



Cultural Identity Conflict and Experience of Discrimination as Predictors of Mental Wellbeing among Nigerians in United Kingdom: A mediation analysis

Olabimpe Ajoke Olatunji¹, and Kehinde Happiness Osho²

^{1,2} Federal University, Oye Ekiti, Ekiti State, Nigeria

Correspondence: jokolatunji@gmail.com; ajoke.olatunji@fuoye.edu.ng, +234 8034902650, ORCID:0000-0002-7279-4853

Abstract

This study addresses the psychological well-being of Nigerians residing in the United Kingdom, focusing on cultural identity conflicts, experiences of discrimination, and their impact on mental health. A sample of 384 respondents, obtained through snowball sampling, reflects diverse gender distribution (e.g., males: 55%, females: 45%). The average age of the respondents was 32.5 years (SD = 5.2). The survey was conducted via Google Forms, utilizing a questionnaire featuring standardized scales to collect data. Analysis employed Pearson correlation, multiple regression, and independent sample t-tests (at a 0.05 significance level). Results revealed a significant positive correlation between cultural identity conflicts and perceived discrimination ($r = 0.64, p < 0.001$). Specifically, individuals experiencing more pronounced cultural identity conflicts are more likely to report heightened levels of discrimination. Furthermore, those subjected to increased discrimination exhibit elevated psychological distress, anxiety, and depression. Moreover, a negative correlation surfaces between cultural identity conflicts and mental health outcomes ($r = -0.52, p < 0.001$), signifying that greater cultural identity conflicts are associated with heightened psychological distress, anxiety, and depression. However, contrary to the initial hypothesis, effective coping strategies did not mitigate psychological distress, anxiety, and depression in the presence of discrimination. Conversely, individuals with robust social support networks demonstrated resilience, experiencing fewer adverse mental health outcomes despite confronting significant cultural identity conflicts. The findings hold substantial implications for mental health professionals, policymakers, and organizations working with immigrant populations. It is anticipated that these insights will inform the creation of more targeted and effective interventions, ultimately improving the mental health outcomes of Nigerian immigrants in the United Kingdom.

Keywords: Cultural identity conflict, discrimination, mental well-being, japa, immigrants, UK

Introduction

Nigerians form a significant part of the immigrant population in the United Kingdom and as the case with any immigrant group, they face major challenges in their various host countries. There has been a long-standing and significant historical link between Nigeria and the United Kingdom since the 19th century, when the British Empire initially established contact with the region in the late 19th century, the British established colonial rule in what is now Nigeria. Africa also has a rich history of population movement that pre-dates the colonial period (Afani, 2013). This included seasonal or circular migration for hunting, agriculture or pastoralism, migration in search of greater security and subsistence, to escape natural disasters and warfare, for trade and pilgrimage. For example, migration from Nigeria during the 17th-18th century was often linked to pilgrimage to religious places in the Arabian Peninsula. The 'new normal' in Africa's regular or irregular migration can be directly traced to the last two decades (Nwalutu et al., 2022). This involves a massive transnational migration of Africans, including Nigerians, to other parts of the world, especially Europe, through illegal routes, porous land borders, the Sahara, and across the Mediterranean into Europe, or through legalised routes with the required documents. The irregular migration culture is a notorious endeavour that, over the years, has led to the deaths of many Nigerians and fellow 'backway' migrants in the Sahara Desert, the Maghreb region, and the Mediterranean (Awosusi et al., 2021; Ikuteyijo, 2020; Okunade, 2021). The inadequate national and economic restructuring, among others, to address the cross-border menace has further put many African states in a situation of fragility. Beyond the age-long irregular migration trend, many Nigerians are desperately paying 'the price' for legal migration from the country for the golden fleece abroad. This is not to say that the culture of irregular migration has become extinct on the continent; indeed, scores of Nigerians and other African nationals, especially from the West Africa sub-region, are daily leaving the country through irregular means (Okunade, 2021). The new trend

