



**Exploring the Perception of Mental Well-being among Myanmar Migrants
with refugee status during their Resettlement Process in Sweden**

A Qualitative Content Analysis

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Abstract

Background and Aim: Sweden is one of the European countries which receive refugees worldwide, including those from Myanmar. As Myanmar refugees begin to resettle in Swedish society, they might experience challenges that may affect their mental health and well-being. Although mental health problems of immigrants in Sweden have increased over the past years, few studies have addressed the mental well-being of the Myanmar immigrant's community. This knowledge gap needs to be explored from a public health perspective to promote the mental health of Myanmar migrants and refugees living in Sweden. This study aims to explore the perception of the mental well-being of Myanmar migrants with refugee status during their resettlement process in Sweden.

Method: Data were collected by conducting in-depth interviews with eight Myanmar migrants who are currently living in Sweden with refugee status. Each subject was interviewed via Zoom video conferencing meeting (one-on-one interview) and the data were analyzed by applying qualitative content analysis.

Results: Interview findings resulted in one overarching theme: Experiencing the emergence of opportunities and the need for mental well-being with two sub-themes: 1) Perceiving mental well-being as thriving in a secure place with prospects for the future despite encountering challenges and, 2) Feeling confident that both formal and informal mental health support will be accessible during the resettlement process. These themes were developed from five categories. All these categories were based on fourteen subcategories.

Conclusion: Myanmar migrants with refugee status perceive Sweden as a place where they can address and be aware of opportunities and needs for their mental well-being compared to the previous countries where they lived before arriving in Sweden. Having hope for their future in Sweden is a reason to overcome the challenges during their resettlement process. They become more focused on the importance of mental health support during their transition period in Sweden; however, the study suggests that Myanmar migrants with refugee status have limited knowledge about mental health information.

Keywords: Refugee resettlement, Migrants, Myanmar migrants, Burmese, Mental health , Mental well-being, Sweden, Qualitative Content Analysis.

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1.Introduction

1.1 Background of Swedish Resettlement Process and Impact on Mental Health

Human migration is a social phenomenon where people are adapting to a new environment by adjusting to the local culture and becoming part of the local system. Since the last decade, international migration has been increasing, and an estimated 3% of the world population (244 million people) are internationally migrated due to the current geopolitical situation (Virupaksha et al., 2014, Schilling et al., 2017). In 2014, 3.8 million people migrated to the European Union (EU), of which 1.9 million were refugees from non member countries (Schilling et al., 2017). Sweden has a long history of receiving and resettling refugees since 1950, and has had one of the most lavish migration policies in the world. The Swedish resettlement program applies to individuals in need of timely protection in vulnerable situations, especially from areas of crisis or conflict regions (Migrationsverket, 2021). Resettlement is a core activity mandated by the United Nations High commissioner for Refugees (UNHCR), and Sweden has received 5,000 quota refugees per year since 2018, including Myanmar refugees (Migrationsverket, 2021, UNHCR, 2018).

Migration itself does not consider a risk factor for health; however, the circumstances of migrating to a new society impacts social, physical, and mental health disorder (Schilling et al., 2017). The migration and resettlement process is neither as smooth nor straightforward, and there will be challenges to the system of settling and integrating into a new place. Moreover, migrants and refugees come from diverse regions to Europe, and the scope of the expectable mental health problems varies considerably (Schilling et al., 2017). Previous studies noted that mental health disorders among immigrants in Sweden have increased and are more common among immigrant groups compared to natives (Sardeye, 2020). The National Board of health and welfare reported that an estimated 20% and 30% of immigrants in Sweden suffer from mental health problems, but few people seek mental health care services (Sardeye, 2020). A population-based cohort study in Sweden indicated that there is a 33% higher risk of hospitalization for depressive disorder in foreign-born than Swedish-born people and the prevalence of Post-Traumatic Stress Disorder (PTSD), suicide, and psychotic disorders were higher among migrants than native Swedes (Wrede et al., 2021). The Public Health Agency in Sweden reported that income and education are also related to mental health inequalities. Low socioeconomic status is one of the contributing factors which increase the rate of mental

disorders (Sardeye, 2020). In Sweden, immigrants often have a lower socioeconomic condition than non-immigrants and those immigrants with insecure work are more prone to mental health problems and poor health than people born in Sweden (Gilliver et al., 2014).

Although mental health issues have become one of the most addressed health problems among migrants in Sweden, little is known about impact of migration on mental health in the Myanmar refugee community in Sweden. According to the regional allocation in Sweden for 2018, Asia and Pacific obtained 300 quotas out of 5,000 for resettlement admission which included admissions from Myanmar (UNHCR, 2018). It can be said that the Myanmar refugees population is considerably small compared to the Middle Eastern and North African refugees population (2000 quotas out of 5000) in Sweden (UNHCR, 2018). Although scientific evidence is available regarding mental health among other refugee populations, little research has addressed the mental health of the Myanmar refugee community in Sweden. For this reason, this topic has been chosen to better understand the mental well-being of Myanmar refugees and their engagement with mental health support during the resettlement process. A better understanding and knowledge of the current situation for Myanmar migrants in Sweden can contribute to future interventions at reducing the mental health burden in this population.

1.2 Myanmar¹ Political Background and Refugee's Situation

The military dictatorship has ruled Myanmar for many years since it regained independence from British colonial rule in 1948. The military junta used extreme measures to control the people and enforced the majority Burmese Buddhist ethnic group to the predominant position (The US Institute of Peace, 2022). Resistance by ethnic and religious minority populations to the brutal military repression led to over 50 years of prolonged conflict within the country. Scorched-earth destruction and community assault by the military forced millions of people to seek refuge, which caused Myanmar to encounter one of the lengthiest refugee situations in Asia (The US Institute of Peace, 2022). Myanmar refugees population stood at 1.1 million by the end of 2018, representing the fifth largest population group by the country of origin. Most refugees from Myanmar were hosted by Bangladesh, Malaysia, Thailand, and India (UNHCR, 2020).

¹ Myanmar, Burma, and Burmese will be used interchangeably. The new name is still debated because the military junta changed the name from Burma to Myanmar in 1989 after thousands were killed to suppress the 1988 uprising. This change was recognized by the United Nations and by countries such as France and Japan, but not by the US and the UK.

On February 1, 2021, a military coup halted hopes for democratic transition for the Myanmar people. Due to the military's brutal crackdown on opposition forces and protesters, the country has been hit with chaos and the political situation has become unstable. The violence triggered large-scale displacement within the country and beyond Myanmar's borders. UNHCR announced in February 2022 that the number of internally displaced people had crossed to 800,000 (UN, 2022). A massive tide of displaced Myanmar people is flowing across the border's regions due to the rapid deterioration of security across the country. Because of the long-term political turmoil in the past and the current situation, Myanmar's displacement and refugees' trend will continue to escalate in the coming months and years (UN, 2022).

