



“The Indian Dream” For Pakistani Hindu Migrants and Their Mental Health: A Comprehensive Analysis

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Abstract

The notion of migration is quite wide and various synonyms have been used for the people who migrate. The phenomenon of migration has profound psychological implications for individuals, particularly when it involves leaving one's homeland for a foreign land in pursuit of a better life. The migration of Pakistani Hindus to India has been a significant socio-political phenomenon for decades. The journey of these migrants is often marked by harrowing experiences, but they come to India with the expectation of finding safety, religious freedom, and better opportunities. These individuals, seeking refuge from religious persecution and often carry the weight of their traumatic past and encounter numerous challenges while adapting to their new homeland. Migrated people were often found to be stressed. For the majority of the time, migrants lack adequate planning and social assistance. Therefore, preparing the migrants, giving them knowledge about migration, and ensuring that they have access to the required public and health facilities will aid in preventing the psychological anguish that is expected and will aid in promoting the mental health well-being of migrants.

This report delves into the mental health challenges faced by Pakistani Hindu migrants who have sought refuge in India, inspired by the notion of "The Indian Dream", which refers to the aspirations and hopes of Pakistani Hindu migrants who seek refuge and a better life in India. By adopting a multidimensional approach, this study examines the factors that contribute to their mental health struggles, explores the reasons for their migration, the difficulties they encounter, the opportunities they seek to realize in India and analyses the factors contributing to their psychological well-being and proposes potential recommendations to improve the overall well-being of these vulnerable migrants.

Keywords: Migration, Urbanization, Mental Illness, Well- being.

INTRODUCTION

More than 150 million people are migrants or refugees who reside outside of their country of origin. They are extremely susceptible to prejudice, xenophobia, and racism. The accounts of harassment and discrimination against migrants, refugees, and other non-nationals that are surfacing from every corner of the world are showing the breadth and gravity of these problems. Abuse and exploitation are made worse by the fact that a growing percentage of current international migration is unregistered and irregular. However, regardless of the fact that their movements are approved and legal, non-citizens face extreme levels of hostility. Fundamental legal protections for migrants and refugees have been established by the international community. The treatment of refugees is now universally regarded as adhering to the UN Convention and Protocol Relating to the Status of Refugees. The first

international agreements to establish minimal requirements for migrant workers' treatment were the ILO conventions on migratory labour. They served as blueprints for the UN Convention on the Rights of Migrant Workers, which we anticipate will promptly go into effect. We implore all nations to endorse these Conventions and adhere to their rules if they haven't already. Implementing these international norms is a fundamental step towards creating a world where everyone has the right to dignity and where diversity is valued. Pragmatic action at the local and national levels is equally crucial. Governments, employers, NGOs, politicians, lawmakers, leaders in the community, the media, the private sector, and other stakeholders all have an interest in this. Equally important to the fight for laws or policies as they are to hearts is the fight for universal human rights. Regardless of our differences in colour, ethnicity, or any other factor, we must constantly endeavour to bear in mind that we are all members of the same human family. We must respect one another if we are to live in the peaceful world we all desire in the twenty-first century.

The migration of Pakistani Hindus to India has been happening since the partition of the Indian subcontinent in 1947. Despite sharing a common cultural heritage and history, these migrants often find themselves grappling with issues of identity, cultural adaptation, and psychological stress in their new homeland. The allure of "The Indian Dream" can be both empowering and overwhelming for these migrants as they navigate through unfamiliar territories, languages, and societal norms. The Indian Dream is a term that encapsulates the hopes and aspirations of Pakistani Hindu migrants who have sought refuge in India due to religious persecution and discrimination in their homeland. The journey of these migrants is often marked by harrowing experiences, but they come to India with the expectation of finding safety, religious freedom, and better opportunities. Pakistani Hindus have historically faced discrimination and persecution in Pakistan, leading many to flee to India in search of safety and opportunities. They cite reasons such as religious persecution, a lack of equal rights, and limited access to education and employment opportunities as primary factors motivating their migration. They envision a place where they can rebuild their lives, freely practice their faith, and secure a brighter future for their children. The idea of India as a diverse and secular country with a history of religious tolerance strengthens their belief in the possibilities that lie ahead. Over the years, significant numbers of Hindus have sought asylum in India, seeking safety, security, and opportunities for themselves and their families. Despite not being a signatory to the 1951 Refugee Convention, India provides asylum to a significant number of refugees from various countries. People frequently flee their homes for safety reasons, but there are also times when this is due to their basic needs not being satisfied, which differs based on who they are and the location they live. The mental health of refugees is impacted by perceived traumatic events in their home country, post-migration suffering, cultural differences, and language barriers in the nation of asylum. This journey to a new land is fraught with challenges, and the mental health implications for these migrants remain largely understudied. This report aims to fill this gap by exploring the mental health aspects of the migration process for Pakistani Hindu migrants in India.

