Open Access

The Effects of Forced Deportation of Migrants on Their Mental Health in Herat City

Basir Ahmad Karimi[1*]; Basir Ahmad Azizi[2]; Abdul Hamid Zahir[3]
[1]Department of Counseling, Faculty of Education, Herat University, Afghanistan
[2]Department of Director of Legal Support, Faculty of Refugees and Returnees, Herat University
[*]Corresponding Email: pba.karimi@gmail.com,Phone Number: +93 792702060

Article History:
Received: 12. 05.2025
Accepted: 27. 05.2025
Online First: 25.06.2025

Citation:
Karimi, BA. Azizi, BA. & Zahir, AH. (2025). The Effects of Forced Deportation of Migrants on Their Mental Health in Herat City. *Kdz Uni Int J Islam Stud and Soc Sci*;2(2):215-228

e-ISSN: 3078-3895

Abstract

The purpose of this study was to investigate the effect of forced deportation of immigrants from the second country to the country of origin on their mental health considering major variables such as type of return, gender, length of stay in the second country, and age. Statistical data were collected using the GHQ-28 scale in writing and analyzed using SPSS-25 software and chi-square test to analyze the relationships between nominal data and ANOVA, independent t-test, Pearson correlation and linear regression to investigate the relationships between quantitative data. The results of this study showed that variables such as "length of stay", "age" and "type of return" play an important role in determining the mental health of individuals, while gender as a variable has no significant effect in this regard. These results emphasize the importance of careful analysis of factors affecting mental health and the design of targeted interventions for different groups. Considering the complexities associated with migration and its impact on psychological aspects, further research in this area can lead to the development of more comprehensive policies and the provision of more effective services to support migrants. Also, these findings can be a good basis for the development of prevention and treatment programs at the individual and social levels.

Keywords: Forced deportation, Mental health, Refugee, Herat.

Introduction

Migration, as a social phenomenon, has profound effects on the physical and mental health of individuals in developing countries. This phenomenon not only leads to changes in the social structure of communities, but it can also result in the emergence of various diseases. In fact, many health problems stem from the psychological, economic, and social pressures associated with migration. (Emmelkamp, 2023). These pressures include separation from family, cultural mismatch, and economic challenges that immigrants face. It may also intensify upon return to the country of origin. (WHO, 2001: 7). Migrants are often faced with feelings of alienation, separation from family, lack of social networks, and financial pressures. Additionally, cultural and linguistic differences can negatively impact their

interactions with the host society. Upon return, these individuals may encounter new challenges, such as difficulty adapting to social and economic changes in their home country. These factors can lead to a sense of insecurity and a lack of belonging in both societies (Harpham, 2004: 234).

Afghanistan, with its complex and rich history, has consistently faced serious challenges due to its unique geographical location and ethnic diversity. Internal unrest and ongoing wars over the past four decades have not only led to violence and instability but have also forced millions of Afghans to flee their homeland. These migrations primarily occur to neighboring countries, particularly Iran and Pakistan. Adverse economic conditions, lack of security, and limited job opportunities are among the factors contributing to the increase in Afghan migration. This phenomenon not only affects the individual lives of migrants but also has a significant impact on the social and economic structures of host countries (Matsangos, 2022). For this reason, a new wave of Afghan migrant expulsions from neighboring countries has recently emerged, which will undoubtedly create challenges for the government and, more broadly, for Afghanistan as a whole, as well as for the deported migrants themselves. The forced expulsion of Afghan refugees from neighboring countries is a phenomenon that has profound effects on the mental health of these individuals. In addition to creating psychological stress due to separation from familiar surroundings and loss of livelihoods, this process can reinforce feelings of insecurity, instability, and lack of belonging among refugees. On the other hand, returning to Afghanistan, given the challenging economic and security conditions, is another factor in increasing psychological stress. Assessing and managing these effects requires careful planning and providing psychological and social support from the government and international organizations so that refugees can adapt to these difficult conditions and rebuild their lives.

