg, 2012). And, subpopulation research has provided a more nuanced understanding of employment and mental health issues (Besier, Johnson, & Turner, 1993; Zabkiewicz, 2010). For example, Zabkiewicz (2010) found that the subpopulation of women who received social services did not reap the same mental health benefits from employment as the general population. Beiser et al. (1993) found that Southeast Asian refugees to Canada did not experience the same negative mental health repercussions from underemployment as the general Canadian-born population. Researchers have examined issues of employment and mental health within the immigrant population, in comparison to the general population (Beiser et al., 1993; Fazel, Wheeler, & Danesh, 2005; Missinne & Bracke, 2012; Szaflarski, Cubbins, & Ying, 2011). However, there are fewer studies that have examined employment and mental health issues within the immigrant population, as opposed to a comparison between the immigrant and general populations.

This study is interested in identifying a more comprehensive understanding of the relationship between unemployment and mental health within the immigrant population living in the U.S.. Among foreign-born persons in the U.S., the 2017 unemployment rate was 4.1%, compared to 4.4 percent for the native-born population (U.S. Department of Labor, 2018). However, the national-level statistics fail to depict the distinctions within the foreign-born population. For example, immigrants in the U.S. workforce are less likely to have higher education degrees, overall, in comparison to the general U.S. population; yet, underemployment affected nearly two million immigrants in 2013, and at a rate higher than the U.S. population (25% and 18%, respectively) (Batalova, Fix, & Bachmeier, 2016).

Foreign-born persons are less likely than native-born persons to experience mental health disorders – a phenomenon called the "healthy immigrant effect" (Aglipay, Colman, & Chen, 2013; Cunningham, Ruben, & Narayan, 2008; Salas-Wright, Kagotho, & Vaughn, 2014). The "healthy immigrant effect" holds true for both physical and mental illnesses, although the effect begins to wane with length of time in the U.S.. (García-Pérez, 2016). However, there are some subgroup exceptions within the general immigrant population, such as refugees who are more likely to have trauma-based mental health disorders than native-born persons (Fazel et al., 2005). Additionally, immigrants have migration-related and legal status-related stressors that can negatively impact mental health, and which are unique from the general U.S. population (Kirmayer et al., 2011).

Method

This study sought to better understand the relationship between employment status and mental health among a sample of immigrants to the U.S., particularly whether immigrant mental health changed over time, based on employment status. The following research question was examined: "Over time, are immigrants who become unemployed or remain unemployed, more likely to have mental health problems than immigrants who become employed or remain employed?"

Participants

The data analyzed in this study were drawn from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), which is a three-wave longitudinal survey conducted by the National Institute of Alcohol Abuse and Alcoholism (NIAAA). The NESARC collected extensive information about participants' drug and alcohol use, risk factors, and mental and physical health (Grant et al., 2014).

Wave 1 was collected between 2001-2002; Wave 2 between 2004-2005; and Wave 3 between 2012-2013. Wave 3 does not include the repeated sampling from Waves 1 and 2, and thus only Waves 1 and 2 were used in this study. The NESARC, after being weighted, is a nationally representative sample of adult, non-institutionalized civilians. Of the 43,093 NESARC participants at Wave 1, 12.4% (N=5,338) self-reported as an immigrant. The sample for this study (N = 3,732) included all participants who self-reported as an immigrant to the U.S., and who responded to employment questions at both Waves 1 and 2.

Measures

Dependent variables. The outcome measures of interest are the mental health diagnoses Generalized Anxiety Disorder (GAD), Post Traumatic Stress Disorder (PTSD), Major Depressive Disorder (MDD), and Alcohol Abuse and/or Dependence (AAD). Each mental health measure was assessed by the NESARC according to the Diagnostic and Statistic Manual, Fourth Edition (DSM-IV). The NESARC combines the DSM-IV diagnoses of Alcohol Abuse and Alcohol Dependence into one variable that captures either/and diagnoses. Responses to mental health diagnoses were dichotomized as "yes" or "no," and this study was interested in participants' "yes, since last interview" responses at Wave 2.

Independent variables.

