

**Understanding Skilled Immigrants' Mental Health: The Impacts of Underemployment in
Post-Migration Life**

Yuchen Zhong

Division of Arts and Science, City University of Seattle - Calgary

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Dr. Linette Savage

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Abstract

Economic immigration is a powerhouse for Canadian labour force, and foreign trained highly skilled workers are a crucial part of the economy. In 2019, 58% of permanent resident admissions in Canada were economic immigrants; 48% of these economic immigrants were highly skilled immigrants who hoped to utilize their foreign training and work experience to contribute to Canadian market. However, many skilled immigrants encounter barriers when searching for professions consistent with their skill sets, and many end up working in low-skilled sectors of employment where they are overqualified—a situation termed underemployment. This literature review investigates the underemployment experience of skilled immigrants and the impact of underemployment on the mental health of skilled immigrants. A systemic search of the literature was undertaken through PubMed, PsychINFO, Google Scholar, CityU Library, and Elicit. Findings suggest that underemployment is associated with psychological distress such as depressive symptoms, anxiety, and low self-esteem. Multiple themes emerged from the literature: the unique acculturation experience of skilled immigrants, loss and grief caused by underemployment and migration, somatization of mental health issues, and barriers to accessing mental health services. After providing a review of the literature related to these themes, this paper discusses implications for counselling psychology, directions for future research, and recommendations for mental health professionals to effectively support underemployed skilled immigrants.

Keywords: skilled immigrants, mental health, overqualification, underemployment, migration, acculturation, loss and grief, somatization, counselling, cultural competence

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Immigrants are an essential part of Canadian society. In 2021, there were 405,800 immigrants admitted to Canada, which contributed to 84% of the growth in Canadian labour force (Statistics Canada, 2022). Several studies suggest a healthy immigrant effect, which refers to the phenomenon that immigrants are generally healthier upon their arrival in their host countries than their non-immigrant counterparts because of the positive selection and immigration screening by host countries (Constant et al., 2018; Ng & Zhang, 2020; Vang et al., 2017). However, this healthy immigrant effect appears to decline over time as immigrants' length of stay in the host country increases (Elshahat et al., 2021; Ichou & Wallace, 2019; Rivera et al., 2015).

The immigration process and settlement experience are inherently stressful for newcomers (Robert & Gilkinson, 2012). Numerous studies have found that mental health and emotional well-being are particular concerns for newcomers (Alamilla et al., 2020; George et al., 2015; Urzúa et al., 2019). Immigrants face multiple layers of stressors and risk factors (George et al., 2015). The primary post-migration risks that recent immigrants face are acculturation stress and societal barriers, which include combined effects of discrimination, language barriers, financial instability, limited access to social support, limited social connection, separation from family, and multiple losses (Kaushik & Drolet, 2018). Many studies have reported deteriorating health status among immigrants due to the barriers and losses they face (Dean & Wilson, 2009; Subedi & Rosenberg, 2017). Furthermore, when immigrants experience mental health issues, there are barriers to accessing mental health and emotional supports (Alegría et al., 2017; Islam et al., 2018).

Given these concerns, immigrants' life quality and satisfaction has received attention over the last few decades (Frank & Hou, 2018). Increasing attention has been given to research on immigrants' mental health with a focus on investigating the needs and concerns of the most vulnerable populations among immigrants, such as refugees, elders, children, and adolescents (Caqueo-Úrizar et al., 2021; Y.-Y. Chao et al., 2020; Jang et al., 2021; Lindert et al., 2016; Mood et al., 2017). In contrast, the skilled immigrant population has been largely overlooked in research on immigrants' mental health. Notably, because of the healthy immigrant effect due to the selection process, the skilled immigrant population was often believed to be healthy (Vang et al., 2017).

As a part of the immigrant population, the skilled immigrants make up a significant portion of the labour force in Canada (Guerrero & Rothstein, 2012). According to Immigration, Refugees and Citizenship Canada's (2020) annual report, 58% of immigrants were admitted under the economic category in 2019; furthermore, among these economic immigrants, approximately 46% of them were admitted through skilled worker programs. Highly skilled immigrants are people who obtained post-secondary education or had extensive work experience in a professional field before they left their home country to migrate to another country (Shirmohammadi et al., 2019). In Canada, the skilled worker program is designed to recruit skillful and qualified immigrants to address the labour shortage in the Canadian market (Dean & Wilson, 2009). However, multiple recent studies reported that a large number of highly skilled immigrants are overqualified for their current occupations in Canada and are thus not utilizing the skills for which they were recruited (Dean & Wilson, 2009; Frank & Hou, 2018; Sakamoto et al., 2009; Subedi & Rosenberg, 2017).

The terms overqualification and underemployment are used interchangeably in the literature. *Overqualification* is defined as a situation where individuals work in a field that requires lower skills or experience than what they have already possessed (C. Chen et al., 2010). *Underemployment* describes a circumstance where individuals work in a position that does not utilize their education and experience (Friedland & Price, 2003; Wassermann & Hoppe, 2019). Consistent with existing literature, this paper will also use overqualification and underemployment interchangeably to describe the circumstance in which immigrants are employed in positions requiring lower education and skills than the immigrant possesses, and thus do not utilize their skills and experience.

While existing literature describes the phenomenon of overqualification among skilled immigrants, such research focuses on the financial hardship and under-utilization of professional skills resulting from the education-occupation mismatch (N. Chen et al., 2020; Frank & Hou, 2018; Subedi & Rosenberg, 2017). Less attention has been given to the psychological consequences of overqualification for skilled immigrants and their families (N. Chen et al., 2020; Frank & Hou, 2018; Premji & Shakya, 2017; Subedi & Rosenberg, 2017). Moreover, very little research explores how mental health professionals can assist struggling skilled immigrants and increase the accessibility and effectiveness of mental health services for this particular population (Sakamoto et al., 2009; Subedi & Rosenberg, 2017).

The World Health Organization (2022) defines mental health as “a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community” (para. 1). This definition emphasizes a person’s ability to cope with everyday stresses in life. Recent findings show that overqualified immigrants experience a wide range of mental and physical health issues and familial concerns (Browne et

al., 2017; Premji & Shakya, 2017). A variety of themes emerge when reviewing literature on immigrants' mental health and well-being in the existing literature, such as life satisfaction, anxiety, acculturation stress, depression, sense of loss, and incompetence (Dean & Wilson, 2009; George et al., 2015; Sakamoto et al., 2009; Subedi & Rosenberg, 2017; Wassermann & Hoppe, 2019). To bridge the gap between counselling service and overqualified skilled immigrants' mental health needs in the literature, this paper will focus on exploring the lived experience of overqualified skilled immigrants and outline key themes associated with mental well-being in this population: the acculturation experience, lower life satisfaction, loss and grief, work-related stress, barriers to mental health support, and somatization. Moreover, this review will investigate the needs of skilled immigrants in aspects of settlement, career, and mental health services. Lastly, this project will provide suggestions for counselling practice and directions for mental health professionals to efficiently support this population.

Self-Positioning Statement

I immigrated to Canada with my parents. My mom was the principal applicant for our family. Our family entered the skilled worker program and successfully immigrated to Canada from China. Both of my parents have extensive work experience as petroleum engineers with master's degrees. However, their work experience did not add more value when they tried to look for positions in their related fields. Luckily, we did not have financial pressure at the time of landing, so the effect of overqualification did not strike as hard as some immigrants who shared similar educational and working backgrounds. Nevertheless, I still witnessed how my parents struggled to adjust to their new social positions in a new social environment due to the loss of occupational contribution to society. At the time of writing this literature review, I had already heard of the phenomenon of overqualification among skilled immigrants and how this

phenomenon affected individuals' and families' well-being. My understanding and information were from people around my family and my parents' friends, and I developed an interest in this phenomenon and in immigrants' experience in general.

Later, I started to volunteer and work in immigrant-serving non-profit agencies. During my 5 years of experience with different agencies, I witnessed an increasing number of skilled immigrants beginning their new lives in Canada. Meanwhile, I noticed a pattern that many of these skilled immigrants were not able to find a job in their professional fields. Their credentials were either non-transferable or needed a time-consuming and costly re-certification process. Most of the time, many skilled immigrants had to take survival jobs that they were overqualified for to support their families and cover their living expenses. They had to compromise their professional dreams to survive. Indeed, there is a cost to this compromise. I have heard many of them express how this overqualified work experience impacted their self-esteem, led to the development of a sense of hopelessness and isolation, and negatively influenced their overall well-being. The effects of underemployment were detrimental to their self-efficacy and mental health. My experience of working with these skilled immigrants brought my attention to this particular research topic. I wanted to learn and understand this phenomenon on a deeper level. My work experience helped me obtain an insight into the unique challenges that new immigrants face.

I became interested in how social agencies and service providers could more efficiently support skilled immigrants. Mental health professionals may not be familiar with immigrants' experiences. This lack of familiarity is particularly true for service providers from dominant cultures and groups who might not have sufficient information and tools to assist this cultural minority population. Therefore, this research topic is my personal and professional learning

opportunity. This research offers personal meaning to me. As an immigrant myself, I can share my knowledge with the community and contribute my skills to help my fellow immigrants best transition to their lives in Canada. As a future mental health professional, what I learn from this project could help promote social justice for a vulnerable population. Moreover, this project will provide valuable bridging information for many professional helpers.

Inevitably, I came to this project with my personal immigration experience, which shaped my interpretation and perception of the literature. My understanding and personal experience might manifest through how I craft research questions and interpret the implications of the research findings. My bias consists of my personal experience and assumptions about the research topic. My personal and work experience led me to assume that overqualified work experience negatively influences skilled immigrants and their families. The risk of holding onto this bias would be overlooking the evidence that supports otherwise. Focusing only on the information I already know may lead to missing the whole picture of the phenomenon. Moreover, I might unconsciously omit information that is not overt for non-immigrants. Even though I am so familiar with certain social norms in the immigrant population, it does not mean that knowledge will be automatically perceived and understood by individuals outside of the community.

This project intends to map out the lived experience of the target population. Therefore, I would not want to lean toward only literature confirming my assumption. To control the influences of my bias, I reflected on my research questions, constantly checked my position, and reflected on how I showed up in the study when searching the literature. To broaden my research scope, I explored literature that provides different views in the context of the research topic. Additionally, I included search terms that could be used interchangeably in the literature to

broaden my search results, such as overqualification, underemployment, and education-occupation mismatch, or mental health and psychological well-being. I also searched terms related to mental health issues leading to more specific studies, such as underemployment and depression, overqualification and anxiety, or education-occupation mismatch and life satisfaction. The strategy of seeking literature that countered my assumptions and hypotheses purposely helped me locate the discrepancy in the literature and different angles of the stories. Moreover, I aimed to expand my research beyond North America, including studies in other geographic locations such as European countries and Australia. These strategies helped me develop richer information and a more comprehensive understanding of the target population; moreover, the compilation of the information could be more objective than subjective interpretation. Further, I also explored the theories that connect the core concepts in the project to ground my personal understanding in a theoretical framework. Hence, I could mitigate my bias in this literature review and construct a more objective narration of the research findings.