The forced deportation of migrants to their home country has profound and widespread effects on the mental health of these individuals (Emmelkamp, 2023). Many of these migrants have faced economic, social, and cultural challenges in the host country, and returning to Afghanistan, especially under the current circumstances, could exacerbate anxiety and depression. These effects may become more profound and severe, particularly if the migrants face torture or threats from the host country. In addition to this, the experience of separation from family and friends, coupled with uncertainty about the future, could jeopardize the mental health of these individuals. Furthermore, the differing cultural conditions and social challenges in Afghanistan increase feelings of helplessness and despair among migrants (Jalali, 2021).

Many refugees live in exile for years. The combination of stress in the host country, along with the long-term effects of psychological stress typically experienced in the country of origin, can impact mental health (Von Lersner, 2008).

Mental health is a fundamental concept in the field of psychology and mental health, playing a significant role in the quality of an individual's life. Levinson defines mental health as how a person feels about themselves, their surrounding environment, and the responsibilities they have towards others.

This definition emphasizes the importance of an individual's relationship with themselves and the external world, indicating that mental health is not solely confined to one's internal state but also includes their interactions with the environment and others. Furthermore, an individual's ability to adapt to financial conditions and accurately assess their temporal and spatial situation is also crucial for maintaining mental health. This comprehensive

perspective reminds us that mental health is a multifaceted concept, requiring attention to various aspects of a person's life (Milani Far, 1999).

Mental health is a concept that goes beyond the mere absence of psychological problems or disorders. It refers to an individual's ability to manage challenges, navigate difficult life stages, and cope with unpleasant experiences in a constructive and positive manner. This ability encompasses maintaining emotional balance, accepting changes, and fostering personal growth in the face of emotional trauma, shortages, and deprivations. Mental health signifies having mental and emotional resilience, which helps an individual adapt to stressful situations while also taking advantage of opportunities for learning and personal development. This concept requires attention to various factors, including social support, coping skills, and access to appropriate resources for managing problems (Helz, 1997).

Mental health does not exist in isolation; rather, it is an inseparable and essential component of overall human health. Mental health can be defined in at least three ways: as the absence of illness, as a state that allows the organism to perform all its functions fully, or as a state of internal balance and harmony between the individual and their physical and social environment. This perspective demonstrates that mental health is not only related to an individual's internal state but is also closely linked to environmental and social factors (Sartorius, 2002).

Mental health is a vital part of overall human well-being, and its importance in healthcare organizations has garnered increasing attention in recent years. The intersection of mental health and healthcare organizations creates a complex landscape, accompanied by numerous challenges that require a comprehensive understanding and the development of strategic solutions (Abdul & Adeghe, 2024).

The concept of voluntary return, as defined by the UNHCR guidelines on voluntary repatriation, describes voluntariness as "the absence of any physical, psychological, or material pressure." One of the key elements in confirming the voluntariness of return is the legal status of the refugee in the host country (UNHCR, 1996).

Migrants are often forced to leave their homes in emergency situations, without sufficient time to plan. These circumstances frequently lead to significant deficiencies in financial, linguistic, and other resources that are necessary to adapt to a new environment and cope with the challenges ahead. These shortages can negatively affect their ability to access basic services, find employment, and integrate into the host society. Similarly, these adverse effects may also manifest when returning to their home country (Ellis et al., 2019).

Studies show that adolescents from migrant families who return to their home countries after some time report lower mental health levels compared to adolescents who have not experienced migration. This difference may stem from the multiple challenges associated with migration and return, including adaptation to new environments, a sense of identity loss, and social and cultural pressures. Moreover, the experience of separation from the home country followed by a return can led to feelings of alienation or lack of belonging, which negatively affects the mental health of this group. Investigating these issues and providing appropriate psychological support could help improve the mental health of these adolescents (Neto, 2010).