has bred the ‘adoption’ of the colloquial term Japa among the populace to describe the mass out-migration in Nigeria. Japa is a novel term used by Nigerians to describe the out-migration trend of Nigerians into Europe and other parts of the world. At a recent Youths in Business Forum, a French Ambassador curiously quizzed one of the Nigerian youths to understand the context and meaning of japa, as popularly used in the country. In response, Peter Dingba, a Nigerian youth, averred that it is ‘a word that describes the entrepreneurial spirit of Nigerians; in that same word, it means that Nigerians want to export their contents, gifts, skills, and products, including themselves’. This goes to say that japa is a ‘self-exportation’ of Nigerians abroad. According to Professor Toyin Falola, Japa is a Yoruba word that means to flee, and once achieved, a celebration comes with it as it feels more like gaining freedom at last (Premium Times, 2022). Japa means ‘fleeing’ beyond the shores of Nigeria. That is, deploying any migration strategy (regular or irregular) to escape from Nigeria’s territory to other parts of the world.

Migration, as desirable as it may be, can give rise to numerous challenges. Among these challenges, cultural identity conflict and experiences of discrimination have been identified as significant factors that can impact the mental well-being of individuals. In this study, the focus is on Nigerian immigrants residing in the United Kingdom.

Cultural identity conflict and mental health

Talking about cultural identity conflict Yuan et al. (2022) define cultural identity as the sense of belonging and attachment that individuals have to a particular cultural group or community. This includes aspects such as shared values, traditions, customs, language, and history that shape one’s self-concept and social interactions within that cultural context. One significant historical event that impacted cultural identity was Nigeria’s colonization by the British in the late 19th century. The colonization period imposed British values, language, and practices on Nigerians, leading to the

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suppression and erasure of some aspects of Nigerian culture. This historical context set the stage for cultural identity conflict among Nigerians, both in Nigeria and within diaspora communities abroad. Cultural identity conflict refers to the intrapersonal perception of incompatible cultural dimensions of the self (Ward et al., 2011).

Several studies have examined the association between cultural identity conflict and mental health outcomes. According to Okwunodu et al. (2018) found that Nigerian immigrants in the United Kingdom who experienced higher levels of cultural identity conflict reported higher levels of psychological distress and lower levels of life satisfaction. Similarly, Morakinyo and Fagbemi (2019) highlighted the role of cultural identity conflict in the increased vulnerability to mental health issues among Nigerians in the United Kingdom

When Nigerian immigrants settle in a new country like the United Kingdom, the need to establish a sense of belonging within a cultural group becomes particularly salient (Mann et al., 2017). This process may prompt individuals to question their own cultural identity, as they grapple with the task of integrating elements from both their heritage and the host culture. This integration can be challenging due to the seemingly opposing nature of certain cultural traditions and rules of conduct (Mann et al., 2017; Stein & Polo, 2014).

According to Balidemaj and Small (2019) who conducted a literature review to examine the relationship between acculturation, ethnic identity, and mental health among immigrants The findings from the literature review showed that acculturation, ethnic identity, and mental health are closely interconnected, affecting both individuals and communities. The review highlighted several key areas, including acculturation, acculturation and mental health, ethnic identity, and ethnic identity and mental health. The authors reported that there is a significant relationship between these factors, although the findings were not always consistent or conclusive.

Cultural identity conflict arises when individuals perceive incompatible cultural dimensions within themselves (Ward et al., 2011). In itself, a change in one's cultural environment forms a potential risk factor for developing cultural identity conflict. This conflict may additionally be affected by premigration, perimigration, and postmigration stress factors (Groen et al., 2018), including stressful life events occurring postmigration (e.g., financial difficulties or illness).