Reflexive Self-Statement

I came into this project with my personal understanding of the underemployed phenomenon among skilled immigrants that I obtained through my work and personal experience. I hypothesized that the underemployment experience is detrimental to the target population's mental health. In my literature research on this specific topic, I expanded my research scope, not only paying attention to the research that confirmed my assumption but also the studies that showed different perspectives. For example, I noticed articles that support the healthy immigrant effect. Instead of abandoning those research findings, I dug deeper to understand how the healthy immigrant effect theory is relevant to my research topic and why it provides a different perspective on immigrants' experiences. In order to mitigate my bias, I

clearly stated the inconsistency in the research findings and remained objective in my language. For example, when searching for the gender differences in skilled immigrants' experience with underemployment, I ensured my writing reflected the inconsistency across different studies. I explained that some studies showed that gender differences might be due to the cultural differences in the research samples and stated that further research is needed to replicate the research findings and establish a clear association. Moreover, I tried to explore relevant elements to understand my research topic better, such as the impact of immigration status on skilled immigrants' acculturation process and the influence of cultural values on acculturative stress. This paper also included subgroups of skilled immigrants, such as racialized skilled immigrants from different genders and cultural backgrounds based on specific research samples of skilled immigrants. However, all the subgroups of skilled immigrants discussed in this paper are representatives of the target population (i.e., skilled immigrants).

Furthermore, I tried to mitigate my bias by using bias-free language (American Psychological Association [APA], 2020). Although all studies on gender differences used binary language, I tried to avoid gender binary terms in my writing, so future studies on gender differences may research beyond a gender binary lens (APA, 2020). Additionally, I tried to use appropriate terms to refer to different groups accurately in my writing, such as using Asian Canadians to refer to Asian descendants who migrated to Canada and using Latino or Latinx to refer to immigrants who are originally from Latin America (APA, 2020). Moreover, as recommended by the *Publication Manual of the American Psychological Association*, when describing a group of people from various non-dominant racial backgrounds, I used the term of "ethnic minority" to avoid biased implications of being "less than" or deficient (APA, 2020).

Review of the Literature

Connecting Mental Well-Being and Overqualification

What does the connection between overqualification and mental well-being look like? Perceived happiness is an essential psychological need for humans (Yalcin, 2020). Happiness is a subjective feeling associated with positive affective experiences and a sense of security; moreover, perceived happiness can be used as an indicator of an individual's psychological well-being (Yalcin, 2020). The determinants of happiness consist of pecuniary and non-pecuniary factors, with non-pecuniary factors as a significant influence on perceived happiness (N. Chen et al., 2020). Non-pecuniary factors include employment, occupational status, social relationships, health, marital satisfaction, and education (N. Chen et al., 2020). Naiwei Chen et al. (2020) studied the correlation between happiness and education-occupation mismatch based on survey data of 2,134 adults in Taiwan. The researchers found that education level was positively associated with life happiness, and overqualification was associated with high education and extensive training experience (N. Chen et al., 2020). While higher education alone does not contribute to lower life satisfaction and happiness, the mismatch between one's education level and occupation impacts an individual's perceived happiness (N. Chen et al., 2020). Furthermore, the association between education-occupation mismatch and happiness differed across age and social status groups. Overall, these findings indicate that multiple contributing factors are involved in the dynamics between overqualification and mental well-being (N. Chen et al., 2020).

Three theories stand out in the literature explaining the associations between mental well-being and overqualification: relative deprivation theory (Grant, 2008; Mummendey et al., 1999), person-environment fit theory (Edwards, 1996; Yu, 2009), and the effort-reward imbalance theory (Harari et al., 2017; Wu et al., 2015).

Relative Deprivation Theory

Relative deprivation theory describes the situation when individuals believe they deserve more than what they have, and this situation leads to the feelings of being deprived, causing negative psychological experience such as resentment, anger, and discontent (Mummendey et al., 1999). There are two different subtypes of relative deprivation: egoistic and collective relative deprivation (Grant, 2008). Egoistic relative deprivation occurs when individuals feel unfairly deprived compared to others, and this perceived experience lowers life satisfaction and causes stress (Mummendey et al., 1999). In contrast, collective relative deprivation describes an intergroup social comparison (Mummendey et al., 1999). Grant (2008) studied the relative deprivation theory based on a sample of 180 skilled immigrants recruited from local immigrant-serving agencies and communities in Canada. All participants were experiencing difficulties obtaining jobs that matched their foreign training and work experience, and two-thirds of the participants met the low-income status criteria (Grant, 2008). Findings revealed that skilled immigrants experience egoistic relative deprivation; when skilled immigrants work for overqualified positions, they perceive themselves as being treated unjustly compared to other individuals, such as receiving relatively lower pay when having the same work experience (Grant, 2008). The experience of egoistic relative deprivation leads to stress and decreased life satisfaction (Grant, 2008). Skilled immigrants come to their host countries and expect to work in their professional fields at the same pay rate as their native counterparts. However, when their credentials or work experience is not recognized or valued, they feel their group is unfairly deprived compared to other groups, then collective relative deprivation happens (Grant, 2008). Under the collective relative deprivation theory, these skilled immigrants experience cognitive and affective responses (Grant, 2008). They believe their expectations are violated (the cognitive

component) because they earn less than non-immigrants with the same training and education experience (Grant, 2008). Meanwhile, a range of strong emotional responses are elicited by the injustice feeling, such as anger, resentment, and dissatisfaction toward employers and selves (Grant, 2008). Therefore, according to relative deprivation theory, the experience of overqualification can lead to adverse affective reactions that impact an individual's mental health (Grant, 2008; Wu et al., 2015).

Person-Environment Theory

The person-environment fit theory also sheds light on the association between mental well-being and overqualification (Edwards et al., 2006; Schneider, 2001). Person-environment fit theory posits that when individuals are congruent with their environment (e.g., matching qualities, resources or similarities between the person and the environment), they experience positive outcomes such as higher satisfaction, better job performance, and higher commitment (Edwards, 1996; Kristof, 1996; Schneider, 2001). Yu (2009) discussed the causes and outcomes of person-environment fit, noting that when there is a mismatch between the person and the environment, the person feels less comfortable and competent. Furthermore, the person cannot achieve self-actualization and will fail to gain a sense of belonging (Yu, 2009). These negative consequences of a person-environment mismatch lead to negative psychological responses, resulting in decreased mental health (Edwards et al., 2006; Yu, 2009). Wassermann and Hoppe (2019) tested this theory on a sample of 270 Italian skilled immigrants in Germany. Participants completed online surveys regarding their perceived level of overqualification, depressive symptoms, and meaning-making behaviours. Findings confirmed that the experience of overqualification is seen as an incongruence between skilled immigrants and their environment, and this incongruence is linked to skilled immigrants' experience of negative emotions and a

decline in mental well-being, such as increased depressive symptoms (Wassermann & Hoppe, 2019).

Effort-Reward Imbalance Theory

The effort-reward imbalance theory also provides an insight into the connection between overqualification and mental health. Harari et al. (2017) conducted a meta-analysis on the perceived overqualification phenomenon by analyzing 61 independent samples of skilled immigrants from 53 relevant studies and found that perceived overqualification is correlated with psychological well-being. In this meta-analysis, Harari et al. explained the connection between effort-reward imbalance theory and individuals experiencing perceived overqualification. People expect rewards for their efforts invested in their work and education (Harari et al., 2017). Effort-reward imbalance theory conceptualizes that an individual's work helps fulfill self-regulatory needs (Harari et al., 2017). However, when they are not able to receive the expected rewards proportionate to their invested efforts, there is an imbalance between their efforts and the reward structure (Harari et al., 2017). Furthermore, the imbalance results in a reciprocity deficit followed by the disruption in fulfilling self-regulatory needs (Harari et al., 2017). Eventually, the deficit causes strain reactions and negative emotional reactions (De Moortel et al., 2018; Harari et al., 2017).

Overqualification represents such imbalance, where individuals experience an imbalance between their efforts (e.g., education and professional experience) and rewards (e.g., occupation and pay rate in host countries). Because of this imbalance caused by overqualification, people suffer from psychological distress, which is often associated with lower self-esteem, negative emotions, and physical health issues (Rugulies et al., 2017; van Vegchel et al., 2005). Thus, the

effort-reward imbalance theory offers a framework to explain the connection between overqualification experience and mental well-being (Harari et al., 2017).

In addition, studies provide understanding of the connection of career-education incongruency and its correlation with psychological distress. Nyberg et al. (2020) proposed that status inconsistency occurs when there is a mismatch in a person's status positions (i.e., educational attainment and occupational position). They studied this status inconsistency phenomenon based on a sample of 11,814 Swedish participants who completed the Swedish Longitudinal Occupational Survey of Health in 2014 and 2016, where information regarding participants' educational level, subjective social status, and mild to severe depressive symptoms were collected and analyzed (Nyberg et al., 2020). Negative status inconsistency was created when someone received a high education but worked in a low occupational position (Nyberg et al., 2020). This negative status inconsistency was associated with depressive symptoms and increased registered-based sickness absences (Nyberg et al., 2020). Nyberg et al.'s study found that participants of all genders who reported experiencing negative status inconsistency also reported increased depressive symptoms. Thus, the overqualified work experience is detrimental to mental well-being (Nyberg et al., 2020). Many skilled immigrants may hold higher social status in their home countries due to their education and work experience (Sakamoto et al., 2009). However, after they move to their host countries, they cannot find positions that match their previous social status resulting in negative status inconsistency.

Healthy Immigrant Effect

Immigrants in host countries face a unique set of challenges compared to their non-immigrant counterparts. As a subgroup of the immigrant population, skilled immigrants experience barriers and difficulties, such as acculturation stress, social-relational challenges, and

language and employment barriers (Dean & Wilson, 2009; Subedi & Rosenberg, 2017). Despite the risk factors and post-immigration stressors, for a long time, researchers believed that immigrants were generally healthier than their native-born counterparts in the host countries because of the healthy immigrant effect (Beiser, 2005; Gee et al., 2004; Singh et al., 2013).

Gee et al. (2004) researched the healthy immigrant effect by comparing the health outcomes of immigrants and non-immigrants from all provinces and territories across Canada using results from the Canadian Community Health Survey for which data was based on a sample of 131,000 respondents aged 12 years and above. Middle-aged immigrants whose residency was less than 10 years reported better health than their native counterparts (Gee et al., 2004). Similarly, using data from eight major federal data systems in the United States, Singh et al. (2013) found that infant, child, and adult immigrants have higher life expectancy and lower mortality rates than their non-immigrant counterparts. When comparing immigrants and non-immigrants, many studies concluded that immigrants have a survival advantage in physical health and mortality rate (Vang et al., 2017). However, the advantage of the healthy immigrant effect varies across different subgroups, especially for recent senior immigrants, who experience poorer overall health outcomes than their native counterparts; whereas, recent adult immigrants tend to be healthier than their non-immigrant peers (Gee et al., 2004; Singh et al., 2013). Singh et al. pointed out that the effect can result from positive selectivity since accepted immigrants are often selected based on their health and positive aspects through a health screening process. However, both studies of the healthy immigrant effect focused on comparing physical health and mortality rates between immigrants and non-immigrants, and rarely paid attention to the mental health issues that might result from the migration process (Gee et al., 2004; Singh et al., 2013).