Studies conducted in Portugal also show that among migrants who have returned to their home country, there are significant differences in mental health issues based on gender and age. According to this research, girls have experienced a higher level of mental health issues compared to boys. This may be due to various factors, including social, cultural, and

biological differences that influence how individuals cope with the challenges of returning home. Additionally, the findings indicate that younger adolescents reported fewer mental health issues compared to older adolescents. This difference may be attributed to the greater resilience of younger adolescents or differences in the level of responsibilities and social expectations affecting different age groups. These results highlight the importance of paying special attention to the psychological needs of different groups of return migrants and underscore the necessity of providing appropriate support to facilitate their reintegration into society (Neto, 2010).

The study by Sajjadpour and Jamali titled "Emigrant Afghan Women and Home-Returning Challenges" explores the reasons behind Afghan women's reluctance to return to their homeland, focusing on the perspectives of women residing in Mashhad, Iran. Utilizing the theory of migration repulsion and attraction, the researchers conducted structured interviews with 16 Afghan immigrant women across two time periods. The findings highlight two primary categories influencing non-return. First, intra-cultural issues pertain to the social and traditional structures in Afghanistan, which create significant barriers and act as repulsive factors for women considering return. Second, extra-cultural issues stem from the conditions in Iranian society, where Afghan women experience greater freedom and security despite facing some educational and social challenges. These positive aspects of life in Iran serve as strong attractions, outweighing the difficulties and contributing to their decision to remain (Sajjadpour & Jamali, 1395).

In Jalal's (2018) study, illegal immigrants living in Zabul city stated that the most important reasons for leaving their country were "severe financial poverty", "disappointment about future life in Afghanistan", and "the existence of oppression and discrimination in Afghanistan". This shows that after forced or voluntary return to the country, immigrants still have financial concerns, anxiety about the future, and fear of oppression and discrimination, and their return to the country may have adverse effects on their mental health (Jalal, 1397).

Return migration to original regions can itself become a complex and harmful event, particularly after prolonged homelessness. Social and cultural ties established with the host community may be broken and damaged. Unrealistically optimistic expectations among initial migrants regarding their return to “home” may not be realized, and generations born into homelessness may be negatively affected by relocation to an unfamiliar place.

Material and Method

This study is a quantitative, comparative type of research. It examines the psychological impacts of a specific phenomenon (forced expulsion of migrants) on a particular group of individuals (expelled migrants).

Study Population

The statistical population of this study includes Afghan migrants returning from Iran, who responded to the questionnaire using a probability sampling method and the Cochran formula, based on the approximate number of members of the statistical population (about 750 migrants per day). A total of 250 people responded to the questionnaire using a cluster sampling method among migrants who have recently returned to their country, in cooperation with institutions affiliated with the Directorate of Migration Affairs.

Data Collection

Data was collected using the GHQ-28 scale through a written questionnaire.
Certainly! Here's a professional and academic translation of your text into English:
In this regard, the researcher attended the offices of the Migrant Directorate of Herat Province, the National RRAA Institute, and the International Organization for Migration during working hours.
In this study, in order to maintain ethical principles and protect the rights of the participants, the objectives of the research were initially explained in full to them, and assurance was given that their personal and identity information would remain confidential.
Then, emphasizing the importance of informed consent, the questionnaires were only provided to individuals who met the criteria for inclusion in the study. For those who, for various reasons including illiteracy, were unable to complete the questionnaire, the researcher, maintaining full impartiality, read the questions to them and recorded their responses without exerting any influence or interference. This process was carried out to ensure the quality of the data and respect for the individual conditions of the participants.
The research team members, after receiving the necessary documents and completing the required coordination, visited the mentioned centers to include both forced and voluntary migrants who had returned to the country within the maximum of three days prior to the data collection. They had been on the road and in the deportation camps for more than a week. All selected participants met the criterion of returnees, and based on the factors of interest, information was gathered from the migrants using a questionnaire. The inclusion criteria for this research included migrants who had returned to their home country, either forcibly or voluntarily. The exclusion criteria involved cases of lack of informed consent and incomplete or invalid questionnaires.
Research Variables
The dependent variable in this study is the mental health of individuals, while the independent variable is the forced and voluntary deportation of migrants from another country. Also, the demographic characteristics used in this study are considered as control variables.
Statistical Analysis
In this study, data analysis was conducted using SPSS-25statistical software. To examine relationships between variables, statistical tests appropriate for the data type were used. Specifically, the Chi-square test was employed to analyze relationships between nominal data, ANOVA and independent t-tests, were used to explore relationships between quantitative data.
All analyses were conducted at a significance level of 0.05 to ensure the accuracy of the results. This approach enabled a more precise and scientific interpretation of the findings.

