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Religious Identity and Psychological Well-Being Among Middle-Eastern Migrants in Australia: The Mediating Role of Perceived Social Support, Social Connectedness, and Perceived Discrimination

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This study aims to examine the relative contribution of religious identity, social support, social connectedness, and perceived discrimination on psychological well-being (PWB) among Middle Eastern (ME) migrants in Australia. This cross-sectional study was conducted within Queensland, Australia. A total of 382 first-generation young adult ME migrants, aged 20–39 years, filled out a self-administered questionnaire. The hypothesized model was tested using a 2-step process: measurement and structural model testing. First, confirmatory factor analysis was performed to test the fitness of the measurement model, and reliability and validity indices were calculated. Structural equations modeling was then applied to test the structural model. The mediation analyses were tested using a bootstrapping method. Social support had the largest total effect on PWB through both a direct and an indirect effect via perceived discrimination and social connectedness with ethnic community (SCETH). Religious identity demonstrated both a direct and an indirect effect on PWB through social support, perceived discrimination, SCETH, and social connectedness with mainstream community (SCMN). Perceived discrimination showed a direct and an indirect effect on PWB, mediated by SCMN. The SCETH and SCMN had only direct effects on PWB. Developing interventions that assist religious institutions/networks in offering support and/or strategies to provide support to ME migrants through religious organizations could be helpful in increasing their PWB. Protecting ME migrants against discrimination based on their religious affiliation is a main area of action. Interventions that promote ME migrants' interaction with others could result in their better mental health outcomes.

Keywords: religious identity, psychological well-being, perceived social support, perceived discrimination, Middle Eastern migrants in Australia

Poor mental health is a major contributor to the global burden of disease, affecting one in four people worldwide at some point during their life (Leung, Leung, & Schooling, 2015). Migrant populations are highly vulnerable to developing mental illness as a result of past and ongoing hardships that influence their psychological well-being. Evidence suggests that migrants experience higher rates of mental illness than do host populations (Lamers, Glas, Westerhof, & Bohlmeijer, 2012; Minas et al., 2013). Specifically, Middle Eastern (ME) migrants have been shown to have high rates of mental health and well-being problems because of a number of factors, such as limited host language proficiency, marginalized cultural identity, discrimination, lack of opportunity to utilize their skills and knowledge, trauma experienced prior to migration, and a highly stressful process of adjustment (Abbott, 2016; Liddell, Nickerson, Sartor, Ivancic, & Bryant, 2016; Minas et al., 2013). Previous research has demonstrated that these adverse factors that confront ME migrants need to be addressed for this population to achieve optimal psychological well-being (Liddell et al., 2016; Minas et al., 2013).

Australia is a preferred destination for the world's migrants, including those from the Middle East (Phillips & Simon-Davies, 2016). It is a multicultural society, with one quarter of its population being born overseas, and this level is expected to grow to over 30% by 2050 (Liddell et al., 2016). Whereas the mental health and well-being needs of migrants are heterogeneous, depending on their current context, little is understood about the mental health needs of immigrant groups in Australia (Liddell et al., 2016; Phillips et al., 2016). This highlights the importance of conducting research on the factors that may influence and predict psycholog-

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ical well-being among ME migrants in Australia (Liddell et al., 2016; Minas et al., 2013).

Religiousness, as the degree of an individual's involvement and personal significance attached to a belief system (Aflakseir, 2012), has been widely found to be associated with the psychological well-being of migrants (Aflakseir, 2012; Chan, Tsai, & Fuligni, 2015; Davis & Kiang, 2016; Dimitrova & Aydinli-Karakulak, 2016). However, the results of studies are inconsistent. In a number of studies, religiousness has been found to improve psychological well-being by, for example, being a mediator between immigrants and society; offering migrants the benefits of refuge, resources, and respect; being a source of social capital; and providing migrants a common peoplehood, which could be more powerful than common language or national feeling in adapting to the new country (Aflakseir, 2012; Chan et al., 2015; Davis et al., 2016). Conversely, in other studies, religiousness has been identified as a negative factor for the psychological well-being of migrants because of it creating judgmental, alienating, and exclusive attitudes; being used as a justification for hatred, aggression, and prejudice; promoting feelings of religious guilt; being a source of discrimination; and being an obstacle for acculturation (Dimitrova et al., 2016; Foroutan, 2011). Given these opposing positions, the association between religion and migrants' psychological well-being needs to be further studied in relation to various factors and settings (Davis et al., 2016; Ikizler & Szymanski, 2018; Jasperse, Ward, & Jose, 2012).