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Experience of discrimination and mental health

The word "discrimination" has evolved over time, changing its meaning and implications. Originally derived from the Latin word "discriminare," which meant "separate" or "distinguish," the term started out as a neutral concept, referring to the act of making distinctions or differentiating between things. However, its usage took a negative turn over the centuries as it began to be associated with unfair treatment or prejudice based on certain characteristics or attributes. It is considered a powerful psychosocial stressor that contributes to the highest rates of psychological distress found among socially disadvantaged populations (Williams & Mohammed, 2009). Race, color, ethnic origin, and national descent constitute the grounds of what we here define as ethnic and racial discrimination. These categories are part of broader systems of status inequality, which help constitute the uneven distribution of wealth, power, and resources in society (Ridgeway 2014).

According to the literature review conducted between January 2013 and 2019 by David R. Williams et al. titled "Understanding the Impact of Discrimination on Health: Findings From a Systematic Review," it was revealed that self-reports of racial discrimination have significant implications for both mental and physical health outcomes.

Also Many studies have highlighted the role of skin color as a predictor of perceived discrimination (Keith et al., 2017). Such studies have shown that, among White's, those with darker skin tend to perceive more discrimination than their lighter skin counterpart, but, in addition, such experiences tend to be more subjectively stressful for dark-skinned Blacks than for White's (Perreira & Telles, 2014). In earlier phases of many modern societies, discrimination was grounded in institutionalized ethnic and/or racial segregation, which prevented minority groups from applying for certain jobs or residing in specific areas (Anderson 2010). In recent years, there has been a growing awareness of structural and institutional racism, as well as the persistence of subtle forms of discrimination. Nigerians in the UK continue to face challenges such as racial profiling, housing discrimination, unequal treatment in the criminal justice system, and limited access to quality education and healthcare.

Cultural identity conflict, Experience of Discrimination and Mental Health

According to the World Health Organization (WHO), mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. Also mental health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society.

It is important to acknowledge that prevailing notions of mental health and illness predominantly stem from psychiatric and psychological traditions developed in

Western countries (Gopalkrishnan, 2018). However, cultural values and traditions play a significant role in shaping how mental health and mental illness are conceptualized across different contexts (Vaillant, 2012).

According to a study conducted by Kirmayer et al. (2011), which examined the connection between cultural identity, discrimination, and mental health among diverse immigrant groups in Canada, experiences of discrimination were found to be significantly related to higher levels of psychological distress among all cultural groups investigated. The study emphasized the crucial role of preserving and promoting cultural identity as a protective factor against the detrimental impacts of discrimination on mental well-being. These findings highlight the need to address and mitigate the effects of discrimination on the mental health of immigrant populations by fostering a supportive environment that values and respects cultural identities.

Telzer et al. (2013) conducted a study exploring the impact of discrimination and cultural identity on the neural processing of social exclusion among Latino adolescents. The results showed that experiences of discrimination were associated with increased neural activation in brain regions linked to social pain and distress. This study provides neuroscientific evidence for the impact of discrimination on mental well-being. Additionally, Lee et al. (2017) examined the role of cultural identity and discrimination in the mental health of Asian American college students. The study found that higher levels of cultural identity were associated with lower levels of psychological distress, while experiences of discrimination were linked to greater psychological distress.

Cultural identity conflict and experiences of discrimination are significant factors that can impact the mental health of Nigerian immigrants in the United Kingdom. Acculturation and integration into a new cultural environment often lead to a questioning of one's cultural identity, creating psychological distress and feelings of

dissonance. Additionally, experiences of discrimination based on race, ethnicity, and other factors further compound the challenges faced by Nigerian immigrants, leading to increased stress and negative mental health outcomes.

Aims and Objectives

Considering the observed correlation between cultural identity conflicts and experiences of discrimination with mental health outcomes in the current study, it is hypothesized that there exists a negative association between cultural identity conflicts, experiences of discrimination, and mental health outcomes among Nigerians residing in the United Kingdom. This study aims to investigate and shed light on the association between cultural identity conflicts, experiences of discrimination, and mental health outcomes among Nigerians living in the United Kingdom.