Results

Table 1. Reliability Test of the Tool: Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.706	.745	28

The statistics above demonstrate the reliability of the GHQ-28 tool, with a Cronbach's alpha coefficient of 0.706. This value indicates good reliability of the tool, as values above 0.7 are generally considered acceptable in terms of reliability. Additionally, the Cronbach's alpha coefficient based on the standardized items was 0.745, showing that if the items are standardized, the tool's reliability increases. Overall, these results suggest that the measurement tool effectively measures the intended characteristic and can be considered a valid tool for future studies.

Demographic Statistics:

Table 2. Residency Duration

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-5 years	133	53.2	53.2	53.2
	6-10 years	46	18.4	18.4	71.6
	11-20 years	68	27.2	27.2	98.8
	20+ years	3	1.2	1.2	100.0
	Total	250	100.0	100.0	

Table 3. Sex

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	male	159	63.6	63.6	63.6
	female	91	36.4	36.4	100.0
	Total	250	100.0	100.0	

Table 4. Return Type

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Deported	211	84.4	84.4	84.4
	Returned	39	15.6	15.6	100.0
	Total	250	100.0	100.0	

Table 5. Age Cateq

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	under 18 years	83	33.2	33.2	33.2
	19-35 years	104	41.6	41.6	74.8
	36-49 years	63	25.2	25.2	100.0
	Total	250	100.0	100.0	

Table 6. Descriptive Statistics:

	N	Minimum	Maximum	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
GHQ_TotalScore	250	27.00	68.00	47.1280	8.57331	-.261	.154	-.354	.307
Valid N (listwise)	250								

Here is the professional and academic English translation of your text:

Descriptive Statistics for GHQ Scores of 250 Individuals are as follows:

1. Sample Size: (250) This number indicates that the data has been collected from a large and valid sample. This sample size allows researchers to generalize the results to a larger population.

2. Minimum and Maximum: Minimum = 27.00, Maximum = 68.00. These values represent the range of scores. The minimum score of 27 indicates a relatively low psychological state in some individuals, while the maximum score of 68 reflects a better psychological condition in others. This wide range indicates diversity in the mental health conditions of the respondents.

3. Mean: (47.1280) This value represents the average GHQ score in the sample. Considering that the GHQ total score typically ranges from 0 to 84, the mean of 47.1280 suggests a relatively average psychological state within the studied population.

4. Standard Deviation: (Std. Deviation - 8.57331) This value indicates the extent of variability in the scores around the mean. The high standard deviation of 8 suggests considerable diversity in the scores and significant differences in the mental health conditions of the individuals.

5. Skewness: (Skewness = -0.261) The negative skewness value indicates that the distribution of scores is biased towards the higher end. In other words, most respondents have scores higher than the mean, which may suggest a generally better psychological state in the population.

6. Kurtosis: (Kurtosis - -0.354) The negative kurtosis value indicates a platykurtic distribution. This means that fewer scores are found at the extremes of the distribution, with most scores concentrated around the middle. This suggests less variation in the extreme scores.

Overall, the descriptive statistics of the GHQ total score indicate a relatively balanced distribution with a mean at the moderate level and significant variation in the scores. The negative skewness and negative kurtosis suggest that the studied population generally has better psychological conditions, though there are still notable differences between individuals. These results can assist researchers and mental health professionals in analyzing the psychological status of the population and provide a foundation for future interventions or research.

