The Role of Coping Self-Efficacy, Social Support, and Loneliness on Acculturative Stress and Life Satisfaction Among Brazilians in Ireland.

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Abstract

The mental health of migrants is a complex issue influenced by various factors, including acculturative stress, social support systems, coping mechanisms, and individual resilience. This study investigated the mental health experiences of Brazilian migrants in Ireland (N = 96; 75% female), focusing on the interplay of acculturative stress, social support, coping mechanisms, loneliness, and life satisfaction. This is a quantitative study with correlational design employed, with data collected through an online questionnaire comprising demographic questions and five psychometric scales: Satisfaction with Life Scale (SWLS), Acculturative Stress Scale for International Students (ASSIS), Coping Self-Efficacy Scale (CSES), UCLA Loneliness Scale (ULS-10), and Multidimensional Scale of Perceived Social Support (MSPSS). The results revealed that longer time spent in Ireland was associated with decreased acculturative stress and increased life satisfaction. Additionally, coping self-efficacy, perceived social support, and time spent in Ireland positively correlated with life satisfaction, while loneliness negatively correlated with coping self-efficacy. The study also found that social support, coping self-efficacy, and time in Ireland were positive predictors of life satisfaction, whereas acculturative stress and loneliness were negative predictors. These findings underscore the crucial role of

social support, coping skills, and addressing loneliness and acculturative stress in promoting the well-being of Brazilian migrants in Ireland. Future research could delve into the specific coping strategies employed by this population and the influence of cultural factors on their acculturation process.

Key words: Acculturation, Coping Skills, Life Skills, Self-Efficacy, Cross-Cultural Psychology, Life Satisfaction, Mental Health, Migration, Social Support.

Introduction

In the 1990s, Ireland experienced a period of rapid economic growth, known as the "Celtic Tiger" (Sweeney, 2000). This economic boom attracted a wave of migrants seeking employment opportunities, including a significant number of Brazilians (Carlson and Nilsen, 1995; Carta et al., 2005; Sweeney, 2008). The influx of Brazilian migrants continued into the early 2000s, with many drawn to Ireland for English language courses and university programs (Carta et al., 2005; Maher and Cawley, 2014, 2015), which in fact, Brazilians became the second-largest international student population in the country (Study International Staff, 2016; CSO, 2018, 2022). Over time, a portion of these migrants have become Irish citizens (Maher and Cawley, 2014, 2015). Despite this growing presence, research on the mental health experiences of migrants in Ireland remains limited, particularly in the context of the significant social and cultural adjustments they face. Carta et al. (2005) criticise the existing literature on migrant mental health as being scarce and often focused on broader European contexts, thereby neglecting the unique experiences of specific migrant groups in different countries, such as Brazilians in Ireland.

The mental health of migrants is a complex issue influenced by various factors, including acculturative stress, social support systems, coping mechanisms, and individual resilience (Carta et al., 2005; Giacco, Laxhman and Priebe, 2018; Hasan et al., 2021). Acculturative stress, the psychological strain associated with adapting to a new culture, can significantly impact mental well-being (Sandhu and Asrabadi, 1994; Berry, 1997, 2005; Bhugra, 2004). However, the existing research on acculturative stress among migrants in Ireland is limited, and the specific stressors they face in the Irish context remain under-explored.

Social support and integration into the host society have been identified as crucial protective factors against mental health challenges in diverse migrant populations (Priebe et al., 2013; Priebe, Giacco and El-Nagib, 2016; WHO, 2018). However, the literature on social support among migrants in Ireland is underdeveloped, and the role of social networks and community resources in their mental health adaptation remains unclear. Additionally, the impact of migration pathways, such as student visas or work permits, on social integration and mental health outcomes among migrants in Ireland has not been adequately investigated.

While several studies have linked high rates of depression, suicidal thoughts, drug abuse, and alcoholism among migrants to social integration and adaptation difficulties (Giannopoulou, 1988; Akbiyik, 1990; Bendahman, 1993; Yahyaoui, 1992; Yakoub, 1993; Sandhu and Asrabadi, 1994; Boylan, 1995; Bhugra and

Ayonrinde, 2004; Berry, 2005; Carta et al., 2005; Priebe, Giacco and El-Nagib, 2016; Giacco, Laxhman and Priebe, 2018; Hasan et al., 2021), these studies often lack a nuanced understanding of the specific challenges faced by different ethnic groups of migrants in Ireland. Furthermore, the research on the mental health of migrant in Ireland is limited, and the impact of factors such as working conditions, financial stress, and discrimination on their mental well-being remain under-investigated, as underscored by Villarroel et al. (2019) and Cronin et al. (2024), there is a lack of research on frameworks for collaborative action, advocacy and human rights, and improving health information systems for migrants in Ireland.

This study aims to address these gaps in the literature by investigating the mental health experiences of a portion of the ethnic group of Brazilian migrants in Ireland, with a specific focus on the interplay of acculturative stress, social support, coping mechanisms, and loneliness. By examining these factors in the context of the unique experiences of Brazilian migrants in Ireland, this study will contribute to a more comprehensive understanding of migrant mental health and inform the development of targeted interventions and support services.

Acculturative Stress

Acculturation, explained by Ward and Geeraert (2016), is a complex process that occurs when individuals from different cultures come into contact with each other. It involves changes in an individual's values, behaviours, and identity as they adapt to the new cultural context (Matsumoto and Juang, 2012). Acculturative stress arises when individuals experience difficulties in navigating these changes and adapting to the new culture (Berry, 1980, 1992, 1997, 2005; Bhugra, 2004). Abbott et al. (1999), Tseng (2001) and Bhugra (2004) agree this stress can manifest in various ways, including psychological distress, physical symptoms, and social difficulties.

Several factors can contribute to acculturative stress, including language barriers, discrimination, social isolation, and the loss of social support networks, as highlighted by a number of researchers (Sandhu and Asrabadi, 1994; Ruspini et al., 2000; Bhugra, 2004; Furnham, 2004; Carta et al., 2005; Wong and Wong, 2006; Ward and Geeraert, 2016). The degree of cultural distance between the individual's heritage culture and the host culture can also play a significant role (Sandhu and Asrabadi, 1994; Ward and Geeraert, 2016). For example, Brazilians, who come from a collectivist culture, may experience greater acculturative stress when adapting to Ireland that is considered a relatively individualistic culture (Singelis, 1994; Bhugra, 2004; Wong and Wong, 2006). Ireland generally scores higher on individualism behaviour, being relatively close to scores in the same as the US and the UK when compared among collectivist societies on Hofstede's framework for assessing cultural dimensions (Hofstede, 2001; Kulkarni et al., 2010; Connolly, Lang and Wall, 2019). However, much of the existing research on human behaviour and acculturative stress has focused on migrants in North America and other Western countries, with limited attention given to the experiences of migrants in Ireland (Arnett, 2008; Matsumoto and Juang, 2012; Henrich, Heine and Norenzayan, 2020).

This study aims to address these limitations by examining acculturative stress among Brazilian migrants in Ireland using a quantitative approach. By focusing on a specific migrant group in a specific context, this study will contribute to a more nuanced understanding of acculturative stress and its impact on mental health.

Social Support and Integration

Social support and integration into the host society are crucial factors in mitigating the negative effects of acculturative stress and promoting mental well-being among migrants (Priebe et al., 2013; Ottisova et al., 2016; Priebe, Giacco and El-Nagib, 2016; Giacco, Laxhman and Priebe, 2018; Porter and Haslam, 2018). Priebe et al. (2013), Priebe, Giacco and El-Nagib (2016) and World Health Organization (WHO, 2018) suggest that social support can provide a sense of belonging, emotional support, and practical assistance, all of which can help individuals cope with the challenges of adapting to a new culture.

For WHO (2018) integration into the host society involves developing social connections, participating in community activities, and adopting aspects of the new culture. Several studies recommend that this process can be facilitated by language proficiency, employment opportunities, and supportive social policies (Beirens et al., 2007; IASC, 2007; Spencer, 2006; Betts and Collier, 2017; El-Awad et al., 2017; Adityavarman et al., 2021). Previous research has shown that migrants who are well-integrated into the host society tend to have better mental health outcomes than those who are socially isolated (Ruspini et al., 2000; Bhugra and Jones, 2001; Bhugra, 2004; Bhugra and Ayonrinde, 2004; Lee, Koeske and Sales, 2004; Carta et al., 2005; Priebe et al., 2013; Bogic, Njoku and Priebe, 2015; Priebe, Giacco and El-Nagib, 2016). However, existing research on social support and integration among migrants has often overlooked the role of cultural factors in shaping social networks and support systems. Additionally, previous studies have tended to focus on the quantity of social support rather than the quality, which may be a more important predictor of mental health outcomes.

This study will address these limitations by examining the role of cultural factors in shaping social support and integration among Brazilian migrants in Ireland. The study will also assess both the quantity and quality of social support to gain a more comprehensive understanding of how social support influences mental health in this population.