The main independent variable of interest was employment status. Those who remained unemployed or became unemployed from Wave 1 to Wave 2 were conceptualized as having a negative employment status, while those who remained employed or became employed from Wave 1 to Wave 2 were conceptualized as having a

positive employment status.

Unemployment was defined as “yes” responses to either of the following two interview questions: Are you presently (1) unemployed or laid off and looking for work?, or (2) unemployed and laid off and not looking for work? Employment was defined as a “yes” response to any of the following five interview questions: Are you presently (1) working full time, (2) part time, (3) employed but not working due to illness, (4) employed but not working due to vacation, or (5) employed but absent without pay? There were four employment status categories that comprised the employment status variable. Please see Table 4.1 for participants’ responses at Waves 1 and 2 and associating employment status category.

Table 4.1

Participants’ Responses At Waves 1 And 2 And Associating Employment Status Category

“Yes” response at Wave 1	“Yes” response at Wave 2	Employment status category
Unemployed	Unemployed	Negative employment status
Employed	Unemployed	Negative employment status
Employed	Employed	Positive employment status
Unemployed	Employed	Positive employment status

Other factors that were hypothesized to influence a mental health diagnosis included: age (18-29, 30-44, 45-64, 65+), gender (male, female), martial status (unmarried, married), education (high school/GED or less, more than high school),

income (0-19,999, 20,000-34,999, 35,000-69,999, or 70,000+), and years in the U.S. (5 years or less, 6-16 years, 17 years or longer). Where applicable, this study used the same factor categories as Burnett-Zeigler et al. (2013), who examined the influence of mental illness on employment status in the general U.S. population, also using the NESARC.

Analytic Strategy

Data analysis was conducted using SPSS, Version 21 (Berkman & Reise, 2011). Descriptive and cross-tabulations were examined, followed by complex samples multivariate logistical regression analysis. Four independent regression models were run, each with one of the four mental health measures (Generalized Anxiety Disorder, Post Traumatic Stress Disorder, Major Depressive Disorder, and Alcohol Abuse Disorder and/or Alcohol Dependence Disorder). The logistic regression analyses examined whether the main effects of a negative employment status were associated with a mental health diagnosis at Wave 2, when controlling for other sociodemographic measures.

Results

Sample Characteristics and Bivariate Associations

Of the immigrant subpopulation, 17.7% (N=945) endorsed one or more mental health diagnoses at Wave 2. Additionally, 86.9% of the immigrant sample reported a positive employment status from Wave 1 to Wave 2, and 13.1% reported a negative employment status from Wave 1 to Wave 2. Four Pearson's chi-square tests of independence were calculated, each comparing one of the mental health diagnoses at Wave 2 with employment status. Table 4.2 shows a summary of sample characteristics and bivariate associations between employment status and Generalized Anxiety Disorder

(GAD), Post Traumatic Stress Disorder (PTSD), Major Depressive Disorder (MDD), and Alcohol Abuse Disorder and/or Alcohol Dependence (AAD).

Bivariate results indicate that those with a mental health diagnosis of GAD, PTSD, or MDD at Wave 2 were more likely to have a negative employment status, and those with a mental health diagnosis of Alcohol Abuse Disorder and/or Alcohol Dependence were less likely to have a negative employment status. Bivariate results indicated that those diagnosed with GAD, PTSD, or MDD had more in common than those diagnosed with ADD. For example, there was a fairly even disbursement among 18 to 64 years for those diagnosed with GAD, PTSD, or MDD; however, those diagnosed with AAD tended to be younger (49.0% between 18-29 years and 33.8% between 30-44 years). Addtionally, those diagnosed with GAD, PTSD, or MDD were more likely to be female and of low income (less than $20,000), while those diagnosed with ADD were more likely to be male and of high income (higher than $70,000). Participants with any of the mental health diagnoses were more likely to be unmarried than the general immigrant population, and were more likely to have been in the U.S. for 17 years or longer. Those with PTSD or MDD were less likely to have graduated high school, while those diagnosed with AAD were more likely to have graduated high school. Education level was not a significant predictor for GAD in bivariate analyses.