Although the healthy immigrant effect was able to explain the health advantage of new immigrants, several studies indicate that healthy immigrant effect diminishes over time in the host country (Elshahat et al., 2021; Fuller-Thomson et al., 2011; Subedi & Rosenberg, 2017; Vang et al., 2017). Elshahat et al. (2021) systematically reviewed findings for immigrant populations from different origins and cultures who immigrated to the United States, Canada, and European countries to explore the healthy immigrant effect and mental health outcomes, such as depression and anxiety. Their review explained the recent immigrants' health advantages. First, admission of skilled immigrants was usually based on a point system where applicants were assessed and selected based on their education and professional experience (Elshahat et al., 2021). Secondly, immigrants had high self-expectations and motivation to succeed; thus, they proactively located resources and navigated through the systems, which allowed them to maintain their general well-being and health (Elshahat et al., 2021). However, findings also revealed a consistent deterioration in immigrants' mental health as their length of residency increased, and immigrants who reported worsened health over time ascribed the adversity to the stress associated with the settlement process rather than adopting an unhealthy lifestyle (Elshahat et al., 2021). Likewise, Fuller-Thomson et al. (2011) researched the healthy immigrant effect based on longitudinal data of 7,716 recent immigrants (60% of whom were skilled immigrants) drawn from the results of the Longitudinal Survey of Immigrants to Canada in 2001 and 2005. They found that 15% of recent immigrants reported a decline in their health in the first 4 years after they landed in Canada, whereas only 6% of non-immigrants experienced such a decline in health. The decline was attributed to acculturation stress and settlement challenges, such as language, insurance, employment, and income (Fuller-Thomson et al., 2011). A systematic review of 78 Canadian quantitative studies indicated that the decline of the healthy

immigrant effect was due to acculturation, and the decline in well-being was a consequence of cultural assimilation (Vang et al., 2017). Thus, the health of immigrants is under the influence of a range of factors. It is pivotal to take a closer look at the skilled immigrants' mental health by learning and understanding their experiences.

The Acculturation Experience

Acculturation refers to the process of individuals' cultural adaptation and changes resulting from coming into contact with distinct cultural groups, individuals, and social impacts (Gibson, 2001). The study of acculturation mainly focuses on learning about the experience of people who migrated to regions or countries other than their birthplaces (Schwartz et al., 2010). Three factors differentiate immigrants from other acculturating groups: first, immigrants migrate to a new country to experience a new culture compared to Indigenous peoples where the new culture was brought to them; second, immigrants may voluntarily adopt new cultures compared to refugees and Indigenous peoples who are not voluntarily looking for new cultures; lastly, immigrants' acculturation process is permanent compared to sojourners who temperately experience the new cultures (Yoon et al., 2013). Internationally this acculturation process refers to when individuals move from their home countries to the host countries and encounter a different set of cultural values and social norms from their heritage cultures (Cheung et al., 2020).

Historically, the acculturative process was conceptualized as unilinear; that is, immigrants acquire the cultural values of the host countries while losing their heritage culture (Schwartz et al., 2010). However, in recent decades, researchers found that acculturation is a bilinear process that allows immigrants to move on a continuum between adopting the host country's cultural values and retaining their heritage culture (Schwartz et al., 2006, 2010; Yoon

et al., 2013). Therefore, it is vital for mental health professionals to be aware of where their clients are on this continuum and how the clients' acculturation positions influence their mental health. According to acculturation theory, there are four acculturation strategies: assimilation, separation, marginalization, and integration (Berry, 2007). Assimilation happens when individuals adopt the host country's cultures and abandon their culture of origin, whereas separation refers to individuals' rejection of the culture of the host country while retaining their heritage culture (Berry, 2007). Marginalization is when migrants reject both the host country's culture and their culture of origin (Berry, 2007). Lastly, integration (sometimes can be used interchangeably with biculturalism and enculturation) describes the process where individuals selectively adopt elements of their host country's cultural values, practices, and beliefs while retaining their heritage culture (Berry, 2007; Schwartz et al., 2010; Weinreich, 2009).

Studies have found that the acculturation level and the length of stay in the host countries are positively associated with immigrants' mental health issues, and this phenomenon is recognized as the immigrant paradox (Schwartz et al., 2010; Torres, 2010). For example, research on Hispanic immigrants to the United States showed that those who retained their cultural practices and frequently spoke Spanish were less likely to develop psychiatric disorders, addictions, and unhealthy lifestyles (Schwartz et al., 2010). Similarly, Cho et al. (2018) found the level of acculturation stress was not significantly associated with the length of residency. The longer immigrants stay in the host country, the more they are familiar with the culture and language; however, the mental health risk and acculturation stress still exists and can increase over time (Cho et al., 2018). The immigrant paradox shows the complexity of the acculturation process and indicates that the assimilation strategy may deprive immigrants of resilience by discouraging them from accessing their heritage cultural practice and values (Schwartz et al.,

2010). On the other hand, the immigrant paradox and related studies imply the benefits of integration strategies that preserve immigrants' power to select cultural elements to acquire and retain (Schwartz et al., 2010; Torres, 2010).

Berry et al. (1987) compared a series of studies on Canadian immigrant samples, and they found that a variety of social and demographic factors moderate the relationship between acculturation and stress. These factors include gender, age, educational level, language proficiency, past intercultural experiences, acculturating groups, and host countries' diverse culture policy (whether it promotes pluralism, assimilation, or marginalization; Berry et al., 1987). Multiple recent studies further explored these social and demographic factors and provided new insights (Bekteshi & Kang, 2020; Bulut & Gayman, 2016; Lueck & Wilson, 2010; Morrison & James, 2009; Torres, 2010; Xiao et al., 2019).

Many researchers support that biculturalism is associated with lower acculturative stress and better mental health (Bulut & Gayman, 2016; Lueck & Wilson, 2010; Torres, 2010). Biculturalism includes not only cultural values and practices but also linguistic factors. Lueck and Wilson (2010) studied factors that predict acculturative stress levels in Asian immigrant groups in the United States, and their research results showed that linguistic factors predict acculturative stress levels. Research findings revealed that higher English proficiency is associated with lower acculturative stress in Asian immigrants who immigrated to English-speaking countries (Lueck & Wilson, 2010). However, English proficiency is not the only factor contributing to the linguistic effect on acculturative stress; other factors such as immigrants' use of native languages and bilingual skills also significantly moderate the level of acculturative stress (Lueck & Wilson, 2010). On the other hand, the loss of one's home language skills can result in difficulties communicating sensitive issues with family and community members who

do not speak English (Lueck & Wilson, 2010). Miscommunication and misunderstanding can elevate immigrants' acculturative stress and psychological issues (Lueck & Wilson, 2010).

Similarly, Torres (2010) researched Latino immigrants' acculturation experiences in the United States, and the research supported the notion that the pressure of acquiring language proficiency and adopting customs significantly increases Latinos' level of negative psychological symptoms. Interestingly, the study results draw the connection between heritage cultural values and the subclinical forms of depression (Torres, 2010). Torres pointed out that when people who come from collective cultures integrate the individualistic lifestyles, they may experience the ruptures from their traditional interdependence values resulting in feelings of isolation and an increase in stress, which manifest through depressive symptoms. Thus, selectively retaining elements of traditional values may serve as a protective factor against depression and other negative psychological symptoms (Torres, 2010). Nevertheless, it is difficult for immigrants to sustain their fluency in their native language and acquire bilingual proficiency when the ethnic community is absent (Lueck & Wilson, 2010). Therefore, the premise of the bicultural effect is the availability of co-ethnic communities, which allows ethnic immigrants to selectively acculturate to host countries (Bulut & Gayman, 2016).

Furthermore, Lueck and Wilson's (2010) study revealed that a higher education level is associated with lower acculturative stress. Researchers found that immigrants who attended primary and secondary education in their host countries reported significantly lower acculturative stress (Lueck & Wilson, 2010). Education level alone does not protect immigrants from acculturative stress; rather, immigrants' pre-exposure to Western culture is the determinative factor (Lueck & Wilson, 2010). Thus, highly skilled immigrants who did not receive their education in the host countries and did not experience Westernization before

immigration are less likely to be protected from acculturative stress by their high education level (Lueck & Wilson, 2010). Moreover, research revealed that immigrants satisfied with their socioeconomic status experience lower acculturative stress (Bulut & Gayman, 2016; Lueck & Wilson, 2010; Torres, 2010; Xiao et al., 2019).

Multiple studies found that higher family cohesion is related to lower acculturative stress (Lueck & Wilson, 2010; Xiao et al., 2019). Moreover, the importance of family in the heritage culture is crucial to how family cohesion would influence acculturative stress. Studies revealed that family cohesion is closely related to Asian and Latino immigrant groups' psychological well-being (Lueck & Wilson, 2010; Morrison & James, 2009; Xiao et al., 2019). Lueck and Wilson's (2010) research on American Asian immigrants showed when family members share similar beliefs and values, they have low family dispute levels, more trust and closeness, and significantly lower acculturative stress. Xiao et al.'s (2019) study on a group of Asian immigrants indicates that the family cohesion index is negatively associated with acculturative stress levels, confirming that low family cohesion is a risk factor for acculturative stress.

Morrison and James (2009) studied a group of Portuguese immigrants in Canada, and they found that as immigrants adopt Canadian cultural values, the risk of family conflict arises leading to higher stress for individuals in the family. Similarly, Bekteshi and Kang (2020) researched risk factors of acculturative stress for a group of Latino immigrants in the United States. They also found that family-cultural conflict increases acculturative stress, and a harmonious family dynamic is a protective factor for Latino immigrants (Bekteshi & Kang, 2020). Researchers posited that when the family relationship takes on a pivotal role in the heritage cultural values, family cohesion becomes a predictor of immigrants' acculturative stress

level; moreover, healthy family dynamics and support are associated with better physical and mental health (Bekteshi & Kang, 2020; Lueck & Wilson, 2010; Morrison & James, 2009).

Interestingly, several studies found a gender difference in acculturative stress. Xiao et al. (2019) found a significant gender difference between Asian male and female immigrants. Asian culture expects males to be the “breadwinners” of their households; hence, males may be subject to higher stress due to their gender role expectations (Xiao et al., 2019). Especially when highly skilled immigrants are not able to find jobs that match their pay grades back in their home countries to fulfil their family roles, these immigrants will suffer a significant increase in their stress level (Xiao et al., 2019). Moreover, Asian males tend to lack emotional expressiveness and withhold self-disclosure due to their cultural gender expectations; as a result, they are held back from seeking family cohesion (Xiao et al., 2019). Thus, male Asian immigrants may be more vulnerable to the impact of lacking family cohesion than their female counterparts when experiencing overqualification, and low-income family cohesion is a significant risk factor of acculturative stress for male Asian immigrants (Xiao et al., 2019). On the other hand, the Portuguese immigrants’ study also found a gender difference in acculturative stress (Morrison & James, 2009). Researchers noticed that because of Portuguese traditional culture, female Portuguese immigrants are responsible for the family’s well-being, and they take on the role of resolving family conflicts and problems (Morrison & James, 2009). Therefore, family cohesion influences female Portuguese immigrants’ acculturative stress more significantly than their male counterparts (Morrison & James, 2009). According to the research findings, gender differences may result from different gender role expectations based on particular heritage cultures.

As explored previously, the literature shows ethnic differences in the factors of acculturative stress, which reveals that different ethnic groups may experience the acculturation

process differently; more importantly, each ethnic group may have unique challenges during the acculturation process. Bulut and Gayman (2016) studied a sample of Asian and Latino immigrants in the United States, and they compared the two groups' self-rated mental health and self-reported acculturation classes (e.g., bicultural, assimilated, separated, and recent arrivals). First, the researchers found that the participants' mental health was related to their acculturation classes: immigrants in separated and recent arrival immigrant classes reported poorer mental health whereas immigrants who identified as bicultural reported better mental health status (Bulut & Gayman, 2016). Moreover, the authors reported that Latino immigrants were more likely to be in the separated and recent arrival immigrant classes compared to Asian immigrants; therefore, Latino immigrants generally reported having worse mental health than their Asian counterparts (Bulut & Gayman, 2016). However, Asian immigrants in the lower acculturation classes reported worse mental health than their Latino counterparts in the same acculturation classes (Bulut & Gayman, 2016). The authors proposed that the difference may result from the official accommodations, such as Spanish-speaking public services and media, as well as established Latino communities in the United States (Bulut & Gayman, 2016). Although further research is needed to fully understand the unique experience and challenges different ethnic immigrant groups face, Bulut and Gayman's study discloses the potential racial variation in acculturation experience between Latino and Asian immigrant groups. The study underscores that ethnic categories may moderate the connection between acculturation experience and mental well-being.