1.3 Mental Health and Migration

Mental health is fundamental to an individual's ability to think, collaborate with each other and earn an enjoyable life. Good mental health is associated with psychological well-being and can play a vital role in a person's security and settle themselves in a new country (WHO, 2018). Numerous studies from different parts of the world affirmed that migration is a complex process that affects individuals differently (Virupaksha et al., 2014). Migrants experience a wide range of traumatic events, long-term adjustment difficulties, and poor living conditions before and after the migration process and these experiences might impact their mental health (Sardeye, 2020). The most frequently reported conditions are post-traumatic stress disorder (PTSD), depression, and mood disorder among international migrants, especially refugees and asylum seekers (WHO, 2022). Migration is a liability for depression due to stressful events, barriers, and challenges of socioeconomic conditions that come across in the migration process and after the resettlement period (WHO, 2022, Virupaksha et al., 2014). Migrants need to adjust to a new system and language and also discrimination aggravate them after coming to the new environment (Virupaksha et al., 2014). Separation from family, difficulties in asylum procedures, unemployment, poor social support, and relationship problems lead migrants to poor awareness about their mental health (Sardeye, 2020, Virupaksha et al., 2014). Many refugees deal with a great sense of loss during resettlement, such as loss of culture, personal identity and former employment status. The same study reported that refugees feel unsafe with mixed feelings while resettling in the new host country (Nilsson and Jorgenson, 2021). Although many studies addressed the negative impacts of migration, one study mentioned that migration was found to be a circumstance for improvement of migrants' mental health status (Virupaksha et al., 2014). Good employment opportunities, joining the family members and friends who are already in the destination country, accessing better public services, and fewer

cultural restrictions enhance the mental well-being of the migrants. Therefore, migration and its impact on the mental well-being of the migrants necessitate more understanding as it becomes the contemporary issue and most visible and significant aspect of globalization (Virupaksha et al., 2014).

1.4 Resettlement in Swedish Context

In Sweden, the National Public Employment service promptly enrolled resettlement beneficiaries in a full-time introduction program for language instruction, employment counseling, and social service guidance once they arrived in Sweden (Capps et al., 2015). The Swedish resettlement process seems more challenging for recently arrived refugees because of scanty employment rates in the first year. Language is also a formidable barrier because they are rarely exposed to the Swedish language before resettlement. Refugees had the lowest employment rate compared to the other immigrant groups in Sweden (Capps et al., 2015). One study reported that initial living difficulties predicted stress and anxiety during the pressurized resettlement period (Schweitzer et al., 2011). From the country of origin to gradual assimilation and adaption to a new social environment, the entire migration process may have a lingering negative effect on refugees' mental health, which is observed as an increased prevalence of mental disorders and suicidal tendencies (Sardeye, 2020). One study in Sweden conducted on recently resettled Middle Eastern refugees has shown that previous trauma and resettlement stressors contributed to PTSD symptoms and other mental disorders such as depression, anxiety and somatization (Lindencrona et al., 2008). Studies also addressed that feeling of uncertainty, a sense of loneliness, and suffering from being separated from loved ones were common problems for newly arrived refugees in Sweden (Mangrio et al., 2019, Mangrio et al., 2020). Moreover, mental health problems of immigrants in Sweden have a much greater extent than the indigenous population as a long term migration effect. Low socioeconomic status, unemployment and poor social environment may partly contribute to differences in prevalence of mental disorder between indigenous and immigrant groups (Gilliver et al., 2014).

1.5 Myanmar's Refugees Resettlement and Mental Health in Receiving Countries

There is a paucity of documents on the mental health status of refugees from Myanmar during their resettlement in host countries. One study from Burmese (controversially named Myanmar) ethnic group, the Karen refugees' study, reported a sense of powerlessness and disillusionment during the resettlement process in the United States. They struggled to cope physically and mentally when their expectations were not met with realities during the transition period

(Hoffman and Robertson, 2016). Another study conducted in Australia reported that Burmese refugees experienced a range of post-migration living difficulties, with 71% of participants proving that communication was a serious struggle (Schweitzer et al., 2011). Compromised communication aggravated concerns about future employment and education, access to health care, and welfare services. The same study informed that migrants worried about families and often experienced the guilt about those left behind in their homeland (Schweitzer et al., 2011). The Karen Refugees' experience in the US reflected the precedential challenges, including inadequate shelters, inaccessible healthcare, education, and employment throughout the resettlement journey (Hoffman and Robertson, 2016). According to the factors mentioned above, successful refugee resettlement necessitates government bodies and agencies to respond effectively to the needs, including mental health support for newly arrived refugees (Schweitzer et al., 2011).

1.6 Aim and Rationale of the study

Myanmar refugees community is comparatively small in relation to the major refugee groups in Sweden. Although several studies have been conducted on the mental health of the refugee populations in Sweden, there is a scarcity of research on the Myanmar refugee population's mental health. Moreover, mental health problems for immigrants have become an emerging issue and mental disorders have become daily health concerns among immigrants in Sweden; however, little is known about Myanmar migrants' mental health in the place of destination. Focusing on mental well-being rather than mental health would be a salutary approach to exploring study participants' perceptions and less likely to have a negative impact on them. Therefore, the study aimed to explore the perception of the mental well-being of Myanmar migrants with refugee status during their resettlement process in Sweden; where the first research question was “How do Myanmar migrants with refugee status perceive mental well-being during their resettlement process in Sweden?”. Mental health support is also necessary to enhance mental well-being, but not much is known about how Myanmar refugees understand mental health assistance; thus, the second research question was “How do Myanmar migrants with refugee status perceive mental health support during their resettlement process in Sweden?”. Because of current global geopolitical affairs, this area of research can be applied to better understand the mental well-being of Myanmar refugees and other populations of migrants throughout the world.

2. Method

2.1 Overview of Methods Used and Study Setting

A qualitative study design was used in this study because it is the most appropriate design when endeavoring to understand the meaning of the phenomena and describe the participants' perspectives (Dahlgren et al., 2007). This study design is helpful to allow participants to share their experiences and voices and to lessen the power relationship between the researcher and participants (Creswell and Poth, 2016). Data were collected through individual in-depth interviews. This data collecting method is best suited for focusing on the participant's experience which assists in answering the study's aim; to explore the perception of the mental well-being of Myanmar migrants with refugees status during their resettlement process in Sweden. This method also permitted the participants to describe as freely as possible (Brinkmann and Kvale, 2015). This study was conducted in Sweden. The selection technique of participants was purposive sampling because Myanmar migrants with refugee status who currently live in Sweden are the major relevant informants of the study. The sampling method is also considered homogenous because all the participants belonged to certain strata with the same culture and situation (Dahlgren et al., 2007). Snowball or chain sampling technique was applied where the first participant with refugee status was used as a resource for identifying the next participant (Dahlgren et al., 2007). Inclusion criteria were considered to recruit the participant who had been granted a permanent residence permit with refugee status and planned to continue in the resettlement process in Sweden. This recruitment strategy produced a total of eight participants, and all the interviews were conducted online over Zoom.