Migration

Human migration is a centuries-old event that began with the existence of humans on earth. It has an impact on both human life and the surrounding environment, making it one of the three fundamental factors that determine the growth of the population in any given region (the other two being mortality and fertility). Since ancient times, people have migrated in search of better living choices, food, financial opportunities, vocational training, and other factors. Migration can be defined as the act of a person moving their domicile across a political or administrative boundary. It is possible to understand migration as a social phenomenon and as a component of society. Migration, also known as the process of people adjusting to a new environment, entails decision-making, planning, following through with the necessary steps, physically moving to a different location, adapting to the cultural demands of the place, and assimilating into the local system. That process will have a significant impact on how a person lives their entire life.

Various expressions have been accustomed for the people who migrate, depending upon the type of process involved in it and the reasons for such migration. These terms include: emigrant, immigrant, refugee (A person residing outside their native country due to fear of persecution for reasons of race, religion, nationality, or membership in a specific social group, or political opinion), asylum Seeker (A person who, for any cause, abandoned his country of origin and asked for shelter and safety in another nation), internally displaced person (a person compelled to leave their country or territory due to unfavorable circumstances, such as those that are political, social, environmental, etc., but who does not cross any borders), etc.

Modern migration is an extensive phenomenon, with the major motivation being improvement or emancipation from unfavourable circumstances. These terms include emigrant, immigrant, refugee, asylum seeker, and internally displaced person. A refugee is someone who has left their country of origin and applied for shelter and protection in another country because they fear being persecuted due to their nationality, ethnicity, membership in a specific social organisation, or political opinion. Aspects of human health, society, economy, culture, religion, and politics in the area since the beginning, researchers have been examining how migration affects all facets of human existence. One significant topic that has drawn attention is how migration affects migrants' mental health.

Healthcare, social, economic, cultural, religious, and political facets of human life, as well as the region, are impacted by the migration process. People have been researching the effects of migration on various facets of human existence since the beginning, and among these, the impact on migrants' mental health is a significant subject that has drawn attention. When people migrate, a number of factors must be taken into consideration, including planning and following all procedures, travelling to the new location, adjusting to the new culture and society, compromising their beliefs and practises, lodging, assimilation, etc.

This process may not be advantageous to everyone. Particular populations, including women, children, the elderly, lesbian, gay, bisexual, and transgender people, among others, are more likely to have significant mental health problems when migrating. Over the years, the Indian subcontinent has experienced multiple waves of migration, each brought on by different political, social, and religious forces. Hindus from Pakistan have historically experienced prejudice and persecution due to their religion. Following the 1947 division of British India, they began migrating to India, and as a result of numerous incidents of communal violence and intolerance in Pakistan, they have continued to do so. The migration process is not without difficulties, despite the fact that India offers a more hospitable atmosphere for Hindus. Hindu migrants from Pakistan frequently face danger and uncertainty on their route to India. Much of the world travels on unofficial routes and encounters many difficulties along the way, including being exploited by human traffickers and problems with border security. Despite these challenges, they persevere because they want to live better lives in India. Hindu migrants from Pakistan have recently kept coming to India, either for long-term visas or seeking refugee status. They frequently relocate to different states like Delhi, Gujarat, and Rajasthan. They nevertheless encounter new difficulties, including integration, financial troubles, and psychological discomfort, despite having fled persecution.

Migration and Mental Health: An Interface

Numerous epidemiological researches have indicated that there are 9.5 to 370 mental health problems per 1000 people in India, which is a worrying incidence rate. Families and relatives of migrants and refugees with legal issues may be significantly more susceptible to depression and anxiety disorders. A number of factors, including trauma experienced during the migration process, stressors encountered after resettlement, poverty, and a lack of social support, may contribute to the presence and severity of psychiatric problems among migrants. Restricted accessibility has an impact on services for migrants. In order to improve psychosocial functioning, it should address linguistic and cultural hurdles as well as problems in the broader social environment (Rousseau & Frounfelker, 2019).