Inferential Statistics:

Table 7. Tests of Normality

	Kolmogorov-Smirnova			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Duration of Residency in second Country	.193	250	.000	.909	250	.000
Age	.176	250	.000	.915	250	.000
Sex	.411	250	.000	.609	250	.000
Return type	.510	250	.000	.435	250	.000

a. Lilliefors Significance Correction

Table 8. ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Duration of Residency in second Country	Between Groups	2957.690	32	92.428	5.445	.000
	Within Groups	3683.834	217	16.976		
	Total	6641.524	249			
Age	Between Groups	8549.289	32	267.165	3.520	.000
	Within Groups	16469.527	217	75.896		
	Total	25018.816	249			
Sex	Between Groups	5.092	32	.159	.654	.924
	Within Groups	52.784	217	.243		
	Total	57.876	249			
Return type	Between Groups	11.222	32	.351	3.508	.000
	Within Groups	21.694	217	.100		
	Total	32.916	249			

The ANOVA table for four variables, including "Length of Stay in the Second Country," "Age," "Gender," and "Type of Return," is presented. The results indicate that both "Length of Stay in the Second Country" and "Age" are statistically significant (Sig = 0.05), meaning that there are significant differences between groups for these two variables. Specifically, the F-statistic for "Length of Stay" is 5.5445, and for "Age" it is 3.520. In contrast, the variable "Gender," with an F-statistic of 0.654 and a significance value of 0.924, shows no significant differences between groups. Also, the "type of return" with a statistic of F equal to 3.508 and a significance of 0.000 showed significant differences between the groups. In general, these results indicate the importance of examining the variables of "length of stay" and "age" in analyzing the data and the lack of a significant effect of gender on the results.

Table 9. Tukey HSD Test for GHQ Score and Age groups

Age groups	N	Subset for alpha = 0.05	
		1	2
19-35 years	104	45.3846	
under 18 years	83	46.9036	
36-49 years	63		50.3016
Sig.		.487	1.000

Means for groups in homogeneous subsets are displayed.
a. Uses Harmonic Mean Sample Size = 79.922.
b. The group sizes are unequal. The harmonic mean of the group sizes is used. Type I error levels are not guaranteed.

The Tukey HSD post-hoc test comparing GHQ scores across age categories (under 18, 19–35, and 36–49 years) revealed no statistically significant differences (*p* > 0.05). While the 36–49 years' group had a slightly higher mean score (M = 50.30) compared to the under 18 (M = 46.90) and 19–35 years (M = 45.38) groups, these differences were not significant. The harmonic mean adjustment (N = 79.92) accounted for unequal group sizes, but the results

suggest that age, within these categories, does not significantly influence GHQ scores in this sample.

Table 10. Tukey HSD Test for GHQ Score and Length of stay

		Subset for alpha = 0.05	
Length of stay	N	1	2
20+ years	3	30.0000	
6-10 years	46		45.8913
1-5 years	133		46.9173
11-20 years	68		49.1324
Sig.		1.000	.807

Means for groups in homogeneous subsets are displayed.
a. Uses Harmonic Mean Sample Size = 10.602.
b. The group sizes are unequal. The harmonic mean of the group sizes is used. Type I error levels are not guaranteed.

The Tukey HSD post-hoc test comparing GHQ scores across duration-of-stay categories (1-5 years, 6-10 years, 11-20 years, and 20+ years) showed no statistically significant differences (*p* > 0.05). While the 20+ years group had a notably lower mean score (M = 30.00) compared to the other groups (1-5 years: M = 46.92; 6-10 years: M = 45.89; 11-20 years: M = 49.13), the small sample size (N = 3) for the 20+ years group likely contributed to unreliable estimates. The harmonic mean adjustment (N = 10.60) addressed unequal group sizes, but the results suggest that duration of stay, as categorized here, does not significantly affect GHQ scores.

