

Mental Health Promotion and Children of Migrant Workers: An Evidence Based Intervention Study

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Abstract - Mental health plays key role at every stage of life, from childhood to adulthood. Mental health indicates the achievement of developmental and emotional milestones in childhood. It also supports healthy social development and effective coping skills of the children. The purpose of this study was to know the mental health status of the children of migrant workers and the need of intervention for promoting mental health. Mental health battery was used to assess the mental health of the participants of this study. Children of migrant workers face lots of structural and cultural barriers due to migration, which may affect their mental health. Promotion of mental health can play a vital role in the life of the children of migrant workers, their families, and societies. The intervention program was developed based on the psychosocial theory, basic mental health ideas, and cultural background of the respondents. The study was conducted among 301 children of migrant workers residing at Ghaziabad district of Uttar Pradesh state, India. In order to assess the mental health of the respondents the researcher has taken pre-test, post - tests method. Focused group discussions and the result from the post-test were used to find out the outcome of the intervention. The effective training as well as the positive response from the respondents to the intervention program brought positive changes in their mental health level.

Index Terms - Children of migrant workers, Evidence Based Study, Intervention, Mental health Promotion, Migration.

INTRODUCTION

Mental health plays a vital role in our day today life and especially, it is very essential at the time of migration since it helps the person to deal effectively with all the challenges that occurs at the time of migration.

The impacts of mental health issues are not just emotional in children but also physical. Mental stress in children is directly linked to physical pain. A stable and a positive state of mind is a prerequisite for healthy

ideas and a good thought process. Stress affects the overall mental health and can weak the person's ability to control his/her mind and emotions. Mental stress has been found to be managed by effective interventional programs. Various intervention programs can help to reduce and treat mental stress caused by migration and other traumatic instances as well.

CHILDREN OF MIGRANT WORKERS AND MENTAL HEALTH

Migration act as a key determinant in the development of emotional and behavioural problems among the children of migrants. Migrants and their children are vulnerable to anxiety and depressive and other mental health problems (Muggli, Z, et al. 2021, Taylor, Z.E., et al.2020, Donato, K.M., et al. 2020). Migration is a complex social process that create physical and social stressors among children and may result in mental health problems (Chan, E., et al.,2009). The impact of migration on mental health in children is an issue of increasing societal importance (Gonneke, S., & Wilma, V.2008). Gao, Q., et al., (2015) reveals that migrant children indeed have poorer mental health than local peers. Migration process can cause mental stress due to the loss of family and friends, adapting to new environment, culture, different values, languages as well as they may have the feelings of not belong to, loneliness, lack of documentation, exploitation at work, poor housing conditions. All these conditions may have potential consequences on their mental health (Bustamante L.H.U., et al.2018)

Rural to urban migration has become a salient feature of the country. Firdaus G. (2017), found out in his study that a recent arrival of migrants in the city accompanied by low levels of education and income was associated with low level of mental well-being. Poor housing conditions were more predictive of poor

mental well-being among less educated and low-income migrant group than the fortunate section of the society. According to Virupaksha.G.H., et al. (2014) migration is a vulnerable factor to develop mental health complications. Due to the insecurity feelings and non-availability of their own community members, the distress would turn into mental health consequences or other forms of health complications. Migrant workers and their children face discriminatory abuse and poverty which cause to mental stress and depression. The mental stress and depression due to the discriminatory abuse and poverty possess severe consequences on their physical and mental health. Migration places individuals in situations which may impact their physical and mental well-being. Conditions surrounding the migration process can increase the vulnerability to ill health (Migration Data Portal,2021). The insufficient social security system, weak social support, their own limited conditions, low ideological and moral level, weak emotional management ability, poor psychological quality and lack of professional skills also cause to the psychological problems among the migrant workers. All these psychological and social issues of the migrant works can directly or indirectly affect the mental health of their children (Luo, Z., and Wu, D,2020).

Wickramage, K et al., (2015) in their study stated that two in every five left-behind children of migrant workers were shown to have clinically relevant child psychiatric disorders. This result shows that socio-emotional maladjustment and behavioural problems may occur among left-behind children in the absence of a parent. Left – behind children and adolescents of migrants had a significantly higher risk of depression and symptoms, anxiety and symptoms, suicidal ideation compared with children of non-migrating parents as well as well as these children and adolescents are having a higher risk of symptoms of conduct disorder (Fellmeth, G., et al.2018).Families of migrants may receive some economic benefits from their migrants, but it is the fact that the left behind people especially the left behind children are facing various risks due to their parents' migration .These risks can be mainly mental health problems, suicidal ideation, wasting and stunning since no one to take care of them and guide them properly.