In 1932, Odegaard carried out research in order to understand more about migration and how it impacts immigrant mental health. He discovered that Norwegian immigrants to Minnesota, USA, had a hereditary predisposition to psychosis, which later led to schizophrenia. He made an assertion that persons who are susceptible to mental illnesses are more likely to experience difficulties after migrating. As a result of the multiple obstacles that people encounter both before and after migration, it is clear that moving can cause mental diseases to worsen.

MAJOR MENTAL HEALTH CONCERNS

Several factors contribute to the mental health challenges experienced by Pakistani Hindu migrants in India. The process of displacement, loss of social support, financial hardships, language barriers, and the struggle to assimilate into a new culture are some of the key stressors. Additionally, unresolved trauma from past experiences in Pakistan, including religious persecution and discrimination, can exacerbate mental health issues. Depression, anxiety, post-traumatic stress disorder (PTSD), and adjustment disorders were frequently reported. Furthermore, many individuals exhibited symptoms of emotional distress and feelings of isolation, further impacting their overall well-being.

1. **Traumatic Experiences in Pakistan:** Pakistani Hindu migrants often undergo harrowing experiences during their journey to India which can lead to symptoms of post-traumatic stress disorder (PTSD), anxiety, and depression. Many Pakistani Hindus migrating to India have faced severe religious persecution and discrimination in their home country. Witnessing violence, harassment, forced conversion, losing loved ones, and enduring extreme hardships can leave lasting emotional scars on their mental well-being, impacting their ability to cope with stress in their new environment.
2. **Acculturation Stress:** The process of migration itself is inherently stressful, involving uprooting from familiar surroundings, leaving behind friends and family, and encountering uncertainties in the destination country. The psychological toll of this transition can lead to anxiety, depression, and a sense of isolation. The process of adapting to a new culture can be overwhelming, resulting in acculturation stress. Migrants may experience identity conflicts, social isolation, and a sense of alienation, further exacerbating mental health issues.
3. **Identity Crisis:** Pakistani Hindu migrants often struggle with a complex identity crisis as they strive to maintain their cultural roots while embracing their newfound Indian identity. This struggle with cultural identity can lead to feelings of displacement and a sense of not truly belonging anywhere. Maintaining cultural identity while adapting to a new culture can pose challenges. Pakistani Hindu migrants may face conflicts between their traditional beliefs and practices and those of the Indian culture.
4. **Discrimination and Stigmatization:** Pakistani Hindu migrants may encounter discrimination and prejudice in their new country, which can lead to feelings of insecurity, low self-esteem, and psychological distress. Stigmatization based on religious identity can further compound mental health issues, leading to reluctance to seek professional help.
5. **Economic Instability:** Economic hardships and limited access to resources can cause chronic stress and negatively impact mental well-being.
6. **Family and Social Support:** The absence of strong support networks and fractured family ties due to migration can lead to feelings of loneliness and emotional instability.

Additionally, compared to their native counterparts, migrant adolescents reported greater mental health symptoms and were considerably more likely to participate in risky behaviours. This was especially true of the second generation of migrant adolescents. The migrants are more frequently identified as a high-risk group for HIV/AIDS. It indicates that this phenomenon may be brought on by social exclusion, prejudice, and challenges related to culture and language while providing and gaining access to health care and other amenities in the destination location. It demonstrates the difficulties associated with migration since those who migrate are reluctant to use

necessary services, such as health services. Additionally, because services are frequently not inclusive, social and health-related problems are more common among migrants.

Migration and Psychosis

Cantor-Graae and Selten found a link between chronic social defeat and migrant populations' low mental health and increased likelihood of psychosis. Henssler et al. hypothesized that first- and the subsequent generations of migrants and refugees have higher prevalence of schizophrenia and similar psychoses in a systematic evaluation and meta-analysis. The meta-analysis looked at how frequently first- and the subsequent generation migrants experienced non-affective psychotic illnesses. The scientists also discovered strong evidence that first- and second-generation migrants have a higher relative risk of incidence than the local population. The results were discussed in terms of isolation and social exclusion stress, and they offer a theoretical framework that connects cultural disparities in verbal interaction and discrimination experiences with the genesis of psychotic symptoms and their physiological correlates. Additionally, the authors anticipated that social isolation and prejudice are the main causes of the higher incidence of psychotic symptoms in participants with a migratory background. Brandt et al. discovered in a different meta-analysis and systematic review that the risk of schizophrenia and its related non-affective psychosis is statistically considerably higher in refugees compared to both the native population and migrants.