Migration and Mental Health

The relationship between migration and mental health is complex and multifaceted as explained in previous sections. While migration can offer opportunities for personal growth and improved quality of life, it can also pose significant challenges to mental well-being. The stress of adapting to a new culture, coupled with the loss of familiar social support networks, can increase the risk of mental health problems among migrants.

Studies have shown that migrants are at a higher risk of developing various mental health disorders, including depression, anxiety, and post-traumatic stress disorder (PTSD) (Carta et al., 2005; Giacco, Matanov and Priebe, 2014; World Health

Organization, 2018; Hasan et al., 2021). Tseng (2001) and Bhugra (2004) underscore the prevalence of these disorders can vary depending on factors such as the reason for migration, pre-migration experiences, and post-migration stressors, as also highlights by many other scholars (Achotegui, 2002; Carta et al., 2005; Hasan et al., 2021). However, much of the existing research on migrant mental health has focused on refugees and asylum seekers, with less attention given to the experiences of economic migrants. Additionally, many previous studies have often relied on clinical samples (Janca and Helzer, 1992; Furnham, 2004; Cantor-Graae and Selten, 2005; Fazel, Wheeler and Danesh, 2005; Lindert et al., 2008; Bogic, Njoku and Priebe, 2015; Close et al., 2016; Hollander et al., 2016), which may not be representative of the broader migrant population.

This study will address these limitations by focusing on the mental health experiences of Brazilian migrants in Ireland, who are primarily economic migrants. The study will use a community sample that is more generalizable to the population of Brazilian migrants in Ireland, however it also presents a limitation of generalization to the broader population of migrants. Additionally, the study will examine a range of mental health outcomes by self-report measures, including both clinical and subclinical levels of distress, to capture a wider spectrum of mental health experiences among this population.

Research Questions and Hypotheses

This study aims to investigate the mental health experiences of Brazilian migrants in Ireland, with a specific focus on the interplay of acculturative stress, social support, coping mechanisms, loneliness, and life satisfaction. The research questions and hypotheses guiding this study are:

(1) **How does the duration of time living in Ireland influence the levels of acculturative stress and life satisfaction among Brazilian migrants?**

H1: It is hypothesized that those who have lived in Ireland for a longer duration will experience lower levels of acculturative stress.

H2: It is hypothesized that those who have lived in Ireland for a longer duration will experience higher levels of life satisfaction.

(2) **Does migrating alone or accompanied affect the levels of loneliness and coping self-efficacy in Brazilian migrants?**

H3: It is hypothesized that those who migrated alone will experience higher levels of loneliness.

H4: It is hypothesized that those who migrated alone will experience lower levels of coping self-efficacy.

(3) **What is the relationship between coping self-efficacy, perceived social support, time in Ireland, and life satisfaction among Brazilian migrants?**

H5: It is hypothesized that coping self-efficacy and perceived social support will be positively correlated with life satisfaction.

(4) Does loneliness significantly impact the coping self-efficacy of Brazilian migrants?

H6: It is hypothesized that loneliness will negatively predict coping self-efficacy.

(5) How do social support, coping self-efficacy, acculturative stress, and loneliness collectively influence the life satisfaction of Brazilian migrants in Ireland?

H7: It is hypothesized that social support and coping self-efficacy will positively predict life satisfaction, while acculturative stress and loneliness will negatively predict life satisfaction.

By addressing these questions, this study seeks to provide a comprehensive understanding of the factors that contribute to the mental health and well-being of Brazilian migrants in Ireland. The findings of this research will not only contribute to the existing body of knowledge on migrant mental health but also inform the development of targeted interventions and support services to enhance the well-being of this growing population.

Methodology

Participants

The target population for this study was Brazilian migrants residing in Ireland who met the following criteria: (1) had been a student within the previous five years; (2) were at least 18 years old; and (3) had at least an intermediate level of English to understand and answer the questionnaire. These criteria were chosen to ensure that participants had recent experience with the acculturation process and could comprehend the survey questions. The final sample consisted of 96 participants, with 72 females (75%) and 24 males (25%). Participants' ages ranged from 19 to 59, with a mean age of 33.51 (SD = 6.41).

Due to the challenges associated with accessing a geographically dispersed and potentially hidden population, a non-probability sampling approach was employed, using both convenience and snowball sampling methods. Convenience sampling was through readily available channels, such as social media platforms and personal networks. Snowball sampling entailed participants sharing the survey link with other potential participants within their social circles. While the study did not collect information of where participants lived in Ireland, it is likely that most were from the Dublin area, as that is where the survey was mainly promoted.

Design

This study employed a correlational and cross-sectional design to explore the associations between coping self-efficacy, social support, loneliness, acculturative stress, and life satisfaction among Brazilian migrants in Ireland and to examine differences amongst this sample. The study considered demographic factors such as gender, migration group (alone or accompanied), and community connection as independent variables. The primary dependent variables of interest were life

satisfaction, acculturative stress, coping self-efficacy, loneliness, and social support. The study further investigated specific hypotheses using regression analyses, which in one analysis, loneliness was considered the independent variable, and coping self-efficacy was the dependent variable. In another analysis, social support, coping self-efficacy, acculturative stress, and loneliness were treated as independent variables to predict life satisfaction, which served as the dependent variable.

Materials

The online survey was created using Google Forms used for data collection. Upon completion, the data were downloaded into Microsoft Excel for initial organization and then imported into IBM SPSS Statistics 26.0 for statistical analysis.

The questionnaire comprised 109 questions across eight sections. The initial two sections were divided into research information, contact details for the researcher and supervisor, debrief of potential risks, anonymity, confidentiality and voluntary participation, right to withdrawal, and emergency support services. All information was included to ensure participants' well-being, informed consent and ethical considerations in accordance with Dublin Business School Ethical guidelines and Psychological Society of Ireland (PSI).

The third section collected demographic data, including gender, age, time living in Ireland, existing migration history, English proficiency, current employment and education status, social connections, and future plans in Ireland.

The remaining five sections of the questionnaire consisted of psychometric scales designed to measure the following constructs: (1) **Satisfaction with Life Scale (SWLS):** this 5-item scale assesses overall life satisfaction, with higher scores indicating greater satisfaction (Diener et al., 1985). The SWLS has demonstrated strong internal consistency according to Cronbach's alpha ($\alpha = .87$) in previous research; (2) **Acculturative Stress Scale for International Students (ASSIS):** this 36-item scale measures various dimensions of acculturative stress experienced by international students, including perceived discrimination, homesickness, perceived hate, fear, stress due to change/culture, guilt, and miscellaneous concerns (Sandhu and Asrabadi, 1994). The ASSIS has shown high reliability ($\alpha = .96$) in previous studies. (3) **Coping Self-Efficacy Scale (CSES):** this 26-item scale assesses an individual's confidence in their ability to cope with life's challenges (Chesney et al., 2006). It comprises three subscales: problem-focused coping, stopping negative emotions and thoughts, and getting social support. The CSES has demonstrated good internal consistency and structural validity in previous research (subscale problem-focused coping 6 items, $\alpha = .91$, stopping negative emotions and thoughts with 4 items, $\alpha = .91$, and social support with 3 items, $\alpha = .80$); (4) **UCLA Loneliness Scale (ULS-10):** this 10-item shortened version of the UCLA Loneliness Scale measures self-perceived loneliness and social isolation (Russell, 1996). Higher scores on the ULS-10 indicate greater loneliness. The scale has shown good test-retest reliability ($\alpha = .73$) and internal consistency ($\alpha = .89 – .94$) in previous research; (5) **Multidimensional Scale of Perceived Social Support (MSPSS):** this 12-item scale assesses perceived social support from three sources: significant others, family, and friends (Zimet et al., 1988). Higher scores on the MSPSS indicate

greater perceived social support. The scale has demonstrated good internal consistency reliability and moderate construct validity in previous research (α = .85 to .91 for the overall scale and its three subscales). All five scale instruments are made freely available and widely accessible through the internet, therefore the researcher was exempted from the authors' permissions to use the instruments.

Ethics

Ethical approval for this study was granted by the Dublin Business School Research Ethics Committee. The research adhered to the ethical guidelines set forth by the Psychological Society of Ireland (PSI) and the British Psychological Society (BPS). These guidelines emphasize respect for the rights and dignity of participants, competence in research conduct, responsibility for participant well-being, and integrity in data collection and reporting.

The information sheet and debriefing materials provided to participants clearly outlined the purpose of the study, emphasizing that it was being conducted as part of an undergraduate assessment. Anonymity was ensured through the use of online survey tools that did not track participant identities, such as IP addresses, name, phone or email details. All data and survey content were securely stored on password-protected computers and Google accounts with two-step verification.

Throughout the research process, no ethical issues were encountered. The researcher maintained open communication with potential participants, addressing any concerns that arose promptly and respectfully. The study's commitment to ethical principles ensures the protection of participant rights and the integrity of the research findings.