Migrant children often fall through gaps in laws, policies and practices. They also face limited access to

justice, education and health care. They can be subjected to detention and deportation, and collective expulsions. Sirin, S, R., & Sirin, L.R. (2015), pointed out that Children those who exposed to war, and any type of violence during the migration are at high risk for suffering from mental health problems. The onset of mental health problems can have long term consequences for children. According to Singh, O.P. (2020) COVID-19 outbreak and consequent nationwide lockdown have resulted in a significant deterioration in all the social determinants of health. Loss of income and jobs, insecurities, and social isolation are increasing and are likely to deteriorate the mental health of migrant population which may worsen in post lockdown periods Thus, all types of sufferings and uncertainties can highly affect their mental health including on the mental health of their children.

IMPORTANCE OF MENTAL HEALTH PROMOTION

Mental health promotion is focusing towards the benefit of whole population since it is based on the principle that everyone in the community deserves to be mentally healthy and live life to their full capacity. Here, everyone means whether healthy or ill, has the capacity to further enhance their mental health.

Mental health contributes to all aspects of human life. Good mental health is essential for the well-being and functioning of individuals, works as an indivisible part of general health, contributes to the functions of society, and has an effect on overall productivity (WHO.2004). Cho, S. M., & Shin, Y. M. (2013) indicates that mental health is an essential part of a child's overall health and is a very important part of child and adolescent development. Good mental health during childhood is prerequisite for optimal psychological development, social relationships, learning and the ability to care for one's self.

According to Sturgeon, S. (2006) mental health promotion is recognized as an integral and central component of health promotion. The significant number of evidence-based mental health programmes concerned with well-being from early childhood to old age, aimed at individuals, groups or at community structural issues demonstrate that well designed interventions contribute significantly to the well-being of populations. Kobau., et al. (2011) pointed out that

Mental health promotion seeks to foster individual competencies, resources, and psychological strengths, and to strengthen community assets to prevent mental disorder and enhance well-being and quality of life for people and communities. Anderson, P., et al. (2011) says that we have to do a lot for promoting mental health and well-being in order to manage and cope with the global risks and stressors that face humankind over the coming years. Thus, promoting mental health can reduce the burden of impaired mental health.

According to Thomas, S., et al. (2016) good mental health is important for the educational achievement of children and their future prospects, for the physical health of the population, for the social capital such as amount of trust and reciprocity of communities and for the economy. Mental health is heavily dependent on the values, structures and processes operating at all levels of society. Also, its promotion is, more than any other aspect of health, outside the traditional arenas of influence of the health care services (Sainsbury, P.2000).

Based on the all-mental health studies we could say that promoting mental health is very essential because of the scale of its impact upon individuals, communities and society's ability to function and potential to flourish. It is also a major source of miseries for individuals, communities and society as well as our mental health contributes to our quality of life and determining smooth functioning of the society.

INTERVENTION PROGRAM AND PROMOTION OF MENTAL HEALTH

Intervention programme can be both preventive and curative. It is preventive when it decreases the risk of developing mental health problems. It is curative when it helps individuals and communities to overcome and deal with psychosocial problems that may have arisen from the shock and effects of crises (Hansen, P.2014). Thus, the preventive and curative aspects of intervention programme can contribute a lot and support the weaker section to face the challenges happen in their life circumstances.

Stavropoulou, M., & Samuels, F. (2015) reveals that existing literature provides evidence that the understanding and framing of mental health and psychosocial issues need to be improved. Although many agencies have adopted and integrated

psychosocial principles and activities within their core programmes, more needs to be done to improve understanding, and more resources to be invested in building appropriate skills for such activities. The finding of Gao, Q., et al., (2015) indicate that social service and recreation programs that offer opportunities for interaction between migrant children and local children may also help promote migrant children's mental health.

The intervention programs can be offered to migrant workers and their children to develop better sense of understanding of mental health problems and the risk factors associated with the same (Bozdağ F., & Bilge, F. 2019). Kiwikiwis', J.B & Kmita, G. (2020) also revealed in their study that evidence-based intervention can act as a strong possible predictor of mental health which helps the migrants, families, and their children while they feel difficulty in adapting new cultural, circumstances and changes in their new place.