Table 4.2

Demographic Characteristics of Immigrant Subpopulation, and Participant Mental Health Status at Wave 2, (N = 3732)

Participant demographic characteristics	All (%)	GAD (%)	PTSD (%)	MDD (%)	AAD (%)
Employment Status, from Wave 1 to Wave 2		**	**	**	**
Positive (remained or became employed)	86.9	76.6	81.0	79.8	95.1
Negative (remained or became unemployed)	13.1	23.4	19.0	20.2	4.9
Age		**	**	**	**
18-29	24.9	21.9	25.11	29.7	49.0
30-44	36.4	32.4	32.7	33.7	33.8
45-64	27.8	36.1	33.2	31.1	15.0
65+	10.9	9.6	9.0	5.4	2.1
Gender		**	**	**	**
Male	42.6	29.1	24.3	31.0	79.5
Female	57.4	70.9	75.7	69.0	20.5
Martial status		**	**	**	**
Unmarried	34.2	51.6	43.9	50.1	52.2
Married	65.8	48.4	56.1	49.9	47.8
Education			**	**	**
High school/GED or less	52.3	51.3	56.9	56.9	46.8
More than high school	47.7	48.7	43.1	43.1	53.2

Income		**	**	**	**
0-19,999	24.5	28.5	35.9	33.9	19.4
20,000-34,999	23.1	21.6	18.7	20.5	25.4
35,000-69,999	31.2	26.9	25.3	27.8	27.3
70,000+	21.2	22.9	20.1	17.8	27.9
Years in the U.S.		**	**	**	**
Less than 6 years	16.0	11.6	7.7	9.7	16.2
6-17 years	36.0	35.2	32.4	35.0	41.2
17 years or longer	48.0	53.1	59.9	55.3	42.6

Note. *Significant at the p<.05 level. **Significant at the p<.01 level. All analyses incorporate the NESARC sample weighting strategy.

Multivariate Models Predicting GAD, PTSD, MDD, and AAD

Negative employment status was a significant predictor of all mental health diagnoses in the multivariate logistic regression models. Participants were twice as likely to have GAD if they reported a negative employment status (OR=1.96, p<.01). And, participants who reported a negative employment status were 1.25 times more likely to have PTSD (p<.01), and 1.5 times more likely to have MDD (p<.01). Participants with a negative employment status were about half as likely to have Alcohol Abuse Disorder or Alcohol Dependence Disorder (OR=0.48, p<.01). Tables 4.3, 4.4, 4.5 and 4.6 present results from the four multivariate logistic regression models.

Table 4.3

Logistic Regression Model Predicting Generalized Anxiety Disorder (GAD) at Wave 2, (N=3732)

Variables	OR	95% CI
Employment Status, from Wave 1 to Wave 2		
Positive (remained or became employed)	-	-
Negative (remained or became unemployed)	1.96**	[1.68, 2.28]
Age		
18-29	2.88**	[2.46, 3.39]
30-44	2.59**	[2.24, 3.00]
45-64	1.95**	[1.80, 2.10]
65+	-	-
Gender		
Male	0.69**	[0.60, 0.78]
Female	-	-
Martial status		
Unmarried	3.04**	[2.78, 3.33]
Married	-	-
Education		
High school/GED or less	0.51**	[0.47, 0.57]
More than high school	-	-
Income		

0-19,999	1.15	[0.98, 1.35]
20,000-34,999	1.34*	[1.10, 1.64]
35,000-69,999	0.82*	[0.68, 0.98]
70,000+	-	-
Years in the U.S.		
Less than 6 years	0.38**	[0.34, 0.42]
6-17 years	0.64**	[0.53, 0.77]
17 years or longer	-	-

Note. *Significant at the p<.05 level. **Significant at the p<.01 level. All analyses incorporate the NESARC sample weighting strategy. Nagelkerke R^2 = 0.077.