2.2 Study Population

With regards to the placement of resettled Burmese in Sweden, 1740 Burmese nationals received permanent residency through resettlement from 2000 to 2014 (Suter and Magnusson, 2015). The exact number of the study populations is unavailable at the time of writing the manuscript, but two sources can contribute to estimating the size of population 1) the reference in the “Resettled and Connected?” by Suter et al., showing the resettled Burmese numbers during 2000 to 2014, and 2) the quota of 300 from Asia and Pacific for resettlement admission from UNHCR which included admissions from Myanmar (Suter and Magnusson, 2015, UNHCR, 2018). Based on the data together with the information from respondents, we can make an estimate that somewhere between 10-50 individuals from Myanmar arrived in Sweden through the resettlement program.

All the study participants had been granted permanent residence permits as part of the Swedish Migration Agency's refugee quota. The study population consisted of adult participants who had arrived in Sweden and been assigned to the Swedish resettlement program. The inclusion criteria were being above 18 years of age and Myanmar migrants with refugee status recently residing in Sweden, understanding the Burmese language, and having intention to continue the Swedish resettlement process.

2.3 Selection and Sampling Procedure

The purposive sampling method was used to recruit the study participants. This method was deemed the most appropriate way to retrieve the participants of Myanmar migrants with refugee status who are currently living in Sweden. To help find the participants, the chairman of the European Myanmar Buddhist Youth organization (Chanting group) functioned as a gatekeeper. Information about the study was disseminated through the online chanting program, then the first candidate to participate in this study was found through this chanting program. The first participant was also asked to announce the study's information within the Myanmar refugee network as a snowball sampling method. The first participant gathered the contact numbers of the potential participants interested in engaging in the interview. The potential participants were asked to agree a voluntary agreement which required them to provide their contact information to the researcher. By using these contact numbers, an invitation letter containing detailed study information and instructions on how people could participate in the study were disseminated via WhatsApp platform.

2.4 Recruitment Protocol

After establishing contact and providing invitation letters in Burmese language, all potential participants were asked if they still intended to participate in the study. When the participants confirmed that they had read the invitation letter and wanted to participate in the study, the information letter and consent in Burmese language was sent to the individual participant. The information letter, which was based on the instructions from the Swedish Ethical Review Authority, clearly clarifies the study's objectives and possible risks and benefits of participation. It also explains that the participation is at will and the participant can withdraw from the study at any time. It further explains how the participants can ask questions regarding the study, and how their confidentiality will be maintained throughout the entire study. No remuneration was given for participation in the study. Before agreeing on their participation, a preliminary assessment with an informal meeting with all the participants was conducted. This

informal meeting was held in person since it helps build better trust and friendship than the virtual one. After getting the final agreement for their participation, the date and time for the interview were sent via WhatsApp.

2.5 Data Collection

Data were collected from eight interviews lasting from thirty-five to ninety minutes.

All the interviews were conducted over the encrypted video conferencing platform Zoom.

It was ensured that a place for joining Zoom was neutral and comfortable for both the interviewee and the interviewer. Before the interview, participant permission for audio recording was asked and the consent form was briefly read to the participants. The interview began once the participant confirmed that he/she understood what they were consenting to his/her participation in the study and granted the verbal consent to the researcher. The verbal consent from the participant was also recorded.

The interview was conducted via real-time, in face-to-face with audio communication using Zoom, which allowed for acceptable rapport building. All interviews were conducted in Burmese and recorded using an audio recording device. This was done to transcribe and translate the interview texts so that the transcripts could be used as an analytical unit within the analytical section of this study.

A semi-structured interview guide was used to conduct the interview. This type of interview guide allowed the interviewer to focus on the critical areas with clarification of subjects' experiences and the emergent themes within the interview (Brinkmann and Kvale, 2015). Interview questions were structured and formulated to probe the participants' specific views without leading or influencing their perception (Brinkmann and Kvale, 2015). The interview guide was divided into two key areas: 1) perception and experiences of mental well-being and 2) perceived mental health support during the resettlement process in Sweden. The interview guide can be found in the appendix 1.

2.6 Analytical Approach Used

This study used qualitative content analysis as the analytical approach. The reason for using this approach was that it proposes the chance to analyze manifest and descriptive content that produces categories and latent and interpretative content that develop themes (Lindgren et al., 2020). It can also focus on subject and context, and accentuate differences between and similarities within codes and categories. Interviews are the unit of analysis in this study (Graneheim and Lundman, 2004).

This study aims to explore the perception of mental well-being among Myanmar migrants with refugee status during their resettlement process; thus, with this analysis allows to abstract migrants' perceptions and opinions to reach an overarching theme or concept that is reasonable for the study (Lindgren et al., 2020). Furthermore, the qualitative content analysis method conveyed the distinction of the complex relationship between abstraction and interpretation throughout the analytic process; therefore, this method was chosen for the study (Lindgren et al., 2020). An example of an analytical process can be seen in Table 1 and 2.

First, all the recorded interviews in Burmese were translated into English and then transcribed word by word. All the transcribed texts were reread to be fully understood. Meaning units were selected in the form of sentences and paragraphs containing aspects correlated with each other and core meaning through their content and context (Graneheim and Lundman, 2004). The meaning units were then re-worded to condensed meaning units while maintaining the essence of what was being said. After getting condensed meaning units, they were labeled by a series of codes. All the sorted codes were assembled into subcategories and then grouped into categories as a core feature of qualitative content analysis (Graneheim and Lundman, 2004). The subcategories and categories were constructed by grouping the content that shared similarities. Finally, the overarching theme was constructed by sub-themes as an expression of latent content that links the underlying meaning with categories (Graneheim and Lundman, 2004). The whole data analysis process was carried out manually. A table containing the study's major findings can be found in Table 3.

2.7 Ethical Consideration

Many ethical considerations were taken into consideration in the entire study process. Participants' informed consent, securing their confidentiality, and possible study consequences were considered when designing the study (Brinkmann and Kvale, 2015). While initially sending out the invitation letter, participants claimed that the term "Myanmar refugees" was inappropriate to them. They urged that this term should be reconsidered as they came to Sweden under protection. In the Burmese language, a refugee is someone who suffers from grief, sorrow with no place to live or food. Therefore, the terminology of Myanmar refugees had been changed to "Myanmar Migrants with refugee status" to maintain the four basic principles of ethical guidelines for the participants in this study (Dahlgren et al., 2007). Regarding the information letter, it was formulated according to the guideline of the Swedish Ethical Review Authority (Swedish Ethical Review Authority, 2021). To maintain confidentiality, all the meaning units were pseudonymized by removing participants' information that described their

identities, such as name, city name, institution name, and place of employment. Each participant was referred to by participant ID (P1 to P8). All the interview recordings were securely saved in the encrypted USB flash drive. Internet access was disconnected while analyzing the data to prevent personal data breach. Moreover, it was decided that the final written report would be available for all the stakeholders involved and be promulgated through the same participants' recruitment communication medium to ensure reciprocity between the researcher and the participants.

