Gender perspective in mental health and the Ulysses Syndrome studies: a literature review

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‘Sal de Ítaca, Penélope.
El mar también es tuyo’

-Carmen Losa

(Leave Itaca, Penelope.
The ocean is also yours.

-Carmen Losa)

Abstract

Migrant women have structural inequalities due to their gender, which distinguish them from men. Also, they face different risks and vulnerabilities due to structural violence. The objective of this article is to review whether research on the mental health of migrant populations includes a gender perspective, especially when working with the Ulysses syndrome. This article presents a phased systematic review of the state of literature about migration, the Ulysses syndrome and mental health. This review included

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91 results, from which only five were considered the final stage. Mental health and Ulysses syndrome research do not consider a gender perspective. Finally, in the global context of the SARS-CoV-2 pandemic, migration and health become a focal point of interest for human rights, especially the right to health.

1. Mental Health in Migrant populations

The objective of this article is to review whether research on the mental health of migrant populations includes a gender perspective, especially when working with the Ulysses syndrome (Achotegui Loizate, 2004). I discuss the need to integrate a gender perspective into current theories about the mental health of migrants, such as Ulysses syndrome and its social determinants of health. Is well known that "migrant populations, in comparison to other populations, typically suffer disparities related to limited access to health care, greater exposure to infectious diseases, more occupational injuries, and fewer positive outcomes for mental health and other health conditions." (Schenker et al., 2014). These disparities are not aligned with human rights policies, for example, article 25 of the Universal Declaration of Human Rights which entitles the right to health and medical care:

> "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control." (La Declaración Universal de Derechos

Humanos, December 10, 1948)

And, specifically for immigrant and refugee populations, the right to health is related to the non-discrimination principle, as the World Health Organization (WHO) states (*The Right to Health*, 2017). The Cartagena Declaration on Refugees, in its subsection "h", also enunciates the need to: "Strength protection and assistance programs for refugees, especially in the areas of health, education, work and security." (*Declaración de Cartagena Sobre Los Refugiados*, 1984). Nonetheless, health services for migrant populations are not easy to find or access, even for regular immigrant's health services are not always affordable, language barriers are common, along with discrimination, and health systems lack knowledge complicates to exercise the right to health.

In recent years mental health for general populations has risen as a nuclear part of health studies and the need for more public mental health services is clearer than ever. In Latin American countries the mental health services deficit is notable, with treatment gaps over 70% for mental health disorders, also Central America, Mexico and the Caribbean mental health expenses are less than 1% of the total national budgets for health (*La Salud Mental En La Región de Las Américas*, n.d.). In 2017, the WHO described that between 4% and 5% of the populations from Brazil, Peru, Panama, Colombia, Ecuador, Paraguay, and other South American countries lived with some type of depressive disorder. Along with this, data reveals that the Americas Region has the highest proportion of the global population with an anxiety disorder in 2015 worldwide, with 21% of the global burden (*Depression and Other Common Mental Disorders: Global Health Estimates*, 2017).

Regarding immigrant populations, specifically about forced migration through Mexico, Doctors Without Borders found that 56.5% of the people they assisted had anxiety and stress, 53.8% constant worry, 48.4% sadness, and up to 18% fear, phobia and a feeling of constant threat (*Forzados a Huir Del Triángulo Norte de Centroamérica: Una Crisis Humanitaria Olvidada*, 2017). There are very few databases or researches that includes migrants or mental health data in Latin American countries, for example in a 2019 analysis Sofía Astorga-Pinto, review five national databases of different countries of the region and one from the WHO, no one had sufficient data or include immigrants data, that could offer a broader mental health and migration panorama for the region (2019).

Like other public health issues, mental health is difficult to analyse due to the broad spectrum of characteristics: different reasons for migration, different socio-cultural situations at the origin and destiny country (even at more local regions), social determinants for health, different health and mental health disorders, sex, and gender. In the analysis presented by Ieztza Bojorquez (2015) about the two main lines for studying migrants' mental health, the conclusion is that we need new theories to understand the mental health and migration phenomena. There are two main theoretical approaches: causality and selection. As Bojorquez described, the first one relates the migratory process as the cause or the risk factor for the development of mental health disorders, while the second one addresses that people with mental health disorders have the highest probability to migrate. Finally, studying mental health in migrant populations has a very important ethical consideration to make, as any research on this issue should provide mental

health services information and if needed first psychological aid.

