

Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active. Contents lists available at ScienceDirect



Journal of Psychiatric Research

journal homepage: www.elsevier.com/locate/jpsychires



Although the novel coronavirus (COVID-19) is not a nationalitybased disease, it does affect locals and immigrants differently when it comes to economic and mental health issues. For example, a study based in Canada found that 44% of immigrants reported they had very high levels of concern for their social ties and 43% (of men) said they were worried to meet their financial obligations, while among those born in Canada the comparable rates were 30% and 27% (of men) respectively (The Conversion, 2020). If this is the scenario of a developed and immigration-friendly country such as Canada, then the context might well be worse in countries where immigrants are treated unfairly even before the appearance of COVID-19.

In many instances, immigrants are also excluded from government stimulus packages or financial relief to curb the effect of COVID-19 (e.g., USA; Migration Policy Institute, 2020). Nonetheless, COVID-19related health treatment, social interaction (immigrants being forbidden to have contact with locals) and working conditions (some countries forcing immigrant workers to work despite lockdown) varies between locals and immigrants in many parts of the world (World Economic Forum, 2020).

There are a couple of explanations on why there is a large gap in relation to economic and mental health issues between locals and immigrants. First, apart from a minority, COVID-19 has resulted in unemployment for thousands of low-skilled immigrants as lockdowns remain in place to curb the virus infection rate in many countries. This economic hardship has become inevitable and there is no sign of revival of the economy in the near future. This has the potential to facilitate further unbearable mental health issues among immigrants. On top of this, there are the knock-on effects to family members who are largely or solely dependent upon the immigrant's income. In an interview with CNN in Singapore, one immigrant said, *"I'm scared of this coronavirus, because if I catch it I cannot take care of my family*" (CNN, 2020). The economic and mental pressure has already resulted in suicidal deaths of migrant laborers in India (The Indian Express, 2020).

Second, immigrants often journey alone to work in other jurisdictions and leave behind their families in their country of origin. Although low-skilled immigrants do not journey back home frequently, many had planned to reunite with their family prior to the emergence of COVID-19. However, they have now had to halt seeing their family for the foreseeable future. This is even worse in countries that have closed their borders to their own citizens (AA, 2020; Aljazeera, 2020).

Third, since the majority of the low-skilled immigrants are from the global south region, countries in these particular areas have reported their deficiency in managing the COVID-19 pandemic (e.g., Bangladesh) and infection rates have been rising sharply in recent days at the time of writing (The Diplomat, 2020; The Business Standard, 2020). This has created fear and anxiety among immigrants who have left their family and loved ones in their country of origin. Moreover, some immigrants may have lost their family members already but have been unable to say

https://doi.org/10.1016/j.jpsychires.2020.06.003 Received 28 May 2020; Accepted 1 June 2020 0022-3956/ © 2020 Elsevier Ltd. All rights reserved. a final goodbye or attend funerals, which is deemed important in many religious settings. This may result in additional risk and fear among grieving immigrants unable to leave their host countries.

Fourth, immigrants in many countries were already victims of xenophobia, hate, and discrimination from locals prior to the COVID-19 epidemic, but the pandemic may exacerbate the situation (The United Nations, 2020). Furthermore, many low-skilled immigrants are also work on the frontline in areas of increased COVID-19 exposure (e.g., cleaners) and are more vulnerable to the virus due to unhygienic and cramped accommodation facilities which in itself may trigger and/or facilitate mental health issues among such individuals.

Fifth, as the lockdown measures have slowed down economic activities worldwide, the overall economy will not recover quickly even when lockdowns are eased. Many immigrants will be first in line to lose their jobs in countries who are drafting policies to terminate foreign workers first if lay-offs are inevitable (International Labor Organization, 2020). Some countries have enacted draconian policies to deport illegal immigrants (e.g., Malaysia) which may also trigger anxiety and fear among both legal and illegal immigrants (The Edge Market, 2020). It may be a difficult and life-threatening choice for immigrants to go back to their country of origin where the situation might be even worse than in their host country. Overall, immigrants are likely to bear higher levels of economic and mental health costs than non-immigrants.