The Experience of Overqualified Skilled Immigrants

The overqualification phenomenon is widespread among skilled immigrants (C. Chen et al., 2010; Frank & Hou, 2018). According to National Occupational Classification data in 2006,

52.9% of immigrant taxi drivers have at least some post-secondary education, and 20.2% have bachelor's degrees or above, whereas the data for Canadian-born counterparts are 35.2% and 4.8%, respectively (Xu, 2012). The overqualification phenomenon is so common among skilled immigrants that it has almost become a social norm in the immigrant community (Frank & Hou, 2018). Several themes are revealed in the literature regarding skilled immigrants' experience with overqualified occupations. This section of the literature review will discuss these critical themes that represent the association between skilled immigrants' overqualification experience and mental well-being.

Unmet Expectations and Lower Life Satisfaction

Immigration is often a decision made to pursue a better quality of life and professional fulfillment (Gea-Caballero et al., 2019; Zaheer et al., 2018). Psychological distress is understood to be the consequence of unmet expectations and the complex realities that skilled immigrants recognize (Zaheer et al., 2018). Higher immigration expectations are often associated with higher stress levels and disappointment when the expectations are unmet (Zaheer et al., 2018). The loop of re-experiencing disappointed feelings and unmet needs results in hopeless and helpless feelings (Zaheer et al., 2018). Consequently, individuals who suffer from low self-efficacy will have poor life satisfaction (Zaheer et al., 2018), which is strongly associated with self-reported mental well-being (Lombardo et al., 2018). Therefore, low life satisfaction and repeated psychological distress become the risk factors for individuals' mental health and may lead to suicide and suicide-related behaviours (Zaheer et al., 2018).

Frank and Hou (2018) compared immigrants' and non-immigrants' life satisfaction with the education-occupation mismatch. Their study pulled cross-sectional data from 6 years (2009 to 2014) of Canadian national surveys and included 24,985 non-immigrant and 5,826 immigrant

respondents with post-secondary education (Frank & Hou, 2018). This study confirmed that overqualification was more prevalent among immigrants than non-immigrants, and that although education-occupation mismatch negatively affected immigrants' life satisfaction, such a mismatch had a more significant influence on non-immigrants (Frank & Hou, 2018). Moreover, such effects on immigrants' life satisfaction declined over time, a phenomenon unique to immigrants (Frank & Hou, 2018). Similarly, Arpino and de Valk (2018) compared the life satisfaction of immigrants and non-immigrants who experience perceived overqualification across Europe using cross-sectional survey data from 2002 to 2012. The study results also indicate that the difference in life satisfaction between immigrants and non-immigrants diminishes over time (Arpino & de Valk, 2018). Arpino and de Valk reported that increased social integration was the key explanatory factor for the diminished negative impact of overqualification on life satisfaction. On the other hand, Frank and Hou believed the diminished impact was the outcome of re-adjusting life goals and expectations. Another proposed explanation for the declined effect is that the education-occupation mismatch is so common that it has become a social norm for the immigrant community; hence, its impacts on the community members have been normalized (Frank & Hou, 2018).

However, the decline in adverse effects does not contribute to the increase in life satisfaction since studies have uncovered a negative correlation between overqualification and life satisfaction (Arpino & de Valk, 2018; Frank & Hou, 2018). Further, the magnitude of overqualification influences an individual's well-being; in other words, the more significant the gap between one's education and occupation is, the more negative impact the overqualification has on life satisfaction (Frank & Hou, 2018). Zaheer et al. (2018) conducted a qualitative study on a group of 10 Chinese-born women's life experiences with suicide-related behaviours in the

Greater Toronto Area. The study highlighted participants' experience of being "forced" to work in the fields that they were overqualified and how this experience destroyed their and their families' expectations for career and financial success. Consequently, the unmet expectations lead to a significant increase in stress and psychological distress, resulting in poorer mental health status (Zaheer et al., 2018). Likewise, Frank and Hou (2018) found that income expectation was a dominant factor for life satisfaction, especially for skilled immigrants who expect to earn the same or higher pay rate than in their home countries. Therefore, due to the relatively lower pay rate than the non-immigrants, skilled immigrants experience lower life satisfaction, negatively impacting their mental well-being (Frank & Hou, 2018). Overall, skilled immigrants hold on to higher expectations for their lives in host countries, and negative psychological consequences arise when these expectations are not met (Frank & Hou, 2018; Zaheer et al., 2018).

The Loss and Grief

Loss and grief are commonly seen themes in immigration experiences across different immigration groups. Various types of losses are discovered across racial and cultural groups among skilled immigrants (Banerjee et al., 2019; Frank & Hou, 2018; Sakamoto et al., 2009; Subedi & Rosenberg, 2017; Wassermann & Hoppe, 2019). The loss people experience can usually be categorized into two types: physical and symbolic loss (Casado et al., 2010). Physical loss is recognized as tangible loss; for instance, loss of housing, loss of income, and loss of a loved one. On the other hand, symbolic loss describes an intangible loss that is often not socially recognized as loss, such as loss of status, loss of ideas and beliefs, and loss of self-identity (Casado et al., 2010). Sakamoto et al. (2009) conducted a qualitative study of 29 Chinese skilled immigrants who experienced overqualification in Canada. A Chinese term, "luocha," emerged

from the focus group discussion and in-depth interviews; participants used *luocha* to describe their sociocultural experience with overqualification as skilled immigrants (Sakamoto et al., 2009). *Luocha* represents a feeling of falling from a great height which accurately captures the complexity of the losses that skilled immigrants' post-immigration experience with overqualification (Sakamoto et al., 2009). The majority of the skilled immigrants were successful professionally and held certain social status in their home countries (Sakamoto et al., 2009). After migrating to their host countries, many lost what they had socially, professionally, and financially (Sakamoto et al., 2009; Wassermann & Hoppe, 2019). The *luocha* feeling may be named differently across languages and cultures, but the sense of loss of *luocha* is a shared experiential theme for many skilled immigrants (Banerjee et al., 2019; Dean & Wilson, 2009; Sakamoto et al., 2009; Subedi & Rosenberg, 2016). Similar themes were also found in Dean and Wilson's (2009) qualitative study of a group of 22 Canadian underemployed skilled immigrants; findings highlighted three types of identity loss: personal, social, and professional loss. Loss of social status compounded with decreased financial stability can contribute to lower life satisfaction and cause deterioration in mental well-being (Frank & Hou, 2018), and being unable to construct a competent identity results in a lack of belongingness and difficulty establishing a meaningful space in their host countries (Sakamoto et al., 2009).

Research findings disclosed that skilled immigrants experience both types of loss; for example, loss of income and employment, unmet expectations, loss of social status, social network, family support, and deskilling (Frank & Hou, 2018; Sakamoto et al., 2009). Although symbolic loss requires the same emotional adjustment and grieving process as physical loss, people who experience symbolic loss may face unique challenges when grieving (Casado et al., 2010). For example, migration loss is commonly observed among immigrant groups, including

personal and cultural losses (Casado et al., 2010). Particularly, the migration loss that skilled immigrants experience is often associated with socioeconomic status loss, loss of income, and employment-related skills when they are not able to work in the fields that match their education and training (Dean & Wilson, 2009; Sakamoto et al., 2009; Shen & Kogan, 2020). The consequences of the migration loss caused by overqualification are not fully recognized by society since immigrants are expected to adjust to their new cultural and socioeconomic environment (Casado et al., 2010). This grieving experience coincides with disenfranchised grief, which refers to the situation where individuals cannot express their grief because the particular loss is not recognized and commonly accepted by society (Casado et al., 2010). Therefore, highly skilled immigrants' migratory grief is a form of disenfranchised grief (Casado et al., 2010).

Job loss and income loss are the most common loss for highly skilled immigrants (Shen & Kogan, 2020). Upon being selected, skilled immigrants have to prove that they have enough savings to cover the living expenses of themselves and their dependents; however, as time goes by, lacking stable employment and income in the host countries leads to increased stress and mental health problems (Dean & Wilson, 2009). Skilled immigrants, especially those who migrate with their spouses and children, experience the extra stress of taking care of their families financially (Dean & Wilson, 2009). The loss of income and career correlates with increased discontentment and worrying thoughts, and this constant anxious mental status results in mental health problems such as anxiety and depression (Dean & Wilson, 2009). Moreover, the loss of job opportunities in original career fields will lead to the underutilization of skilled immigrants' skills and training and eventually the loss of employment-related skills (Dean & Wilson, 2009). Gauthier (2016) explored the deskilling phenomenon among highly skilled

immigrant women in Quebec, Canada. Interestingly, Gauthier uncovered a gender difference in the rate of deskilling between men and women: men have a lower deskilling rate than women, and skilled immigrant women experience moderate to severe deskilling mainly because they prioritize partners' careers. Gauthier noticed in the research participants that particular cultural norms around gender roles and expectations might contribute to this gender difference in deskilling rate. For instance, some cultures prioritize males' needs over females'; the skilled immigrant women from those particular cultures are more likely to accept low-skilled employment to support their families' basic needs (Gauthier, 2016).

In Subedi and Rosenberg's (2016) study of 164 Canadian highly skilled immigrants who work in low-skilled jobs, they found participants who have post-graduate or professional degrees reported poor health status. Subedi and Rosenberg attribute this decrease in self-reported health to frustration, anxiety, and depression caused by the deskilling process. Since the process of deskilling creates doubts about perceived competence and coping ability, it negatively impacts individuals' mental health and life satisfaction (Dean & Wilson, 2009; Subedi & Rosenberg, 2016). The mental health issues resulting from deskilling are unique to the skilled immigrant population since they are selected based on their education and professional skills (Dean & Wilson, 2009). Moreover, the deskilling process is closely related to the loss of social status (Dean & Wilson, 2009). Particularly for the skilled immigrant population, employment is often tied with the role of breadwinner in the family, personal identity, and social status (Dean & Wilson, 2009). Therefore, when the deskilling process occurs, skilled immigrants experience threats to their identity as professionals, their ability to provide for their family, and their social status in the host countries (Dean & Wilson, 2009; Subedi & Rosenberg, 2016). Based on six waves of European Social Survey data, Engzell and Ichou (2020) studied the status loss of highly

skilled immigrants who live in European countries. Researchers defined transnational status loss as a downward discrepancy when skilled immigrants move from their home countries to the host countries (Engzell & Ichou, 2020). Moreover, they found that immigrants who experienced social status loss also reported poorer self-perception and subjective financial status, which revealed the correlation between social status loss and mental health status (Engzell & Ichou, 2020). Immigrants may have higher expectations for post-migration life because of their higher pre-migration social status; therefore, the more significant the discrepancy in their social status is, the greater frustration and stress they may experience (Engzell & Ichou, 2020). Furthermore, immigrants with a low socioeconomic status have higher exposure to stressors, resulting in mental health issues such as escalated anxiety and worry thoughts, higher risk of future stressors, and compromised self-regulation ability when encountering social or environmental stress (Johnson & Swendsen, 2015). Thus, the greater the disparity between skilled immigrants' pre-migration and post-migration social status is, the greater risk the social status imposes on these immigrants' mental health (Engzell & Ichou, 2020). Additionally, Engzell and Ichou's research underscores the importance of pre-migration characteristics in understanding the post-migration outcomes; hence, immigration experience can be conceptualized as social mobility instead of a simple geographic change.