Table 11. Independent t-Test between Returnees and Non-Returnees: Group Statistics

	Sex	N	Mean	Std. Deviation	Std. Error Mean
GHQ_TotalScore	male	159	46.9497	8.58303	.68068
	female	91	47.4396	8.59484	.90098

Table 12. Independent Samples Test

	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
Equal variances assumed	.001	.981	-.434	248	.665	-.48987	1.12878	-2.71309	1.73334
Equal variances not assumed			-.434	187.299	.665	-.48987	1.12920	-2.71746	1.73771

GHQ_TotalScore

An independent t-test was conducted to compare the mean scores of the two groups on the total GHQ score. The results are analyzed as follows:

- **Levene's Test for Equality of Variances:**

F = 3.602 & Sig. = 0.059: These results show that the assumption of equality of variances in the two groups is not confirmed, as the significance level (Sig.) is close to 0.05. Although this result does not accurately rule out a significant boundary, researchers are advised to use t-test results for unequal variances.

- **T-test for Equality of Means:**

Equal variances assumed:

t = 3.976 and df = 248 and Sig. (2-tailed) = 0.000: These results show that the difference between the means at the level of 0.05 is significant, as the p-value (significance level) is less than 0.001. This means that there is a significant difference between the two groups in the total GHQ score.

Mean Difference = 5.77203: The mean of one group is 5.77 higher than that of the other.

95% Confidence Interval: The confidence interval ranges from -2.91263 to 8.63142, indicating that with 95% confidence, the true difference in means lies between these two values.

Equal variances not assumed:

t = 5.013 and df = 69.310 and Sig. (2-tailed) = 0.000: These results also show a significant difference in the means between the two groups. Considering that this test has been performed for unequal variances, the results still confirm the existence of significant differences.

Mean Difference = 5.77203 and Std. Error Difference = 1.15143: These values are similar and the confidence intervals (Lower = 3.47518 and Upper = 8.06887) also indicate a significant difference between the means.
In conclusion, the independent t-test results show a significant difference in the total GHQ scores between the two groups. This difference in mean scores is confirmed by both types of tests (assuming equal variances and not assuming equal variances). This suggests that migrants who have been deported suffer from more psychological distress. These findings may serve as a basis for further investigation into the factors affecting mental health in these two groups and assist in designing appropriate interventions.

Table 13. T-Test for Comparing Gender Differences in Mental Health: Group Statistics

	Sex	N	Mean	Std. Deviation	Std. Error Mean
GHQ_TotalScore	male	159	46.9497	8.58303	.68068
	female	91	47.4396	8.59484	.90098

Table 14. T-test for Equality of Means

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
GHQ_TotalScore	Equal variances assumed	.001	.981	-.434	248	.665	-.48987	1.12878	-2.71309	1.73334
	Equal variances not assumed			-.434	187.299	.665	-.48987	1.12920	-2.71746	1.73771

Considering that an independent t-test was conducted to compare the overall GHQ scores between two genders (men and women), the analysis of the results is as follows:

1. T-Test for Equality of Means:

- **Equal variances assumed:**

t = -0.434 and df = 248 and Sig. (2-tailed) = 0.665: These results show that the difference in mean GHQ scores between men and women at the level of 0.05 is not significant, as the p-value is higher than 0.05. Therefore, it cannot be concluded that one gender is superior to the other in terms of mental health.

Mean Difference = -0.48987: The mean GHQ score in men is on average 0.49 lower than that of women, but this difference is not statistically significant.

Std. Error Difference = 1.12878: This value represents the standard error of the difference of the averages.

95% Confidence Interval: The confidence interval (Lower = -2.71309 and Upper = 1.73334) includes zero, indicating that there is no significant difference between the two groups.

Equal Variances Not Assumed:

- **t = -0.434 and df = 187.299 and Sig. (2-tailed) = 0.665:** have similar results to the previous case, indicating no significant difference in mean between men and women.

In conclusion, the independent t-test results demonstrate that there is no significant difference in the overall GHQ scores between men and women. Both tests (assuming equal variances and not assuming equal variances) confirm this lack of difference. Although the average GHQ score for men is slightly lower than that for women, this difference is not statistically significant. Therefore, no definitive conclusion can be drawn regarding the superiority of one gender over the other in terms of mental health. These findings can help

researchers gain a better understanding of the mental health status of both genders and indicate the need for further research to explore the factors influencing this status.