Procedure

Following ethical approval from the Dublin Business School Research Ethics Committee and DBS Psychology Filter Ethics Committee, participants were invited to participate in the study through various channels. Social media platforms were used to disseminate a direct link to the online survey, and printed posters with QR code were displayed in public spaces and English language schools attended by Brazilian students. This multifaceted recruitment strategy aimed to maximize the reach and accessibility of the survey.

The survey was accessible online from December 2022 to February 2023, allowing for data collection over an extended period. Upon accessing the survey, participants were presented with an information sheet detailing the study's purpose, eligibility criteria, voluntary nature of participation, anonymity, and the right to withdraw at any time. Informed consent was obtained before participants proceeded to the questionnaire.

After completing all sections, participants received a confirmation message expressing gratitude for their participation and reiterating contact information for the researcher, supervisor, and emergency support services. Upon completion of the data collection phase, the data were exported from Google Forms into

Microsoft Excel 2021 for initial organization and cleaning. Subsequently, the data were imported into IBM SPSS Statistics 26.0 for in-depth statistical analysis.

Results

Descriptive Statistics

Descriptive statistics in relation to the sample

The study sample consisted of 96 participants, with a majority of females (N = 72, 75%) and a minority of males (N = 24, 25%). The age range was 19 to 59, with a mean age of 33.51 years (SD = 6.41). Participants were divided into three groups based on their time living in Ireland (Figure 1): "up to two years" (N = 22, 23%), "between three to five years" (N = 35, 35%), and "more than five years" (N = 39, 41%). This distribution suggests a diverse sample in terms of duration of stay in Ireland, with a majority reporting to be in the country for more than three years (77%), allowing potential comparisons between those who are relatively new to the country and those who have been living there for a longer period.
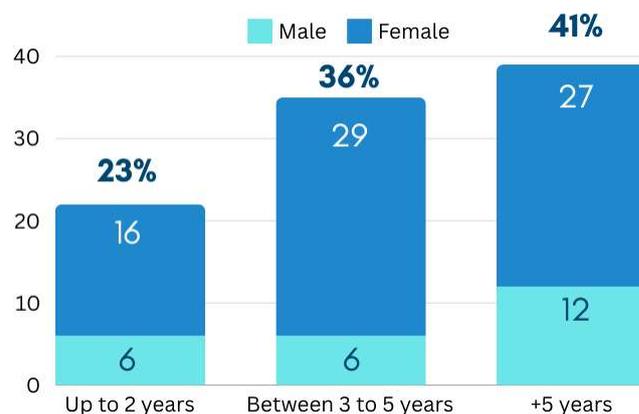
Figure 1: Distribution of Participants per Gender and Time Living in Ireland Groups.

Regarding migration patterns (Figure 2), most participants migrated alone (N = 52, 54%), followed by those who migrated with an intimate partner or intimate partner and their children (N = 34, 35%). Smaller proportions migrated with siblings (N = 5, 5%) or a close friend or other (N = 5, 5%). Notably, no participant migrated solely with children. This distribution highlights the prevalence of solo migration and migration with intimate partners among Brazilians in Ireland.
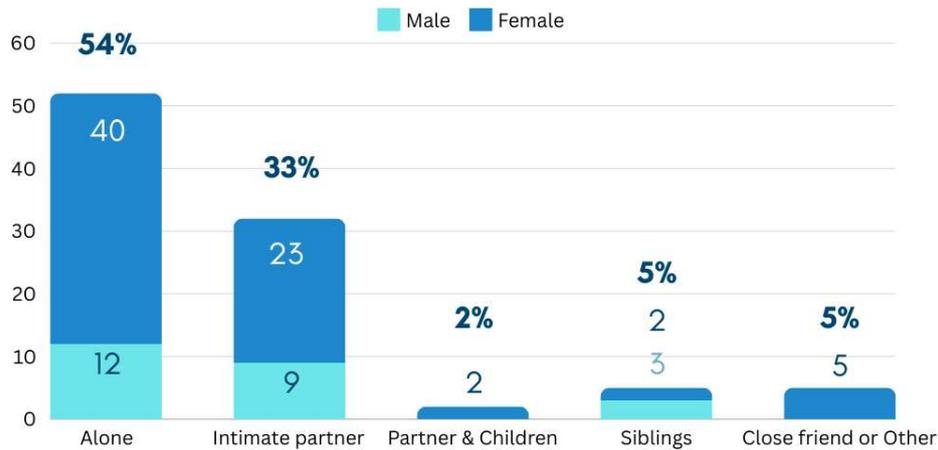
Figure 2: Distribution of Participants per Gender and Migration Group.

The majority of participants reported having connections, in different levels, with a Brazilian community in Ireland (Figure 3), indicating a significant level of social integration within their ethnic group. Among those connected, most reported being connected with 6 to 10 people (N = 35, 37%), followed by those connected with more than 20 people (N = 23, 24%), with less than 5 people (N = 21, 22%), 11 to 20 people (N = 16, 17%), and zero connections (N = 1, 1%). This suggests that while most participants maintain social ties within the Brazilian community, the size and intensity of these connections vary.
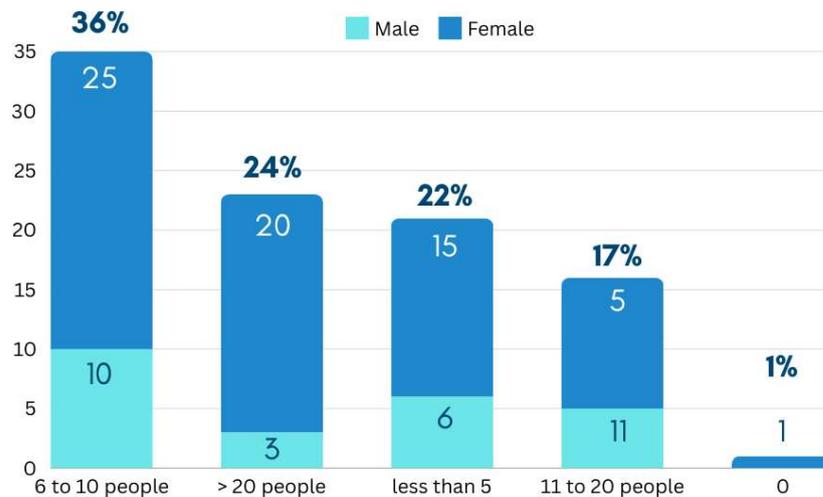

Figure 3: Distribution of Participants per Gender and Community Connections

In terms of employment and education, 58% (N = 56) of participants were not currently studying, while 42% (N = 40) were. Among those studying, the average self-reported study time per week was 8 hours (N = 96, M = 7.61, SD = 11.19), ranging from 2 to 40 hours. The majority of participants were currently working (N = 85, 88%), with an average self-reported work week of 31 hours (M = 31.01, SD = 13.76), ranging from 15 to 60 hours (See Table 1). These findings suggest that a substantial proportion of Brazilian migrants in Ireland are engaged in both educational pursuits and employment, potentially reflecting their efforts to establish themselves in the country.

Table 1: Descriptive Statistics for Studying in Ireland, Studying Hours per Week, Working in Ireland, and Working Hours per Week, n = 96

Variables	N	%	Min.	Max.	Mean	St. Deviation
Are you currently studying in Ireland? Yes	40	42 %	-	-	-	-
No	56	58 %	-	-	-	-
How many hours do you study per week?	-	-	2	40	7.61	11.19
Are you currently working in Ireland? Yes	85	88 %	-	-	-	-
No	11	12 %	-	-	-	-
How many hours do you work per week?	-	-	0	60	31.01	13.76

Regarding future plans, most participants (N = 70, 73%) reported plans to continue living in Ireland indefinitely, indicating a strong intention to settle in the country. Smaller proportions planned to stay for up to 2 years (N = 14, 15%), up to 5 years (N = 9, 9%), or less than 1 year (N = 3, 3%). This distribution suggests that the majority of Brazilian migrants in the sample view Ireland as a long-term destination (See Table 2).

Table 2: Descriptive Statistics for Plans of Continue Living in Ireland, n = 96

Variables	N	%
How long would you plan to continue living in Ireland?		
Less than 1 year ahead	3	3 %
Up to 2 years	14	15 %
Up to 5 years	9	9 %
Indefinite time	70	73 %

Figure 4: Distribution of Participants per Gender and Intention to Continue Living in Ireland

Descriptive statistics in relation to the psychometric scales

The descriptive statistics for the psychometric scales revealed moderate to high levels of satisfaction with life (M = 4.31, SD = 1.44), moderate levels of acculturative stress (M = 2.44, SD = 0.762), and moderate to high levels of coping self-efficacy (M = 6.72, SD = 1.99). Loneliness levels were moderate (M = 2.32, SD = 0.743), while perceived social support was high (M = 5.33, SD = 1.28). These findings suggest that while Brazilian migrants in Ireland generally experience moderate levels of acculturative stress, they also report moderate to high levels of life satisfaction, coping self-efficacy, and social support (Tables 3 and 4).