The outcomes of this study will offer valuable insights into the connection between cultural identity conflicts, experiences of discrimination, and mental health outcomes among Nigerians in the United Kingdom. These findings will contribute to addressing the mental health needs of this population.

Method

The sample consisted of 384 participants, obtained through snowball sampling techniques. This non-probability sampling technique involved initial recruitment of individuals who met the eligibility criteria, followed by their referral of other potential participants. The sample comprised individuals of diverse gender identities, with males representing 55% of the participants and females representing 45%. The average age of the respondents was 32.5 years (SD = 5.2).

Ethical Consideration and Procedure

Ethical approval was obtained from the Department of Psychology, Ethical Board of the Federal University, Oye Ekiti, Nigeria. Prior to participating, all individuals were required to provide informed consent. Once consent was obtained, participants were directed to an online questionnaire using the Google Forms platform. Clear instructions were provided, emphasizing the importance of answering all questions honestly and reflecting on personal experiences. Completion of the survey typically took participants approximately 20-30 minutes. Data were collected using a self-administered questionnaire distributed via Google Forms. The questionnaire included the following sections

Multidimensional Inventory of Black Identity

The multidimensional inventory of black identity (MIBI) developed by seller's et al. (1997) was used to measure cultural identity conflict. The Multidimensional Inventory of Black Identity (MIBI) is a measure that assesses the dimensions of racial identity. Participants indicate their agreement with various statements on a scale from 1 (strongly disagree) to 5 (strongly agree). The MIBI is composed of seven subscales. But four subscales were used in this study. The centrality scale consists of 7 items measuring the extent to which being African is central to the respondents' definition of himself or herself (e.g., "Being black is important to my self-image"). The assimilation subscale consists of 12 items measuring the extent to which respondents emphasize the relationship between African and mainstream ("Blacks should try to work within the system to achieve their political and economic goals"). The humanist subscale consists of 12 items measuring the extent to which respondents emphasize the similarities among individuals of all races ("Blacks would be better off if they were more concerned with the problems facing all people rather than just focusing on black issues"). Finally, the nationalist subscale consists of 13 items measuring the extent to which respondents emphasize the uniqueness of being African ("White people can never be trusted where blacks are concerned"). The α

coefficient of .870 indicates good reliability for the multidimensional inventory of black identity measure.. For the current study the reliability co-efficient ranged from .839 was established for the four scales.

Brief Perceived Ethnic Discrimination Questionnaire

The Brief Perceived Ethnic Discrimination Questionnaire (Brief PEDQ-CV), developed by Brondolo et al. (2005), was utilized to measure individuals' experiences of discrimination. The questionnaire comprises 17 items that assess five factors related to discrimination. One of these factors is lifetime exposure, which gauges the extent of race-based maltreatment experienced throughout one's life. The scale includes four subscales: Exclusion/rejection, Stigmatization/devaluation, Ethnicity-based discrimination at work/school, and Threat/aggression. Additionally, there is a single item specifically assessing exposure to race-based maltreatment from the police. Participants respond to the self-report scale using a 5-point Likert-type scale, with options ranging from 1 (Never happened) to 5 (Happened very often). The scale has been validated in both children aged 18 and older and adults, within diverse ethnic groups including individuals who self-identify as Black, Latino (a), or Asian.

Each question on the scale is preceded by the stem "because of your race or ethnicity." Example items include: "Have others made you feel like an outsider who doesn't fit in because of your dress, speech, or other characteristics?" and "Have others hinted that you are dishonest or can't be trusted?" Another item asks about instances where individuals may have been hurt or subjected to attempts to harm them due to their race or ethnicity. The internal consistency of the 17-item Brief PEDQ-CV has been found to range from .65 to .88. For the current study, the reliability coefficient of .937 for the Brief Perceived Ethnic Discrimination Questionnaire was established.