Moreover, the impacts of underemployed skilled immigrants' unique position go beyond themselves and influence their families in various aspects of post-migration life (Dean & Wilson, 2009). Separation is an inevitable loss resulting from the immigration process, where immigrants suffer from being long-distance with their family members (Falicov, 2007). Underemployed skilled immigrants often encounter difficulties with family reunions due to insufficient income and employment instability, and the lack of family reunions may lead to relational stress (Frank

& Hou, 2018). This relational loss caused by the migration process applies to all family members, including those left in their home countries (Falicov, 2007). Moreover, the spatial separation can also result in losing established support systems involving extended family members and social relationships back in the home countries. The loss of family support and social resources is often associated with escalated stress and lower life satisfaction (Frank & Hou, 2018). The immigration decision is usually voluntary for the skilled immigrant population; therefore, their loss of family and social support is often dismissed as lacking acculturation (Sakamoto et al., 2009).

Lastly, Wassermann and Hoppe's (2019) study on the association between perceived overqualification and the mental well-being of Italian immigrants in Germany revealed a negative correlation between perceived overqualification and mental well-being. The researchers explained their results through a person-environment fit theory: every individual pursues building resources that construct their identity, and the overqualification that skilled immigrants experience is a threat to personal resources (Wassermann & Hoppe, 2019). Because personal resources are protective factors for individuals' psychological well-being that help with building resiliency (Hobfoll et al., 2003), losing personal resources exposes people's mental health to risks (Wassermann & Hoppe, 2019). When working for overqualified positions, people are not utilizing their personal resources, such as received education and training (Wassermann & Hoppe, 2019). Thus, their existing resources and access to future resources are threatened, and the longer people work for overqualified jobs, the more risks of losing resources they may experience (Wassermann & Hoppe, 2019).

Work-Related Stress

Many foreign-trained skilled immigrants are employed in low-skilled service sector jobs in Canadian major cities (Banerjee et al., 2019; C. P. Chen & Hong, 2016; Subedi & Rosenberg, 2017). Subedi and Rosenberg (2017) conducted a qualitative study on skilled immigrants who resided in Ottawa, Canada in 2014. Through semi-structured interviews of 19 participants, researchers found that the overqualified skilled immigrants who did not utilize their skills experienced elevated physical and mental health issues due to their low job satisfaction and work-related stress, especially the lack of job security (Subedi & Rosenberg, 2017). The research findings revealed that participants' health status was associated with socioeconomic and demographic characteristics, work-related stress, lifestyle, and health behaviours (Subedi & Rosenberg, 2017). When explaining the association, the authors pointed out that low-skilled service sector jobs are often associated with lower socioeconomic status, low pay grades, hazardous working environments, and problematic work schedules (Subedi & Rosenberg, 2017).

Similarly, Premji and Shakya (2017) studied a group of 30 racialized skilled immigrant women who worked overqualified in the low-skilled sector. Through semi-structured interviews, participants reported that low-skilled sector jobs were usually associated with a poor working environment which often caused stress. Furthermore, Frank and Hou (2018) found that income mediates the negative association between overqualification and life satisfaction for skilled immigrants, confirming that financial status affects multiple areas of immigrants' lives. Because they often work with low pay rates, overqualified skilled immigrants often suffer from work-related stress due to insufficient financial stability (Browne et al., 2017; Premji & Shakya, 2017; Subedi & Rosenberg, 2017). Moreover, the irregular work schedule and job insecurity affect not only the skilled immigrants but also their children and families (Premji & Shakya, 2017). Premji and Shakya revealed that their underemployed participants reported having difficulties

accommodating their household responsibilities, such as taking care of the children and managing household chores. Consequently, these overqualified skilled immigrants reported experiencing increased relationship tensions, familial conflicts, and disruptive behaviours in the household (Premji & Shakya, 2017).

Adverse factors such as low pay rates, job insecurity, poor working environment, and irregular work schedules contribute to poor health status for underemployed immigrants (Banerjee et al., 2019; Premji & Shakya, 2017; Subedi & Rosenberg, 2017). The underemployed participants in Subedi and Rosenberg's (2017) study reported having poor physical health, and the poor health status was attributed to frustration, anxiety, and depressive symptoms resulting from deskilling, work-related stress, and perceptions of lost social status. Moreover, individuals who were dissatisfied with their jobs were more likely to experience poor mental health in comparison to those who were satisfied with their occupations (Subedi & Rosenberg, 2017). Deterioration in mental health is related to the stress, frustration, and anxiety of working in a field that is irrelevant to one's educational degrees and underutilizes workers' knowledge, skills, and experience (Subedi & Rosenberg, 2017). The interview data revealed that as the length of time immigrants spent in the unmatched jobs increased, the more likely immigrants would report poor physical and mental health status (Subedi & Rosenberg, 2017). The degree of job satisfaction and the level of work-related stress of the employed individuals determined the magnitude of the impacts (Subedi & Rosenberg, 2017). Sakamoto et al. (2009) also found confirming results in their study that the longer the participants stayed in the unmatched positions, the higher level of deskilling they experienced, which resulted in more difficulties for the skilled immigrants to locate jobs that would match their education and experience. Hence, according to the study, many skilled immigrants remained in overqualified positions over an

extended period felt stuck and experienced escalated stress, work-related anxiety, and low life satisfaction in general (Sakamoto et al., 2009).

Moreover, Banerjee et al. (2019) studied the highly skilled immigrant men's experience with job-education mismatch by using longitudinal data collected by Statistics Canada, comparing the data of 7,545 White people born in Canada, 631 immigrants who were White, and 527 immigrants from other ethnic groups. Findings revealed both a horizontal and vertical education-occupation mismatch (Banerjee et al., 2019). Horizontal mismatch occurs when jobs are unrelated to skilled immigrants' original field of study and skills whereas vertical mismatch occurs when individuals' education level is higher than the requirement of their current occupations (Banerjee et al., 2019). Findings revealed that horizontal and a combined vertical-horizontal mismatch are associated with a significant wage disadvantage (Banerjee et al., 2019). Moreover, even after accounting for horizontal, vertical, and the combined type of mismatch, immigrants had a sizable wage disadvantage, and this effect was strongest among ethnic minorities (Banerjee et al., 2019). This particular finding suggests that other factors are involved and influence the disadvantage, such as the devaluation of foreign work experience, lack of language fluency, and employer discrimination (Banerjee et al., 2019).

Somatization and Barriers to Accessing Mental Health Support

Although studies show the immigration experience can be detrimental to mental health, some researchers have found that many skilled immigrants report having a general healthy mental state but deteriorated physical health (Subedi & Rosenberg, 2017). Lanzara et al. (2019) conducted a systematic review of immigrants' somatization phenomenon and found that immigrants tend to express their psychological distress through physical symptoms. Moreover, underemployed skilled immigrants often work for heavily labour-demanding jobs associated

with deteriorated physical health; these immigrants' mental health issues such as anxiety and depression may be overshadowed by their physical symptoms and somatized due to the nature of their occupation (Subedi & Rosenberg, 2017). Cariello et al. (2020) studied the somatization experience with a group of 204 adult Latinx immigrants recruited from community organizations in the United States. The research findings show that escalated anxiety is associated with increasing somatic complaints; the correlation indicates that participants' mental health issues are likely manifested through somatic symptoms (Cariello et al., 2020). Further, Aragona et al. (2012) researched the somatization in a primary care setting based on a multiethnic sample of 3,105 immigrants who lived in poor social conditions and attended primary care services in Italy, and the researchers compared the immigrant group with a native Italian group of patients who lived in similar social conditions and went to the same primary care center. Study results revealed that South Americans and Africans tended to have a higher somatization rate than Asians and Europeans (Aragona et al., 2012). Although the clinical symptoms and prevalence rate of somatization can vary across cultures, researchers discovered that multiple factors contribute to the somatization variability, such as poor socioeconomic condition, family conflicts, pre-migration factors, adverse migratory experience, inadequate welfare support, and lacking social support from the same ethnic communities (Aragona et al., 2012; Cariello et al., 2020; Ferrari et al., 2015; Lanzara et al., 2019).

Additionally, researchers uncovered that the variation in somatic symptoms could also be influenced by the doctor-patient relationship and organizational care (Aragona et al., 2012; Ferrari et al., 2015). In their qualitative study of 10 immigrant women living with mental illness in Calgary, Canada, Donnelly et al. (2011) found that the cultural incompatibility between the

immigrants and the mental health care professionals caused immigrants' feelings of disappointment and distrust toward the Western health care system.

Subedi and Rosenberg (2017) noted in their study that a significant number of participants reported not having a clear understanding of the term “mental health,” whereas “physical health” was a more straightforward term for them. Interestingly, many skilled immigrants misinterpreted “mental health issues” as having diagnosed mental disorders (Subedi & Rosenberg, 2017). As a result, many participants rated their mental state as generally healthy while experiencing anxiety and low life satisfaction resulting from underemployment and financial stress (Subedi & Rosenberg, 2017). Moreover, multiple barriers exist that prevent immigrants from seeking help from mental health professionals. Thomson et al. (2015) conducted a scoping review of immigrants' utilization and access to mental health services, including 131 multiethnicity studies done in Canada; they found that a lack of awareness of mental health issues was common among immigrants. Many immigrants are not able to recognize mental problems and have limited knowledge about depression and anxiety, resulting in the underutilization of services (Thomson et al., 2015). Furthermore, the lack of awareness may also be the consequence of the stigmatization of mental illness, which results in the reluctance to seek outside help (Sakamoto et al., 2009; Thomson et al., 2015). Immigrants usually express mental health symptoms as somatic symptoms because of the cultural and social stigma attached to mental illness (Lanzara et al., 2019). Hence, instead of accessing mental health services, immigrants who experience psychological distress often seek support from their general practitioners (Lanzara et al., 2019).

Common Coping Strategies

Since the overqualification phenomenon has a high prevalence rate among skilled immigrants, multiple coping mechanisms are developed to deal with the adverse consequences. The coping strategies evident in the literature include adaptive and maladaptive strategies. Some strategies help overqualified immigrants deal with the loss of resources (Sakamoto et al., 2009), and other strategies assist immigrants in coping with unmet expectations (Frank & Hou, 2018). Moreover, some coping mechanisms are self-blaming in nature, hence detrimental to immigrants' mental well-being (Sakamoto et al., 2009). Frank and Hou (2018) reported the decline in mental health and life satisfaction often occurs in recent immigrants who have resided in Canada for 3 years or less. Additionally, George et al. (2012) studied 309 immigrant engineers in Canada and found that immigrants who have lived in Canada for more than 6 years experienced higher life satisfaction than recently migrated participants because the negative effect of education-occupation mismatch on immigrants' life satisfaction declines over time. Frank and Hou suggested that the diminished effects may be attributed to the behaviours of re-assessing life goals and shifting life focus. Hence, they proposed that adjustment to life expectations and goals is a coping strategy when skilled immigrants' original expectations are not met. The adjustments can be shifting perceptions of life domains or switching their focus to family and social values (Frank & Hou, 2018; George et al., 2012). When immigrants shift their life focus and re-assign the importance of occupation to other aspects of life (e.g., family, social network), they can construct new identities and values that result in healthier mental well-being (Frank & Hou, 2018).