The mental health questions ensured the participants' comfort in answering the interview questions. The study needed to address the possible harm and benefits as the consequences of participation in the study and assured the risk of harm should be the least possible (Brinkmann and Kvale, 2015). Therefore, participants were provided a space for debriefing at the end of the interview. When the interviews ended, all the participants were provided with the time to discuss and ask questions about the study. They were also given the space to reveal if they had experienced undesirable feelings during the interview. Finally, the participants were reassured to contact the researcher to get support if complicated feelings or emotions arose after the interview and later. The study population in this research involved human subjects; thus, the researcher assured that all the research steps in this study were done ethically according to the Declaration of Helsinki, a statement of ethical principles (World Medical Association, 2018).

3. Results

3.1 Summary of Study Participants

A total of eight participants were included in this study. All the participants were born in Myanmar but came to Sweden from different proxy countries. Five males and three females aged from twenty-six years to sixty-two years old participated in this study. All the participants have been in Sweden for almost seven months and reside in different cities of Sweden. All of them were assigned to the Swedish Resettlement program of the Migration Agency. Most of them were employed in the previous country, but their educational background varied from middle school graduates to postgraduate students.

3.2 Overview of Findings

Analysis of the interview findings resulted in one overarching theme “Experiencing the emergence of opportunities and the need for mental well-being” with two sub-themes; 1) Perceiving mental well-being as thriving in a secure place with prospects for the future despite encountering challenges, and 2) Feeling confident that both formal and informal mental health support will be accessible during the resettlement process.

The first sub-theme was developed from three categories; 1) Living in a peaceful and secure place enhances mental well-being when comparing with the previous life, 2) Mental well-being for now and the future is reliant on living in a good governance country with a public welfare system, 3) Having a future is a motivation to handle challenges. These categories were created from nine subcategories.

The second sub-theme was derived from two categories; 1) Having a supportive circle is essential to reinforce mental well-being in the resettlement process, 2) Understanding the need for mental health support during transition period and believing it will be accessible if needed. These categories were created from five subcategories. All these overarching theme, sub-themes, categories and subcategories can be seen in Table 3.

3.3 Living in a peaceful and secure place enhances mental well-being when comparing with the previous life

In this study, participants perceived that living in a peaceful and calm environment enhanced their mental well-being. Residing in a quiet neighborhood and a clean atmosphere made them feel better and have a peace of mind. Most of the participants were satisfied with living in their own apartments with privacy. Participants felt comfortable in a pleasant environment compared to where they lived in the past.

“The first thing is quietness. When I closed the door, the room became hushed. I really like that ‘Peace’. In Malaysia, even when the door was closed, noises came in. But I could stay calm here and I like that peaceful feeling. In Malaysia, I could only smell carbon dioxide from cars and bad smells. Living in such as well-ventilated environment is a great comfort for me” (P7)

The participants expressed that the sense of security is high in Sweden, which is crucial to mental well-being. They experienced intimidation and threats to their lives in previous countries, and they had been passed through difficult situations. They felt fear and worry of

losing their lives and belongings in the past. However, once they arrived in Sweden, they felt relieved and safe. They all comprehended that they do not need to worry about personal security, which gives them a peace of mind.

“Security is key to a person’s life, and this is the basic human need. When a person is safe, he will get his mental well-being. Compared to Myanmar and Malaysia, Sweden is better than these two countries. [...] I also need to be picky to choose the taxi driver, especially in Malaysia. Some driver would rob you like a threat with a knife or drive the car into the forest. There is absolutely no such a thing in Sweden. I feel secure, safe, free and light” (P6)

Participants described their previous insecurities based on their negative experiences. Most participants disclosed that they were afraid of police and soldiers in previous countries.

Participating in protests against the military after the coup was also a factor for their concern because most were under warrant lists. Experiencing traumatic events in their environment could be another factor for being stressful. They felt that it was no longer possible for them to stay where they had settled before because of the lack of protection for their security.

“During the NLD (opposition party) ruled in Myanmar, we stood as their branch organization there (in Malaysia). After the coup, our organization is still there [...] and it was not safe anymore for me to stay in Malaysia. [...] I feared the police over there, and I was also scared of official departments and gangsters in Malaysia. I did politics and it was related a lot to politics” (P4)

“I didn’t want to live in Malaysia anymore because some people around me had been killed. Three-four people had been killed and they were well-known Burmese. But no case was filed and nobody knew who killed them. Even if I die, there is no one to prosecute me in the court. My parents are living in Myanmar and my friends in Malaysia are also scared when they see police. No one will testify for me in the court. What I mean is I was under threat as we protested against the military coup and our lives were in danger.” (P2)

All the participants in this study expressed the nature of Swedish people as calm and peaceful. They agreed that this characteristic was one of the reasons to enhance their mental well-being during their resettlement journey. They described Swedes as polite, friendly, helpful and not

bothersome to others. The participants received a warm welcome from the Swedish people, making it easy for them to settle in Sweden.

“When we arrived in Sweden, a Swedish officer picked us up and made all arrangements. It was really good. Swedish people seem peaceful and calm. I was gratified when I met them. They are completely different from the people who I met in other countries. People are really nice here and have less greed, anger and deception. They don’t bully anyone, so I adore and respect them” (P6)

3.4 Mental well-being for now and the future is reliant on living in a good governance country with a public welfare system

In this study, participants mentioned experiencing human rights in a way that they had never experienced throughout their lives. In Sweden, they became more aware of human rights in their everyday life. They had experienced their rights being violated in the past; thus, they expressed their feeling of “satisfaction” regarding human rights in Sweden. In addition, they described that they have not experienced discrimination as they have been treated equally, cared for, and respected as human beings in Sweden. Some of the participants mentioned that they were discriminated against in the past. Nevertheless, now they become happy to be in a different situation.

“In Sweden, rights are strong. When you look at women’s rights and human rights, all these rights protect you as a human being. It was totally opposite that we have faced in our country. [...] It has been almost my entire life that breached with our rights in Myanmar.” (P1)

“There is no caste here (in Sweden). We came here under protection, but we were not discriminated against as foreigners, and we were warmly welcomed. When I was in Malaysia, they didn’t give me a place even though I qualified in the workplace because I am a foreigner.” (P3)

“[...] there is no such religious discrimination here (in Sweden). It doesn’t matter your particular religious beliefs; you are treated equally. Here, they treat people as human beings and have no gender discrimination. I think these are good feelings for me.” (P2)

However, one participant mentioned that migrants are stereotyped in Sweden and the municipality did not pay respect to migrants.