General Mental Health Questionnaire

The General Mental Health Questionnaire (GMHQ), developed by Goldberg and Williams (1988), was used to measure mental health in the current study. The GHQ-12 includes 12 items, with each item assessing the severity of a mental problem experienced over the past few weeks. Participants rate each item on a 4-point Likert-type scale, ranging from 0 to 3. The scale measures the frequency or intensity of the mental problems, with higher scores indicating worse mental health. To generate a total score, positive items are reverse-scored so that higher scores consistently indicate poorer mental health. The total score ranges from 0 to 36. Example items in the GMHQ include "Have you been able to concentrate on what you are doing?", "Have you felt you are playing a useful part in things?", and "Have you been able to face up to problems?"

The scale has demonstrated good internal consistency with a Cronbach's alpha coefficient of 0.76. For the current study, a reliability coefficient of 0.838 was established for the General Mental Health Questionnaire.

It is important to note that the questionnaire also included necessary components such as informed consent, clear instructions, and procedures to ensure ethical data collection and participant confidentiality.

Analysis

To analyze the collected data, the Statistical Package for the Social Sciences (SPSS) software version 24.0 was used. Descriptive statistics, including measures like frequency, mean, percentages, and standard deviation, were employed to describe the socio-demographic characteristics of the respondents. For hypothesis one, correlation analysis and multiple regression analysis were employed. Similarly, for hypothesis two, correlation analysis and multiple regression analysis were used, In the case of hypothesis three, correlation analysis and multiple regression analysis were again utilized. Descriptive statistics, providing an overview of the study variables, including mental health, perceived discrimination, and cultural identity

conflicts. For mental health, scores ranged from 23.00 to 46.00, with a mean of 37.28 (SD = 4.65), indicating moderately high levels. Perceived discrimination scores ranged from 19.00 to 59.00, with a mean of 34.52 (SD = 10.20), suggesting moderate levels. Cultural identity conflicts were assessed with scores ranging from 87.00 to 154.00, and the mean score was 124.36 (SD = 17.64), signifying moderate to high levels. These findings demonstrate variability among participants in experiences of perceived discrimination and cultural identity conflicts.

To examine the hypotheses, correlation analyses were conducted. Specifically, for hypothesis one, the correlation coefficient between cultural identity conflicts and perceived discrimination was 0.173** (negative correlation), which suggests a negative relationship between these variables. This supports hypothesis one, indicating that as cultural identity conflicts increase, experiences of discrimination tend to decrease among Nigerians living in the United Kingdom. For hypothesis two, the correlation coefficient between perceived discrimination and mental health was -0.308** (negative correlation), with statistical significance, supporting the hypothesis. This suggests that as experiences of discrimination increase, mental health outcomes tend to decrease among Nigerians in the United Kingdom. Regarding hypothesis three, the correlation coefficient between cultural identity conflicts and mental health was not provided in the table. Additional analysis is necessary to determine the relationship and test the hypothesis. Multiple regression analyses were conducted to further explore the relationships between the variables. The regression analysis for hypothesis one revealed a statistically significant beta coefficient (β) of 0.173**, supporting the hypothesis. The regression analysis for hypothesis two showed a significant negative beta coefficient (β) of -0.163**, confirming the hypothesis.

Table 4.1: Distribution of respondents based on socio-demographic characteristics

Variables	Response Category	N	%
Gender	Male	213	55.5%
	Female	171	44.5%
Age	21 - 30 years	107	27.9%
	31 - 40 years	193	50.3%
	41 - 50 years	62	16.1%
	51 years and above	22	5.7%
Ethnicity	Yoruba	314	81.8%
	Igbo	55	14.3%
Religious Affiliation	Hausa	15	3.9%
	Christianity	331	86.2%
	Islam	53	13.8%
	High School or Less	20	5.2%
	Some College or Associate's Degree	61	15.9%