Similarly, Sakamoto et al. (2009) explored the coping strategies that Chinese skilled immigrants applied to manage the effects of overqualification and found several coping themes within the skilled immigrant community. Sakamoto et al. noticed that when participants faced

the reality of not being able to actualize professional goals, some coped by adopting more realistic and compromised expectations of employment in Canada. They learned to adjust their lives around fewer resources and expected fewer financial resources to cope with the loss (Sakamoto et al., 2009). However, the authors also discovered that the coping behaviour becomes problematic when skilled immigrants re-assign their dreams and hopes for a better life to their children, which may cause depression and anxiety in children (Sakamoto et al., 2009). Furthermore, underemployed skilled immigrants often use themselves as the locus of change, leading to self-blaming behaviour and internalizing systemic discrimination (Sakamoto et al., 2009). However, these types of coping behaviours are found to be detrimental to mental well-being (Sakamoto et al., 2009).

On the other hand, Sakamoto et al. (2009) found some coping behaviours foster a sense of community and social connection. Research participants reported help-seeking behaviours within the skilled immigrant population, including seeking help from friends and family, forming self-help groups, and establishing online communities for resources (Sakamoto et al., 2009). These community-based coping strategies fill the gap for the loss of social connection and resources (Sakamoto et al., 2009). Staying positive and maintaining an optimistic attitude is another adaptive coping strategy that skilled immigrants often use (Sakamoto et al., 2009; Wassermann & Hoppe, 2019). Optimism and meaning-making are theorized to be the protective factors for mental well-being (Wassermann & Hoppe, 2019). Wassermann and Hoppe (2019) found in their study that optimism moderates the negative relationship between life satisfaction and perceived overqualification.

In sum, the literature shows that underemployment is associated with psychological distress and is linked to lower life satisfaction (N. Chen et al., 2020). Three major theories,

relative deprivation theory, person-environment fit theory, and the effort-reward imbalance theory, contribute to the conceptualization of the association between mental health and underemployment (Grant, 2008; Harari et al., 2017; Wu et al., 2015). Moreover, the literature points out that the “healthy immigrant effect” declines over time, which suggests that immigrants’ health may deteriorate as their residency in the host countries increases (Elshahat et al., 2021; Fuller-Thomson et al., 2011; Subedi & Rosenberg, 2017; Vang et al., 2017). As a subgroup of immigrant populations, skilled immigrants face unique migration challenges; they are more likely to experience overqualification (Frank & Hou, 2018; Xu, 2012). Five main themes were uncovered in the literature regarding skilled immigrants’ experience with underemployment: stressful acculturation experience (Lueck & Wilson, 2010), lower life satisfaction and psychological well-being caused by unmet migration expectations (Arpino & de Valk, 2018; Frank & Hou, 2018; Zaheer et al., 2018), the extensive sense of loss (Sakamoto et al., 2009; Subedi & Rosenberg, 2017), work-related stress due to overqualification (Banerjee et al., 2019; Premji & Shakya, 2017), somatization and barriers to accessing mental health support (Cariello et al., 2020; Lanzara et al., 2019; Thomson et al., 2015). The literature also revealed strategies that skilled immigrants use to cope with the consequences of overqualification. Some adopt realistic expectations and shift their life focus (Frank & Hou, 2018; George et al., 2012). Some assign their career expectations to their children (Sakamoto et al., 2009). Others may cope by fostering social connection and creating positive meaning by volunteering and participating in peer support groups (Sakamoto et al., 2009). While some of these coping strategies are healthy, others may lead to negative consequences (Sakamoto et al., 2009).

Implications for Counselling Psychology

The project explored skilled immigrants' lived experiences with overqualification. Contradictory to what is believed, immigrants are not generally healthier than their counterparts. This section will discuss the important implications that literature highlights for mental health service providers when assisting underemployed skilled immigrants.

Competence in Assisting With Acculturation Stress

Study findings underscore the correlation between acculturation strategies and skilled immigrants' acculturation stress (Schwartz et al., 2010; Torres, 2010). The literature highlights the value of learning clients' acculturation strategies in helping mental health professionals to understand clients' acculturation experiences and the impacts on the process. Researchers have found that linguistic factors play a role in skilled immigrants' acculturative stress level (Bulut & Gayman, 2016; Lueck & Wilson, 2010; Torres, 2010). The linguistic factors indicate the importance of languages during the acculturation process, especially for mental health professionals; it means the use of native languages may reduce miscommunication and misunderstanding during the therapies. Lueck and Wilson (2010) discussed that preserving one's native language can moderate the acculturative stress one experiences. Thus, using clients' ethnic languages may be a tool for mental health professionals to assist clients in the acculturation process and alleviate stress. Torres' (2010) study revealed the pivotal role of ethnic communities and resources in reducing skilled immigrants' acculturative stress. Hence, mental health professionals should also pay attention to the available ethnic communities around the clients as they may be resources and protective factors for clients' acculturation process.

Moreover, studies showed a negative correlation between skilled immigrants' perceived socioeconomic status and acculturative stress level (Bulut & Gayman, 2016; Lueck & Wilson, 2010; Torres, 2010; Xiao et al., 2019). Therefore, these research findings imply that skilled

immigrants who are overqualified for their jobs and unsatisfied with their living situation will experience a higher stress level and increased psychological distress (Frank & Hou, 2018). Mental health professionals must understand that the underemployed skilled immigrant is a unique population exposed to the risk of high acculturative stress due to their higher education.

Research on skilled immigrants' family relationships indicates that family cohesion can be important in predicting immigrants' acculturative stress level; more importantly, this family dynamic and connection can also impact skilled immigrants' physical and mental health (Bekteshi & Kang, 2020; Lueck & Wilson, 2010; Morrison & James, 2009). Therefore, the study results imply that mental health providers must understand the role of family relationships for their clients to provide support accordingly. Furthermore, the literature on acculturative stress showed differences in stress levels across cultural groups, which implies that individuals from different cultural background may experience the acculturation process differently (Bulut & Gayman, 2016). Thus, mental health professionals need to take clients' cultural backgrounds into account when supporting them. Moreover, it is important for mental health professionals to understand clients' unique challenges based on their cultural values and explore how their cultural values are associated with their acculturation experience. Lastly, skilled immigrants' acculturative stress level can differ across genders; research found that particular heritage cultures may lead to differences in gender role expectations and result in differences in individuals' stress level (Morrison & James, 2009; Xiao et al., 2019). Thus, mental health providers will need to learn their clients' cultural values on gender expectations to understand the factors that contribute to their acculturative stress.

Competence in Migration Loss and Disenfranchised Grief

Literature revealed that skilled immigrants are exposed to risks of disenfranchised grief because many of their losses are not socially recognized (Casado et al., 2010; Sakamoto et al., 2009). Since disenfranchised grief is not well socially acknowledged, mental health service providers need to screen their clients for loss and grief experiences to provide support according to their needs. Moreover, this unique disenfranchised grief experience of skilled immigrants implies the significance of recognizing and validating skilled immigrants' experience in mental health professionals' practice. It is crucial for counsellors to explore the loss and grief with their skilled immigrant clients to ensure the delivery of ethical practice and responsible care. Research findings also pointed out that skilled immigrants' loss experience may differ because of the differences in cultural expectations for gender roles (Gauthier, 2016). The implication of these findings is especially important to counselling psychology because counsellors may need to consider tailoring their services according to the cultural values of genders in order to understand and support the clients effectively.

Additionally, research found the stress caused by migration loss is greatly associated with the discrepancy between pre- and post-migration (Engzell & Ichou, 2020). Literature highlights the values of pre-migration history in comprehending skilled immigrants' post-migration experience (Engzell & Ichou, 2020). Thus, pre-migration characteristics are worth exploring to fully understand this unique population's migration loss and grieving experience when supporting skilled immigrants. Moreover, skilled immigrants experience various migration losses that are not acknowledged by host countries, such as deskilling and the loss of family support and social status (Falicov, 2007). The literature highlights a theme of overlooked loss and grief experienced by skilled immigrants leading to psychological distress. Accordingly, mental health

service providers should enhance their competence in skilled immigrants' loss and grief experience, especially the unrecognized loss that clients may suffer from the migration process.

Understand Somatization and Reduce Barriers

Although the prevalence rate of somatization may differ across cultural groups, somatization is a common theme among skilled immigrants; moreover, somatization can be signs for mental health issues which can often be mistaken as physical illness in primary care settings (Aragona et al., 2012; Cariello et al., 2020; Subedi & Rosenberg, 2017). Therefore, mental health service providers must screen clients' somatic symptoms as they may not be only the representation of potential physical health problems but also the manifestation of psychological distress. Moreover, the growing research implies that somatization is affected by multiple factors operating simultaneously, such as poor socioeconomic condition, family conflicts, pre-migration factors, and lack of ethnic supports (Aragona et al., 2012; Cariello et al., 2020; Ferrari et al., 2015; Lanzara et al., 2019). Thus, it is essential for counsellors to consider immigrants' somatization as a systemic product of the migration experience.

Additionally, research reveals that the disconnection between clients and mental health professionals can be a barrier for skilled immigrants to utilize mental health services (Donnelly et al., 2011). It implies that building therapeutic alliance with clients can be pivotal for mental health providers to reduce the somatization risk and increase the accessibility of mental health services. Thus, it is important for mental health professionals to enhance their cultural competence and multicultural practice in order to build healthy therapeutic alliance with skilled immigrant clients. Subedi and Rosenberg (2017) pointed out that lacking knowledge of mental health is commonly seen among the skilled immigrant population, which may lead to misinterpretation of psychological symptoms. The study results further imply that appropriate

language and psychoeducational information may be crucial when supporting skilled immigrants who suffer from mental health issues but do not fully comprehend their mental health well-being. It is crucial for counsellors to understand the barriers and stigma that immigrants may experience, and it is necessary to provide clarification and psychoeducational information to help clients recognize their psychological symptoms and encourage individuals to access mental health services.

Fundamental Next Steps for Research

Although many established studies have explored the experience of underemployed skilled immigrants, gaps still exist in this particular topic. This section will discuss the limitations of current studies and make suggestions for future research. The past studies consist of two methodologies: qualitative and quantitative studies. Qualitative studies focused on learning about highly skilled immigrants' lived experiences of underemployment and identifying themes in these experiences (Dean & Wilson, 2009; Premji & Shakya, 2017; Sakamoto et al., 2009; Subedi & Rosenberg, 2017), while quantitative studies explored how underemployment connects with mental health issues and the factors that may moderate the associations (Banerjee et al., 2019; Frank & Hou, 2018; Subedi & Rosenberg, 2016; Wassermann & Hoppe, 2019). Both methodologies have their shortcomings, limiting the generalization and application of the research results. The qualitative studies contribute to a more profound understanding of skilled immigrants' experience in host countries; however, they are usually based on a small group of participants. Therefore, the results cannot be quantified and generalized to a broader population (Subedi & Rosenberg, 2017). Although the quantitative studies often utilize large samples, they heavily rely on self-reported data collected from online surveys (Subedi & Rosenberg, 2016), or they were originally collected for other research projects (Frank & Hou, 2018; Wassermann &

Hoppe, 2019). Participants often self-rated their mental and physical health status in quantitative studies using scaling questions. For example, in Subedi and Rosenberg's (2016) study, participants were invited to rate their mental health on a 5-point scale ranging from *poor* = 1 to *excellent* = 5. Similarly, Frank and Hou (2018) asked their participants to rate life satisfaction from 0 (*very dissatisfied*) to 10 (*very satisfied*). Since these surveys were self-administered, there was no support for clarification, and participants had to fit their experience into these categories. Despite the convenience of these scales in converting participants' experiences into quantitative data, the Likert scales may not accurately reflect participant perceived mental health status. Thus, future studies should consider combining qualitative and quantitative approaches to capture a more accurate subjective experience while allowing the research findings to be quantifiable.