Table 3: Criteria for Mean Values of each scale

Scale	Low	Moderate	High
Satisfaction with Life	1 – 2.9	3 – 5	5.1 – 7
Acculturative Stress	1 – 1.9	2 – 3.5	3.6 – 5
Coping Self-efficacy	1 – 3.4	3.5 – 7	7.1 – 10
Loneliness	1 – 2	2.1 – 3	3.1 – 4
Perceived Social Support	1 – 2.9	3 – 5	5.1 – 7

Table 4: Descriptive Statistics per instrument scale used, n = 96

Scales and Subscales	Mean	SD.	N of Items	Cronbach's Alpha
1. Satisfaction with Life Scale	4.31	1.44	**5**	.91
2. Acculturative Stress Scale for International Students	2.44	0.76	**36**	.96
Homesickness	2.87	1.01	4	.77
Culture Shock	2.42	0.82	3	.51

Scales and Subscales	Mean	SD.	N of Items	Cronbach's Alpha
Perceived Discrimination	2.51	0.91	8	.90
Perceived Hate	2.01	0.81	5	.85
General Acculturative Stress	2.62	0.86	10	.85
Fear	2.08	0.94	4	.83
Guilt	2.21	1.14	2	.71
3. Coping Self-Efficacy Scale	6.72	1.99	**26**	.98
Use problem-focused coping	7.06	2	12	.96
Stop unpleasant emotions and thoughts	6.41	2.12	9	.94
Get support from friends and family	6.43	2.3	5	.89
4. USL-10 – Loneliness Scale	2.32	0.74	**10**	.91
5. Multidimensional Scale of Perceived Social Support	5.33	1.28	**12**	.93
Significant Others	5.78	1.45	4	.92
Family	4.98	1.74	4	.94
Friends	5.23	1.51	4	.92

Inferential Statistics

The inferential statistics aimed to test the hypotheses formulated in the study. In relation to hypotheses one and two, positing that those who have lived in Ireland for a longer duration will experience lower levels of acculturative stress and higher levels of life satisfaction, two one way between groups analysis of variance (ANOVA) were conducted to examine these cross-sectional elements. In relation to acculturative stress significant differences were found based on the duration of stay in Ireland ($F(2, 95) = 5.04$, $p = .008$). Post hoc analyses further clarified these differences showing results that Brazilian migrants who had lived in Ireland for less than two years reported significantly higher levels of acculturative stress compared to those who had lived there for more than five years (mean difference = .62, $p = .006$). Similarly, life satisfaction also reports differences based on the number of years living in Ireland ($F(2, 95) = 8.13$, $p = .001$). Those who had lived in Ireland for more than five years reported significantly higher levels of life satisfaction compared to those who had lived there for less than two years (mean difference = 1.14, $p = .005$) or between three and five years (mean difference = 1.11, $p = .002$).

In relation to hypotheses three and four, positing that migrating alone or accompanied affect the levels of loneliness and coping self-efficacy in Brazilian migrants, independent sample t-tests were conducted (See Table 5) to examine these cross-sectional elements. In relation to those who migrated alone or

accompanied, the results revealed no significant differences in loneliness between the two groups ($t(94)$ = -.03, p = .980), as presented on Table 6. Likewise, coping self-efficacy presented no significant differences between the two groups ($t(94)$ = -.51, p = .612). This suggests that migrating alone or accompanied may not be the primary determinant of loneliness or coping self-efficacy among Brazilian migrants in Ireland.

Table 5: Comparison between Alone Migrated and Accompanied Migrated Brazilians' with Loneliness and Coping Self-Efficacy

	Migration	N	Mean	Std. Deviation	t	df	Sig.
Loneliness	Alone	52	2.32	.78	-.03	94	.98
	Accompanied	44	2.32	.70			
Coping Self-Efficacy	Alone	52	6.62	2.02	-.51	94	.61
	Accompanied	44	6.82	1.97			

*Significance level at $p < .05$

In relation to hypothesis five, proposing that coping self-efficacy, social support and time in Ireland would positively correlate with life satisfaction, Pearson's correlation coefficients were conducted (See Table 6). The results confirmed this revealing significant positive correlations between coping self-efficacy and perceived social support (r = .44, $p < .01$), coping self-efficacy and life satisfaction (r = .61, $p < .01$), perceived social support and life satisfaction (r = .37, $p < .01$), and time in Ireland and life satisfaction (r = .34, $p < .01$). These findings highlight the importance of coping skills, social support, and duration of stay in promoting life satisfaction among Brazilian migrants.

Table 6: Correlation among Coping self-efficacy, Social Support, Time in Ireland, and Satisfaction with Life

Pearson's Correlation	1	2	3	4
Coping Self-efficacy (1)	-			
Perceived Social Support (2)	**.44****	-		
Time in Ireland (3)	.19	.08	-	
Satisfaction with Life (4)	**.61****	**.37****	**.34****	-

*$p < .05$, **$p < .01$

In relation to hypothesis six, which proposed that loneliness would significantly negatively predict coping self-efficacy, a linear regression analysis was conducted to examine this predictive relationship, and was also supported. Results confirmed that loneliness was a significant predictor of coping self-efficacy ($F(1, 95)$ = 22.87, $p < .001$), accounting for approximately 18.7% of the variance. This finding suggests that loneliness can hinder the development and utilization of coping skills (β = -.44, $p < .001$, CI [95%] = -1.68, -.69), potentially leading to difficulties in adjusting to a new cultural environment.

Finally, in relation to hypothesis seven, which posited that social support, coping self-efficacy, acculturative stress, and loneliness would directly affect the life satisfaction of Brazilians, was likewise supported. A multiple regression analysis revealed life satisfaction was significantly predicted by the combination of the four predictor variables which accounted for 42.3% of the variance in life satisfaction ($F(4, 91) = 19.39$, $p < .001$, $R^2 = .42$). When considering the predictors in the model, coping self-efficacy and acculturative stress were the significant predictors, with coping self-efficacy positively predicting life satisfaction ($\beta = .43$, $p < .001$, CI [95%] = .18, .45) whereas acculturative stress negatively predicted life satisfaction ($\beta = .-.21$, $p = .029$, CI [95%] = -.75, -.04). Loneliness ($\beta = -.14$, $p = .172$, CI [95%] = -.68, .12) shows a negative association with life satisfaction, suggesting a potential direct effect, however, this effect was not statistically significant in the model, so the hypothesis is not fully supported in this regard. Perceived social support ($\beta = .04$, $p = .648$, CI [95%] = -.17, .27) likewise did not demonstrate a significant direct effect on life satisfaction. These findings underscore the complex interplay of factors that contribute to life satisfaction among Brazilian migrants in Ireland, emphasizing the importance of coping skills, acculturative stress, in shaping their life satisfaction.

Table 7: Effects of Social Support, Coping Self-Efficacy, Acculturative Stress, and Loneliness on Life Satisfaction

| | Beta | Sig. | 95.0% Confidence Interval for B | |
			Lower Bound	Upper Bound
Acculturative Stress Scale for International Students	-.21	.029	-.75	-.04
Coping Self-Efficacy Scale	.43	<.001	.18	.45
Loneliness Scale	-.14	.172	-.68	.12
Multidimensional Scale of Perceived Social Support	.04	.648	-.17	.27

Discussion

The present study sought to investigate the predictive and influential roles of coping self-efficacy skills, social support, and loneliness on acculturative stress and life satisfaction among Brazilians residing in Ireland. The research hypotheses were formulated based on a comprehensive review of relevant literature.

The hypotheses one and two, postulating that the duration of residence in Ireland would correlate with acculturative stress (H1) and life satisfaction (H2), were strongly supported by this study's findings. Brazilian migrants residing in Ireland for less than two years reported significantly higher acculturative stress and lower life satisfaction compared to those who had lived in the country for over five years. This indicates that the initial period of cultural adaptation is particularly challenging, but with increased time in Ireland, acculturative stress decreases and life satisfaction improves. These results align with previous research (Wilton and Constantine, 2003; Campbell, 2004; Amer, 2005; Sawir et al., 2008), indicating that living a longer time in a new country facilitate greater adjustment, integration,

and self-confidence, ultimately contributing to lower acculturative stress and higher life satisfaction. This positive association is likely due to increased cultural familiarity, stronger social networks, and improved language skills over time (Campbell, 2004; Sawir et al., 2008; Bhochhibhoya, Dong and Branscum, 2018). Furthermore, the fact that 73% of participants expressed their intention to remain in Ireland indefinitely reinforces the notion that longer durations of stay contribute to overall well-being. The findings emphasize the importance of time and continued residence in fostering successful adaptation and well-being among Brazilian migrants in Ireland.