Table 4.4

Logistic Regression Model Predicting Post Traumatic Stress Disorder (PTSD) at Wave 2, (N=3732)

Variables	OR	95% CI
Employment Status, from Wave 1 to Wave 2		
Positive (remained or became employed)	-	-
Negative (remained or became unemployed)	1.25**	[1.13, 1.39]
Age in years		
18-29	7.54**	[6.81, 8.36]
30-44	5.12**	[4.82, 5.42]
45-64	5.03**	[4.62, 5.47]

65+	-	-
Gender		
Male	0.32**	[0.30, 0.34]
Female	-	-
Martial status		
Unmarried	1.41**	[1.31, 1.52]
Married	-	-
Education		
High school/GED or less	0.89**	[0.84, 0.96]
More than high school	-	-
Income		
0-19,999	1.25**	[1.15, 1.37]
20,000-34,999	0.81**	[0.75, 0.88]
35,000-69,999	0.79**	[0.74, 0.84]
70,000+	-	-
Years in the U.S.		
Less than 6 years	0.44**	[0.41, 0.48]
6-17 years	0.75**	[0.70, 0.81]
17 years or longer	-	-

Note. *Significant at the p<.05 level. **Significant at the p<.01 level. All analyses incorporate the NESARC sample weighting strategy. Nagelkerke R^2 = 0.076.

Table 4.5

Logistic Regression Model Predicting Major Depressive Disorder (MDD) at Wave 2, (N=3732)

Variables	OR	95% CI
Employment Status, from Wave 1 to Wave 2		
Positive (remained or became employed)	-	-
Negative (remained or became unemployed)	1.50**	[1.35, 1.68]
Age		
18-29	2.54**	[2.19, 2.94]
30-44	1.73**	[1.56, 1.92]
45-64	1.29**	[1.18, 1.41]
65+	-	-
Gender		
Male	0.49**	[0.45, 0.52]
Female	-	-
Martial status		
Unmarried	2.22**	[2.06, 2.39]
Married	-	-
Education		
High school/GED or less	0.92	[0.85, 1.00]
More than high school	-	-
Income		

0-19,999	1.57**	[1.37, 1.81]
20,000-34,999	1.10**	[1.02, 1.71]
35,000-69,999	0.94*	[0.89, 1.00]
70,000+	-	-
Years in the U.S.		
Less than 6 years	0.40**	[0.35, 0.45]
6-17 years	0.71**	[0.66, 0.76]
17 years or longer	-	-

Note. *Significant at the p<.05 level. **Significant at the p<.01 level. All analyses incorporate the NESARC sample weighting strategy. Nagelkerke R^2 = 0.084.

Table 4.6

Logistic Regression Model Predicting Alcohol Abuse Disorder or Alcohol Dependence Disorder (AAD) at Wave 2, (N=3732)

Variables	OR	95% CI
Employment Status, from Wave 1 to Wave 2		
Positive (remained or became employed)	-	-
Negative (remained or became unemployed)	0.48**	[0.44, 0.54]
Age		
18-29	9.17**	[8.16, 10.31]
30-44	3.71**	[3.34, 4.11]
45-64	2.13**	[1.96, 2.32]

65+	-	-
Gender		
Male	3.98**	[3.74, 4.24]
Female	-	-
Martial status		
Unmarried	2.05**	[1.92, 2.19]
Married	-	-
Education		
High school/GED or less	0.87**	[0.79, 0.95]
More than high school	-	-
Income		
0-19,999	0.63**	[0.52, 0.75]
20,000-34,999	0.86**	[0.80, 0.93]
35,000-69,999	0.61**	[0.57, 0.65]
70,000+	-	-
Years in the U.S.		
Less than 6 years	0.56**	[0.49, 0.64]
6-17 years	0.77**	[0.72, 0.82]
17 years or longer	-	-

Note. *Significant at the p<.05 level. **Significant at the p<.01 level. All analyses incorporate the NESARC sample weighting strategy. Nagelkerke R^2 = 0.144.

The Multivariate models presented in Table 4.3, 4.4., 4.5, and 4.6 provide a

foundation for discussing the impacts that unemployment has on immigrant mental health.