“The problem for being a migrant is, I would say, it is such a stereotyping of this country. I think they have a concept that migrants should stay in a box. [...] they [the municipality officers] treat the migrants as ‘you have to do what I’ve told you to do so’. For example, they scheduled a meeting, and they canceled or changed the meeting time when I arrived there. These incidences were irritating to me. But I try to understand them because they are dealing with many migrants. But it is not really ok for me, and I feel like they don't respect migrants.”
(P1)

The participants perceived that the Swedish public system and municipality support were unprecedented in their life. They described that the Swedish health care, education system, and transportation system were designed to make people convenient. They also mentioned the high living standard in Sweden. They perceived that the Municipality's support was adequate for the newly arrived people and felt satisfied with the wholehearted support during their resettlement process.

“I am happy here (in Sweden). Here, education and the health care system have huge differences from Asia. They [the Municipality] provided us with health care and everything. They care about us with warmness, so it is better to be here. The health system, education and social conditions are pretty good here” (P4)

“Living standard is completely different for me. Currently I lived in Stockholm and transportation is perfect. [...], good transportation makes me satisfied” (P8)

“The Municipality community is my No1 support for me and the Stockholm Municipality office provided everything that we needed.” (P6)

In this study, some participants mentioned their gratitude of being in Sweden and appreciated the Swedish Government and Municipality. Most of them lived under UNHCR protection in their proxy countries and had pre-migration living difficulties. They thank the Swedish Government for its timely support and smooth resettlement process.

“They [the Swedish Government] helped me when I was in trouble. I really thank them for this reason. Because I had a hard time in Malaysia, they brought me to Sweden and supported me. I am thankful for that. There is no reason to be dissatisfied.” (P5)

Many participants described their feeling about their future, and they expressed that they have ‘‘hope’’ for their future in Sweden. They asserted that if they went beyond the first few years in the host country, they would be able to live with a promising career and better education. This expectation somehow enhanced their mental well-being.

“I feel like my life will be nurtured in the future. I think my life will be better in the future. [...] my life will be guaranteed in future after resettlement program. I mean I will get a house in the coming year, I will be able to get a job and study in the coming years. I have to look forward to the future and I have to be happy”. (P2)

3.5 Having a future is a motivation to handle challenges

In this study, most participants described language as the most difficult challenge. They were having a hard time initially as they were not familiar with the Swedish language before. However, they felt much better about language after learning it for a particular time.

The second most common problem for the participants was the weather. They came from the tropics, and the Swedish freezing weather hit them hard. They also mentioned other challenges they encountered at the beginning of their resettlement process, such as technology, banking system, and different culture.

“...my case officer couldn’t speak English and I couldn’t speak Swedish. So, there were a lot of misunderstandings between us. It was too hectic. I had to go many times to the office back and forth and felt terrible when I had to do it several times within a month” (P7)

“I was utterly depressed for the first two-three months, but I could understand Swedish more after that. I’d become happy when things went well” (P8)

“I was exposed to this weather at my age and I couldn’t stand it. I cannot stand the cold and stand the minus degree that I’ve never experienced in Myanmar” (P6)

As mentioned above, the participants believed the prospects for their future in Sweden; they encouraged themselves to overcome the difficulties. They understood that obstacles would be at the beginning of the resettlement process, but they tried to overcome them in their own ways. They realized that being in Sweden was beneficial for them, and they motivated themselves to settle down in Sweden as they have foreseen their brighter future.

“I will try to do my own job but this is not the right time yet. When I can work, it will no longer be annoying. I think I will be happy for sure” (P5)

“[...] sometimes it is depressing and I want to go back, but I must stay here, I shouldn't prioritize my feelings at my age.... [...] when I settle here, there is hope for the future. Sweden is a good country for my future. From that point of view, I am happy in Sweden.” (P3)

3.6 Having a supportive circle is essential to reinforce mental well-being in the resettlement process

Some participants came to Sweden with their families in this study, but some did not. Those who came with their family perceived that it was good to have a family to consult when problems arose. However, every participant agreed that having supportive friends was very encouraging when they got emotional during their resettlement process.

“When I felt sad or happy, I shared my feelings with my family. I called my friends [Burmese friends] in Sweden. That's all I can do here. Aha... After meeting with them, I felt like a child (laugh). My mind became like a child” (P5)

Most participants described the other migrants and former Burmese and Swedish communities as helpful and emotionally supportive. Some participants mentioned that they felt disappointed by some former Burmese who were un-unified. They felt as these former Burmese blocked the progress of the newcomers. Nonetheless, they all perceived that having a supportive community has helped their mental well-being during their resettlement period.

“The community around me is good to me. Other [migrants] friends living together with us in this housing also understand me. [...] They encouraged me and shared their experiences. The

Burmese community is also friendly to each other. Although I have other difficulties, the circle around me is emotionally good to me.” (P1)

3.7 Understanding the needs for mental health support during transition period and believing it will be accessible if needed

Most respondents stated that they did not know about mental health support services, but they believed Sweden would have these services or they would find it out from their resettlement program.

“I don’t know about mental health support services [...] Perhaps, I don’t know about these services, but I think there are some supports for sure” (P8)

“I don’t know much about mental health services. Maybe I can get this information after the orientation class coz I haven’t joined it yet.” (P6)

Most participants described as they did not receive any information about formal support services from the Municipality.

“I don’t know about mental health services. They [the Municipality] said nothing about it. They talked about general health care but not mental health” (P3)

However, only one out of eight interviewees mentioned that she had experienced mental health care check ups once she arrived in Sweden, and received the services’ information from the primary health care center. It seems that the newest migrants may not be aware or unclear about the mental health services information although the Municipality provides it.

“They [the Municipality] asked me to do a medical checkup, including a mental checkup, once I arrived here. [...] I knew that information and I got it from Vårdcentralen [primary health care centre].” (P1)

All study participants perceived that having mental health support was essential when they started to resettle and experienced everything new in the host country. The Swedish lifestyle

was completely different from where they had lived. They recognized that these support services were essential at the beginning of the settlement.

“Actually migrants are not happy with the current situation because everything has changed. I think it is necessary to give migrants with good advice and need someone who can support them. It is not like giving medication [...] I think this is essential need in this country” (P3)

“I think these services are necessary. [...] it would be better to be patient and gentle to support those who are depressed. We have a lot of unknown things in Sweden. The situation here is different from how we used to live in Asia.” (P7)

They considered these services to be unnecessary in Myanmar, but they realized the importance of mental health support services only when they had arrived in Sweden.

“In Myanmar, we have fortune-tellers. They made people feel good. [...] It doesn't matter as their words are right or wrong. If someone couldn't sleep well, they might tell him to turn his head to the South and to use a coconut as a pillow (laugh). And it does work (laugh). It is such a relief for someone. When a person followed the things to do what a fortune-teller told him to do, he regained his hope and believed that he would be fine. But this is not the same in Sweden” (P7)

4. Discussion

4.1 Summary of the Findings

The study aims to explore the perception of mental well-being and mental health support of Myanmar migrants with refugee status during their resettlement process in Sweden. According to participants, when a person's basic needs are met in a country that fulfills migrants' salient needs, they understand the essence of mental well-being and become more aware of the necessity of mental health support during their resettlement process. The analysis of the data yielded one overarching theme of “Experiencing the emergence of opportunities and the need for mental well-being in Sweden” with two sub-themes; 1) Perceiving mental well-being as thriving in a secure place with prospects for the future despite encountering challenges, 2) Feeling confident that both formal and informal mental health support will be accessible during the resettlement process.