On the other hand, is self-rated data reliable for measuring participants' actual mental health status? Individuals' self-reported mental health status may be subject to the influence of multiple factors, such as stigma associated with mental health, lack of knowledge, and personal biases (Subedi & Rosenberg, 2017; Wassermann & Hoppe, 2019). The limitations of self-reported physical and mental health status, accompanied with lacking behavioural controls, may affect the participants' perceptions of their health status and further influence the interpretation of the research findings (Subedi & Rosenberg, 2017). Therefore, researchers can consider implementing clinical mental health assessments to capture participants' mental health status, especially when adopting a qualitative research approach. In addition, researchers can consider controlling certain behavioural factors that may contribute to the deterioration of physical and mental health, such as unhealthy diet and lack of physical exercise (Subedi & Rosenberg, 2017).

Moreover, cross-sectional data was frequently used to research the underemployed skilled immigrant population (Frank & Hou, 2018; Subedi & Rosenberg, 2016; Wassermann &

Hoppe, 2019), with only a few studies utilizing longitudinal data (Banerjee et al., 2019; C. Chen et al., 2010). Studies using cross-sectional data cannot draw a definitive causality about the relationship between underemployment and mental health well-being (Subedi & Rosenberg, 2016; Wassermann & Hoppe, 2019). Additionally, changes in mental health may occur as skilled immigrants' length of residency in the host country progresses (Subedi & Rosenberg, 2017). On the other hand, longitudinal data can help researchers investigate the relationship across multiple time periods and draw a causal conclusion about the relationship (Banerjee et al., 2019; C. Chen et al., 2010). Hence, researchers should utilize longitudinal data to explore the experiential dynamics and define the causal effect of the relationship (Subedi & Rosenberg, 2016; Wassermann & Hoppe, 2019).

Other than the research methods and data, current literature lacks intergroup and intragroup comparisons (Subedi & Rosenberg, 2017). More specific groups comparison can deepen the understanding of particular factors' influences on the experience. As Banerjee et al. (2019) explored in their research, comparing the White immigrants and racial minority immigrants demonstrated that ethnicity plays a role in moderating the job-education mismatch experience. The comparison shows that although immigrants' experience of underemployment may be a consequence of discrimination resulting from being immigrants, the nature and extent of this discrimination correlate with individuals' membership in dominant or ethnic minority groups (Banerjee et al., 2019; Greenwood et al., 2017). Moreover, within the ethnic minority immigrant group, a comparison across different cultural values may be necessary, such as comparing subgroups from collective and individualistic cultures. This exploration may contribute to a better understanding of cultural values' influences on the experience. Furthermore, geographic factors may also impact skilled immigrants' experience with

underemployment (Subedi & Rosenberg, 2017). Future research may compare samples from metropolitan cities and smaller cities to explore how the lifestyles and work experience in different geographic areas may affect underemployment experience and mental health (Subedi & Rosenberg, 2017).

Additionally, several gender-specific studies uncovered the unique challenges and experiences of each gender, particularly how cultural expectations may be associated with their experience differently (Banerjee et al., 2019; Premji & Shakya, 2017). Therefore, many researchers acknowledge that gender differences exist in skilled immigrants' experience of acculturation and underemployment (Frank & Hou, 2018; Morrison & James, 2009; Premji & Shakya, 2017; Xiao et al., 2019). Nonetheless, other studies found that genders did not correlate with the research variables or gender differences were not significant (Subedi & Rosenberg, 2017; Wassermann & Hoppe, 2019). Thus, future research can focus on a gender comparison to further explore the gender difference and identify the role of gender in underemployed skilled immigrants' experience.

Lastly, most of the current research focuses on providing suggestions for settlement service, employment, and workplace safety (Banerjee et al., 2019; Dean & Wilson, 2009; Frank & Hou, 2018; Premji & Shakya, 2017; Sakamoto et al., 2009; Subedi & Rosenberg, 2016), only a few explored the implications for mental health (Subedi & Rosenberg, 2017; Wassermann & Hoppe, 2019), and even fewer studies provided suggestions for mental health service providers or practical recommendations for the counselling psychology field. Future research can focus on exploring counselling modalities and comparing the effectiveness of specific counselling interventions for the target population. Researchers can consider testing the modalities and

interventions that are culturally sensitive and effective in supporting mental health issues associated with loss and grief, self-identity, depression, and anxiety.

Recommendation for Practice

Underemployed skilled immigrants are in a distinct subgroup of the immigrant population, and they face similar difficulties as other immigrants but have their unique challenges in the acculturation process. Through understanding the particular experience of underemployed skilled immigrants, mental health service providers can improve their practice by enhancing their cultural competence to support the acculturation process, incorporating the family approach, offering acknowledgement and support for loss and grief, working with other service agencies in the community, and promoting social justice and systemic changes.

One of the essential principles for ethical codes of counselling service is respecting individuals' dignity, cultures, and beliefs (Canadian Psychological Association [CPA], 2017). Skilled immigrants from ethnic minority groups may not share the same set of values with their counsellors. Therefore, it is the counsellors' responsibility to ensure they understand their clients, their cultural values, and how the values impact them (Sakamoto et al., 2009). As a mental health provider, there are many ways to engage in ongoing training for culturally sensitive practice. First, mental health providers should seek supervised multicultural clinical experiences, such as utilizing their consultation and supervision as opportunities to enhance their cultural competence (Ivers et al., 2016; Lassiter et al., 2008). Purposely discussing cultural aspects of the cases and culturally sensitive interventions can train counsellors to reflect on their practice when supporting clients (Lassiter et al., 2008). The peer group supervision model can be an interactive platform for multicultural training; group members can discuss the diversity elements, recognize power differential in the counsellor-client relationship, and reflect on the oppression and

privilege resulting from cultural identities, gender, age, and sexual orientation (Lassiter et al., 2008). These ongoing reflections can help counsellors actively notice possible transference and countertransference related to cultures, hence, improve their practice and learn new perspectives (Lassiter et al., 2008).

Moreover, cultural competence requires a high level of self-awareness, emotional intelligence, empathy, and compassion; these elements are related to the therapeutic qualities of mindfulness (Ivers et al., 2016). The mindfulness approach has been shown to be effective in building a stronger therapeutic alliance and positive client outcomes (Ivers et al., 2016). When counsellors are mindful in their practice, they can be less defensive in responding to clients and provide warmth and acceptance to the clients (Ivers et al., 2016). Thus, counsellors should engage in mindfulness practice that encourages non-reactive self-reflection on counsellors' inner experiences (Ivers et al., 2016). Furthermore, counsellors can take part in activities that enhance their multicultural awareness, multicultural training, and knowledge about cultures, such as therapeutic conversation with the clients, multicultural training, and conferences (Ivers et al., 2016). As part of cultural competence, mental health service providers should explore clients' pre-migration experience, learn the cultural values from clients' perspectives, and identify the unique factors that contribute to clients' experience with post-migration life (Thomson et al., 2015). Especially for skilled immigrants, the pre-migration social-economic status, social resources, and familial connection can be essential factors related to their post-migration experience (Engzell & Ichou, 2020). With a comprehensive assessment of clients' pre- and post-migration experiences, counsellors can map out clients' risk and protective factors then create tailored treatment plans (Thomson et al., 2015).

Furthermore, mental health service providers can adopt different strategies to help their clients cope with acculturative stress. As mentioned in the implication section, retaining certain heritage cultural values and selectively adopting elements of the host countries' cultures can be a protective factor for clients' mental health (Berry, 2007; Lueck & Wilson, 2010; Torres, 2010). Hence, counsellors can provide support in the process of "selective" acculturation by discussing heritage and host country's cultures with the clients, then explore the beneficial cultural practice, values, and beliefs that clients would like to preserve or adopt (Bulut & Gayman, 2016). In this process, counsellors should also learn from their clients' perspectives of the cultural values and understand that ethnic identity involves meaningful attachment to one's ethnic group (R. C.-L. Chao, 2012). Additionally, although the gender difference is not consistent throughout the literature (Subedi & Rosenberg, 2017; Wassermann & Hoppe, 2019), the difference in gender role expectations across cultures is observed (Frank & Hou, 2018; Morrison & James, 2009; Premji & Shakya, 2017; Xiao et al., 2019). Thus, counsellors should be curious and willing to learn clients' narratives about their specific roles and responsibilities for families and society as the gender narrative may contribute to clients' unique acculturative stress.

Moreover, the linguistic element of the acculturative process is associated with psychological distress; therefore, mental health service providers can promote the use of ethnic language in counselling services as a therapeutic tool to reduce the acculturative stress while making the counselling service more accessible for skilled immigrants who experience language barriers (Bulut & Gayman, 2016). The native language in service can become a protective factor for immigrants' mental health and acculturation (Bulut & Gayman, 2016). When the counsellors are not able to directly provide service in ethnic languages, interpretation and translation services are valuable tools to accommodate the clients' needs which also bridge the service and reduce

the language barriers (Thomson et al., 2015). Additionally, the promotion of using ethnic languages allows linguistic integration and the enculturation process, which is associated with better psychological well-being (Lueck & Wilson, 2010).

Counsellors can assist clients in coping with acculturation stress by promoting cultural understanding, enhancing family cohesion, and maintaining social connections. Similar to the promotion of ethnic language, counsellors can incorporate discussion about culture into therapy, such as exploring the cultural and ethnic differences between the home country and the host country, identifying the cultural differences within the family, and helping clients understand that each family member may have a different level of cultural adaptation (Kim & Kim, 2013). The level of family cohesion can impact immigrants' stress levels and mental health; therefore, mutual understanding of cultural differences within the family is crucial for maintaining family cohesion (Lueck & Wilson, 2010; Morrison & James, 2009). Moreover, family counselling can be utilized in therapy to support clients experiencing family conflicts and reduced family cohesion (Falicov, 2007). Furthermore, for clients who are separated from their families, counsellors can focus on helping clients establish a familial support system while building social resources in the host countries to foster better physical and mental health (Bekteshi & Kang, 2020). Instead of abandoning clients' emotional and cultural attachments to their heritage culture, counsellors can help them utilize their heritage cultural and family values as resources to assist them to adjust to the new cultural environment (Henry et al., 2005). Moreover, engagement in self-support groups and activities among the local ethnic minority population are associated with better psychological well-being (Crockett et al., 2007). Mental health service providers can bridge their clients with social activities and support groups in ethnic communities to strengthen

clients' social engagement and connection with ethnic resources (Cheung et al., 2020; Crockett et al., 2007; Sakamoto et al., 2009).

Social engagement can also be beneficial in helping clients shape their social identities and create new life meanings in host countries (Kim & Kim, 2013; Sakamoto et al., 2009). Loss and grief are common experiences in the immigration process, especially coping strategies for overcoming the loss of financial stability, social status, and life expectation are particularly vital for underemployed skilled immigrants (Sakamoto et al., 2009). When loss happens and social identity changes, it is crucial to develop new social identities and meanings and adjust life perspectives in the post-migration life (Khvorostianov & Remennick, 2017). Engaging in social activities not only allows individuals to interact and connect with their new environment but also offers these individuals opportunities to contribute to their communities. For instance, volunteering is an effective way to fulfill the need for self-actualization because volunteering allows individuals to contribute, create social values, and gain a sense of achievement that they cannot obtain from underemployment (Khvorostianov & Remennick, 2017). Other meaningful activities such as social support groups allow skilled immigrants to utilize their experience and knowledge to help other immigrants or people in need in the community, contributing to self-actualization and the healing process from the loss (Kim & Kim, 2013). Moreover, engaging in these social support groups also provides platforms for these immigrants to offer emotional support to others, which can serve as a mental reward for the individuals who experience the loss of their social values and identities (Kim & Kim, 2013; Sakamoto et al., 2009). The increased social and emotional connectedness can become protective factors for immigrants who are healing from loss and grief (Sakamoto et al., 2009). Lastly, counsellors can also incorporate a grief counselling approach in their treatment plans, assist their clients in acknowledging the loss

and grief, work on the acceptance, provide and tailor coping strategies, and help the clients construct new identities and life expectations.