Limitations

Although there were many strengths to this study, such as a substantial sample size, two waves of repeated sampling, and a comprehensive dataset, a few limitations should be noted. Given that the NESARC included multiple interconnected and overlapping questions for mental health and employment topics, there was researcher subjectivity in making choices about which items would define this study's variables. For example, concepts such as "employment" or "mental health diagnosis" could be created using alternative methods and items than I chose to use, based on the researcher's conceptualization of the variables (Burnett-Zeigler et al., 2013; Popovici & French, 2013). Similarly, I deliberated whether to eliminate retirement-aged respondents from the sample study, since their responses to employment questions might be arbitrary, and the meaning of employment or unemployment irrelevant if they were retired or not interested in working. However, in the end I chose to include all ages and trust the participants' self-identifications. This is an example, however, of a limitation in creating a valid sample.

Another limitation of this study is that the data is approximately fifteen years old, and results should be interpreted in light of the age of the data. While lag time between data collection and data results is unavoidable, interpreting results from data collected in one place and time in another place and time should be done thoughtfully. Lastly, this longitudinal study only contains two waves, so causation should be inferred cautiously (Rogosa, 1995).

Discussion, Implications, and Conclusion

The results from this study indicate that unemployment has a negative impact on immigrant mental health, specifically for GAD, PTSD, and MDD diagnoses. This study found opposite findings for Alcohol Abuse and Dependence – such that unemployment predicted lower odds of AAD. However, it should be noted that the literature on employment and alcohol misuse has shown mixed results (Dooley, Fielding, & Levi, 1996; Henkel, 2011; Popovici & French, 2013; Ruhm & Black, 2002). One possible explanation for why unemployment would reduce the likelihood of AAD in the immigrant population is that there is less money available to purchase alcohol (Popovici & French, 2013). Further research is needed to understand the complex relationship between alcohol misuse and unemployment, particularly in the immigrant population.

The results from this study indicate that efforts to prevent or address unemployment, or to maintain employment, would be beneficial for the mental health of the immigrant population. Employment is perhaps one of the most significant areas that can increase or decrease stress for the immigrant (Teodorescu et al., 2012).. Teodorescu et al. (2012) found that unemployment was the most significant factor associated with both a mental illness and severity of symptoms in a study of immigrants and mental illness. Another study (Besier et al., 1993) found that for refugee immigrants, loss of income was perceived to be the worst outcome of job loss or unemployment. What these two studies together could suggest is that employment has such a large effect on mental health because of the many areas that it consequently impacts. Unemployment can potentially impact an immigrant or immigrant family both in concrete ways (i.e. income, housing) and nonconcrete ways (i.e. anxiety, depression, security).

Participants with any of the mental health diagnoses were more likely to have been in the U.S. for 17 years or longer. This is in keeping with the "healthy immigrant effect," which suggests that overtime immigrants have the same rates of health problems as the general population. As a result, practitioners should be mindful that immigrant status may not be an indicator of lessened risk for mental illness if the immigrant has been in the U.S. for a long period of time.

Research shows that immigrants who are less acculturated to the U.S. are less likely to engage in mental health services (Burnett-Zeigler, Lee, & Bohnert, 2018). As a result, social work programs that are community based and provide a variety of immigrant services, including but not solely mental health services, is an example of a model of care that may be more effective for the immigrant population. Additionally, this research suggests that unemployment is a risk factor for mental health problems, and, thus, social work efforts should aim to provide employment case management, community resource linkage, and advocacy to the immigrant population, who may have more difficulty finding employment due to acculturation issues, lack of knowledge about U.S. systems, or poor English abilities.

Lastly, more research is needed to understand the employment-mental health relationship for specific immigrant groups (Abdul-Malak, 2017; Szaflarski et al., 2011). Research that investigates specific immigrant groups who are living in the United States would help social work practitioners better understand group-specific mental health constructs, roles of work, and risk factors for both mental illness and unemployment.

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CHAPTER 5

SUMMARY, IMPLICATIONS, AND CONCLUSION

My hope is that the purpose of this dissertation has been fulfilled and the reader reaches this conclusion with a better understanding of the intersecting realms of immigrants and refugees; employment, unemployment, and underemployment; and mental health. In the case that the reader is left asking him or herself, "What's so different for immigrants and refugees – are not employment problems and mental health struggles bad for everyone?", I want to draw the reader's attention to intersectionality theory.