Studies on the association between religion and psychological well-being have mostly focused on the limited aspects of religiousness (e.g., religious participation, religious coping), and therefore, a consideration of more comprehensive constructs is needed (Abu-Rayya, Walker, White, & Abu-Rayya, 2016; Davis et al., 2016). Religious identity, as the individuals' identification with religious groups, encompasses three main dimensions: religious affirmation and belonging, religious identity achievement, and religious faith and practices (Abu-Rayya et al., 2016). Therefore, a focus on religious identity could give a more thorough understanding of the process by which individuals explore and commit to a set of religious beliefs and/or practices (Abu-Rayya et al., 2016). Considering that little work has specifically focused on religious identity, conducting studies on the association between it and migrants' psychological well-being is of great importance (Davis et al., 2016).

Perceived social support, referring to individuals' beliefs about the availability of help provided through their social environment, including friends, family, and significant others, has been found to be an influential factor in improving the psychological well-being of migrants. The feeling of being cared for and supported by others assists migrants to cope with stressful, postmigration events and plays a significant role in the promotion of their positive psychological functioning (Fernández, Silván-Ferrero, Molero, Gaviria, & García-Ael, 2015; Newman, Nielsen, Smyth, & Hirst, 2018). Religion has been demonstrated by previous research as a main source of social support for migrants because of it providing a social system allowing migrants to be a part of a social network made up of people with similar backgrounds, interests, and values, resulting in receiving stronger support (Davis et al., 2016; Merino, 2014). The social support achieved can in turn facilitate migrants' sense of social connectedness because the ties between individuals to exchange support can satisfy their needs to be socially and emotionally connected with others (Merino, 2014; Wei, Wang, Heppner, & Du, 2012).

Social connectedness, as individuals' subjective sense of interpersonal closeness with the social world, has been found to be an important factor in enhancing psychological well-being (Mauss et al., 2011; Yoon, Hacker, Hewitt, Abrams, & Cleary, 2012). In migrants, the sense of connectedness to both mainstream and ethnic communities has been associated with lower chronic loneliness, stress, anxiety, depression and higher self-esteem, social trust, resilience to stress, and life satisfaction (Wei et al., 2012; Yoon et al., 2012). In migrants who are religious, some dimensions of religiousness (e.g., attendance and commitment) have been identified to be sources of connectedness, assisting them in making social interactions and friendships with other religious community members (Wilmoth, Adams-Price, Turner, Blaney, & Downey, 2014).

In light of this and given that a number of religious group members belong to the same ethnic communities, religiousness of migrants has been found to be associated with their social connectedness with ethnic community members (Wilmoth et al., 2014). However, the evidence on the association between religiousness and social connectedness with the mainstream population is mixed, depending on the religion of the migrants and mainstream community (Maliepaard & Schacht, 2018). The studies conducted on Muslim migrants in non-Muslim majority societies show higher religiousness is related to lower social connectedness with the host population. Islam, as a religion with specific regulations and expectations (e.g., dress code, dietary guidelines, worship rules, and constraints on social interaction between men and women), forms a barrier for the interaction between migrants and the host population. This may be exacerbated by the contemporary political climate against Muslims in the world arising from terrorism events attributed to Muslims and political conflicts (Ahmad & Sardar, 2012; Awad, 2010; Maliepaard et al., 2018). Because the majority of ME migrants are Muslims (Ahmad et al., 2012), addressing the link between social connectedness and religious identity among this population group is of great value.

Perceived discrimination, which is defined as the subjective perception of unfair treatment based on societal group membership, is adversely associated with the psychological well-being of migrants (Berry & Hou, 2017; Schmitt, Branscombe, Postmes, & Garcia, 2014). Research shows that the experience of discrimination in migrants is related to high levels of psychological distress and low levels of positive affect, satisfaction with life, self-esteem, and sense of control (Berry et al., 2017; Schmitt et al., 2014). Although perceived discrimination is evident toward ME migrants of diverse religious backgrounds, Muslim ME migrants report higher levels of discrimination compared with their Christian counterparts because of the rise in prejudiced attitudes toward Muslims with the increasing Islamophobia in Western countries (Akbarzadeh, 2016). This, along with the visible markers of Islam (e.g., hijab, beard, kufies), makes Muslims highly vulnerable to harassment and discrimination (Ikizler et al., 2018).

The experience of discrimination in migrants can lead to them feeling rejected by the host society and thus lower social connectedness with mainstream people and, instead, make them turn to their ethnic community to have a sense of connectedness and to cope with discrimination (Yoon et al., 2012). Thus, perceived discrimination can be an influential factor in developing social

connectedness with ethnic and/or mainstream communities (Duru & Poyrazli, 2011; Yoon et al., 2012). Social support that migrants receive from social networks available to them can play a protecting role against the adverse effects of the perceived discrimination on their health and well-being (Fernández et al., 2015; Newman et al., 2018).