Migration and Posttraumatic Stress Disorder

In a systematic review, Morina et al. found that among refugees and internally displaced people following forced displacement, post-traumatic stress disorder (PTSD) rates ranged from 3% to 88%, depression rates ranged from 5% to 80%, and anxiety disorders ranged from 1% to 81%. The authors emphasized the urgent need for widespread interventions to treat psychiatric illnesses in internally displaced people and refugees after displacement.

Prevalence studies, according to Giacco et al., reveal that in the initial years of resettlement, only PTSD rates are unquestionably greater in the populations of the host nations. The scientists also noted that incidence of anxiety and depression disorders increased five years following resettlement. High prevalence of PTSD may be explained by exposure to stressful experiences before or during migration. Evidence indicates that long-term rates of mental problems are higher when people have limited social integration and have a harder time getting assistance.

In addition, Chen et al. noted that among migrants who were leaving for humanitarian reasons, stressors associated with postmigration resettlement were the most significant predictors of mental health. Stressors related to post-migration resettlement were both directly and indirectly associated with mental health problems. Targeting resettlement-related stressors by enhancing psychosocial care services and social integration would therefore be a crucial strategy to enhance the mental health of migrants.

Significant correlations between uncertain residency status and the signs of mental illnesses in refugees and asylum seekers were discovered by Winkler et al. In this study, participants who reported more symptoms used the assistance less frequently, participated in fewer integration-promoting activities, and reported more hearing problems. Only 11.6% of asylum seekers with signs of mental illnesses were receiving psychiatric care.

Self-esteem and coping strategies

A person's assessment of the gap between their current self and their ideal self is referred to as their self-esteem, which is often interpreted as an attitude toward one's own value or worth. Low self-esteem will be the outcome of a significant gap between one's current self and their ideal selves. Self-esteem is mostly social in nature and grows in tandem with interactions with the surrounding society; for pupils, the peer group and teachers have a significant

impact on its growth. During times of transition, like when migrating, self-esteem is reevaluated and modified. These challenges are primarily observed in the areas of system adjustment, language barrier, low socioeconomic status, peer relationships, discrimination against, and bullying by others. These variables were discovered to be negatively affecting these kids both directly and indirectly, as seen by the fact that they performed academically and attended school more worse than neighborhood kids. The respondents (children) described having self-doubts frequently, believing that their local contemporaries have always been more rich and successful while they have always lagged behind, which contributes to feelings of inferiority and difference as well as a negative self-image. Additionally, they experienced bullying from the neighborhood kids, which led to emotions of anxiety, helplessness, and occasionally suicidal thoughts.

In comparison to non-migrants (26%), Kashmiri migrants (33.66%) who were living in Jammu's Muthi camp had a higher rate of psychiatric morbidity (mostly depression, post-traumatic stress disorder, and generalized anxiety disorders). The study's key finding is that there is a need to raise the socioeconomic standing of migrants and give them access to quality psychiatric care.

In Lucknow, the incidence of psychiatric problems was 9.6% among the migrant refugee population (who moved to India after partition), compared to 4.2% among the non-migrant local population. The bulk of the mental patients in the migratory group had been ill for more than ten years and tended to be older people. They suffered from psychoneuroses, depression, and enuresis.

IMPACTS OF MIGRATION

It's been observed that migration affects migrants' life in both positive and negative ways. There are some positive effects, such as reduced unemployment and better employment opportunities; migration improves people's quality of life; it enhances their social lives by exposing them to new cultures, norms, values, belief systems, customs, and languages; migration of skilled workers stimulates local economies; children receive better educational opportunities; the birth rate falls; and decreased population density.

BARRIERS TO ACCESS

While "The Indian Dream" holds promise, Pakistani Hindu migrants encounter several challenges upon their arrival in India. The lack of proper documentation often results in difficulties accessing essential services and government benefits. Pakistani Hindu migrants may face various barriers to accessing mental health services, including language barriers, financial constraints, lack of awareness about available resources and prejudice from some sections of society can make integration and acceptance challenging. Additionally, their status as refugees can restrict their access to certain opportunities and rights, hindering their ability to fully realize their dreams. The migration process exposes Pakistani Hindu migrants to a plethora of challenges, contributing to stress and mental health issues. Firstly, the trauma of leaving their homeland, often amid difficult circumstances, leaves deep emotional scars. The loss of social connections, identity, and a sense of belonging can exacerbate feelings of loneliness and isolation in their new surroundings.