In hypotheses three and four, which posited that migrating alone would be associated with increased loneliness (H3) and decreased coping self-efficacy (H4), were not supported as no significant differences were found in loneliness or coping self-efficacy between individuals who migrated alone and those who migrated with a companion. This finding challenges the common assumption that migrating alone automatically leads to greater loneliness and reduced coping skills. Instead, it suggests that individual differences, resilience, and the ability to form social connections in the new environment may be more influential in determining loneliness and coping self-efficacy than simply migrating alone. Existing research (Wiseman, 1997; Stack, 1998; Wright, 2005; İskender, 2018) has suggested a link between migrating alone and increased loneliness, but this study's findings do not support that correlation. Moreover, studies by De Jong Gierveld and Van Tilburg (2006), Liu and Rook (2013), and Kate, Bilecen and Steverink (2020) have demonstrated that loneliness is not solely determined by the quantity of social connections, but rather by the quality and meaningfulness of those relationships. The results align with previous research cited, suggesting that factors such as individual personality traits, the availability of social support networks, and effective coping mechanisms may be more critical in mitigating loneliness and fostering self-efficacy among migrants, regardless of whether they migrate alone or with others.

In hypothesis five, postulating that coping self-efficacy, social support, and time in Ireland would correlate positively with life satisfaction, was strongly supported. Results showed significant positive correlations between coping self-efficacy, perceived social support, time spent in Ireland, and overall life satisfaction among Brazilian migrants. This suggests that individuals who believe in their ability to cope with challenges, feel supported by others, and have lived in Ireland for a longer duration tend to report higher life satisfaction. This finding aligns with previous research by Campbell (2004) and Sawir et al. (2008) and highlights the importance of these factors in successful adaptation and well-being of migrants.

In hypothesis six, positing that loneliness would negatively affect individuals' coping self-efficacy, was also supported. Loneliness was found to be a significant predictor of coping self-efficacy, explaining 19.6% of the variance. This indicates that feeling lonely can significantly undermine an individual's perception of their ability to cope with challenges and stressors, leading to decreased coping self-efficacy. This aligns with findings from Sawir et al. (2008) and underscores the importance of addressing loneliness in the migrant population. The results of hypotheses five and six highlight the interconnectedness of social support, coping self-efficacy, and loneliness in the wellbeing of Brazilian migrants in Ireland. It

suggests that fostering social connections, enhancing coping skills, and mitigating loneliness are crucial for promoting life satisfaction and successful adaptation to a new cultural environment.

In hypothesis seven, which posited that life satisfaction would be positively predicted by social support and coping self-efficacy, while negatively predicted by acculturative stress and loneliness, was partially supported by this study's findings. Coping self-efficacy significantly and positively predicted life satisfaction, while acculturative stress had a significant negative impact. However, social support and loneliness did not emerge as significant predictors in this study. These findings highlight the complex interplay of factors influencing life satisfaction among Brazilian migrants in Ireland, emphasising the critical role of coping mechanisms in navigating the challenges of migration and promoting well-being. The prominence of coping self-efficacy aligns with existing research on migrant and general populations, (Yeh and Inose, 2003; Constantine, Okazaki and Utsey, 2004; Brown and Holloway, 2008), underscoring the importance of fostering effective coping skills to reduce the negative effects of acculturative stress and loneliness. They emphasise the need for interventions that address not only the practical challenges of migration but also the psychological and social dimensions to enhance the overall well-being of individuals adapting to a new cultural context.

Overall, this comprehensive analysis provides valuable insights into the adaptation process of Brazilian migrants in Ireland. It highlights the importance of time of adjustment, coping skills, social support, and addressing loneliness and acculturative stress in promoting well-being and successful integration into a new cultural environment. These findings can inform the development of targeted psychosocial interventions and support services for migrants, ultimately improving their quality of life in their adopted home.

Limitations and Future Directions

While this study provides valuable insights into the factors that influence acculturative stress and life satisfaction among Brazilian migrants in Ireland, it is not without limitations. One notable limitation is the sample's representativeness of the broader migrant population. Due to the constraints of this undergraduate research project, the target group had to be narrowed down to Brazilian migrants who were easily accessible through the researcher's network. The exclusion of other nationalities and migrant groups limits the generalizability of the findings to the broader migrant population in Ireland. Future research should aim to include a more diverse sample of migrants across different locations in the country to explore potential variations in acculturative stress and life satisfaction across different nationalities and backgrounds.

Another limitation pertains to the sample size, which, while adequate for this study, may not fully capture the experiences of the entire population of Brazilians in Ireland. The estimated number of Brazilians residing in Ireland is considerably larger (CSO, 2022) than the sample size that an undergraduate psychology researcher can realistically recruit. Future research with larger sample sizes would enhance the statistical power of the analyses and provide a more comprehensive understanding of the factors that influence the well-being of Brazilian migrants.

While non-probability sampling is a common approach in research with hard-to-reach populations, it is important to acknowledge its limitations. Besides the sample not being fully representative of the entire population of Brazilian migrants in Ireland, participants who are more active on social media or have larger social networks may be overrepresented, while those who are less connected or have privacy concerns may be underrepresented. Furthermore, since participants were recruited through the researcher's network, the study likely over-represents Brazilians living in Dublin. This might bias the findings and limit the results because experiences can differ across Ireland due to factors like community support, job opportunities, and social integration, all of which affect stress and life satisfaction. Future studies should include Brazilians from various locations in Ireland.

The overrepresentation of long-term migrants in the sample is another limitation that warrants consideration. The majority of participants had lived in Ireland for more than three or five years, which may not accurately reflect the experiences of those who have recently arrived in the country. As the study's findings indicate, longer durations of stay are associated with higher levels of life satisfaction, social support, and coping self-efficacy, as well as lower levels of acculturative stress. Therefore, the experiences of recent migrants, who may be facing more acute challenges related to acculturation, loneliness and adjustment, may not be fully captured in this study. Future research should strive to include a more balanced representation of short and long-term migrants to gain a more nuanced understanding of the temporal dynamics of acculturative stress and life satisfaction.

The unexpected finding that migrating alone did not significantly affect loneliness or coping self-efficacy should be taken in consideration for further investigation. By isolating confounding variables, such as the presence of partners or the availability of social support networks for economic migrants, to better understand the relationship between migration patterns, loneliness, and coping self-efficacy; and to gain a more nuanced understanding of the complex interplay between migration patterns, social support, and individual resilience in determining mental health outcomes for economic migrants.

Access to the target population also presented challenges in this study. The lack of prior research on migrant mental health in Ireland made necessary the use of multiple measures to investigate the various factors that could potentially impact migrant's well-being. This resulted in a lengthy survey, which may have deterred some potential participants and affected the quality of responses. Additionally, the language barrier poses a significant obstacle in reaching the target population and recruiting participants. While the survey was conducted in English, the researcher acknowledges that some participants may have understated their experiences and perceptions due to language limitations. Future research could address this limitation by offering the survey in the participants' native language, ensuring greater accessibility and accuracy of responses.

Furthermore, the study did not collect data on participants' educational attainment, which has been identified as a potential predictor of mental health in previous research (Dey and Lucas, 2006; Marcelli et al., 2009). Incorporating educational

attainment as a variable in future studies could provide additional insights into the factors that influence the well-being of Brazilian migrants in Ireland.

Implications for Policy and Practice

Despite these limitations, the study's findings have important implications for policy and practice in the context of migrants' mental health in Ireland. The significant association between the duration of residence and acculturative stress highlights the need for targeted interventions and support services for recent migrants. These interventions could focus on providing information and resources on cultural adjustment, language acquisition, and social integration to facilitate a smoother transition into Irish society. Additionally, the positive correlation between social support and life satisfaction underscores the importance of fostering social connections and community engagement among Brazilian migrants, and potentially other ethnic groups. Policymakers and service providers could develop initiatives that promote intercultural dialogue, facilitate access to social networks, and create opportunities for meaningful interactions between migrants and the host community.

The study's findings also have implications for professional networks and mental health practitioners working with Brazilian migrants in Ireland. The significant impact of loneliness on coping self-efficacy suggests that addressing loneliness should be a priority in mental health interventions. Employers and education providers could facilitate access to information and psychoeducational activities about mental health for migrants to help increase awareness and accessibility to relevant support services, as well as demystifying stigma around mental health. Practitioners could offer individual and group counselling, support groups, and social skills training to help migrants overcome feelings of isolation and develop effective coping strategies. Furthermore, the multifaceted nature of life satisfaction among Brazilian migrants, as evidenced by the significant predictors of social support, coping self-efficacy, acculturative stress, and loneliness, calls for a holistic approach to mental health care. Practitioners should consider these various factors when assessing and treating mental health issues among Brazilian migrants, tailoring interventions to address their unique needs and challenges.

