
The Costs of Emigration to the Individual: Evidence from Ireland's Older Adults

Alan Barrett & Irene Mosca
TILDA, TCD

January 2012

Motivation

- In previous work on return migrants, we looked at the wage premium enjoyed by returners
- Hence, we presented a positive picture of emigration and return
- However, for years economists have talked about the psychic costs of migration (Sjaastad, 1962)
- In this research, we look for evidence of the psychic costs of migration (paper 1)
- We use alcohol dependence as an indicator of psychic costs and compare older Irish “stayers” and “returned” migrants
- We also look at social isolation among returners (paper 2, which I’ll mention briefly)

Migration and mental health

-1-

- The association between migration and mental health is well-documented in the **medical literature** → several studies have compared differences in health outcomes of **immigrants** relative to those of the **native-born population**
- Anxiety, depression & increased risk of psychotic disorders reported to be prevalent in some migrant populations (Cochrane and Bal, 1989; Nazroo, 1997; Silveira, 2002)
- Explained (at least to some extent) in terms of: social adversity; migrant stress; social isolation; depression and loneliness; poor living conditions.

Migration and mental health

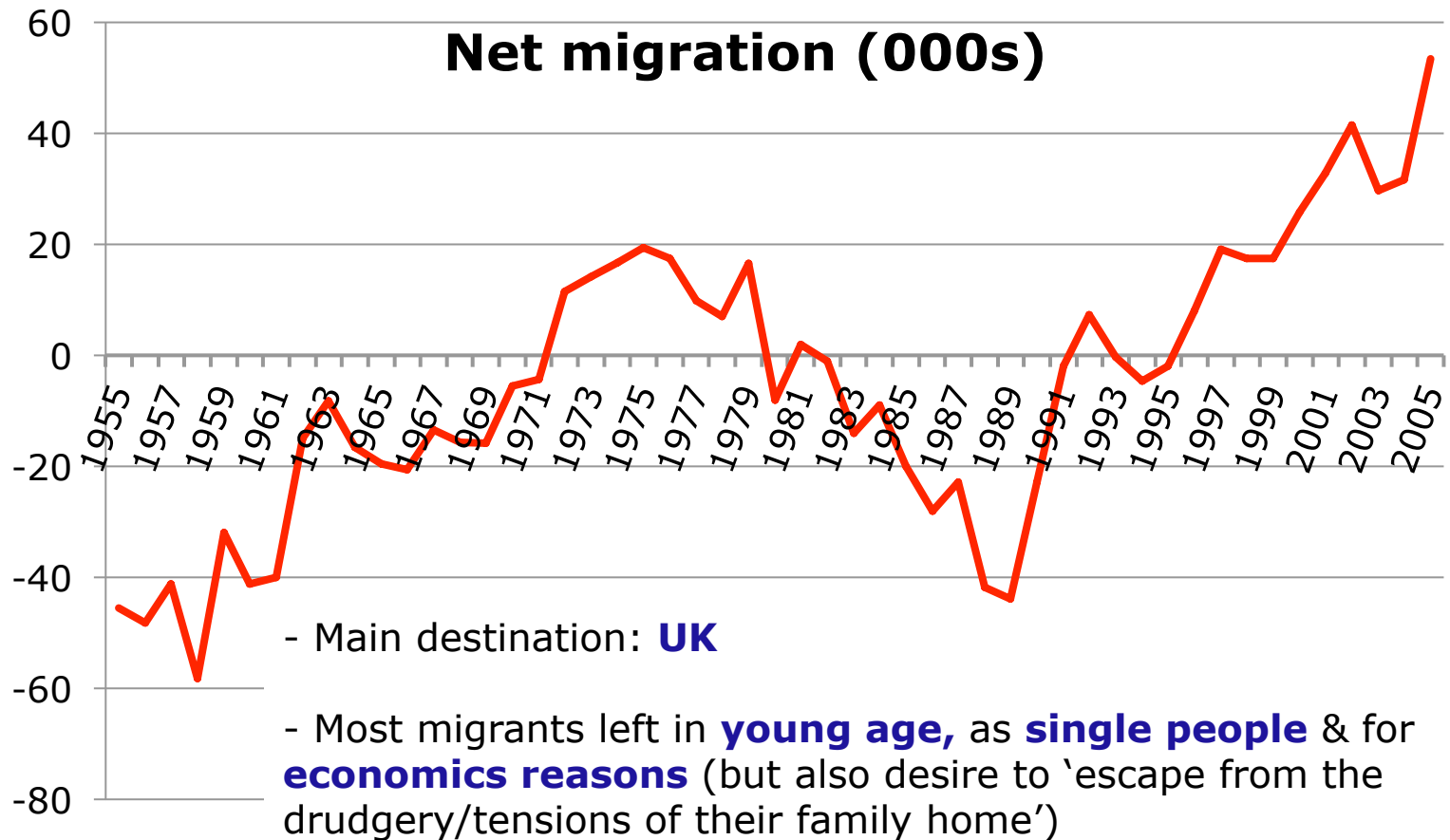
-2-

- What we do is different
- We compare mental health of Irish stayers and return migrants: “treatment” and “control” more likely to be similar
- We argue that psychic costs of (return) migration can arise:
 1. **When migrants move abroad** (1st migration experience)
 2. **After migrants return to their home country** (2nd migration experience)
- We also employ an IV approach which places the paper more firmly in the economics literature