2. Migrant women and Mental Health

Migrant women have structural inequalities due to their gender, which distinguish them from men and because of the different risks and vulnerabilities they face, from structural violence. In 2016, the United Nations Population Fund published a series of urgent situations to resolve so that women can have better circumstances in the refugee or migration processes. Among these reasons is the possibility of pregnancy in transit, labour, or sexual exploitation, as well as the difficulty in accessing sexual and reproductive health services. Some other challenges faced by migrant women are access to menstrual products, contraceptives, and condoms, to prevent unwanted pregnancies or in case of sexual violence, access to legal interruption of pregnancy, STI and HIV prophylaxis and prenatal, delivery and postpartum care.

Mental health and migration studies have been increasing since the last decade, there are few examples of research about women partners of immigrants who stay in their country, Mexico and their mental health (Ruiz et al., 2013; Salgado de Snyder & Maldonado, 1993). Some other research analyses propose the Penelope syndrome for these women and in more recent times some women researchers started to dialogue about the Penelope Odyssey, who in these researchers' imaginations can travel (Guerra Palmero et al., 2017). There is another group of research about those who return

and their mental health outcomes, theoretically analysed as the salmon bias (Turra & Elo, 2008), among other findings, there is one study that found a higher rate of alcohol consumption among women that are returned migrants versus those who never migrated (Gorman et al., 2018).

Nonetheless, it seems that mental health research on migrant populations is not being done from a gender perspective. Even since the last years of the 1980's-decade Mabel Burín and other psychiatrists and psychologists work on emotional distress, discussing the different emotions, feelings and specific characteristics women live with regarding mental health. In mental health and migration, this gender perspective is not being reflected, most research does not have a gender perspective on its analysis or design. Even when gender and migration are recognized social determinants for health (SDH), and mental health.

3. The Ulysses syndrome and Gender

The Ulysses syndrome is one way to analyse how mental health affects migrant populations, it is specifically designed for vulnerable populations, but it is being used with immigrants from different backgrounds. Ulysses syndrome is related to mental health without being a psychiatric or psychological "disease". It has been defined as the study of migratory mourning in different migratory and cultural contexts. The mourning is lived in different life areas as family, food, work, and home place, among others.

Most of the research about the Ulysses syndrome is done in Spain, nonetheless, through the Athena Network, there are groups of researchers in different countries such as the UK, the United States of America (USA), Italy and Mexico, working through this theory. One of the first examples about the utilization of the Ulysses syndrome scale in Latin America contemplates men and women migrating from Central America and Mexico to Mexico City, Ciudad Juárez, Mexico, and El Paso, Texas (Moya et al., 2016). It does not analyse by sex or gender, nonetheless, in a new publication, Eguiluz (2021) did a secondary data analysis with forced immigrant data from Mexico City in which a gender approach is utilized.

An example of internal migration in Peru does not contemplate the syndrome as a methodology but includes the idea of social discomfort in the analysis (Guzmán-Yacaman & Reyes-Bossio, 2018). Another example is Margarita´s Escudero work in which they propose qualitative research with Argentinian immigrants in Spain (Escudero Segovia, 2004), the results of this research are not yet available online.

One of the very few research examples regarding gender, immigrant Latin American women and mental health-related with the Ulysses syndrome is the one by Elgorriaga*et al.*(2012). They worked with Latin American and Maghrebi women in the Basque Country, Spain. One of the findings relates to the better mental health stressors outcomes that Latin American women have versus ones from the Maghreb related to the social and family network in the destination city.