In conclusion, this study contributes to the growing body of knowledge on migrant mental health in Ireland by examining the predictive and influential roles of coping self-efficacy skills, social support, and loneliness on acculturative stress and life satisfaction among Brazilian migrants. The findings highlight the importance of the duration of residence, social support, coping skills, and loneliness in shaping the well-being of Brazilian migrants in Ireland. While the study has limitations, its findings have important implications for policy and practice in the context of migrants' mental health in Ireland. By addressing the unique challenges faced by Brazilian migrants and providing tailored support services, policymakers and practitioners can contribute to improving the mental health and overall well-being of this growing population in Ireland.

In terms of future research directions, it would be valuable to explore the specific coping strategies employed by Brazilian migrants in Ireland and their effectiveness in mitigating acculturative stress in comparison to other ethnic groups of migrants. Additionally, investigating the role of cultural factors, such as values, beliefs, and

traditions, in shaping the acculturation process and mental health outcomes could provide further insights. Moreover, extending studies on these factors among Brazilian migrants living in other countries could also provide valuable comparisons of how the same ethnic group would present their coping strategies in different cultural settings, as well as, the interplay of social support and loneliness in acculturative stress and life satisfaction. Longitudinal studies could also be conducted to examine the long-term effects of acculturation on the mental health and well-being of migrants.

Furthermore, future research could delve deeper into the relationship between social support and coping self-efficacy. While this study found a significant correlation between these two variables, the directionality of the relationship remains unclear. It is possible that social support enhances coping self-efficacy, or that individuals with higher coping self-efficacy are more likely to seek and utilize social support. Understanding the causal relationship between these variables could inform the development of more effective interventions to promote mental health among migrants.

Finally, future research could explore the potential impact of discrimination and prejudice on the mental health of migrants in Ireland. While this study did not specifically examine these factors, previous research has shown that experiences of discrimination can have detrimental effects on mental health (Paradies et al., 2015). Investigating the prevalence and impact of discrimination on migrants in Ireland could inform the development of anti-discrimination policies and interventions to create a more inclusive and supportive environment for migrants in Ireland.

Conclusion

Despite its limitations, this study offers valuable insights into the factors influencing the lived experiences of Brazilian migrants, particularly those residing in Ireland, a country with a steadily increasing migrant population. By focusing on a non-European ethnic group, this research contributes to a more diverse understanding of migrant experiences, addressing a gap highlighted by Arnett (2008), Matsumoto and Juang (2012) and Henrich, Heine and Norenzayan (2020).

The findings of this study shed light to potential avenues for future research and interventions aimed at improving the conditions and support available to migrants in Ireland. By understanding the diverse stressors migrants face and the coping mechanisms they employ, researchers, practitioners, and policymakers can develop targeted strategies to enhance their quality of life and facilitate their integration into Irish society.

Implications for Research

This study's findings underscore the need for further research into the mental health of migrants in Ireland. Future studies could explore the experiences of other migrant groups, examining the unique challenges and resiliencies they exhibit.

Longitudinal research could track the mental health trajectories of migrants over time, shedding light on the long-term effects of acculturation and the factors that contribute to positive adaptation.

Additionally, research could delve deeper into the specific coping strategies that are most effective for migrants in different contexts. By identifying evidence-based interventions, practitioners can develop culturally sensitive programs to enhance migrants' coping self-efficacy and resilience.

Implications for Practice

The results of this study have several implications for practitioners working with migrant populations. First, it highlights the importance of providing culturally competent mental health services that are accessible and responsive to the unique needs of migrants. This may involve offering services in migrants' native languages, employing culturally sensitive therapists, and addressing the stigma associated with seeking mental health help.

Second, the findings suggest that interventions aimed at enhancing social support and integration could be beneficial for migrants' mental health. This could involve creating community programs that facilitate social connections, providing language and cultural training, and promoting inclusive workplaces and educational institutions.

Third, practitioners could develop interventions that specifically target the factors identified in this study as predictors of life satisfaction, such as coping self-efficacy, perceived social support, and acculturative stress. These interventions could include individual counselling, group therapy, and community-based programs that focus on building coping skills, enhancing social networks, and reducing acculturative stress.

Implications for Policy

Policymakers can play a crucial role in supporting the mental health of migrants. The findings of this study suggest that policies that promote social inclusion, provide access to affordable healthcare, and address discrimination could significantly improve the well-being of migrants.

Furthermore, policymakers could consider implementing programs that facilitate the integration of migrants into the workforce and educational system. This could involve providing language training, recognizing foreign qualifications, and creating pathways to citizenship.

Call to Action

The mental health of migrants is a complex issue that requires a multi-faceted approach. Researchers, practitioners, education and employment providers, and policymakers must work together to develop and implement evidence-based interventions that address the unique challenges faced by migrants. By investing in the mental health of migrants, a country does not only improve their quality of life but also enrich the social fabric of communities and strengthen economies.

In conclusion, this study serves as a call to action for all stakeholders involved in the well-being of migrants. By prioritizing research, practice, and policy initiatives that support the mental health of migrants, it can create a more inclusive and equitable society for all.

References

Abbott, M.W., Wong, S., Williams, M., Au, M. and Young, W. (1999) 'Chinese migrants' mental health and adjustment to life in New Zealand', *Australian and New Zealand Journal of Psychiatry*, 33(1), pp. 13–21. Available at: https://doi.org/10.1046/j.1440-1614.1999.00519.x.

Achotegui, J.L. (2002) *La depresión en los inmigrantes: Una perspectiva transcultural*. Madrid: Ediciones Mayo.

Adityavarman, R., Aun, A., Hormaza, D. D. L., and Warrington, M. (2021) *Review of mental health and psychosocial support (MHPSS) Guidelines for Refugees in Greece Capstone Report | Fall 2017*. Available at: https://humanitycrew.org/review-of-mental-health-and-psychosocial-support-mhpss-guidelines-for-refugees-in-greece-capstone-report-fall-2017 (Accessed: 12 November 2022).

Akbiyik, O. (1990) 'Un centre d'accueil pour toxicomanes migrants,' *CNDT Liaison Bulletin* (preprint). Available at: https://bdoc.ofdt.fr/index.php?lvl=notice_display&id=47016.

Amer, M.M. (2005) 'Arab American mental health in the post September 11 Era: Acculturation, stress, and coping,' *Dissertation Abstracts International: Section B: The Sciences and Engineering* (preprint). Available at: https://psycnet.apa.org/record/2005-99020-040.

Arnett, J.J. (2008) 'The neglected 95%: why American psychology needs to become less American.,' *American Psychologist*, 63(7), pp. 602–614. Available at: https://doi.org/10.1037/0003-066x.63.7.602.

Beirens, H., Hughes, N., Hek, R., and Spicer, N. (2007) 'Preventing social exclusion of refugee and asylum seeking children: Building new networks,' *Social Policy and Society*, 6(2), pp. 219–229. Available at: https://doi.org/10.1017/s1474746406003484.

Bendahman, H. (1993) 'Cultures, marginalité et déviance: De l'inquiétante étrangeté de l'autre à l'exclusion sociale,' *Thionville, Espace Ressource (Congrès)* (preprint), pp. 37. Available at: https://bdoc.ofdt.fr/index.php?lvl=notice_display&id=40174.

Berry, J.W. (1980) 'Acculturation as varieties of adaptation.,' *Acculturation: Theory, Models and Findings.* (preprint), pp. 9–25.

Berry, J.W. (1992) 'Acculturation and adaptation in a new society', *International Migration*, 30, pp. 69–69.

Berry, J.W. (1997) 'Immigration, acculturation, and adaptation', *Applied Psychology*, 46(1), pp. 5–34. Available at: https://doi.org/10.1111/j.1464-0597.1997.tb01087.x.

Berry, J.W. (2005) 'Acculturation: Living successfully in two cultures', *International Journal of Intercultural Relations*, 29(6), pp. 697–712. Available at: https://doi.org/10.1016/j.ijintrel.2005.07.013.

Betts, A. and Collier, P. (2017) *Refuge: Rethinking refugee policy in a changing world*. Oxford: Oxford University Press.

Bhochhibhoya, A., Dong, Y. and Branscum, P. (2018) 'Sources of social support among international college students in the United States,' *Journal of International Students*, 7(3), pp. 671–686. Available at: https://doi.org/10.32674/jis.v7i3.293.

Bhugra, D. (2004) 'Migration and mental health', *Acta Psychiatrica Scandinavica*, 109(4), pp. 243–258. Available at: https://doi.org/10.1046/j.0001-690x.2003.00246.x.

Bhugra, D. and Ayonrinde, O.T. (2004) 'Depression in migrants and ethnic minorities', *Advances in Psychiatric Treatment*, 10(1), pp. 13–17. Available at: https://doi.org/10.1192/apt.10.1.13.

Bhugra, D. and Jones, P.B. (2001) 'Migration and mental illness,' *Advances in Psychiatric Treatment*, 7(3), pp. 216–222. Available at: https://doi.org/10.1192/apt.7.3.216.