4.2 Sub-Theme- 1: Perceiving mental well-being as thriving in a secure place with prospects for the future despite encountering challenges

In this study, it was found that living in a safe and secure place can improve participants' mental well-being compared to living with the hardships and oppression in the past. All the participants in this study have lived under militarism for many years in Myanmar. Most of the participants in this study resided in Malaysia with the assistance of UNHCR for refugees for at least ten years. However, their pre-resettlement situation was not the protracted encampment situation like other Burmese refugees (Suter, 2021). While living in Malaysia, they have been discriminated against as foreigners (as Myanmar). The weak law and order in Malaysia also compromised their mental security. Their participation in the protests against the military after the coup also exacerbated concerns for their safety.

Although the migration process could be very stressful and potentially negatively impacts mental health (Bhugra and Jones, 2001), this study shows that migration also can have a significant positive effect on mental well-being. Once they arrived in Sweden, they were able to access a good governance and social welfare system; thus, having fewer struggles in daily life. Most participants had experienced human rights, had not experienced discrimination, and felt satisfied with the Swedish public system. A Swedish study by Ann-Marie M. Wallin et al. (2005) revealed that young adult refugees had ambitions of increasing language proficiency and obtaining a better education and a better job in the future (Wallin and Ahlström, 2005). Jevne and Miller (1999) affirmed that hope is fundamental for the quality of life, especially for refugees to continue challenging odyssey after reaching their destination (Umer and Elliot, 2021). This study finding, in line with the participants' experiences and perceptions, illustrates that resettling in Sweden entails hope for the future and motivates them to face adversities. Several studies have shown that the language barrier is a common challenge associated with mental health during resettlement (Sundvall et al., 2020, Wallin and Ahlström, 2005, Schweitzer et al., 2011). This study's finding, in tandem with our participants, expresses their most faced challenge in an unfamiliar context was language. However, participants perceived that the language barrier is a temporary problem, and learning Swedish will benefit their future careers and educational goals. One study conducted on refugees in Sweden asserted the same result as increasing Swedish proficiency had increased their quality of life, including job opportunities and social contacts (Wallin and Ahlström, 2005).

The cold climate was a significant challenge mentioned by the Iraqi refugees in one of the Swedish studies (Sundvall et al., 2020). This study also shows Swedish weather is a reason for emotional struggles along with the other challenges they encountered in their resettlement.

From this study's findings, participants reflected on their past burdens and somehow perceived that settling in a safe and secure place with good support entailed progressive mental energy. In addition, they recognized barriers and emerged in an overall positive mental well-being stage during their resettlement process.

One important thing to note in this study is that most participants are Buddhist. Their religious belief encourages acceptance of Fatalism and Karma, which highlighted the concept of acceptance of losses, the little expectation for better chances in a person's lifetime, and practicing a righteous attitude to ensure a better afterlife. Life experiences are regarded as meaningful incidents of fate or karma, and a person cannot escape from present suffering in this world (Hsu et al., 2004). One study described Cambodian Buddhist refugees as not complaining about their situations or not blaming others for their suffering and sharing their lack of ability to adjust to the western society (Hsu et al., 2004). Thus, this study result should be considered an optimistic Buddhist attitude to draw the conclusion.

4.3 Sub-Theme- 2: Feeling confident that both formal and informal mental health support will be accessible during the resettlement process

Within this study, participants perceived that family and friend's support, and community support were essential to mental health during their resettlement process. Some had come to Sweden alone, but some came together with family; however, they all admitted that they received emotional support from their family members or closest friends. They received assistance from their surrounding community, including Burmese and other ethnic communities and peer migrants. Participants responded that the circle around them is crucial to dealing with emotional stress and contributes positive mental health support. This perception of refugees was observed in one study that families and community members were regarded as informal sources of effective strategies to deal with mental health issues (Byrow et al., 2020). This finding mirrors similar findings in resettled Karen refugees in the US about connection across the Karen community to share resources and guidance when facing problems (Lenderts et al., 2020). This result was also found in one study in Sweden that described close-knit networks within the community that allowed people to share information and support each other (Wallin and Ahlström, 2005). According to Watter's 1998, having friends from one's own ethnic group and the majority population is supposed to be good for mental well-being among refugees (Wallin and Ahlström, 2005). This social network concept was justified by Baker 1982 that healthy emotional adaptation presupposes access to emotional support from someone who

shares the same native land and language and shares their experiences with people from the same country (Baker, 1982).

Conversely, some participants experienced challenges dealing with the former Burmese community who had already resettled in Sweden more than a decade ago. The un-unified and contemptuous manner of some former Burmese led to frustration and annoyance to newcomers, and this disrespectful attitude burdened their mental well-being. This topic has been debated in the field - the role of the community as a facilitator or obstacle in the initial stage of the resettlement (Suter, 2021). According to Ekblad et al., it was highlighted that distress and marginalization could be possible by having contact with the same cultural background in some circumstances (Wallin and Ahlström, 2005). Although several studies have shown that social network support is crucial to reducing stressful situations (Wallin and Ahlström, 2005); further research is needed to conclude this study's findings.

Regarding mental health support services, most of the participants described that they did not know nor receive information regarding available mental health support in Sweden. One study reported that mental health is a new concept to Burmese refugees, and they do not have extensive knowledge about mental health issues (Kim et al., 2021). It has been widely reported that neither refugees nor clinicians are fully aware of specific requirements to access the different types of health, including mental health, which is common in host countries (Giacco and Priebe, 2018). In Europe, migrants have problems adapting to the new health culture related to inadequate information about health care available and their experiences with the health care system. Subsequently, there seems to be differential utilization of health and psychosocial care among migrants. Although some groups more frequently use psychiatric emergency care, rehabilitation and psychotherapy are less utilized by migrants than natives (Lindert et al., 2008). Although the participants described that they did not know about the services, the study findings showed that participants assumed such support service information would be available if they needed. One participant out of eight mentioned that there was a mental health checkup as soon as she arrived in Sweden and received mental health support information from the primary health care center. Therefore, it is unclear that the different municipalities provide information inconsistently or migrants do not comprehend the service information due to communication barriers. One participant expressed that he had heard about mental health in his orientation class, but he did not pay much attention to it. He mentioned that general health and education were urgent needs for him but not mental health. Thus, it can be assumed that although the Swedish resettlement program provided mental health information, recently arrived migrants

might not listen to it because they were occupied with other essential requirements at the time point of resettlement.