More recently a couple articles published by Meñaca (2006) and Eguiluz (s.f.) add some new perspectives and critic to the Ulysses syndrome. While Meñaca questions the generalization of the griefs proposed by Achotegui for all migrants, griefs proposed from a vision of migration to Catalonia that is not always replicable, I discuss the need to integrate a gender perspective to the Ulysses syndrome or create a new mirror syndrome that can address women and other gender perspectives. To better address this possibility of the few publications that are considering a gender perspective when studying migrants' mental health, I did this rapid review on the mental health of migrant populations, especially when working with the Ulysses syndrome

4. Literature review

To review the state of literature about migration, the Ulysses syndrome and mental health I carried out a phased systematic review of the literature based on Tricco*et al*. (2017) methodology. One of the different rapid scoping review types is the one that focuses on understanding and mapping out existing health policies and programmes, this review centres in this area. Although this type of review is mostly used to deliver information for policy decision making, here I intend to present evidence to guide a discussion on migration and mental health research areas about the need to include a gender perspective in our research.

Tricco´s (2017) phased reviews usually are conducted as follows: 1) identify the research question or define the objective; 2) search for the studies; 3) select the studies that meet the inclusion criteria, 4) chart the data, and 5)

report the results. These steps may be like other reviews, nonetheless, rapid reviews aim to produce evidence in less amount time.

The first phase consisted of a general search for articles related to gender and migration. The search was conducted in Spanish under the terms: "migracion" and "salud mental" and "sindrome de ulises" (migration, mental health and Ulysses syndrome" on Google Scholar database considering under the search documents published between 2010 and 2020, the search was conducted during November 2020. There were no country or method restrictions on the search. Articles were reviewed to determine if they met the inclusion criteria:

1. Should include a gender perspective in at least one of the following sections:
    a. Framework
    b. Analysis
    c. Results
2. If there is no literal gender perspective (point 1), but includes:
    a. Analysis by sex or gender, or
    b. Results by sex or gender
3. Includes Ulysses syndrome theory in at least one of the following sections:
    a. Framework
    b. Analysis
    c. Metrics

The search was divided into two phases. Phase 1 was based on an open search strategy exploring the following terms: "migracion" and "salud mental" and "sindrome de ulises". This initial search generated 91 results. Then, all results were screened based on the title and the type of research (screening based on abstracts) to eliminate theses or conference papers. Twenty-three articles were selected for full-text review. This final screening phase led to five articles that fully met the inclusion criteria. Finally, references in all articles were reviewed, but no additional articles were identified for inclusion. Assessment of the articles was not part of the study design. These five articles were reviewed and included in the review.

Table 1. Results search screening process

Type of text	Number of results
Total results Phase 1	**91**
Theses	47
Duplicate	5
Conference paper	3
Incomplete	4
Reference	5
Guide or literature review	4
Phase 2	**23**
Theoretical article	9
Other themes	3
No gender	1

No Ulysses syndrome	2
Non-migrants	3
Final review	**5**

Source: Author's own completion

Dates of publication ranged from 2010 to 2020, one of the documents appears with 2021 as publication year. Except for one article, developed in Spain about Peruvian immigrants, all articles were developed by authors in Mexico and regarding Latin American migration. Concerning methods, one article is a mixed-methods study, two are quantitative, and two are qualitative studies. Concerning the gender perspective and the Ulysses syndrome theory (see Table 2) none of the studies present results differentiated by gender even if they include men and women in the sample.

Table 2. Article characteristics

Reference	Country of the study	Methods	Gender and Ulysses syndrome
Moya, E. M. et al. (2016). El Síndrome de Ulises eninmigrante seconómicos y políticosen México y Estados Unidos. Ehquidad, (5), 11-50.	Mexico and the USA	Mixed methods: PhQ-9 Scale, Ulysses Scale, semi-structured interviews.	Includes the Ulysses syndrome using the scale and the theoretical framework. Even though the authors include men and women in the sample, they do not present the results differentiated by gender.
Rivera Heredia, M. E. (2010). Panorama de la conductasuicidaen la población migrante: propuestas para suprevención. In J. H. del Río Martínez (Ed.), *La migraciónen México y suimpactoen la vida social de las personas* (pp. 317–330). Universidad Anáhuac.	Mexico	Literature analysis and descriptive quantitative data	Includes the Ulysses syndrome in the theoretical framework. The authors include men and women in the results, but findings are not analysed by gender.