Horn, R., et al. (2016) indicated that daily stressors have a significant impact on mental health and psychosocial wellbeing. Depression, anxiety, quality of life and psycho-social well-being are some of the psycho-social factors. According to Coughtrey, A., et al. (2018) psychosocial interventions are effective for reducing anxiety and depressive symptoms as well as improving quality of life. The psycho social intervention program can strengthen the psychological and social factors of life which may help to face the challenges of life (Toledano, T. F., et al.2021). Various studies indicated that individualized psycho-social interventions have potential to reduce distress, agitation, behavioural issues etc. And increase quality of life (Watchman, K., et al.2021, Cozzolino, M., et al.2021, Teahan. Á., et al.2020). Baumel, A., et al. (2021) also indicated that psycho social intervention is very effective in children with behavioural problems. Psycho social intervention is not only effective in psychological and social aspects but it is effective in physical aspects (Coughtrey, A et al. 2018). Shields G.S., et al (2020) in their study revealed that psycho social interventions were associated with positive changes in immune system function and decrease harmful immune system.

Creative art therapy is one of the forms of psycho social intervention which consist of arts, music, dance, and drama therapy to improve the mood of a person

and help him or her come out of the sad state of poor mental health (Martin, L., et al.2018.).

Health promotion behaviours and self-efficacy have significant positive effect on health-related quality of life and acculturative stress negatively affect the health-related quality of life of the migrants and their children (Cho, S., et al.2019). Various studies indicated that intervention programs can strengthen self-efficacy (Namaziandost, E., & Çakmak, F.2020, Wanjie, T., et al.2018). Therefore, health promotion behaviour including mental health and self-efficacy should be encouraged through appropriate intervention programs and strategies. According to Samuel, T. S., & Warner (2021) psycho social intervention not only reduces the mental health issues like anxiety, depression but it also increases the self-efficacy. Psycho social intervention not only helping to increase the self-efficacy but also helping to develop a better quality of life.

DEVELOPMENT OF INTERVENTION PROGRAM FOCUSED ON MENTAL HEALTH PROMOTION

The intervention program known as psycho social intervention program was developed by the researcher focused on the promotion of mental health of the children of migrant workers. The intervention program was comprised of 5 modules with 36 sessions. The intervention program was developed based on the psycho social theory, basic mental health ideas, and cultural background of the respondents. The intervention program was pilot tested with 60 children of migrant workers and assessed by using Wilcoxon Signed Rank Test. The results of the pre-tests and post-tests in Mental health ($Z = -7.014$; $p = .000$) of the Mental health scale showed a significant difference. Therefore, the result showed positive sign as well as stand as an evident for conducting study in a large group of children of migrant workers by applying the prepared intervention program.

The positive result of the pilot study and the changes observed among the participants stand as evidence which motivated the researcher to apply the intervention program on a large number of children of migrant workers. Therefore, the study was conducted among 301 children of migrant workers residing at Ghaziabad district of Uttar Pradesh state, India. The duration of the intervention program was six months.

Mental health battery comprised of Emotional Stability, Over-all Adjustment, Autonomy, Security-Insecurity, Self-concept, and Intelligence were used to assess the mental health of the participants of this study. In order to assess the mental health of the respondents the researcher has taken pre-test, post - tests method. Focused group discussions and the result from the post-test were used to find out the outcome of the intervention. The results revealed that there is improvement in the levels of self-efficacy and mental health among the participants after the feasibility study as shown by the mean scores of the post-test.

Mental health status of the respondents before and after the intervention

Table 1-Mental health status pre-intervention

Category	Frequency	Per cent
Very poor mental health	4	1.3
Poor mental health	190	63.1
Average mental health	107	35.5
Total	301	100.0

Table 1 displays about the mental health status of the samples participating in the study. The mental health scale consisted of 130 items with standardised methods of scoring and ranking. Points earned below 29 was categorised as very poor mental health, points 30 to 49. Poor mental health, points 50 to 69 average mental health, points 70 to 89 good mental health and points above 90 scored were categorised as excellent mental health. From the table it can be observed that majority that is 63.1 per cent had poor mental health, followed by 35.5 per cent had average mental health and 1.3 per cent had very poor mental health before taking up the intervention.

Table 2-Mental health status post-intervention 1

Category	Frequency	Per cent
Average mental health	63	20.9
Good mental health	218	72.4
Excellent mental health	20	6.6
Total	301	100.0

Table 2 displays the mental health status of the research participants after the intervention. From the table it can be seen that majority that is 72.4 had good mental health, followed by 20.9 had average mental health and 6.6 per cent had excellent mental health. From this it can be interpreted that there was change observed in the research participants and there was improvement in the mental health status among the research participants.