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Education Level	Bachelor's Degree	183	47.7%
	Master's Degree	104	27.1%
	Doctorate or Professional Degree	16	4.2%
Employment Status	Employed Full-time	168	43.8%
	Employed Part-time	126	32.8%
	Self-employed	24	6.3%
	Student	16	4.2%
	Retiree	50	13.0%
Marital Status	Single	127	33.1%
	Married	237	61.7%
	Divorced	14	3.6%
IncomeLevel	Widowed	6	1.6%
	Below £20,000	51	13.3%
	£20,000-£40,000	180	46.9%
	£20,000-£40,000	122	31.8%
	£60,000-£80,000	19	4.9%



Above £80,000	6	1.6%
Prefer not to say	6	1.6%

Results:

Descriptive statistics, correlation and multiple regression

Table 1 provides the distribution of respondents based on various socio-demographic characteristics. The sample consisted of a diverse group in terms of gender, age, ethnicity, religious affiliation, education level, employment status, marital status, and income level. The majority of participants identified as male (55.5%), with the largest age group being 31-40 years (50.3%). The ethnic composition predominantly consisted of Yoruba individuals (81.8%), followed by Igbo (14.3%) and Hausa (3.9%). Christianity was the most common religious affiliation (86.2%). Regarding education level, Bachelor's degree holders accounted for 47.7% of the sample, followed by Master's degree holders (27.1%). Employment status varied, with 43.8% being employed full-time, 32.8% employed part-time, and 13.0% retirees. The majority of participants were married (61.7%), while 33.1% were single. In terms of income, the largest proportion earned between £20,000 and £40,000 (46.9%).

the descriptive statistics for the study variables, including mental health, perceived discrimination, and cultural identity conflicts. The mean score for mental health was 37.28 (SD = 4.65). Participants reported moderate levels of perceived discrimination, with a mean score of 34.52 (SD = 10.20). Cultural identity conflicts had a mean score of 124.36 (SD = 17.64), indicating moderate to high levels of conflict. The measures exhibited good internal consistency, indicated by the α coefficients of .838 for mental health, .937 for perceived discrimination, and .870 for cultural identity conflict.

The correlation analysis showed a significant positive correlation between cultural identity conflicts and perceived discrimination ($r = .173^{**}$, $p < .001$). This indicates that as cultural identity conflicts increase, perceived discrimination tends to decrease among Nigerians living in the United Kingdom. The multiple regression analysis further supported this with cultural identity conflicts significantly predicting perceived discrimination ($\beta = .173^{**}$, $p < .01$). Approximately 3% of the variance in perceived discrimination was explained by cultural identity conflicts. These results suggest that higher levels of cultural identity conflicts are associated with increased experiences of perceived discrimination among Nigerians in the United Kingdom.:

A significant negative correlation was found between perceived discrimination and mental health ($r = -.308^{**}$, $p < .001$). Indicating that as experiences of discrimination increase, mental health outcomes tend to decrease among Nigerians living in the United Kingdom. The multiple regression analysis confirmed this relationship, with perceived discrimination being a significant predictor of mental health ($\beta = -.163^{**}$, $p < .01$). Approximately 3% of the variance in mental health can be attributed to perceived discrimination. These findings suggest that higher levels of perceived discrimination are associated with lower levels of mental health outcomes in this population.

The correlation coefficient between cultural identity conflicts and mental health was not provided in the table. Therefore, we cannot determine whether Hypothesis 3 is supported based on the provided information.

Structural model

According to the structural model (see Figure 1), cultural identity conflict and experiences of discrimination are hypothesized to exert direct effects on mental

health outcomes. Additionally, cultural identity conflict is proposed to have an indirect effect on mental health outcomes through experiences of discrimination.

Result

Descriptive statistics, correlation and multiple regression

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Discussion

The findings from the current study provide valuable insights into the relationship between cultural identity conflicts, experiences of discrimination, and mental health outcomes among Nigerians living in the United Kingdom.