Furthermore, integration into the host society presents a significant barrier. Language barriers, cultural differences, and discriminatory attitudes from some segments of society add to the challenges faced by migrants, affecting their self-esteem and overall mental well-being. Many Pakistani Hindu migrants struggle to secure employment and access basic services, which further contribute to feelings of helplessness and despair.

a. Legal and Citizenship Issues: One of the biggest challenges is obtaining legal status and Indian citizenship. The complex bureaucracy and stringent documentation requirements can hinder their access to essential services and rights.

b. Socioeconomic Difficulties: Language barriers, cultural differences, and limited financial resources present significant hurdles in their integration into Indian society. Finding suitable housing, accessing healthcare, and securing livelihoods can be daunting for these migrants.

c. Education and Employment: Many Pakistani Hindu migrants struggle to find employment in India due to the lack of recognition of their academic qualifications and limited language skills. As a result, they often end up in low-paying, unskilled jobs.

d. Discrimination and Social Stigma: Despite the shared religion, Pakistani Hindus can still face discrimination and social exclusion within Indian communities, which hampers their sense of belonging and assimilation.

Despite having a greater need for mental health care, Park et al. report that patients who are migrants, refugees, or asylum seekers also have poorer access to it. This disparity is due to a number of factors, including the stigma and shame associated with mental illness, cultural norms, language barriers, and financial constraints. Furthermore, given that immigrants, refugees, and asylum seekers frequently lack health insurance, genuine economic constraints and anticipated social repercussions may prevent treatment seeking.

The biggest obstacles to using services, according to Bridges et al., are financial because patients who are migrants, refugees, or asylum seekers typically have low incomes. As a result of the absence of legislative guidelines for the funding of interpreters in many nations, linguistic hurdles also exist. Intriguingly, the authors stressed those participants who had a psychiatric issue compared to those who did not have economic restrictions that were more noticeable for them. It's probable that some cultures prioritize caring for the family's primary provider.

Additionally, according to Bridges et al., the inability to communicate in one's original tongue in addition to the inability of service providers to translate into one's own first language severely inhibited the capacity to seek assistance. Additionally, it was shown that men were much less knowledgeable about aid services than women were.

CULTURAL COMPETENCE

Bhugra et al. contend that every psychiatrist should consider the cultural context in which each patient is being treated, as well as the patient's own cultural beliefs and prejudices. In these cross-cultural situations, although patients are masters in their personal experience of distress, psychiatrists are specialists in biology and psychosocial aspects. For practitioners to effectively deal with context and culture in clinical care, Schouler-Ocak et al. claim that ideas like cultural competency, sensitivity to culture, humility, and responsiveness are essential. Psychiatrists in this situation should be aware of their own cultural biases, be able to work effectively with interpreters or culture brokers, and have a basic understanding of diverse family structures, the consequences of discrimination, exclusion, unemployment, and intergenerational variations in acculturation, as well as a variety of illness explanations, symptom presentations, treatment expectations, and distress idioms. Additionally, they should have intercultural psychotherapy training and be aware of the difficulties that can occur when collaborating with family members or close relatives, including somatization, transference, and countertransference problems. Sue et al. claim that developing cultural competency is necessary for enhancing the efficacy of mental treatment. It is crucial to be aware of the dangers of stereotyping as it represents a holistic response to the needs of migrant, refugee, and asylum seeker patients in terms of mental health care. The ability to build a therapeutic relationship with a patient from a different culture, as well as the capacity to modify diagnosis and therapy in response to the cultural variations between the psychiatrists and the patient, are the major components of cultural competency. Psychiatrists must also question their own conceptions of "reality," examine their own cultural backgrounds and their preconceptions and biases, and be willing to adjust to various cultural practices in order to engage in intercultural work. It should be emphasized in this context that cultural awareness is not the culmination of a

process, but rather the technical proficiency that grants the person a resolved certification that will allow them to deal with patients of different cultures. Learning by doing is a continuous process. The WPA guidance on mental health and mental healthcare in migrants, the EPA guidance on mental health treatment of migrants, and the EPA guidance on cultural competency all include recommendations for policymakers, service providers, and doctors.