Bogic, M., Njoku, A. and Priebe, S. (2015) 'Long-term mental health of war-refugees: a systematic literature review,' *BMC International Health and Human Rights*, 15(1). Available at: https://doi.org/10.1186/s12914-015-0064-9.

Boylan, M. (1995) 'Acculturation et conduites addictives chez les jeunes d'origine maghrébine,' *Interventions* (preprint), 48, pp.17–19. Available at: https://bdoc.ofdt.fr/index.php?lvl=notice_display&id=36251.

Brown, L. and Holloway, I. (2008) 'The initial stage of the international sojourn: Excitement or culture shock?,' *British Journal of Guidance & Counselling*, 36(1), pp. 33–49. Available at: https://doi.org/10.1080/03069880701715689.

Campbell, N. (2004) 'Home(stay) is where the heart(ache) is: a study of Chinese international students living with local families in New Zealand.,' *The Australian Journal of Communication*, 31(2), p. 107. https://search.informit.org/doi/10.3316/IELAPA.200411989.

Cantor-Graae, E. and Selten, J.P. (2005) 'Schizophrenia and Migration: A Meta-Analysis and Review,' *American Journal of Psychiatry*, 162(1), pp. 12–24. Available at: https://doi.org/10.1176/appi.ajp.162.1.12.

Carlson, H.M. and Nilsen, E.L. (1995) 'Ireland: Gender, psychological health, and attitudes toward emigration,' *Psychological Reports*, 76(1), pp. 179–186. Available at: https://doi.org/10.2466/pr0.1995.76.1.179.

Carta, M.G., Bernal, M., Hardoy, M.C., Haro-Abad, J.M. and Report on the Mental Health in Europe Working Group. (2005) 'Migration and mental health in Europe (the state of the mental health in Europe working group: Appendix 1).,' *Clinical Practice and Epidemiology in Mental Health*, 1(1), p. 13. Available at: https://doi.org/10.1186/1745-0179-1-13.

Chesney, M. A., Neilands, T. B., Chambers, D. B., Taylor, J. M., and Folkman, S. (2006) 'A validity and reliability study of the coping self-efficacy scale,' *British Journal of Health Psychology*, 11(3), pp. 421–437. Available at: https://doi.org/10.1348/135910705x53155.

Close, C., Kouvonen, A., Bosqui, T., Patel, P., O'Reilly, D. and Donnelly, M. (2016) 'The mental health and wellbeing of first-generation migrants: A systematic-narrative review of reviews,' *Globalization and Health*, 12(1). Available at: https://doi.org/10.1186/s12992-016-0187-3.

Connolly, L.Y., Lang, M. and Wall, D.S. (2019) 'Information security behavior: A cross-cultural comparison of Irish and US employees,' *Information Systems*

Management, 36(4), pp. 306–322. Available at: https://doi.org/10.1080/10580530.2019.1651113.

Constantine, M.G., Okazaki, S. and Utsey, S.O. (2004) 'Self-concealment, social self-efficacy, acculturative stress, and depression in African, Asian, and Latin American international college students',' *American Journal of Orthopsychiatry*, 74(3), pp. 230–241. Available at: https://doi.org/10.1037/0002-9432.74.3.230.

Cronin, A., Hannigan, A., Ibrahim, N., Seidler, Y., Owoeye, B., Gasmalla, W., Moyles, T. and MacFarlane, A. (2024) 'An updated scoping review of migrant health research in Ireland,' *BMC Public Health*, 24(1). Available at: https://doi.org/10.1186/s12889-024-18920-0.

CSO (2018) *Census 2016 Reports*. Available at: https://www.cso.ie/en/census/census2016reports/ (Accessed: 1 October 2022).

CSO (2022) *Population and migration estimates, April 2022*. Available at: https://www.cso.ie/en/releasesandpublications/ep/p-pme/populationandmigrationes timatesapril2022/ (Accessed: 10 March 2023).

De Jong Gierveld, J. and Van Tilburg, T. (2006) 'A 6-item scale for overall, emotional, and social loneliness,' *Research on Aging*, 28(5), pp. 582–598. Available at: https://doi.org/10.1177/0164027506289723.

Dey, A.N. and Lucas, J.W. (2006) 'Physical and mental health characteristics of U.S. and foreign-born adults: United States, 1998-2003,' *PsycEXTRA Dataset*, pp. 29–43. Available at: https://doi.org/10.1037/e609222007-001.

Diener, E., Emmons, R.A., Larsen, R.J., and Griffin, S. (1985) 'The satisfaction with life scale,' *Journal of Personality Assessment*, 49(1), pp. 71–75. Available at: https://doi.org/10.1207/s15327752jpa4901_13.

El-Awad, U., Fathi, A., Petermann, F., and Reinelt, T. (2017) 'Promoting mental health in unaccompanied refugee minors: recommendations for primary support programs,' *Brain Sciences*, 7(12), p. 146. Available at: https://doi.org/10.3390/brainsci7110146.

Fazel, M., Wheeler, J. and Danesh, J. (2005) 'Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review,' *The Lancet*, 365(9467), pp. 1309–1314. Available at: https://doi.org/10.1016/s0140-6736(05)61027-6.

Furnham, A. (2004) 'Foreign students - Education and culture shock,' *Psychologist* (preprint), 17(1). Available at: https://www.bps.org.uk/psychologist/foreign-students-education-and-culture-shock.

Giacco, D., Laxhman, N., and Priebe, S. (2018) 'Prevalence of and risk factors for mental disorders in refugees,' *Seminars in Cell & Developmental Biology*, 77, pp. 144–152. Available at: https://doi.org/10.1016/j.semcdb.2017.11.030.

Giacco, D., Matanov, A. and Priebe, S. (2014) 'Providing mental healthcare to immigrants,' *Current Opinion in Psychiatry*, 27(4), pp. 282–288. Available at: https://doi.org/10.1097/yco.0000000000000065.

Giannopoulou (1988) 'Patterns of alcohol and drug use and indicators of psychological distress among greek immigrant adolescents,' (from the 35th Congrès International Sur L'alcoolisme Et Les Toxicomanies, ICAA CIPAT, Oslo, July 31- August 6 1988),

2, pp. 130–139. Available at:
https://bdoc.ofdt.fr/index.php?lvl=notice_display&id=49855.

Hasan, S. I., Yee, A., Rinaldi, A., Azham, A. A., Mohd Hairi, F., and Amer Nordin, A. S. (2021) 'Prevalence of common mental health issues among migrant workers: A systematic review and meta-analysis,' *PloS One*, 16(12). Available at: https://doi.org/10.1371/journal.pone.0260221.

Henrich, J., Heine, S. and Norenzayan, A. (2020) 'The weirdest people in the world?,' *Behavioral and Brain Sciences*, 33, pp. 61–83. Available at: https://doi.org/10.1017/s0140525x0999152x.

Hofstede, G. (2001) *Culture's consequences: Comparing values, behaviors, institutions and organizations across nations*. 2nd edn. Thousand Oaks, CA: SAGE Publications.

Hollander, A., Dal, H., Lewis, G., Magnusson, C., Kirkbride, J. B., and Dalman, C. (2016) 'Refugee migration and risk of schizophrenia and other non-affective psychoses: Cohort study of 1.3 million people in Sweden,' *BMJ*. Available at: https://doi.org/10.1136/bmj.i1030.

IASC (2007). *IASC guidelines on mental health and psychosocial support in emergency settings*. Available at: https://interagencystandingcommittee.org/iasc-task-force-mental-health-and-psychosocial-support-emergency-settings/iasc-guidelines-mental-health-and-psychosocial-support-emergency-settings-2007 (Accessed: 12 November 2022).

İskender, M. (2018) 'Investigation of the effects of social self-confidence, social loneliness and family emotional loneliness variables on Internet addiction', *Malaysian Online Journal of Educational Technology*, 6(3), pp. 1–10. Available at: https://doi.org/10.17220/mojet.2018.03.001.

Janca, A. and Helzer, J.E. (1992) 'Psychiatric morbidity of foreign students in Yugoslavia: A 25 year retrospective analysis,' *International Journal of Social Psychiatry* (preprint). Available at: https://doi.org/10.1177/002076409203800407.

Kate, R.L.F.T., Bilecen, B. and Steverink, N. (2020) 'A closer look at loneliness: why do first-generation migrants feel more lonely than their native Dutch counterparts?,' *Gerontologist*, 60(2), pp. 291–301. Available at: https://doi.org/10.1093/geront/gnz192.

Kulkarni, S. P., Hudson, T., Ramamoorthy, N., Marchev, A., Georgieva-Kondakova, P., and Gorskov, V. (2010) 'Dimensions of individualism-collectivism: a comparative study of five cultures,' *Verslo Ir Teisės Aktualijos / Current Issues of Business and Law*, 5, pp. 93–109. Available at: https://doi.org/10.5200/1822-9530.2010.03.