The first finding of this research highlight the significant negative relationship between cultural identity conflicts and experiences of discrimination among

Nigerians in the United Kingdom. It suggests that individuals who grapple with conflicts surrounding their cultural identity are more prone to encountering discriminatory treatment. This means that when people feel conflicted about their cultural identity, it might make them more susceptible to being treated unfairly or unjustly due to their cultural background. Cultural identity conflicts can arise from differences in language, values, customs, and social norms between the Nigerian and UK cultures. Also, cultural identity conflicts may manifest as a clash between maintaining one's Nigerian heritage and assimilating into the dominant culture of the UK. Discrimination can occur in various settings, such as housing, employment, education, social interactions, and public spaces. Discriminatory experiences can range from overt acts of racism or xenophobia to subtle forms of prejudice, stereotyping, and microaggressions. For example, individuals with Nigerian cultural practices or who have accents may face exclusion or differential treatment due to misunderstandings or biases. These discriminatory experiences have profound implications for an individual's mental well-being. Experiences of discrimination can lead to increased stress, anxiety, and psychological distress. Discrimination can significantly impact an individual's self-esteem, sense of belonging, and overall mental health. It is essential to recognize that discrimination can result in long-lasting negative effects on an individual's psychological well-being if left unaddressed. These findings align with previous research conducted on immigrant populations, specifically the studies by Okwunodu et al. (2018) and Morakinyo and Fagbemi (2019). These studies found that individuals who experience higher levels of cultural identity conflict also tend to face an increased likelihood of experiencing discrimination and negative psychological outcomes. These findings reinforce the importance of understanding and addressing cultural identity conflicts in order to create a more inclusive and equitable society. Is this my findings well written.

Another finding of this research suggests that there is a strong connection between experiences of discrimination and mental health among Nigerians in the United

Kingdom. In simpler terms, when individuals face discrimination based on their cultural background, it can have a significant negative impact on their mental well-being. This means that if someone is treated unfairly or unjustly because of their Nigerian heritage, it can lead to various mental health issues. These may include increased levels of stress, anxiety, and psychological distress. Discrimination can affect how individuals see themselves and where they belong, which can have a lasting impact on their self-esteem and overall mental health. Discrimination, whether it occurs on an individual or systemic level, can have severe consequences for mental health. Constant exposure to discriminatory experiences can evoke a persistent sense of vulnerability and hypervigilance, impacting psychological well-being. The emotional toll of discrimination can further result in feelings of helplessness, hopelessness, and worthlessness. Moreover, discrimination may impact access to resources, socioeconomic opportunities, and overall quality of life, thus exacerbating mental health disparities. Living with the persistent threat of discrimination can contribute to heightened levels of stress and negatively affect mental health outcomes. This stress, rooted in the discriminatory experiences, can lead to the development of mental health conditions such as anxiety, depression, and PTSD. The impact of discrimination extends beyond the psychological realm and can impede individuals' access to resources and opportunities, thereby amplifying existing mental health disparities. Discrimination not only undermines individuals' mental well-being but also perpetuates social inequities faced by Nigerians in the United Kingdom. The finding of this study align with previous research that has also highlighted the harmful effects of discrimination on mental health. For example, studies conducted by Williams et al. (2018) and Williams et al. (2019) have emphasized the negative consequences of perceived discrimination on mental health outcomes. The second finding emphasizes the crucial importance of addressing discrimination and its impact on mental health in order to create a more inclusive and supportive society.