Table 3-Mental health status post intervention 2

Category	Frequency	Per cent
Average mental health	66	21.9
Good mental health	215	71.4
Excellent mental health	20	6.6
Total	301	100.0

Table 3 displays the mental health status of the research participants after the intervention. From the table it can be seen that during the post intervention 2, the mental health status of the majority that is 71.4 per cent was good mental health, followed by 21.9 per cent had average mental health and 6.6 per cent had excellent mental health. From this it can be interpreted that there was improvement in the mental health status of the research participants.

Table 4-Mental health scores

Mental health measure	Minimum	Maximum	Mean	Std. Deviation	Variance
Pre intervention	24.00	69.00	47.1993	8.99111	80.840
Post intervention 1	53.00	97.00	76.4153	8.65738	74.950
Post intervention 2	53.00	97.00	76.0498	8.89387	79.101

Table 4 displays the score of mental health. From the table it can be seen that during pre-intervention the mean score was 47, with standard deviation 8.99. The minimum score earned was 24 and the maximum was 69. After the intervention during the first post and second post intervention the mean was 76, with 8.6 and 8.9 standard deviation. Minimum was 53 and maximum was 97 score earned by the sample respondents. This signifies that there was good change observed in the mean score, denoting the intervention was successful in manifesting good mental health to the subjects

DISCUSSION

The result of this study was supporting the other related studies of Urzua, A et al. (2021), Muggli, Z et al. (2021), Luo, Z., and Wu, D. (2020) and Taylor, Z.E., et al. (2020) that children of migrant workers are having poor mental health compared to others. The result of this session clearly depicted that before the intervention mental health of the majority of the participants were in poor level and after the intervention it was observed that the mental health of the respondents became high. Thus, the result

indicates that the psycho social intervention could make a significant change in the mental health level of the respondents. Even the follow up test also revealed the fact that there was improvement in the mental health status of the respondents.

CONCLUSION

A person with mentally healthy personality can lead a quality life and can contribute something better for the society. Man is a social animal and social connectedness in a healthy way should be there for the quality of life. Quality of life mainly related to physical, psychological, social, and functional aspects. As per the study conducted by Mikkelsen, H.T., et al. (2020) quality of life is strongly associated with psycho social factors. Since mental health is a psycho social factor, a psycho social intervention prepared based on psycho social aspects can play a vital role to promote mental health of the individual. Based on the evidence received from the result of the pilot study as well as the result of the present study proved that mental health can be promoted through appropriate intervention programs especially, psycho social intervention program can be one among the various appropriate intervention program to promote the mental health of the children of migrant workers as well as children belong to any disadvantaged group.

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REFERENCE

- [1] Anderson, P., Jane-Ilopis, E. (2011). Mental health and global well-being, *Health Promotion International*, 26(1).147-155. DOI:10.1093/heapro/dar060.
- [2] Baumel, A., Mathur, N., Pawar, A. et al. (7 January 2021). Psychosocial Interventions for Children with Externalized
- [3] Behaviour Problems: An Updated Meta-analysis of Moderator Effects. *Journal of child and family*