The concept of intersectionality is that multiple areas of oppression in one's life have a compounding negative effect (Phoenix, 2006; Viruell-Fuentes, Miranda, & Abdulrahim, 2012). What this means is that a white, Christian American male living in the U.S. may experience discrimination at work if he has a mental illness (Parcesepe & Cabassa, 2013) – but a Muslim, African refugee woman living in the U.S. would experience considerably *more* discrimination in the same situation because she is also a woman (Rospenda, Richman, & Shannon, 2009), an immigrant (Inglehart & Norris, 2016; Tran, Lee, & Burgess, 2010), a refugee (Minor & Cameo, 2018), a Muslim (Greenhouse, 2010), and has dark skin (Rospenda et al., 2009).

Researchers in immigrant health have advocated for using intersectionality theory when conceptualizing immigrant health studies (Acevedo-Garcia & Almeida, 2012; Kapilashrami, Hill, & Meer, 2015; Phoenix, 2006; Viruell-Fuentes et al., 2012). Multiple interacting influences should be included in developing immigrant health research

studies, such as: social location, place in time, historical oppression, experiences with racism, immigration policies, and immigration status (Acevedo-Garcia & Almeida, 2012; Kapilashrami et al., 2015; Phoenix, 2006; Viruell-Fuentes et al., 2012). Similarly, researchers in immigrant employment have also utilized the intersectionality framework for conceptualizing immigrant employment studies (Fernández-Macías, Grande, del Rey Poveda, & Antón, 2015; Flippen, 2014; Valdez, 2016).

Before meaningful social work interventions can be implemented to help immigrants and refugees who have struggles with unemployment, underemployment, or mental illness, there is a need for a greater understanding of the diverse international population living in the U.S.. Consequently, this dissertation study sought to explore and answer the following overarching questions through three individual studies:

1. What is known from the refugee literature about mental health, employment, unemployment, underemployment, and the inter-relationship between refugee mental health and employment issues?
2. What are the educational and vocational experiences of college-educated Iraqi refugees living in the U.S., many of whom find themselves underemployed?
3. Over time, are U.S. immigrants who become unemployed or remain unemployed, more likely to have mental health problems than immigrants who become employed or remain employed?

This chapter will follow with a summary of the main findings of each study presented in this dissertation; implications for social work practice, education, research, and policy; and, finally, limitations and conclusion.

Summary of Main Findings

Chapter 2: Mental Health and Employment among Resettled Refugees: What Social Workers Need to Know

This chapter presented the literature review *Mental Health and Employment among Resettled Refugees: What Social Workers Need to Know*, which provided an overview of refugee mental health and refugee employment issues, and how these two topics are interrelated in the U.S. resettled refugee population. Prevalence rates of PTSD, MDD, and somatic disorders are higher among refugees than the U.S. born population (Fazel et al., 2005; Hocking, Kennedy, & Sundram, 2015). PTSD symptoms are more likely to be present prior to arrival in the U.S., while MDD symptoms are more likely to emerge after resettlement. Refugee mental health interventions that are evidence-based include trauma-informed modalities and acculturation and case management services. Cultural and structural barriers limit refugees' access and engagement in mental health treatment. Unemployment rates are overall lower for refugees than the general U.S. population, with refugee men having higher rates (67% versus 62%) than U.S.-born men and refugee women having the same rate (54%) as U.S.-born women (Capps & Newland, 2015). However, certain refugee subgroups experience higher rates of unemployment or underemployment than the general U.S. population (Fix, Hooper, & Zong, 2017).

Unemployment is a risk factor for poor mental health in refugee populations (Ehntholt & Yule, 2006; Marshall et al., 2005; Porter & Haslam, 2005), and employment

is a protective factor against mental illness (Hocking et al., 2015; Kirmayer et al., 2011). Underemployment is shown in the literature to have a negative effect on refugee life satisfaction (George, Chaze, Fuller-Thomson & Brennenstuhl, 2012), physical health (Jamil, Aldhalimi & Arnetz, 2012), and mental health (Lunn, 2014). Meanwhile, mental health problems negatively affect employment and employability (Beiser et al., 1993; Fassaert, De Wit, Tuinebreijer, Knipscheer, Verhoeff, Beekman, & Dekker, 2011; Teodorescu et al., 2012; Wright et al., 2016).