Underemployed skilled immigrants often face multilayer issues, but some of the support and resources for these issues are beyond a mental health professional's scope of practice, such as financial support, language training, and settlement services (Thomson et al., 2015).

Consequently, an intensive collaboration of multidisciplinary agencies and service providers is required when supporting skilled immigrants; counsellors can involve the local ethnic communities and partner with different service providers and immigrant-serving agencies to provide a holistic service network for clients (Värk & Reino, 2018). The resources become more accessible and organized when the case management approach is implemented because the collaboration of multiple agencies creates a comprehensive structure of clients' needs, and they can provide services and resources accordingly (Thomson et al., 2015). For example, financial instability and loss of income are common stressors for skilled immigrants; thus, working with agencies that can provide financial support and resources can help clients cope with the stress (Thomson et al., 2015). Moreover, getting the basic needs met can help clients focus on counselling, resulting in improvements in their mental health (Thomson et al., 2015).

Another example is settlement service because underemployed skilled immigrants' experience is so embedded with the settlement process (Sakamoto et al., 2009). Hence, it is vital to incorporate settlement elements as part of the treatment plan to assist clients with their complex issues, such as providing information regarding government programs and policies and offering resources for social engagement (Sakamoto et al., 2009). The case management approach offers the convenience for clients to access a wide range of resources when their mental health professionals are not able to provide the support directly.

Lastly, as one of the ethical principles, promoting social justice is a crucial role that mental health service providers should actively engage in while providing counselling services (CPA, 2017). Therefore, other than helping clients externalize discrimination through counselling, counsellors also play a crucial role in raising public awareness of the target population's issues and promoting social justice and systemic changes. The work experience with the underemployed skilled immigrant population allows counsellors to understand the phenomenon and the challenges the target population faces. Thus, counsellors can engage in conversation with related agencies or organizations to provide insights into the particular phenomenon to raise awareness. Moreover, Wassermann and Hoppe (2019) suggest that counsellors should engage in conversations that promote workplace changes, such as implementing positive work reflection, improving working conditions, and providing professional and personal development opportunities (e.g., language and skill training programs). Moreover, workplaces need to ensure wage equality to eliminate the systemic discrimination against ethnic minority employees, such as providing appropriate salaries, benefits, and promotion opportunities (Wassermann & Hoppe, 2019). Counsellors can participate in focus groups or public conferences about the discrimination in the workplace and labour market and advocate changes in the immigration system that value the education and professional experience in the home countries so skilled immigrants are not forced into low-skilled sector jobs (Subedi & Rosenberg, 2016, 2017). Furthermore, changes in the policies regarding skilled immigrants' settlement services and employment training are essential to avoid systemic discrimination and unfair treatment (Sakamoto et al., 2009). Therefore, counsellors should actively engage in advocacy and seek opportunities that can promote social and systemic changes.

Conclusion

To explore underemployed skilled immigrants' experiences, I first identified the correlation between the mental health and underemployment phenomenon. Findings showed that underemployment or education-occupation mismatch is a shared experience among all populations and adversely impacts individuals' perceived life satisfaction and mental well-being (N. Chen et al., 2020; Frank & Hou, 2018). Three theories in the literature explain the correlation between mental health and underemployment (Grant, 2008; Harari et al., 2017; Wu et al., 2015). The relative deprivation theory conceptualized underemployment as a financial and relational deprivation of skilled immigrants (Grant, 2008). The person-environment fit theory perceived underemployment as a mismatch of resources and qualities between the environment (i.e., underemployed situation) and the person (i.e., skilled immigrant; see Wassermann & Hoppe, 2019; Yu, 2009). Lastly, the effort-reward imbalance theory creates a narrative that underemployment is an imbalance between individuals' efforts and received rewards (Harari et al., 2017; Rugulies et al., 2017; van Vegchel et al., 2005). These theories support the notion that underemployment puts individuals in an adverse situation where resources, rewards, and personal fulfillment are unmatched with their input, such as education and professional training (Grant, 2008; Harari et al., 2017; Wu et al., 2015). As a result, underemployed individuals experience negative impacts on their mental well-being. Although underemployment is a phenomenon that occurs in all groups, the skilled immigrant population's experiences are different from other groups.

Because of the healthy immigrant effect, skilled immigrants were not researched extensively for their physical and psychological health. It was assumed that immigrants, especially skilled immigrants, were generally healthier than their native counterparts due to the positive immigration selection (Beiser, 2005; Gee et al., 2004; Singh et al., 2013). However,

recent studies indicate that the healthy immigrant effect declines as the length of residency increases (Elshahat et al., 2021; Fuller-Thomson et al., 2011; Subedi & Rosenberg, 2017; Vang et al., 2017). Many studies show that the acculturation process is inherently stressful and is associated with psychological distress, such as anxiety and depression (Schwartz et al., 2010; Torres, 2010; Wassermann & Hoppe, 2019; Yoon et al., 2013). Moreover, highly-skilled immigrants are often impacted more by underemployment because of their unmet life and career expectations (Frank & Hou, 2018; Zaheer et al., 2018). The skilled immigrant population is a unique group, and its members have a different experience with underemployment compared to other groups. Skilled immigrants usually hold higher social status, stable financial status, and secured careers in their home countries and they often have the same or even higher expectations for their lives in the host countries (Gea-Caballero et al., 2019; Zaheer et al., 2018). However, these expectations are often not met due to systemic and other barriers. When skilled immigrants' professional experience and education are not recognized or disqualified by the system and employers, skilled immigrants are forced to work in low-skilled "survival jobs," such as taxi drivers and customer service (Premji & Shakya, 2017; Subedi & Rosenberg, 2017). These immigrants experience work-related stress resulting from job insecurity, hazardous working environments, and irregular work schedules (Banerjee et al., 2019; Premji & Shakya, 2017; Subedi & Rosenberg, 2017). Consequently, skilled immigrants experience various losses because of the differences between pre- and post-migration lives (Casado et al., 2010; Dean & Wilson, 2009; Engzell & Ichou, 2020; Sakamoto et al., 2009; Shen & Kogan, 2020). The significant falls in resource accessibility, social status, career achievement, financial stability, and life quality can result in existential crisis and identity loss (Engzell & Ichou, 2020). Thus, the experience of loss becomes a risk factor for skilled immigrants' mental health (Engzell & Ichou, 2020; Johnson &

Swendsen, 2015). Additionally, immigrants experience multilayers of barriers to access mental health support when their psychological well-being declines, such as lacking awareness of mental health, language barriers, the stigma associated with mental health, and lacking culturally sensitive services (Donnelly et al., 2011; Lanzara et al., 2019; Subedi & Rosenberg, 2017; Thomson et al., 2015). These barriers put skilled immigrants in a vulnerable position when they need mental health support.

The literature provides several implications for the counselling psychology field regarding the underemployed skilled immigrant population. First, acculturation experience is a common factor influencing the target population's mental health, so counsellors should consider exploring their clients' pre- and post-migration experiences. Moreover, the migration experience often results in family dynamic changes, impacting clients' psychological well-being (Bekteshi & Kang, 2020; Lueck & Wilson, 2010; Morrison & James, 2009; Xiao et al., 2019). Thus, when supporting their clients, counsellors should understand how the client's family dynamic may contribute to their mental status. The difference in cultural values also contributes to the variation in clients' acculturative stress (Bulut & Gayman, 2016). Thus, counsellors should understand clients' cultural values when supporting them. Furthermore, some studies revealed gender differences in the acculturation process that people with different genders may be impacted by the process differently (Gauthier, 2016; Morrison & James, 2009; Xiao et al., 2019). However, the gender differences are not consistent across studies (Subedi & Rosenberg, 2017; Wassermann & Hoppe, 2019). Nevertheless, counsellors may benefit from learning how clients' gender expectations may influence them psychologically. Secondly, loss and grief are common themes for skilled immigrants' post-migration experience (Dean & Wilson, 2009; Sakamoto et al., 2009; Shen & Kogan, 2020). The post-migration loss is often not socially acknowledged or

recognized; therefore, it is difficult for skilled immigrants to cope and grieve the losses. It is vital for counsellors to be able to explore various kinds of losses with clients in a culturally sensitive way so that the clients can start to heal from the loss and create new meanings from their experiences.

Lastly, the somatization of mental health issues is another implication that counsellors should attend to when supporting the target population. Underemployed skilled immigrants often work in low-skilled sectors where labour work is heavily demanded (Subedi & Rosenberg, 2017). Very often, people attribute their symptoms to deteriorated physical health status, and their psychological symptoms can sometimes be somatized (Cariello et al., 2020; Subedi & Rosenberg, 2017). Counsellors may need to take on the role of providing psychoeducational information and helping clients recognize their psychological symptoms.

Based on the exploration of the literature, there are several recommendations for mental health professionals who support the target population. Culturally sensitive practice is crucial when serving ethnic minority populations like skilled immigrants (CPA, 2017; Sakamoto et al., 2009). Counsellors can increase their cultural competence by seeking multicultural training and clinical supervision focusing on cultural reflections (Ivers et al., 2016; Lassiter et al., 2008). Moreover, counsellors can incorporate mindfulness practice to increase self-awareness, compassion, and emotional intelligence (Ivers et al., 2016). In the counselling process, counsellors can help clients with the acculturation process in different ways: promoting the use of ethnic languages in service, enhancing the understanding of cultures, incorporating family counselling, and encouraging clients to establish family and social support systems (Bekteshi & Kang, 2020; Bulut & Gayman, 2016; Engzell & Ichou, 2020; Falicov, 2007; Kim & Kim, 2013). Furthermore, counsellors can encourage clients to participate in socially engaging and

meaningful activities, such as peer support groups and volunteering, to adjust life expectations and achieve self-actualization in different ways (Kim & Kim, 2013; Sakamoto et al., 2009).

The case management approach is another recommendation for mental health professionals. Counsellors should collaborate with multiple social and settlement agencies to help clients resolve multilayer challenges while providing mental health services (Värk & Reino, 2018). The case management approach allows clients to navigate the system and resources more conveniently (Thomson et al., 2015). Lastly, counsellors also play a vital role in advocating social and systemic changes; they can seek opportunities to raise public awareness of skilled immigrants' challenges and share their insights with the public (CPA, 2017; Sakamoto et al., 2009; Subedi & Rosenberg, 2016, 2017; Wassermann & Hoppe, 2019).

Lastly, there are still gaps in the research that future studies should explore further. Qualitative and quantitative research both have their shortcomings when it comes to the generalization of research findings. Therefore, future research can consider combining both research methods to improve generalization power. Researchers can also consider controlling other factors that may contribute to the mental health issues, such as participants' diet and frequency of physical exercise (Subedi & Rosenberg, 2017). More longitudinal studies should be conducted to draw the causality between different factors and the target population's mental well-being (Subedi & Rosenberg, 2016; Wassermann & Hoppe, 2019). Moreover, more intergroup and intragroup comparison studies should be considered to deepen the understanding of the complex phenomenon (Subedi & Rosenberg, 2017). Further, gender-specific and gender comparison studies are also necessary to determine the gender dynamics of the underemployment phenomenon among skilled immigrants. More importantly, future studies

should focus on testing and exploring counselling modalities and interventions to develop culturally sensitive treatment models for the target population.

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