Based on the main hypothesis of the research, it seemed that the type of return, gender, duration of stay in the second country, and age have a significant impact on mental health. The analysis of variance conducted on the four variables of "duration of stay in the second country," "age," "gender," and "type of return" shows that two variables, "duration of stay in the second country" and "age," exhibit significant differences between the groups (Sign < 0.05). These results indicate that these two variables could have a substantial impact on the analysis outcomes and require special attention in related studies. In contrast, the "gender" variable did not show a significant difference between groups, and thus no significant impact was observed on the results. Furthermore, the "type of return" variable also demonstrated significant differences and could be considered as an influential factor in future analyses. These findings emphasize the importance of focusing on key variables and reducing attention to less influential variables in similar research.

Based on the first sub-hypothesis of the research, it appeared that there were significant differences in mental health between returnees and deported individuals. The statistical analysis using the independent t-test shows a significant difference in the total GHQ scores between the two groups. This difference was significantly confirmed, both under the assumption of equal variances and without it. Based on these findings, it can be concluded that deported migrants experience significantly more mental health issues compared to the other group. The significance of these results lies in identifying the factors affecting the mental health of these individuals and designing appropriate intervention programs to reduce psychological harm. Further studies in this area could contribute to a deeper understanding of the impact of social and psychological conditions on these groups and provide practical solutions for supporting their mental health.

Finally, based on the second sub-hypothesis, it seemed that there were significant differences in the mental health of male and female participants. The results obtained from the independent t-test show that there is no significant difference in the total GHQ scores between men and women. This result remains consistent whether the assumption of equal variances is accepted or rejected. Although the mean GHQ scores of men are slightly lower than those of women, this difference is not statistically significant and cannot be considered as evidence of a considerable disparity in mental health between the two genders. These findings highlight the importance of further investigating various factors that affect mental health and indicate that more research is needed to identify variables related to this issue. Additionally, these results can assist researchers and policymakers in designing more effective programs and interventions to promote mental health in both genders.

Discussion

The results of this study show that the variables "duration of stay in the second country", "age", and "type of return" have a significant effect on mental health, while the variable "gender" did not show a significant effect. These findings are consistent with previous research, especially studies that have examined the impact of social and cultural factors on the mental health of returnees. For example, Neto's (2010) research has shown that returnee adolescents face identity and social challenges that can affect their mental health. Also, the findings of the present study, which indicate more mental health problems in deported

migrants, are in line with studies such as Jalal (2018), which considers financial and social concerns to be the main factors of vulnerability for this group. The lack of significant differences between the mental health of women and men in this study also indicates the complexity of the factors affecting mental health and requires a deeper investigation. These results highlight the importance of paying attention to the psychological needs of different groups of returnees and designing appropriate support programs to reduce psychological harm.

Conclusion

Mental health, as one of the key dimensions of human life, is influenced by various factors. This study examines the impact of variables such as "duration of stay in the host country," "age," "gender," and "type of return" on mental health. The results of statistical analyses reveal important insights regarding the significance of these variables. The analysis of variance showed that the two variables, "duration of stay in the host country" and "age," exhibit significant differences between the groups (Sign < 0.05). These findings suggest that these two factors may have a direct impact on mental health. A longer duration of stay may be a reason for increased adaptability or the challenges associated with long-term migration, which can have different effects on individuals' mental health. On the other hand, age, as both a biological and social factor, may play a significant role in individuals' psychological responses. These findings highlight the importance of paying special attention to these two variables in future studies.

According to the first sub-hypothesis, the investigation of mental health differences between returnees and deportees using an independent t-test showed that deported migrants suffer from significantly more mental health issues compared to returnees. This finding indicates that forced return conditions may impose greater psychological stress on individuals. Designing appropriate intervention programs to reduce the psychological harm in this group is of high importance. Future studies could identify the social and psychological factors influencing these differences, providing practical solutions to support the mental health of these individuals. The analyses conducted to assess the difference in mental health between men and women showed no significant difference in the GHQ scores between the two genders. Although the average scores for women were slightly higher, this difference was not statistically significant. This result suggests that gender alone cannot be considered a determining factor in mental health. However, a more thorough investigation of other gender-related factors may help deepen the understanding of this issue.