Chapter 3: A Qualitative Study of the Employment Experiences of College-educated Iraqi Refugees in the U.S.

This chapter presented *A Qualitative Study of the Employment Experiences of College-educated Iraqi Refugees in the U.S.*. This study explored the educational and vocational experiences of college-educated Iraqi refugees living in the U.S., many of whom find themselves underemployed. Two overarching themes emerged from the data:

1. College-educated Iraqi refugees resettled in the U.S. present a complex picture of both gratitude for their personal and family safety, and pain and frustration over the loss of their former professional status and satisfaction; and
2. College-educated Iraqi refugees resettled in the U.S. describe a common framework for making short-term and long term employment and education decisions post-resettlement.

Overall, employment – any employment – helped refugees resettle by providing income, social interaction, and acculturation. Participants reported feelings of grief and

loss related to their lost educational and vocational achievements and identities, but also reported overwhelmingly that safety from war had changed their priorities and goals in life.

Participants had put a lot of thought into the decision-making process about what educational and vocational steps to take after they arrived in the U.S.. Depending on age, life stage, and transferability of field, career plans had been interrupted to different degrees. All participants reported having to "start all over," and, indeed, only two of the twelve participants interviewed were continuing forth in their career field.

The decision-making process and the emotional toll on participants appeared to differ based on factors such as age, gender, ethnic group, career field, and personal resilience. Female participants appeared to more easily step into a new role as community helper or mother, which eased the loss of their previous work identity. Younger participants had more time ahead of them to "start over," while older participants did not, and had an entire life of work and savings lost to grieve. Career fields in technology were less regulated and more transferrable than the medical and academic fields. Participants who were Sunni ethnicity had less choice in leaving and returning to Iraq than Shia participants, which understandably would make the losses more difficult to bear. Personal resilience also explained why some participants were able to "bounce back" and remain optimistic and hopeful for the future, while other participants did not. Participants who were doing more positively had found a way to manage the internal conflict of loss and gratitude and had identified short and long term goals for their futures in the U.S.

Chapter 4: The Impact of Employment on Immigrant Mental Health: Results from National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)

This chapter presented the two-wave study *The Impact of Employment on Immigrant Mental Health: Results from National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)* (Grant & Dawson, 2006; Grant et al., 2014). The following research question was examined: "Over time, are immigrants who become unemployed or remain unemployed, more likely to have mental health problems than immigrants who become employed or remain employed?"

The results from this study indicated that unemployment has a negative impact on immigrant mental health, specifically for GAD, PTSD, and MDD diagnoses. Negative employment status was a significant predictor of all mental health diagnoses in the multivariate logistic regression models. Participants who reported a negative employment status were twice as likely to have GAD (OR=1.96, $p<.01$); 1.25 times more likely to have PTSD ($p<.01$); and 1.5 times more likely to have MDD ($p<.01$) at Wave 2. Participants with a negative employment status were about half as likely to have Alcohol Abuse Disorder or Alcohol Dependence Disorder (OR=0.48, $p<.01$) at Wave 2.

Participants with any of the mental health diagnoses were more likely to have been in the U.S. for 17 years or longer, which supports the "Healthy Immigrant Effect" theory. The finding that a negative employment status reduced the likelihood of AAD in the immigrant population needs further inquiry. One possible explanation for why unemployment would reduce the likelihood of AAD in the immigrant population is that there is less money available to purchase alcohol (Popovici & French, 2013). Finally, the results from this study indicate that efforts to prevent or address unemployment, or to

maintain employment, would be beneficial for the mental health of the immigrant population as employment is arguably one of the most significant areas that can increase or decrease stress for the immigrant (Teodorescu et al., 2012)..

Implications for Social Work

This section provides overall implications for social work practice, education, research, and policy based on the three studies included in this dissertation study. Please see each study's corresponding chapter for more detailed implications.