- studies*, 30, 65–86. DOI:10.1007/ s10826-020-01863-6.
- [4] Bustamante, L., Cerqueira, R. O., Leclerc, E., & Brietzke, E. (2017). Stress, trauma, and posttraumatic stress disorder in migrants: a comprehensive review. *Brazilian Journal of Psychiatry*, 40(2), 220–225. DOI:10.1590/1516-4446-2017-2290.
- [5] Bozdağ F., Bilge F. (01 September 2019). Migration Process and Its Effects on Mental Health, Paper presented at the International Symposium on Chaos, Complexity and Leadership, DOI: 10.1007/978-3-319-89875-9-8.
- [6] Chan, E., Mercer, S., Yue, C., Wong, S., & Griffiths, S. (2009). Mental Health of Migrant Children: An Overview of the Literature. *International Journal of Mental Health*, 38(3), 44-52.
- [7] Cho, S., Lee, H., Kim, G. S., Kim, Y.C., Park, C. (2019). Health - related quality of life among migrant workers: The impact of health - promoting behaviours. *Journal of Nursing and Health Science*, 22(2),318-327. DOI:10.1111/nhs.12660.
- [8] Cho, S. M., & Shin, Y. M. (2013). The promotion of mental health and the prevention of mental health problems in child and adolescent. *Korean journal of pediatrics*, 56(11), 459–464. DOI:10.3345/kjp.2013.56.11.459.
- [9] Coughtrey, A. E., & Pistrang, N. (2018). The effectiveness of telephone - delivered psychological therapies for depression and anxiety: A systematic review. *Journal of Telemedicine and Telecare*, 24(2), 65–74. DOI:10.1177/1357633X16686547.
- [10] Cozzolino, M., Cocco, S., Piezzo, M., Celia, G., Costantini, S., Abate, V., et al. (2021). Psychosocial Genomics Pilot Study in Oncology for verifying clinical, Inflammatory and Psychological Effects of Mind - Body Transformations – Therapy (MBT-T) in Breast Cancer Patients: Preliminary Results. *Journal of Clinical Medicine*,10(136), 1-14. DOI:10.3390/jcm10010136.
- [11] Donato, K. M., Caron, L., & Hamilton, E. (2020). Migration and Mental Health in Mexico: Domestic Migrants, Return U.S. Migrants, and Non - Migrants. *Journal of Front. Psychiatry*, 10(970), 1-10. DOI:10.3389/fpsy.2019.00970.
- [12] Fellmeth, G., Clarke, K. R., Zhao, C., et al. (2018). Health impacts of parental migration on left - behind children and adolescents: a systematic review and meta - analysis. *Journal of The Lancet*, 392(10164), 2567-2582. DOI:0.1016/S0140- 6736(18) 32558-3.
- [13] Firdaus G. (2017). Mental well - being of migrants in urban centre of India: Analyzing the role of social environment. *Indian journal of psychiatry*, 59(2), 164–169.
- [14] Gao, Q., Li, H., Zou, H, Cross, W., Bian, R. & Liu, Y. (2015). The mental health of children of migrant workers in Beijing: The protective role of public-school attendance. *Scandinavian Journal of Psychology*, 56, 384–390. DOI :10.1111/sjop.12232.
- [15] Gonneke, S., & Wilma, V. (2008). Mental health in migrant children. *Journal of Child Psychology and Psychiatry*. 49(3), 276-94. DOI:10.1111/j.1469-7610.2007. 01848.x.
- [16] Hansen, P. (2014). *Psychosocial Interventions: A handbook*, Save the Children's Resource Centre. International Federation Reference Centre for Psychosocial Support Blegdamsvej 27 DK - 2100 Copenhagen, Denmark. Retrieved from <https://resourcecentre.savethechildren.net/library/psychosocial-interventions-handbook>.
- [17] Horn, R., Maria. W., Marina, K. (2016) Not doing more, but doing differently: integrating a community based psychosocial approach into other sectors. *Journal of Intervention*. 14(3), 245-256.
- [18] Kobau, R., Seligman, M. E., Peterson, C., Diener, E., Zack, M. M., Chapman, D., & Thompson, W. (2011). Mental health promotion in public health: perspectives and strategies from positive psychology. *American journal of public health*,101(8),1–9. DOI:10.2105/AJPH. 2010.300083
- [19] Luo, Z., & Wu, D. (2020). Effects of social security factors on mental health of rural-to-Urban migrant workers. *Journal of Revista Argentina de Clínica Psicológica*, 29(1),71-76, DOI: 10.24205/03276716.2020.10.
- [20] Martin, L., Oepen, R., Bauer, K., Nottensteiner, A., Mergheim, K., Gruber, H., & Koch, S. C. (2018). Creative Arts Interventions for Stress Management and Prevention-A Systematic