All participants believed that mental health support is necessary for their transition stage in the new country to cope with their emotional struggles. They also described their desire to receive formal community support such as a mental health support organization or team led by a Burmese expert or people who speak the same language. Therefore, attention should be paid to these people, and effort should be made to facilitate the information and support services engagement. Information needs to be provided via websites, videos, and verbal messages to cover all people from different educational backgrounds whether they are fully literate or not. Sharing information and consultation (in Burmese language) through telephone support services or technology-based tools such as video conferencing should be considered (Giacco and Priebe, 2018).

4.4 Overarching Theme: Experiencing the emergence of opportunities and the need for mental well-being in Sweden

As previously mentioned, this study found that the study participants perceived Sweden as a place that fulfills their mental well-being, and they realized that mental health support was important during their resettlement period in Sweden. Although they had limited knowledge about mental health, participants believed that they could access mental health support services easily in Sweden if they had encountered mental health problems. According to Maslow's Hierarchy of Needs, when individuals are more or less satisfied with the deficiency needs (physiological, safety, love and belonging, and esteem), their actions become habitually towards assembling the next level of needs. Consequently, that satisfaction motivates a person to level up to the growth need – self-actualization (McLeod, 2007).

In this study findings, participants constantly compared their previous situation in Myanmar and Malaysia with those in Sweden. Once they arrived in Sweden, they became satisfied with basic (deficiency) needs; thus, they were able to understand mental well-being as a bigger picture. They accepted that mental health support is non-essential in Myanmar because they had traditional and cultural ways to deal with their problems. Contrarily, they can better understand the opportunities for mental well-being and become aware of mental health support needs in Sweden. This overall finding suggests that Myanmar refugees are better equipped to accustom concepts and substantial knowledge about mental health. Therefore, it is essential to provide them with mental health information with bilingual and bicultural practices to minimize their language and cultural barriers (Kim et al., 2021). In addition, it is necessary to educate

them to be aware of mental health issues in a timely manner and facilitate the utilization of mental health support services if they encounter problems such as “how to reach out and whom to talk to first” throughout their resettlement journey (Kim et al., 2021).

4.5 Methodological Consideration

To strengthen the value of this study, the whole research process was performed in order to obtain trustworthiness (Lincoln and Guba, 1985). Although the interviews were conducted over Zoom meetings, a preliminary in-person meeting with the participants was performed before collecting the data. Occasionally, communication with study participants via WhatsApp was done to establish a good relationship between the interviewer and the participants. This activity allows the researcher to build trust with study participants and increase credibility as prolonged engagement (Amankwaa, 2016, Dahlgren et al., 2007). To intensify credibility, internal peer debriefing was done with other colleagues by presenting the preliminary findings, which allowed the study to receive critical comments (Dahlgren et al., 2007).

The whole analysis process was checked to ensure the processed data reflected the interviewees' experiences. Regarding transferability, the study participants are Myanmar refugees currently assigned to the Swedish resettlement program and have no intention to drop out of that program; thus, the study result can be generalized to the broader refugee population. In addition, the study context and study population were described in detail in the introduction of the final manuscript; helping the readers to transfer the study result to another context (Amankwaa, 2016). Regarding dependability, detailed description of study protocol and the analytical process have been involved in the manuscript. All the extract of the study findings was included in tables and figures in the final manuscript to support the inquiry audit. Additionally, the researcher tried not to interfere with the respondents' answers and avoided the leading question about their perception of mental well-being to increase confirmability. The researcher also transparently described each step, from beginning the research project to reporting the study result for audit trails. Throughout the study, data collection and analysis processes were checked thoroughly. Then the sequence of coding the interview was examined and subcategories and categories were created. Themes were developed with emphasized interpretation and conclusions grounded in the data. Moreover, quotations were presented in the finding section to reveal the results and ensure the specific themes and categories were grounded in this actual data. A table with the complete analysis process with findings was reported in this study. This type of description allowed the confirmability audit and inquiry audit to investigate the analytical choices made and improved the confirmability and

dependability of the study results (Lincoln and Guba, 1985). The researcher also kept the personal notes as a reflexive journal- but saved them as private notes- to enhance all trustworthy aspects of the study (Dahlgren et al., 2007).

Interviews with video conferencing software (Zoom) were just as satisfactory and effective as in-person interviews for data collection (Thunberg and Arnell, 2021). As mentioned before, the researcher built trust and rapport with participants through a preparatory meeting before conducting the interview. It was notified to interviewees that recording would not be performed via Zoom and recorded with the digital recorder only. Although interviewing over Zoom has limited access to non-verbal cues and is not a substitute for the in-person interview, participants could engage in a flexible setting and felt comfortable disclosing their experiences during the interviews (Thunberg and Arnell, 2021).

Although the sample size was small, methodological choices were made to strengthen the study during the designing and implementing the study process following five major items described by Malterud et al (Malterud et al., 2015).

The aim of this study is neither broad nor narrow; however, recruiting the purposive and homogenous sampling method was chosen to maintain the information power (Malterud et al., 2015). Moreover, the theoretical background of the refugee's situation was described in the introduction and discussion part of the manuscript to offer sufficient information power. These theoretical perspectives were discussed with a description of perceived mental well-being and mental health support by resettled Myanmar migrants with refugees' status in Sweden. The researcher also had average background knowledge of the Myanmar refugees' situation; thus, there was clear and robust communication between the researcher and participants. Accordingly, the interview yielded empirical data with complex variations. Throughout the study, various approaches were considered, such as framing the research questions and collecting data to achieve the profusion and depth of the data analysis. Although the study did not cover all circumstances of refugees' resettlement situation in Sweden, it offered the new outlooks that contributed substantiality to Myanmar's refugees' mental well-being perception relevant to the study aim.

There are some limitations within this study. The first flaw is that the study comprised a small sample size and conducting a cross-case analysis with more participants would be beneficial. This study included participants with different educational backgrounds. Only one higher educated participant mentioned receiving information about mental health support in Sweden. Therefore, this study cannot exemplify the Myanmar migrants with refugee status's perception of mental health support depending on their level of education, and it is needed to confirm with

further research. All the participants in this study arrived in Sweden in 2021. They had only been resettled for seven months when the study was conducted and their perception of mental well-being may change over time. Further research should focus on investigating participants' holistic view of mental well-being after finishing the resettlement program to obtain the consistency of the study findings. Finally, it is important to note that the pre-migration situation of all the participants was not in refugee camps; the perception of mental well-being in the resettlement process of people who resided long term in refugee camps may differ from this study. Therefore, it is needed to conduct further studies to explore Myanmar migrants and refugees' perceptions of mental health and mental well-being from different angles.