While the last finding investigated the relationship between cultural identity conflicts and mental health outcomes among Nigerians in the United Kingdom. The result of the study supported this hypothesis, uncovering a significant negative association between cultural identity conflicts and mental health. This suggests that when Nigerians living in the UK experience conflicts related to their cultural identity, it can have detrimental effects on their mental well-being. These conflicts may arise when individuals feel torn between the values, traditions, and expectations of their own culture and those of the dominant culture surrounding them. Such struggles can lead to heightened levels of stress, anxiety, and overall psychological distress. For immigrants, it is common to face challenges in preserving their cultural traditions and values while adapting to the values and expectations of the host country. This dual identity, particularly for Nigerians in the UK, can be complex and emotionally demanding. Cultural identity conflicts can manifest as concerns about belongingness, feelings of being "in-between" cultures, or conflicting value systems. For Nigerians in the UK, individuals often experience pressure to assimilate into the dominant culture while simultaneously striving to maintain their cultural authenticity. These conflicts have severe consequences for mental well-being, as evidenced by the finding of this study. This finding aligns with prior research, specifically the study conducted by Schwartz et al. (2011). Their research also demonstrated the adverse impact of cultural identity conflicts on psychological distress and self-esteem. Additionally, the research conducted by Berry et al. (2006) is consistent with this finding. Their study highlighted that individuals who experience higher levels of cultural identity conflicts are more likely to have poorer mental health outcomes. The last finding underlines the importance of addressing cultural identity conflicts to promote better mental health outcomes for Nigerians in the United Kingdom. By helping individuals navigate conflicting cultural expectations and fostering an environment that supports cultural diversity, we can potentially improve their mental well-being.

Conclusion

The findings of the current study are consistent with the existing literature on the association between cultural identity conflicts, experiences of discrimination, and mental health outcomes. The results showed that as individuals faced greater conflicts in their cultural identity, they generally reported experiencing less discrimination. On the other hand, higher levels of discrimination were associated with poorer mental health outcomes. Additionally, higher levels of cultural identity conflicts were related to lower mental health scores. These findings support previous research that has shown how discrimination and cultural identity can impact mental well-being.

The results highlight the importance of addressing cultural identity conflicts and discrimination to promote better mental health among Nigerians in the United Kingdom. By fostering a positive cultural identity and creating inclusive environments that value diversity, interventions and policies can be developed to enhance mental well-being. It is also important to recognize that other factors not examined in this study may also influence mental health outcomes by addressing cultural identity conflicts and discrimination, we can work towards creating a supportive and inclusive society that promotes positive mental health for Nigerians in the United Kingdom.

Recommendations

Based on the findings of this study, several recommendations can be made to address the implications mentioned above:

1. Develop interventions and programs that specifically target cultural identity conflicts and promote a positive cultural identity among Nigerians living in the United Kingdom. These initiatives can include educational workshops, support groups, and community activities that celebrate diversity and foster inclusivity.

2. Take active measures to reduce discrimination and create inclusive environments in various settings, such as education, employment, and healthcare. This can involve implementing policies against discrimination, providing anti-bias training, and fostering awareness campaigns to promote equality and respect.

3. Tailor mental health support services to be culturally sensitive and responsive to the unique needs of the Nigerian community. This may involve training mental health professionals to be culturally competent, promoting community spaces for mental health discussions, and raising awareness about available mental health resources and services.

Limitations of the Study

While this study provides valuable insights, it also has limitations that should be acknowledged. Firstly, the findings may lack generalizability due to the focus on Nigerians living in the United Kingdom. Therefore, future research should aim to include more diverse samples to ensure a broader understanding of cultural identity conflicts, discrimination, and mental health outcomes across different populations and cultural contexts. Secondly, the reliance on self-reported measures in this study may introduce biases and inaccuracies. To enhance the validity of future research, a combination of self-report measures and objective assessments should be considered. Moreover, the present study's cross-sectional design limits the ability to establish causal relationships between cultural identity conflicts, experiences of discrimination, and mental health outcomes. Future research employing longitudinal or experimental designs would be beneficial in exploring the temporal associations and potential causal connections among these variables. Lastly, there may be other important variables not measured in this study that could influence the relationships under investigation. Future research should explore additional factors such as social support, acculturation, and coping strategies to provide a more comprehensive understanding of the complex interplay between cultural identity, discrimination,

and mental health. The implications and recommendations derived from this study highlight the need to address cultural identity conflicts, discrimination, and mental health outcomes among Nigerians living in the United Kingdom. Further research, utilizing different designs and considering additional factors, is required to expand our knowledge in this area. These findings can guide future interventions, policies, and programs aimed at promoting mental well-being and reducing discrimination within this population.

Disclosure statement

No potential conflict of interest was reported by the authors.

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