INTERCULTURAL COMMUNICATION

In psychiatry and psychotherapy, language is the primary method of communication. Not only do we require effective verbal communication, but we also need to take into account various explanatory models about the origin, progression, and treatment of some health issues in order to prevent incorrect diagnoses, ineffective treatments, and dissatisfaction. Accordingly, a description of the relevant disorders may signify something quite different in a particular cultural setting. Since a psychiatrist cannot be expected to be fluent in all of the languages spoken by all of his or her immigrant, refugee, and asylum seeker patients, the use of qualified interpreters is unavoidable. In addition to language obstacles, intercultural psychiatry is hampered by more sophisticated communication issues based on disparate explanations of the causes, traits, and available treatments for various disorders. However, patients who are migrants, refugees, or asylum seekers should have access to identical high-quality psychiatric care as patients who are citizens. As a result, the nation's healthcare system should pay for the expense of interpreters.

RECOMMENDATIONS

Over the ensuing decades, it is anticipated that there will be an increase in the total number of migrants, refugees, and asylum seekers worldwide. Health care services must be prepared for this extremely diverse population, which has varying views on both health and sickness as well as anticipations for how treatments will be carried out. The resources necessary to support the requirements of patients who are migrants, asylum seekers, or refugees should be made available to healthcare providers, healthcare professionals, stakeholders, and policymakers. By using the CFI, it may be possible to learn more about how culture affects important facets of a patient's clinical presentation and management. Furthermore, the regular employment of language and cultural mediators and the professional staff's cultural competency could be highly helpful in lowering the main obstacles to using and accessing health care services. At a comprehensive, organizational, and institutional level, increasing institutional cultural competence may raise the quality of treatment. In order to improve the use of mental health services, steps that encourage institutional, cultural competency and training for all professional personnel in cultural competence should be put into place.

Addressing the mental health challenges faced by Pakistani Hindu migrants requires a multi-pronged approach. Government and non-governmental organizations should collaborate to provide culturally sensitive mental health services, including counseling and support groups. Investing in educational programs to enhance language skills and vocational training can empower migrants to secure stable employment, reducing stress related to economic instability.

Cultural integration initiatives and awareness campaigns should be encouraged to promote empathy and understanding within the host society. By fostering an inclusive environment, Pakistani Hindu migrants can feel more accepted and supported in their new home. Policymakers, service providers, and clinicians should follow the suggestions made in the WPA guidance on mental health and mental health treatment in migrants, the EPA guidance on cultural competency, and the EPA guidance on mental health care of migrants.

Opportunities and Initiatives:

a. Government Schemes: Recognizing the plight of Pakistani Hindu migrants and their contributions to Indian society, the Indian government has implemented various initiatives and policies to support their integration and

welfare, like granting long-term visas, facilitating citizenship applications, and providing educational, healthcare and vocational training opportunities. The Citizenship Amendment Act (CAA) was passed to expedite the process of granting Indian citizenship to religious minorities from neighboring countries, including Hindus from Pakistan.

b. NGOs and Civil Society: Several non-governmental organizations and civil society groups work towards supporting and empowering Pakistani Hindu migrants by providing legal aid, education, vocational training, and healthcare facilities.

c. Community Networks and Awareness Campaigns: Support networks and community associations play a crucial role in helping migrants adapt to their new surroundings by offering social and emotional support. Raising awareness about mental health and its importance within the community can reduce stigma and encourage individuals to seek support.

d. Culturally Adapted Interventions: Mental health interventions should be culturally tailored, incorporating traditional practices and beliefs to enhance their effectiveness.

e. Skill Development Programs and Interfaith Initiatives: Providing vocational training and job opportunities can alleviate economic stress and improve mental well-being. Promoting interfaith dialogue and tolerance can foster a sense of belonging and reduce religious-related stressors.

INTERVENTION

Specific psychological anguish is impacted by the dynamics of the experience of migration that an individual goes through. The migration process places specific stresses on migrants during each step. Setting criteria for excellent integrative health and social care for migrants from conception all the way through maturity is essential to promoting long-term and sustained improvements in their health. The psychological and mental health of young people and children must be one of the key areas of concentration while accomplishing this. The biggest challenges for migrants are communication problems brought on by linguistic and cultural barriers, negative experiences before, during, and after migration, traditional beliefs, coping mechanisms, socioeconomic status of the family, and unfavorable familial dynamics; as a result, people may not be expecting or prepared enough for these unforeseen difficulties. Clinicians must be sufficiently qualified and prepared to handle these difficulties when migrants seek assistance or identify psychological suffering. They must conduct thorough research on the entire migration process, family dynamics, social and occupational functioning, cultural background, socioeconomic status, and other factors. They must also compare pre- and post-migration conditions. These will aid in comprehending and locating the issues with acclimating to the new society. The physicians should enlist the aid of qualified interpreters and culture brokers, visit with other family members for in-depth information, and utilize the community groups already in place for the specific ethnicity. These techniques will aid medical professionals in locating the source of the stress or issue, developing the best course of action for intervention or therapy, avoiding psycho-social suffering, and enhancing the psycho-social wellbeing of migratory populations.