- Review. *Behavioural Science*,8(28). DOI:10.3390/bs8020028.
- [21] Migration Data Portal. (6 May 2021). *Migration and health*. Retrieved from <https://migrationdata.portal.org/themes/migration-and-health> DOI: 10.4103/psychiatry.IndianJPsychiatry_272_15.
- [22] Muggli, Z., Mertens, T., Sá, S., Amado, R., Teixeira, A. L., Vaz, D., & Martins, MR. (2021). Migration as a determinant in the development of children emotional and behavior problems: a quantitative study for Lisbon Region, Portugal. *International Journal of Environmental Research and Public Health*, 18(2), 375-389. DOI:10.3390/ijerph18020375.
- [23] Namaziandost, E., & Çakmak, F. (2020). An account of EFL learners' self – efficacy and gender in the Flipped Classroom Model. *Education and Information Technologies*, 25, 4041-4055, DOI:10.1007/s10639-020-10167-7.
- [24] Samuel, T.S & Warner, J (2021). “I Can Math!”: Reducing Math Anxiety and Increasing Math Self-Efficacy Using a Mindfulness and Growth Mindset - Based Intervention in First-Year Students. *Community College Journal of Research and Practice*, 45(3), 205-222, DOI: 10.1080/10668926.2019.1666063.
- [25] Sainsbury, P. (2000). Promoting mental health: recent progress and problems in Australia. *Journal of Epidemiology & Community Health* ,54,82-83. DOI:10.1136/jech.54.2.82.
- [26] Shields, G. S., Spahr, C. M., & Slavich, G. M. (2020). Psychosocial Interventions and Immune System Function: A Systematic Review and Meta-analysis of Randomized Clinical Trials. *JAMA psychiatry*,77(10),1031-1043. DOI:10.1001/jamapsychiatry.2020.0431
- [27] Singh, O. P. (2020). Mental health of migrant laborers in COVID-19 pandemic and lockdown: Challenges ahead. *Indian Journal of Psychiatry*, 62(3),233-234.
- [28] Sirin S.R., & Sirin L.R. (2015, October 1). The education and Mental health needs of Syrian Refugee children. Migration Policy Institute, Retrieved from <https://www.migrationpolicy.org/sites/default/files/publications/FCD-Sirin-Rogers-FINAL.pdf>.
- [29] Stavropoulou, M. and Samuels, F. (2015, Jan 30) Mental health and psychosocial service provision for adolescent girls in post-conflict settings: literature review. Retrieved from <https://www.alnap.org/help-library/mental-health-and-psychosocial-service-provision-for-adolescent-girls-in-post-0>
- [30] Sturgeon, S. (2006). Promoting mental health as an essential aspect of health promotion. *Journal of Health Promotion International*,21(1),36-41, DOI:10.1093/heapro/da1049.
- [31] Taylor, Z.E., Ruiz, Y., Nair, N & Mishra, A.A. (27 August 2020). *Family support and mental health of Latinx children in migrant farmworker families*, *Applied Developmental Science*. Retrieved from <https://www.tandfonline.com/doi/abs/10.1080/108886912020.1800466?Code=hands20>.
- [32] Teahan, Á., Lafferty, A., McAuliffe, E., Phelan, A., et al. (2020). Psychosocial Interventions for Family Carers of People with Dementia: A Systematic Review and Meta-Analysis. *Journal of Aging and Health*, 32(9), 1198–1213. DOI: 10.1177/0898264319899793.
- [33] Toledano, T. F., Luna, D., Moral de la, R. J., et al.(2021). Psychosocial Factors Predicting Resilience in Family Caregivers of Children with Cancer: A Cross-Sectional Study. *International Journal of Environmental Research and Public Health*. 18(2):748 – 761.DOI:10.3390/ijerph18020748
- [34] Thomas, S., Jenkins, R., Burch, T., Calamos Nasir, L., Fisher, B., et al. (2016). Promoting Mental Health and Preventing Mental Illness in General Practice. *London Journal of Primary Care*, 8,1 3-9, DOI:10.1080/17571472.2015.1135659.
- [35] Virupaksha, H. G., Kumar, A. Nirmala, B.P. (2014). Migration and mental health: An interface. *Journal of natural science, biology, and medicine*, 5(2), 233–239.
- [36] Wickramage, K., Siriwardhana, C., Vidanapathirana, P. et al. (2015). Risk of mental health and nutritional problems for left-behind children of international Labor migrants. *BMC Psychiatry*, 15(39),1-12. DOI 10.1186/s12888-015-0412-2
- [37] WHO.(2004). *Promoting Mental Health: Concepts, Emerging Evidence, Practice*. World Health Organization. Geneva. Retrieved from https://www.who.int/mental_health/evidence/en/promoting_mhh.pdf.

- [38] Watchman, K., Mattheys, K., Strachan, H., Andreis, F., Murdoch, J. (2021). A person-centred approach to implementation of psychosocial interventions with people who have an intellectual disability and dementia—A participatory action study, *Journal of applied research in intellectual disabilities*, 34(1), 164-177.
- [39] Wanjie, T., Gang, W., Tao, H., Qian, D., Jiajun, X., Yanchun, Y., Jiuping, X. (2018). Mental health and psychosocial problems among Chinese left - behind children: A cross-sectional comparative study. *Journal of Affective Disorders*, 241, 133- 141. DOI: 10.1016/j.jad.2018.08.017