Migration variables in TILDA

- In TILDA, respondents are asked to state:
 - If they have ever lived outside of ROI for more than 6 months
 - For how many years they have worked or lived in another country
 - At what age they first left Ireland
- These questions enable us to distinguish '**stayers**' from '**return migrants**'
- 25% of men & 21% of women have lived abroad for 6+ months
- We identify 2 categories of return migrants:
 - Short-term return migrants (lived abroad for 0.5 to 9 years)
 - Long-term return migrants (lived abroad for 10 years or more): 46% of the male return migrants and 44% of female return migrants

Historical Irish net migration



Methodology: outcome variable?

- TILDA includes a wide battery of questions on current mental health, but not good for us
- We need a variable that captures possible episodes of mental health problems which may have occurred over the life time!
- Respondents are asked to state whether they have ever been diagnosed by the doctor with any emotional, nervous or psychiatric problems and/or alcohol or substance abuse
- But a problem of different health care systems in different countries

Methodology: outcome variable

We use a **standard probit model** in which outcome variable = ***alcohol problems***, identified when the respondent:

- has ever been told by a **doctor** that (s)he is suffering from **alcohol or substance abuse**. We exclude migrants who were diagnosed before migration

or/and

- scores highly in the **CAGE** (cut-annoyed-guilty-eye) **Questionnaire**: extensively validated for use in identifying Alcoholism in the medical literature

Alcohol problem: CAGE

CAGE consists of 4 questions:

- 1) Have you ever felt that you should cut down on drinking? (**cut**)
- 2) Have people ever annoyed you by criticizing your drinking? (**annoyed**)
- 3) Have you ever felt bad or guilty about drinking? (**guilty**)
- 4) Have you ever taken a drink first thing in the morning to steady your nerves or get rid of an hangover? (**eye-opener**)

Score varies from 0 to 4:

0 → "no" to all four questions

4 → "yes" to all four questions

No standard cut off point:

>=2 for men? >=1 for women?

'Standard' regressors

-1-

- **Age** (single year of age)
- **Educational attainment**: primary/none; secondary; third/higher
- **Parental education**: both parents completed primary education; at least one parent completed secondary/tertiary education; education is missing for at least one parent;
- **Socioeconomic status in childhood**: dummies for whether:
 - parents ever worked outside the home when respondent was <14
 - was living in a rural area at age 14
 - grew up in a poor family
- **Health in childhood**: health in childhood self-rated as poor

'Standard' regressors

-2-

- **Individual level household composition:** living alone, living with spouse, living with other
- **Current area of residence:** Dublin; town/city other than Dublin; rural area
- **Current labour market status:** employed, retired, unemployed, permanently sick or disabled, other (also home-makers for women)
- **Smoking:** never smoked, used to smoke but quit, currently smokes

Additional regressors: negative early life events

We are also able to control for **negative life events in childhood** → association between negative early life events and later life mental health problems is well documented in the literature (Springer et al, 2003; Arnow, 2004; Batten et al, 2004; Draper et al, 2004; Kraaij et al, 2002)

We know if before turning 18, TILDA respondents:

- Were either physically or sexually abused
- Parents drank or used drugs so often that it caused problems in the family
- Mother (father) died

Descriptive statistics - men

<i>Outcome variable(s):</i>	Stayers (N=2,067)	Short-term migrants (N=400)	Long-term migrants (N=303)
Doctor diagnose and/or CAGE\geq2	0.159	0.257***	0.214**
Doctor diagnose and/or CAGE\geq3	0.076	0.150***	0.125***
Doctor diagnose and/or CAGE=4	0.033	0.069***	0.074***

Independent Variables:

(Compared to stayers) **long-term migrants** are more likely to:

- be older
- have no or primary education
- have grown up in a poor family or in a rural area
- be retired
- live alone
- smoke or used to smoke

(Compared to stayers) **short-term migrants** are more likely to:

- be highly educated
- have highly educated parents
- smoke or used to smoke

And are less likely to have grown up in a rural area

Descriptive statistics - women

<i>Outcome variable(s):</i>	Stayers (N=1,950)	Short-term migrants (N=385)	Long-term migrants (N=291)
Doctor diagnose and/or CAGE\geq1	0.146	0.225***	0.110
Doctor diagnose and/or CAGE\geq2	0.081	0.134***	0.031***
Doctor diagnose and/or CAGE\geq3	0.033	0.046	0.013*

Independent Variables:

(Compared to stayers) **long-term migrants** are more likely to:

- be older
- have no or primary education
- have grown up in a rural area
- be retired
- smoke or used to smoke

And less likely to be home-makers

(Compared to stayers) **short-term migrants** are more likely to:

- be highly educated
- have highly educated parents
- be employed
- smoke or used to smoke

Descriptive statistics – life events

Also, (short-term) migrants are more likely to have experienced early negative life events

<i>Outcome variable(s):</i>	Stayers	Short-term migrants	Long-term migrants
<i><u>MEN:</u></i>			
Parents had alcohol/drug problem	0.075	0.133***	0.071
Physically or sexually abused	0.093	0.157***	0.102
<i><u>WOMEN:</u></i>			
Physically or sexually abused	0.083	0.126***	0.078

*** $p < 0.01$ ** $p < 0.05$ * $p < 0.10$

Results: doctor diagnose and/or CAGE \geq 3, men

	Marginal Effect	St error
Age	-0.005***	0.001
Secondary education (ref: tertiary educ)	0.034**	0.015
Lives alone (ref: lives with spouse)	0.045**	0.018
Retired (ref: employed)	0.055***	0.018
Currently smokes (ref: never smoked)	0.092***	0.023
Used to smoke (ref: never smoked)	0.055***	0.014
Parents had an alcohol problem or used drugs	0.057**	0.023
Physically or sexually abused	0.036*	0.020
<i>Short-term migrant</i>	<i>0.062***</i>	<i>0.021</i>
<i>Long-term migrant</i>	<i>0.037*</i>	<i>0.021</i>

Alcohol problems affect: 7.6% of stayers, 15% of short-term migrants and 12.5% of long-term migrants

Only statically significant marginal effects are reported in the table

*** $p < 0.01$ ** $p < 0.05$ * $p < 0.10$

Results: doctor diagnose and/or CAGE \geq 2, women

	Marginal effect	Standard errors
Age	-0.004***	0.001
Lives in Dublin	0.047***	0.015
Lives in a town/city other than Dublin	0.023*	0.013
Currently smokes	0.097***	0.019
Used to smoke	0.057***	0.012
Parents had an alcohol problem or used drugs	0.097***	0.022
Physically or sexually abused	0.049***	0.018
<i>Short-term migrant</i>	<i>0.037**</i>	<i>0.016</i>
<i>Long-term migrant</i>	<i>-0.045***</i>	<i>0.012</i>

Alcohol problems affect: 8.1% of stayers, 13.4% of short-term migrants and 3.1% of long-term migrants

Only statically significant marginal effects are reported in the table

*** $p < 0.01$ ** $p < 0.05$ * $p < 0.10$

Are return migrants failed migrants?

We use data on Irish migrants living in England from the Health Survey for England (England)

Q: How often have you had an alcoholic drink of any kind in the last twelve months?

	Men			Women		
	Almost every day	At least 3 days per week	Once per month maximum	Almost every day	At least 3 days per week	Once per month maximum
HSE non-returning migrants (1997-1999 & 2004)	17.3%	37.2%	24.2%	8.3%	20.5%	42.5%
HSE non-returning migrants (2004 only)	14.0%	32.5%	28.1%	11.6%	26.8%	39.9%
TILDA return migrants (2009-2011)	10.1%	30.2%	26.2%	5.6%	19.2%	40.2%
TILDA stayers (2009-2011)	7.4%	26.0%	32.1%	3.2%	15.1%	45.2%

Social isolation on return

- A number of qualitative studies suggest that return migrants do not necessarily fit back in seamlessly
- We use the TILDA data to see if there is evidence for this
- We use an index of social isolation which draws on a series of questions about relationships with family, friends and integration into communities
- We find that social isolation is a significant feature of the lives of both male and female return migrants
- The degree of social isolation is typically stronger for people who spent longer away and who have returned more recently

Conclusions

- Contrary to the findings on earnings, this work on return migrants provides a less positive view of the emigration (and return) experience
- There is no reason to think that future returners will not enjoy wage premia, if you believe a human capital investment story of foreign experience
- But today's emigrants may be suffering psychic costs, in spite of Skype and low-cost airlines
- Today's emigrants may also suffer degrees of social isolation on their return
- There may have been some truth in Michael Noonan's comments but the migration experience seems to have many features, both positive and negative