Community based interventions

Through the development of community-level interventions, some research studies have attempted to address the problems faced by migrants. According to one of the research papers, "there needs to be a shift in the way that services are provided to the migrating population that is in need; the cottage-based model has been found to be more effective than standard health care delivery to the geriatric long-term care residents throughout the migration. The model is more beneficial in enhancing the health status and social activities of the consumers, according to the consumers, their families, and the employees.

The establishment of ethno-cultural groups and religious institutions is crucial in assisting migrants in the course of adjusting in legal, religious, and social elements, in addition to policies, practices, and resettlement possibilities. These religious and ethnic groups warmly welcome newcomers, provide them a sense of community, and work to lessen the effects of isolation, prejudice, and migration losses. In order to mobilize the psycho-social support and the necessary resources for the migrant population, particularly those who are in distress, it is crucial for local bodies or administrations to recognize, support, and develop socializing among existing social groups and religious organizations.

Among the migrated women who were diagnosed with recurrent depressive disorder, "self-help group (SHG)" and "Cognitive Behaviour Therapy" group therapies were shown to be only marginally helpful. For the migrant populations who suffer from mental health issues like depression, post-traumatic stress disorder, and so on, psychodrama, psychotherapy, eye-movement-desensitization, and reprocessing forms of group interventions have been offered. They have shown some promise in easing symptoms and enhancing functionality.

CONCLUSION

Modern migration is a complex phenomena, with the major motivations being betterment or leaving unfavorable circumstances. Therefore, it is not necessary for migration to be stressful at all times, but when there is inadequate planning, no social support, complexity, hurdles, and differences involved, there will undoubtedly be discomfort, whether it is an internal or an external movement. The "Indian Dream" remains a beacon of hope for Pakistani Hindu migrants seeking refuge in India. Despite the challenges they face during migration and their struggle to integrate into a new society, they continue to persevere in the pursuit of a life where they can freely practice their faith and enjoy equal rights. It is essential for the Indian government, civil society, and international organizations to work together to address the socio-economic challenges faced by these migrants and provide them with the essential support to shape a better future for themselves and their families.

"The Indian Dream" for Pakistani Hindu migrants represents a compelling story of resilience, hope, and the pursuit of a better life. Despite facing numerous challenges, these migrants continue to strive for a brighter future in India. The government, civil society, and Indian citizens need to work together to address the issues faced by these migrants and create an inclusive environment where they can flourish and contribute to the nation's growth. By recognizing their potential and providing adequate support, India can truly be a land of opportunity for these individuals seeking refuge and prosperity. According to research studies, migration is a risk factor for the development of mental health issues for a large portion of the time. The discomfort would result in negative effects on mental health or other types of health difficulties because of the insecurity sentiments and lack of availability of their own community members. The research also highlighted the inadequacy and weakness of regional and global efforts to address these issues. Making public and health services available, accessible, and cheap is incredibly important. The provision of essential training for the staff, the employment of culture brokers and qualified interpreters, and the inclusion of inclusive, culturally specialized, and culture-free services should occur at all levels. There is a large area for research studies to explore in order to have a thorough grasp of the pattern of mental health problems and to formulate more effective intervention techniques in reducing distress and supporting the psycho-social well-being of migrants.

Closing Remarks

This research paper seeks to contribute to the understanding of the mental health challenges faced by Pakistani Hindu migrants pursuing "The Indian Dream." By exploring the impact of migration on their psychological well-being and raising awareness about the importance of addressing mental health issues among this vulnerable population. Furthermore, the study aims to provide valuable insights for policymakers and practitioners to design culturally sensitive interventions that can promote the mental well-being of Pakistani Hindu migrants and facilitate their successful integration into Indian society. Ultimately, this research endeavors to foster a more inclusive and compassionate approach towards individuals and communities experiencing the complex reality of migration.