Social Work Practice Implications

Social workers working in the field of mental health should utilize trauma-informed and grief and loss interventions that are culturally appropriate when working with immigrant and refugee populations (Kaczorowski et al., 2011; Kirmayer, 2012; Moreno, Piwowarczyk, LaMorte, & Grodin, 2006). Clinical social workers should also understand the role of employment in mental health, and the role of mental health in employment. Models of care that are community-based and holistic in services offered would likely be more effective for the immigrant population, who is less likely to seek mental health treatment.

Social workers working in resettlement agencies should provide job connections outside of factory work and offer career-specific counsel and advanced English classes. Of course, limited funding is a reality for resettlement agencies, and one recommendation to combat limited resources is to engage in more partnerships with voluntary agencies (Mott, 2010), such as recruiting BSW or MSW interns, or partnering with local faith communities (Eby, Iverson, Smyers, & Kekic, 2011). Resettlement agencies could also

expand their employer partnerships to not only place, but also continue to support new hires (Migration Policy, 2016).

Social Work Education Implications

Social work educators aim to teach students to work with diverse and marginalized populations, such as the U.S. immigrant and refugee populations. One recommendation for educators is to help students assess their own bias towards these populations. Discussing concepts such as patriarchalism, nationalism, and pluralism, phenomenology, social constructionism, and intersectionality theory in the classroom can help students understand what bias looks like and recognize where it lies within themselves (Bell & Adams, 2016).

Social Work Research Implications

This dissertation identified several areas in the immigrant and refugee literature that need further understanding. For example, research endeavors could help to further identify which countries have implemented immigration policies that are mutually beneficial for the country and the highly educated and highly skilled immigrant. Research endeavors that investigate specific immigrant or refugee groups who are living in the United States would help social work practitioners better understand group-specific mental health constructs, roles of work, and risk factors for both mental illness and unemployment. For example, nationwide statistics on refugees and employment show a positive picture of low unemployment; however, more in-depth research could help to distinguish which refugee groups are doing very well, well, not so well, or struggling. More detailed employment statistics could also help to distinguish between inadequate employment and meaningful employment (Codell, Hill, Woltz, & Gore, 2011).

Social Work Policy Implications

Social workers working in policy can advocate for expanded funding for resettlement agencies or other agencies that work with refugees. Funding could be distributed through multiple paths – such as paying for rent longer than three to six months, paying for educational expenses, employing more case workers, employing career counselors, funding advanced English classes, funding transportation vouchers, establishing car-loan programs for new arrivals, offering childcare, or expanding refugee health insurance access (Correa, Barnett, & Gifford, 2015; Mousa, 2018; Takeda, 2000). For refugees, policymakers should consider pre-departure programs in refugee camps to teach English, literacy, and vocational skills while refugees are waiting to be cleared to come to the U.S. (Capps & Newland, 2015). Pre-departure would also be an excellent time to locate and verify refugees' academic and professional credentials.

Limitations and Conclusions

There is an ongoing debate among researchers as to whether multi-method studies or single-method studies are superior (Ahmed & Sil, 2012; Hussein, 2015). While there are strengths to a multi-method dissertation – such as reaping the benefits while minimizing the weaknesses of each method (Hussein, 2015), some researchers (Ahmed & Sil, 2012) believe that the multi-method dissertation can lack scholarly detail or sufficient mastery of each study.

Each method had its own intrinsic limitations, which are discussed in their representative chapter. One limitation that is across studies is that findings cannot be generalized. This dissertation honed in on the relationship between immigrants, mental health, and employment. However, the immigrant population, including refugees, in the

United States is currently around 50 million (United Nations, 2018). Obviously, findings cannot be generalized across such a large and diverse group. Again, more research is needed to sparse out differences among and within immigrant groups.

As the reader concludes this dissertation study, my hope is that the inextricable relationship between immigrant mental health and employment is been made clear. Social workers working with immigrants and refugees in any context should consider factors such as educational and vocational histories, mental health histories, current employment situation in the U.S., and current mental health needs when attempting to understand the inter-relationship between mental health and employment experiences for immigrants and refugees. Humanitarian efforts are needed to improve the post-migration resettlement experience, and interventions in the areas of mental health and employment would likely have positive impacts on the lives of immigrants and refugees who are making new lives in the U.S..

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