During the global COVID-19 pandemic host countries should not turn their back on ensuring the health and safety of immigrants. Immigrants are and will continue to be an important part of many countries' development path and they contribute in many aspects in helping to fight COVID-19 (e.g., frontline doctors and cleaners). Consequently, they deserve equal treatment from their host countries, including their mental and economic livelihoods. It has often been said the COVID-19 pandemic is a 'humanitarian crisis with a public health dimension', and humanity should prevail before race, religion, color, and origin while treating immigrants.

Financial disclosure

The author has no sources of funding or other financial disclosures concerning the above article.

Authorship of the communication

Both authors made a significant contribution to the conception, design, execution, or interpretation of the reported communication.

Originality and plagiarism

This was the authors' original work and other authors' work has been appropriately cited or quoted.

The authors of the paper do not have any conflict of interest. The authors involved in this research communication do not have any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work.

Acknowledgments

None.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.jpsychires.2020.06.003.

References

- AA, 2020. Bangladesh imposes total lockdown over COVID-19. Retrieved May 4, 2020, from: https://www.aa.com.tr/en/asia-pacific/bangladesh-imposes-total-lockdownover-covid-19/1778272.
- Aljazeera, 2020. Coronavirus: Travel restrictions, border shutdowns by country. Retrieved June 2, 2020. https://www.aljazeera.com/news/2020/03/coronavirustravel-restrictions-border-shutdowns-country-200318091505922.html.
- CNN, 2020. Singapore's migrant workers are suffering the brunt of the country's coronavirus outbreak. Retrieved on May18, 2020. From. https://edition.cnn.com/2020/04/24/asia/singapore-coronavirus-foreign-workers-intl-hnk/index.html.
 International Labor Organization, 2020. COVID-19: impact on migrant workers and country response in Malaysia. Retrieved on May 20, 2020, from. https://www.ilo.
- org/asia/publications/issue-briefs/WCMS_741512/lang-en/index.htm. Migration Policy Institute, 2020. Vulnerable to COVID-19 and in frontline jobs, immigrants are mostly shut out of U.S. Relief. Retrieved May 25, 2020, from. https://

www.migrationpolicy.org/article/covid19-immigrants-shut-out-federal-relief.

- The Business Standard, 2020. A Covid-19 infected family complains of mismanagement at Ctg General Hospital. Retrieved on May 20, 2020, from. https://tbsnews.net/ coronavirus-chronicle/covid-19-bangladesh/covid-19-infected-family-complainsmismanagement-ctg.
- The Conversion, 2020. Immigrants are worrying about social ties and finances during coronavirus. Retrieved May 25, 2020, from. https://theconversation.com/ immigrants-are-worrying-about-social-ties-and-finances-during-coronavirus-137983.
- The Diplomat, 2020. The COVID-19 catastrophe in Bangladesh. Retrieved on May 20, 2020, from. https://thediplomat.com/2020/04/the-covid-19-catastrophe-in-bangladesh/.
- The Edge Market, 2020. Malaysia to deport illegal immigrants that tested negative for Covid-19 — Ismail Sabri. Retrieved May 25, 2020, from. https://www. theedgemarkets.com/article/malaysia-deport-illegal-immigrants-tested-negativecovid19-%97-ismail-sabri.
- The Indian Express, 2020. Surat: 2 migrants among 3 labourers 'commit suicide'. Retrieved May 24, 2020, from. https://indianexpress.com/article/cities/ahmedabad/ surat-migrants-suicide-lockdown-6416285/.
- The United Nations, 2020. COVID-19: UN counters pandemic-related hate and xenophobia. Retrieved June 2, 2020. https://www.un.org/en/coronavirus/covid-19-uncounters-pandemic-related-hate-and-xenophobia.
- World Economic Forum, 2020. Will COVID-19 change how we think about migration and migrant workers? Retrieved May 25, 2020, from. https://www.weforum.org/ agenda/2020/05/covid-19-coronavirus-migration-migrant-workers-immigrationpolicy-health-securitization-risk-travel-bubbles/.

Md Aslam Mia*

School of Management, Universiti Sains Malaysia, 11800, Pulau Pinang, Malaysia E-mail address: aslammia@usm.my.

Mark D. Griffiths

International Gaming Research Unit, Psychology Department, Nottingham Trent University, Burton Street, NG1 4FQ, Nottingham, UK

^{*} Corresponding author.