Lee, J.-S., Koeske, G.F. and Sales, E. (2004) 'Social support buffering of acculturative stress: a study of mental health symptoms among Korean international students,' *International Journal of Intercultural Relations*, 28(5), pp. 399–414. Available at: https://doi.org/10.1016/j.ijintrel.2004.08.005.

Lindert, J., Schouler-Ocak, M., Heinz, A., and Priebe, S. (2008) 'Mental health, health care utilisation of migrants in Europe,' *European Psychiatry*, 23(S1). Available at: https://doi.org/10.1016/s0924-9338(08)70057-9.

Liu, B.S. and Rook, K.S. (2013) 'Emotional and social loneliness in later life', *Journal of Social and Personal Relationships*, 30(6), pp. 813–832. Available at: https://doi.org/10.1177/0265407512471809.

Maher, G. and Cawley, M. (2014) 'Short-term labour migration: Brazilian migrants in Ireland,' *Population, Space and Place*, 22(1), pp. 23–35. Available at: https://doi.org/10.1002/psp.1859.

Maher, G. and Cawley, M. (2015) 'Social networks and labour market access among Brazilian migrants in Ireland,' *Journal of Ethnic and Migration Studies*, 41(14), pp. 2336–2356. Available at: https://doi.org/10.1080/1369183x.2015.1061424.

Marcelli, E.A., Holmes, L., Estrella, M.L., da Silva, L. and Granberry, P. (2009) *(In)Visible (im)migrants: The health and socioeconomic integration of Brazilians in Metropolitan Boston*. San Diego, CA: Center for Behavioral and Community Health Studies, San Diego State University. Available at: https://www.researchgate.net/publication/341055897 (Accessed: 1 March 2023).

Matsumoto, D. and Juang, L. (2012) *Culture and Psychology*. 5th ed. Boston, MA: Cengage Learning.

Ottisova, L., Hemmings, S., Howard, L., Zimmerman, C., and Oram, S. (2016) 'Prevalence and risk of violence and the mental, physical and sexual health problems associated with human trafficking: an updated systematic review,' *Epidemiology and Psychiatric Sciences*, 25(4), pp. 317–341. Available at: https://doi.org/10.1017/s2045796016000135.

Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., Gupta, A., Kelaher, M., and Gee, G. (2015) 'Racism as a determinant of health: a systematic review and meta-analysis,' *PLoS ONE*, 10(9). Available at: https://doi.org/10.1371/journal.pone.0138511.

Porter, L., and Haslam, S. A. (2018) 'Prejudice as self-categorization: A social identity perspective on prejudice and intergroup relations,' in P.J. Burke (ed.) *Contemporary Social Psychological theories*. 2nd edn. Stanford University Press, pp. 243–267.

Priebe, S., Giacco, D., and El-Nagib, R. (2016) 'Public health aspects of mental health among migrants and refugees: health evidence network synthesis report, No. 47.' Available at: https://iris.who.int/bitstream/handle/10665/326308/9789289051651-eng.pdf?sequence=3 (Accessed: 5 December 2022).

Priebe, S.,Matanov, A., Barros, H., Canavan, R., Gabor, E., Greacen, T., Holcnerová, Kluge, U., Nicaise, P., Moskalewicz, J., Diaz-Olalla. J.M., Straßmayr, C., Schene, A.H., Soarez, J.J.F., Tulloch, S., Gaddini, A. (2013) 'Mental health-care provision for marginalized groups across Europe: findings from the PROMO study,' *European Journal of Public Health*, 23(1), pp. 97–103. Available at: https://doi.org/10.1093/eurpub/ckr214.

Ruspini, P., Sciortino, G., Palidda, S., and Petti, G. (2000) 'Easy scapegoats: Sans Papiers immigrants in Italy,' in *Report for the project "Easy Scapegoats: Sans-Papiers Immigrants in Europe"*. Freudenberg Stiftung, Weinheim, p. 56. Available at: https://www.researchgate.net/publication/280576888_Easy_Scapegoats_Sans_Papiers_Immigrants_in_Italy.

Russell, D.W. (1996) 'UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure,' *Journal of Personality Assessment*, 66(1), pp. 20–40. Available at: https://doi.org/10.1207/s15327752jpa6601_2.

Sandhu, D.S. and Asrabadi, B.R. (1994) 'Development of an acculturative stress scale for international students: Preliminary findings,' *Psychological Reports*, 75(1), pp. 435–448. Available at: https://doi.org/10.2466/pr0.1994.75.1.435.

Sawir, E., Marginson, S., Deumert, A., Nyland, C., and Ramia, G. (2008) 'Loneliness and international students: An Australian study,' *Journal of Studies in International Education*, 12(2), pp. 148–180. Available at: https://doi.org/10.1177/1028315307299699.

Singelis, T.M. (1994) 'The measurement of independent and interdependent self-construals,' *Personality and Social Psychology Bulletin*, 20(5), pp. 580–591. Available at: https://doi.org/10.1177/0146167294205014.

Spencer, S. (ed.) (2006) *Refugees and other new migrants: A review of the evidence on successful approaches to integration*. Available at: https://www.compas.ox.ac.uk/2006/er-2006-integration_refugees_uk_ho/ (Accessed: 12 November 2022).

Stack, S. (1998) 'Marriage, family and loneliness: A cross-national study,' *Sociological Perspectives*, 41(2), pp. 415–432. Available at: https://doi.org/10.2307/1389484.

Study International Staff (2016). *English language schools in Ireland see a 10 percent rise in student enrolments*. *Study International*. Available at: https://www.studyinternational.com/news/english-language-schools-in-ireland-see-a-10-percent-rise-in-student-enrolments/ (Accessed 23 February 2023).

Sweeney, P. (2000) *The Celtic tiger: Ireland's continuing economic miracle*. Dublin: Oak Tree Press.

Sweeney, P. (2008) *Ireland's economic success: Reasons and Lessons*. Liverpool: Liverpool University Press.

Tseng, W.S. (2001) *Handbook of cultural psychiatry*. San Diego, CA: Academic Press.

Villarroel, N., Hannigan, A., Severoni, S., Puthoopparambil, S., and MacFarlane, A. (2019) 'Migrant health research in the Republic of Ireland: A scoping review,' *BMC Public Health*, 19(1). Available at: https://doi.org/10.1186/s12889-019-6651-2.

Ward, C. and Geeraert, N. (2016) 'Advancing acculturation theory and research: the acculturation process in its ecological context,' *Current Opinion in Psychology*, 8, pp. 98–104. Available at: https://doi.org/10.1016/j.copsyc.2015.09.021.

Wilton, L. and Constantine, M.G. (2003) 'Length of residence, cultural adjustment difficulties, and psychological distress symptoms in Asian and Latin American international college students,' *Journal of College Counseling*, 6(2), pp. 177–186. Available at: https://doi.org/10.1002/j.2161-1882.2003.tb00238.x.

Wiseman, H. (1997) 'Interpersonal relatedness and self-definition in the experience of loneliness during the transition to university,' *Personal Relationships*, 4(3), pp. 285–299. Available at: https://doi.org/10.1111/j.1475-6811.1997.tb00146.x.

Wong, P.T.P. and Wong, L.C.J. (2006) *Handbook of multicultural perspectives on stress and coping*, *international and cultural psychology/International and cultural psychology series*.

World Health Organization (WHO). Regional Office for Europe [WHO]. (2018) *Mental health promotion and mental health care in refugees and migrants: Technical guidance*. Available at: https://apps.who.int/iris/handle/10665/342277 (Accessed: 1 October 2022).

Wright, S. (2005) 'Organizational climate, social support and loneliness in the workplace,' *Research on Emotion in Organizations*, 1, pp. 123–142. Available at: https://doi.org/10.1016/s1746-9791(05)01106-5.

Yahyaoui, A. (1992) *Toxicomanie et pratiques sociales*. A.P.P.A.M./La Pensée sauvage.

Yakoub, S. (1993) 'Réflexions à propos de toxicomanes maghrébins incarcérés: approches juridique, socio-ethnique, ethno-clinique,' *Migrations Santé* (preprint), 74, pp. 21–36. Available at: https://bdoc.ofdt.fr/index.php?lvl=notice_display&id=39717.

Yeh, C.J. and Inose, M. (2003) 'International students' reported English fluency, social support satisfaction, and social connectedness as predictors of acculturative stress,' *Counselling Psychology Quarterly*, 16(1), pp. 15–28. Available at: https://doi.org/10.1080/0951507031000114058.

Zimet, G. D., Dahlem, N. W., Zimet, S. G., and Farley, G. K. (1988) 'The Multidimensional Scale of Perceived Social Support,' *Journal of Personality Assessment*, 52(1), pp. 30–41. Available at: https://doi.org/10.1207/s15327752jpa5201_2.