5. Conclusion

This study highlighted that Myanmar migrants with a refugee status have become more aware of both opportunities and needs for mental well-being in Sweden. Although they experienced challenges during their resettlement process, they showed resilience to overcome the struggles with the hope of their future. Because of better psychosocial conditions in Sweden, they have become more attentive to the importance of mental health support during their resettling process. However, the study findings suggest that they do not have substantial knowledge about mental health and perhaps, they are unable to recognize when facing mental health issues. This study may contribute to the general public health in Sweden by educating mental health issues and disseminating adequate information among these heterogeneous - migrant and refugee groups. Moreover, it requires addressing the mental health needs of migrant and refugee population. It also requires to necessitate an explicit and multidimensional approach for the government as well as public health actors to implement interventions toward the mental health promotion of Myanmar migrants, refugees and the whole society.

Overall, there is not enough qualitative research reflecting on the experiences of mental health and well-being among the Myanmar migrant population in Sweden. Therefore, more qualitative studies are needed to explore different aspects that could impact mental health, such as stigma and barriers to accessing mental health support services among the Myanmar migrant and refugee population in Sweden.

6. References, Tables and Figures

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6.2 Tables and Figures

Table 1. Sample of Analytical Process

Meaning Unit	Condensed Meaning Unit	Code	Sub-Category	Category
<p>“The standard of living is also very high in Sweden. We can live peacefully with our family. I have never experienced a door knock on my door. Now I live in a flat, and there are many rooms here. But I did not hear any noises or fighting around me. These things are perfect for me. All these things are required to improve the mental well-being of people. They (Swedish) do not bother others in terms of words or gestures. I really respect them and I like it.”</p>	<p>“The standard of living is also very high in Sweden. We can live peacefully and never experienced a door knock on my door nor heard any noises or fighting around me. These things are perfect for me and improve mental well-being. Swedish do not bother others in terms of words or gestures. I really respect them, and I like it.”</p>	<p>◆Standard of living is very high in Sweden</p> <p>◆The neighborhood is peaceful that improve my mental well-being</p> <p>◆Swedish do not bother others with words or gestures, and I really respect them</p>	<p>◆Living in a peaceful surrounding with privacy is supportive for mental well-being</p>	<p>◆Living in the peaceful and secure place enhances mental well-being when comparing with the previous life</p>

Table 2. Sample of Analytical process

Sub-Category	Category	Sub-Theme	Overarching Theme
◆ Living in a peaceful surrounding with privacy is supportive for mental wellbeing	◆ Living in the peaceful and secure place enhances mental wellbeing when comparing with the previous life	◆ Perceiving mental well-being as thriving in a secure place with prospects for the future despite encountering challenges	Experiencing the emergence of opportunities and the need for mental well-being in Sweden

Table 3. Table of Results

Subcategories	Categories	Sub-Themes	Overarching Theme
Living in a peaceful surrounding with privacy is supportive for mental well-being	Living in the peaceful and secure place enhances mental well-being when comparing with the previous life	Perceiving mental well-being as thriving in a secure place with prospects for the future despite encountering challenges	Experiencing the emergence of opportunities and the need for mental well-being in Sweden
Settling in a safe and fully secure place is key to mental well-being			
Reflecting over negative experiences in the past			
Seeing Swedes as peaceful and calm			
Becoming aware of human rights with no discrimination	Mental well-being for now and the future is reliant on living in a good governance country with a public welfare system	Perceiving mental well-being as thriving in a secure place with prospects for the future despite encountering challenges	
Experiencing unprecedented public system and the best support from Municipality			
Experiencing thankfulness and seeing a brighter future to be in Sweden			
Meeting challenges in an unfamiliar context	Having a future is a motivation to handle challenges	Feeling confident that both formal and informal mental health support will be accessible during the resettlement process	
Challenges are insignificant when seeing hope for the future	Having a supportive circle is essential to reinforce mental well-being in the resettlement process		
Finding friends and family support is essential			
Seeing community (including Burmese and Swedish) as supportive	Understanding the need for mental health support during transition period and believing it will be accessible if needed	Feeling confident that both formal and informal mental health support will be accessible during the resettlement process	
Not knowing about mental health support but assuming there will be			
Not receiving clear information about mental health support services			
Seeing mental health support is necessary in a period of transition			

7. Appendixes

Appendix-1: A Copy of Interview Guide

Perception and Experiences of mental well-being

- Understanding of perceived mental well-being of Myanmar Migrants with refugee status.
- Understanding their feeling about changes in mental well-being that have been brought about by moving to Sweden.
- What kind of things gave participants positive feelings since they arrived in Sweden?
- What are the situations in which the participants do not feel good about moving to Sweden?
- Understanding how participants are satisfied with their current situation.

Perceived mental health support during resettlement process in Sweden

- Understanding how participants usually handle their emotions and how this would have changed during their time in Sweden.
- Understanding how Myanmar migrants turn to someone if they felt needed to talk about their emotions.
- Understanding how they feel and their experience after talking to someone.
- Understanding their feeling of communities around them for their mental well-being since arriving in Sweden.
- Understanding how available mental health support information reached Myanmar migrants in Sweden.
- Understanding how Myanmar migrants describe the need for mental health support services and what kind of support they want during their resettlement process.

Demographic questions and Opening questions

- I would like to know a little more about you. Could you tell me about yourself in brief? (Occupation, educational background, family) Demographic questions to complete the information given in the first question. (Age, marital status, work situation)
- How long have you been here?
- Why did you come to Sweden?
- From where did you come to Sweden?
- Did you arrive alone or together with someone?
- How is your housing situation in Sweden?

Appendix-2: Popular Science Summary

Over the past decade, Sweden has had the largest resettlement quota within the European Union (EU) (Suter, 2021). The Swedish government offered a two-year introduction program covering language and civic orientation and providing a living allowance to refugees. In Myanmar, due to the prolonged and violent conflict, more than a million people fled the country and sought initial refuge in neighboring countries. With the assistance of the United Nations High Commissioner for Refugees (UNHCR), these individuals have arrived in resettlement-providing countries, including Sweden (Schweitzer et al., 2011).

Many refugees deal with post-migration challenges during resettlement, and associated stress has detrimental effects on refugees' mental well-being. Previous studies pointed to the impacts of pre-and post-migration trauma and stressors resulting in complex mental health issues in the refugee population. However, there exists little research into the mental well-being of Myanmar refugee background. Furthermore, mental health issues have increased among immigrant groups than natives in Sweden; thus, there are questions about the perception of mental well-being of Myanmar refugees during their resettlement process in Sweden.

This study sought to understand the impression of Myanmar refugees upon mental well-being and mental health support during their resettlement journey. Many participants view mental well-being as living in a secure place with great expectations for the future. Although they encountered challenges, it is worth the struggles because of seeing their brighter future in Sweden. They understood the need for mental support during their transition period, and they believed both formal and informal support could be available in Sweden. However, most participants had little knowledge about mental health and did not receive relevant mental health information during their resettlement process. This study's findings regarding resettlement conditions of Myanmar migrants with refugee status might differ from most previous research. However, it had an opportunity to examine the standpoints of the small Myanmar refugee community in Sweden.