Vázquez-Benítez, G et al. (2015) Una aproximación al estadoemocional de adolescentes y sus padres en dos comunidadesconectadas por la migración. Revista de Educación y Desarrollo (36), enero-marzo de 2016, 5-12.	Mexico and USA	Quantitative: database review	Ulysses syndrome is just generally mentioned. Even though the authors include men and women in the sample, they do not present the results differentiated by gender.
Cabrerizo, P., &Villacieros, I. (2019). Estrés por aculturación y estrategias de afrontamientoen una muestra de refugiados y solicitantes de asiloen Lima (Perú). Migraciones. Publicación del Instituto Universitario de EstudiossobreMigraciones, (46), 151-177.	Peru	Qualitative: Semi-structured interviews	Ulysses syndrome is just generally mentioned. Even though the authors include men and women in the sample, they do not present the results differentiated by gender
García Waldman, D. H., &OrtízTéllez, G. D. (2021). Principale sexperiencias de refugiados para la formulación de políticas públicaseficientes. Caso Montemorelos, Nuevo León. Revista IUS, 15(47).	Mexico	Qualitative: In-depth interviews	Includes the Ulysses syndrome in the theoretical framework. Even though the authors include men and women in the sample, they do not present the results differentiated by gender.

Source: Author's own completion

From the review we can conclude, on one hand, that none of the few peer-reviewed research articles published on migration and mental health (Ulysses syndrome) presents a gender perspective on the findings, none of the articles employs a gender perspective and the Ulysses syndrome as a framework or applies the scale. Very few articles integrate a gender perspective or even an analysis by sex, presenting results naming the possible differences between women and men findings. On the other hand, I did the review under the term "migracion" (migration), and the final group of articles includes different types of mobile populations such as refugees, asylum-seekers, and immigrants, although the sample on Rivera Heredia´s paper may be considered as returnees and their children.

Concerning the contributions from this article to the gender and Ulysses syndrome theme, Moya *et al.* present a mixed-methods study with a multi-country sample, applying the Ulysses syndrome Scale, utilizing it as a framework and including men and women on their results, but does not analyse findings with a gender perspective. One of the main findings this research presents is that migrants are experimenting with the Ulysses syndrome in different Latin American countries which had not been analysed before. It also refers to the different stressors that these migrants live as leaving family and social status behind.

Maria Elena Rivera (2010), analyse suicidal rates comparing Mexico and the northern and southern border. Also, she includes a quantitative descriptive review in which men and women are included. In the theoretical framework, she discusses Ulysses syndrome regarding the experience of

returned migrants and their children trying to understand where home means and mental distress. Finally, there are some recommendations for better prevention of suicide. Nonetheless, the paper does not clearly present how the Ulysses syndrome is addressed.

In a different quantitative approach, Vázquez-Benítez et al. (2016) analyse data from a Mexico-USA binational project in which men and women answer different mental health scales. Like the sample of Rivera Heredia´s research, Vázquez-Benitez analysis includes people from migrant communities, although not everyone in the sample is or has been a migrant. The research includes the Ulysses syndrome as part of the framework and regarding the gender perspective they present some data disaggregated by sex, but they do not analyse and present findings with a gender perspective or use the syndrome as part of the analysis.

Finally, there are two qualitative studies, the first one by Cabrerizo, P. and Villacieros, I. (2019) is the only example from another country than Mexico or the USA, this study includes Latin American refugees and asylum-seekers in Peru from Venezuela, Colombia and Cuba, among others. Data was collected through 22 qualitative interviews, 11 women and 11 men participated. The interview considered sociode mographic characteristics and some stressors that may be related to the migration process. Findings are not analysed or presented by sex or with a gender perspective, the only mention about the sex or gender of the participants is on the quote's description. Ulysses syndrome is used in the framework and discusses some of the results from the interviews through some of the migratory griefs. Conclusions on

this research relate to the Ulysses syndrome as the authors find some of the difficulties migrants found are related to work and family.

The last study is another qualitative research by García and Ortíz(2021), they present a literature review about Venezuelan refugees into a very specific location in the Mexican state of Nuevo Leon. After the review they did 6 in-depth interviews with young men and women, it is important to consider that it seems that they classified an "in-depth" interview as the execution of some psychological scales related to stress. Data is analysed or present by sex or gender although only two of the participants were women. Regarding the Ulysses syndrome is only mentioned as a reference, nonetheless, even the Ulysses syndrome is not part of the analyses, findings are related to it as the stressors these migrants' live language, family, social status, among others.