This research indicates that some variables, such as "duration of stay," "age," and "type of return," have a significant impact on mental health, while gender does not show a meaningful effect. These findings emphasize the importance of accurately identifying the influencing variables and designing targeted programs to improve mental health in different groups. Continued research in this field could help policymakers and researchers develop more effective strategies to support the mental well-being of migrants.

Acknowledgment

The authors also thank the anonymous reviewers for their helpful comments and suggestions.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Conflicts of Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

References

Abdul, S., & Adeghe, E. P. (2024). Mental health management in healthcare organizations: Challenges and strategies – A review. *International Medical Science Research Journal, 4*(5), 585–605. https://doi.org/10.51594/imsrj.v4i5.1157

Ellis, B. H., Winer, J. P., Murray, K., & Barrett, C. (2019). Understanding the mental health of refugees: Trauma, stress, and the cultural context. In R. Parekh & N. H. Trinh (Eds.), *The Massachusetts General Hospital textbook on diversity and cultural sensitivity in mental health* (pp. [chapter pages]). Humana. https://doi.org/10.1007/978-3-030-20174-6_13

Emmelkamp, P. M. G. (2023). Assessment of mental health problems. In *Mental health of refugees* (pp. [chapter pages]). Springer. https://doi.org/10.1007/978-3-031-34078-9_5

Harpham, T. (1994). Urbanization and mental health in developing countries: A research role for social scientists, public health professionals, and social psychiatrists. *Social Science & Medicine, 39*(2), 233–245. https://doi.org/10.1016/0277-9536(94)90332-8

Helz, D. (1997). *Healthy living guidelines* (E. Mirzaei et al., Trans.). Library Publications.

Jalali, A. R. (2021). Interpretation of the expulsion of foreign nationals under the rule of prohibition of torture in the case law of the European Court of Human Rights. *Quarterly Journal of Public Law Studies, University of Tehran, 51*(4), 1603–1621. https://doi.org/10.22059/jplsq.2020.293082.2253

Matsangos, M., Ziaka, L., Exadaktylos, A. K., Klukowska-Rötzler, J., & Ziaka, M. (2022). Health status of Afghan refugees in Europe: Policy and practice implications for an optimised healthcare. *International Journal of Environmental Research and Public Health, 19*(15), 9157. https://doi.org/10.3390/ijerph19159157

Milani Far, B. (1999). *Mental health*. Qods Publication.

Neto, F. (2010). Mental health among adolescents from returned Portuguese immigrant families from North America. *North American Journal of Psychology, 69*(3), 131–139. http://dx.doi.org/10.1024/1421-0185/a000015

Sajadpour, F., & Jamali Sousefi, E. (2016). Afghan migrant women and the challenges of returning to their homeland (Case study: Afghan migrant women living in Mashhad). *Iranian Anthropological Research, 6*(2), 135–155. https://doi.org/10.22059/ijar.2016.61943

Sartorius, N. (2002). *Fighting for mental health*. Cambridge University Press.

Setareh, J. (2018). Causes and consequences of Afghan migration to Iran (Case study: Border city of Zabol). *Border Studies Research Journal, 6*(3[21]), 79–107.

Siriwardhana, C., & Stewart, R. (2013). Forced migration and mental health: Prolonged internal displacement, return migration and resilience. *International Health, 5*(1), 19–23. https://doi.org/10.1093/inthealth/ihs014

UNHCR. (1996). *Handbook of voluntary repatriation*. United Nations High Commissioner for Refugees.

von Lersner, U., Wiens, U., & Elbert, T. (2008). Mental health of returnees: Refugees in Germany prior to their state-sponsored repatriation. *BMC International Health and Human Rights, 8*(8). https://doi.org/10.1186/1472-698X-8-8

World Health Organization. (2001). *The world health report: Mental health*. World Health Organization.