REFERENCES:

- Bemak F., Chung R. C.-Y. Counseling and psychotherapy with refugees and migrants. In: Pedersen P. B., Draguns J. G., Lonner W. J., Trimble J. E., editors. *Counseling across cultures*. 6th ed. Thousand Oaks, CA: Sage; 2008. pp. 307–324. [[Google Scholar](#)]
- Berry J. W. Stress perspectives on acculturation. In: Sam D. L., Berry J. W., editors. *The Cambridge of acculturation psychology*. New York, NY: Cambridge University Press; 2006. pp. 43–57. [[Google Scholar](#)]
- Berry J. W., Kim U., Minde T., Mok D. Comparative studies of acculturative stress. *International Migration Review*. 1987;21:491–511. [[Google Scholar](#)]
- Castro F. G., Murray K. E. Cultural adaptation and resilience: Controversies, issues, and emerging models. In: Reich J. W., Zautra A. J., Hall J. S., editors. *Handbook of adult resilience*. New York, NY: The Guildford Press; 2010. pp. 375–403. [[Google Scholar](#)]
- Cervantes R. C., Castro F. G. Stress, coping and Mexican American mental health: A systematic review. *Hispanic Journal of Behavioral Science*. 1985;7:1–73. doi: 10.1177/07399863850071001. [[CrossRef](#)] [[Google Scholar](#)]
- Chataway C. J., Berry J. W. Acculturation experiences, appraisal, coping, and adaptation: A comparison of Hong Kong Chinese, French, and English students in Canada. *Canadian Journal of Behavioral Science*. 1989;21:295–309. doi: 10.1037/h0079820. [[CrossRef](#)] [[Google Scholar](#)]
- Chun C. A., Moos R. H., Cronkite R. C. Culture: A fundamental context for the stress and coping paradigm. In: Wong P. T. P., Wong L. C. J., editors. *Handbook of multicultural perspectives on stress and coping*. New York, NY: Springer; 2006. pp. 29–53. [[Google Scholar](#)]
- Folkman S., Moskowitz J. T. Coping: Pitfalls and promise. *Annual Review of Psychology*. 2004;55:745–774. doi: 10.1146/annurev.psych.55.090902.141456. [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
- Heppner P. P. Expanding the conceptualization and measurement of applied problem solving and coping: From stages to dimensions to the almost forgotten cultural context. *American Psychologist*. 2008;68:805–816. doi: 10.1037/0003-066X.63.8.805. [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
- Hwang W. C. Acculturative family distancing: Theory, research, and clinical practice. *Psychotherapy: Theory, Research, Practice, Training*. 2006;43:397–409. doi: 10.1037/0033-3204.43.4.397. [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
- International Organization for Migrants. 2013 *Facts and figures*. Retrieved August 8, 2013, from <http://www.iom.sk/en/about-migration/facts-figures>.

- Reitmanova S, Gustafson DL. Mental health needs of visible minority immigrants in a small urban center: Recommendations for policy makers and service providers. *J Immigr Minor Health*. 2009;11:46–56. [PubMed] [Google Scholar]
- Renner W, Berry JW. Group Interventions were not Effective for Female Turkish Migrants with Recurrent Depression — Recommendations from a Randomized Controlled Study. *Soc Behav Pers*. 2011;39:1217–34. [PMC free article] [PubMed] [Google Scholar]
- Sertoz OO, Mete HE. Obezite Tedavisinde Bilissel Davranisci Grup Terapisinin Kilo Verme, Yasam Kalitesi ve Psikopatolojiye Etkileri: Sekiz Haftalik Izlem Calismasi [Efficacy of cognitive behavioral group therapy on weight loss, quality of life and psychopathology in the treatment of obesity: Eight week follow-up study. *Klinik Psikofarmakoloji Bülteni*. 2005;15:119–26. *Bull Clin Psychopharmacol*. [Google Scholar]
- Konuk E, Knipe J, Eke I, Yuksek H, Yurtsever A, Ostep S. The effects of eye movement desensitization and reprocessing (EMDR) therapy on posttraumatic stress disorder in survivors of the 1999 Marmara, Turkey, earthquake. *Int J Stress Manage*. 2006;13:291–308. [Google Scholar]
- Stillman S, McKenzie D, Gibson J. Migration and mental health: Evidence from a natural experiment. *J Health Econ*. 2009;28:677–87. [PubMed] [Google Scholar]
- He X, Wong DF. A comparison of female migrant workers' mental health in four cities in China. *Int J Soc Psychiatry*. 2013;59:114–22. [PubMed] [Google Scholar]
- Maggi S, Ostry A, Callaghan K, Hershler R, Chen L, D'Angiulli A, et al. Rural-urban migration patterns and mental health diagnoses of adolescents and young adults in British Columbia, Canada: A case-control study. *Child Adolesc Psychiatry Ment Health*. 2010;4:13. [PMC free article] [PubMed] [Google Scholar]