There is very little research published as scientific articles on the implementation of the Ulysses Syndrome in Spanish that includes a gender perspective. Most of the results from the first screening phase were theses from different education levels from undergraduate to doctorates, although I analyse most of the abstracts, this review intended to include only peer-review texts. Therefore, one question to follow is why there are almost 50 theses regarding migration and mental health and this few numbers of peer-reviewed published works and some theoretical papers, one possibility is that this may be related to the confusion between the Ulysses syndrome and its scale implementation. In this review, the scale is only present in Moya´s et al. article and it was combined with the PhQ-9 scale, other research mentions the

Ulysses syndrome during introductions or frameworks, but none of them use to discuss or analyse data.

Also, I did not find any article that worked with this theory and that included the LGBT population in the sample. Future recommendations include the possibility of integrating and doing research on this population regarding their specific risks and vulnerabilities, as the research done by Ailsa Winton (2016) with transgender migrant women in the Mexican south border.

5. COVID-19 and Mental Health

Finally, in the global context of the SARS-CoV-2 pandemic, migration and health become a focal point of interest for human rights, especially the right to health. Since March 2020, due to the mobility restrictions and lockdowns implemented locally and internationally in many countries around the globe, migrants are living in extremely vulnerable situations, therefore mental health attention should be urgently addressed by all the health systems. Migrants and refugees, children, men, and women, are living this pandemic in vulnerable conditions and at-risk of transmission due to the difficulties refugee camps and detention centres present to keep the basic recommendations for COVID-19, wash hands with soap, using facemasks, and more important to maintain a safe distance. As Bojorquez (2021), mention migrants "could be at risk of psychosocial and mental health consequences of the COVID-19" that is why public health programs need to address migrants' mental health not only as a specific population but as part of the programs.

We are still in a moment in which millions of migrants and refugees have had no access to vaccination. In Latin America, new migrant movements started in mid-2021 through the region and violence is used to "contain" them. These two combined factors contribute to mental distress and when "administrative" or other kinds of detention is involved mental health could be affected. Also, during these pandemic times, we have seen how women are constantly charged with caring tasks, as Sen and Östlin (2007) argue, women are used as "cushions" for the system during health emergencies, therefore migrant women mental health should be a priority. Migrant women also have barriers accessing services, economic problems, and during the pandemic, loneliness was an important determinant for mental health as they may be distanced from social support systems.

6. Conclusions and limitations

As this is a single-authored review some bias may be present on the search and assessment, even the careful process made. This research intended to cover all results published on Google Scholar during the mentioned period, nonetheless some papers might not appear in this review, as Tricco (2015, p. 65) mentioned when a single reviewer does the screening process usually between 8 and 20 % of eligible studies are missed and some may be only found through other platforms as PubMed or similar ones.

Regarding the evidence that recognizes that men and women have different mental health outcomes, recognizing that gender is a social determinant of

health and migration as a bidirectional SDH is urgent to integrate a gender perspective into current theories about the mental health of migrants, such as Ulysses syndrome and its social determinants of health, is discussed.

Likewise, through this review, I observe the increasing need to integrate the gender perspective into Ulysses syndrome, not only to studies on mental health but also to the Ulysses scale. In this way, possible differences by gender will always be considered and will not only depend on the construction and analysis carried out by those of us who investigate or by those who diagnose and evaluate mental health from a biomedical perspective in sanitary services.

One of the most relevant observations is that in the literature the Ulysses syndrome is used as a theory, and like a scale, and the differentiation between them is not always clear. This is relevant since they are different processes, the scale, for example, has ways of establishing the criteria to evaluate the risk and vulnerability experienced by migrants. Future questions to be answered by the Ulysses syndrome experts are if it is clear how to apply the scale and its possibilities? How is the Ulysses syndrome being used in research about mental health and migration? Is the scale being used by whom and where? Is its usefulness being discussed?

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