The purpose of this study is to examine the relative contribution of religious identity, social support, social connectedness, and perceived discrimination on the psychological well-being of ME migrants in Australia. Because young adult migrants have higher immigration rates in Australia and worldwide compared with other age groups (Australian Bureau of Standards [ABS], 2017; Liddell et al., 2016), first-generation young adult ME migrants were selected as the population of interest for this study. The adverse mental health outcomes among young adult migrants are of concern. They face a complicated and protracted process of settlement, which involves a wide range of highly stressful and demanding tasks to deal with the challenges of negotiating education and employment pathways, learning a new language, and understanding and navigating a completely unfamiliar culture (Liddell et al., 2016). If young adults are from refugee backgrounds, these issues are potentially exacerbated by limited English language proficiency, traumatic refugee experiences, lower access to social and cultural capital, and greater exposure to racism and discrimination (Newman et al., 2018). This could be attributed to many ME migrants in Australia as refugees from ME countries constitute about 60% of all recent refugees to this country (ABS, 2017). Therefore, the psychological well-being of young adult ME migrants in Australia and its associated factors are a crucial topic that needs to be further explored. On this basis, as shown in Figure 1, the following hypotheses were addressed in the current study:

Hypothesis 1: Higher religious identity would be associated with higher psychological well-being among ME migrants.

Hypothesis 2: Social connectedness with ethnic community and social connectedness with the mainstream community would mediate the association between religious identity and psychological well-being.

Hypothesis 3: Perceived discrimination would mediate the association between religious identity and psychological well-being.

Hypothesis 4: Social connectedness with ethnic community and social connectedness with mainstream community would mediate the association between perceived discrimination and psychological well-being.

Hypothesis 5: Social support would mediate the association between religious identity and psychological well-being.

Hypothesis 6: Perceived discrimination would mediate the association between social support and psychological well-being.

Hypothesis 7: Social connectedness with ethnic community and social connectedness with mainstream community would mediate the association between social support and psychological well-being.

Method

Participants

Participants consisted of 382 first-generation young adult ME migrants aged 20–39 years. A first-generation immigrant is an individual who is born in a foreign country and whose parents are also foreign citizens or born in a foreign country (Liddell et al., 2016). The age range (20–39 years) was determined based on the definition of young adulthood according to psychosocial development stages and also standard age categories of the ABS (ABS, 2014; Erikson, 1994). The mean age of the participants was 30.41 years (SD = 4.57). Almost half of the participants (47.9%) were female and 52.1% were male, with 59.9% being single or divorced

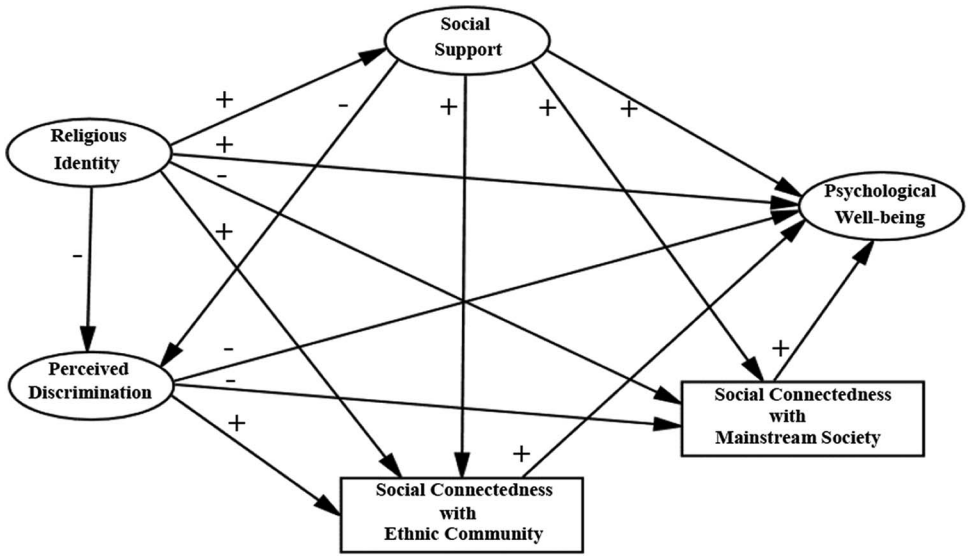

Figure 1. Hypothesized model.

and 40.1% being married or cohabited. Most of the participants (91.1%) were Muslims. More than half of the participants (53.9%) held a university degree, and the majority were employed (67.0%). Participants' sociodemographic characteristics are presented in Table 1.

Procedure

Participants were recruited from January 2017 to October 2017 within the state of Queensland, a major migration destination in Australia. A sample size of 382 of a population of 500,000 young adult ME migrants in Australia was determined, using the Cochran formula (ABS, 2017). The population sample was selected from various main community locations (such as universities; workplaces; religious centers; ME clubs; and ME exhibitions, festivals, and ceremonies) using convenience sampling.

Informed verbal or written consent was obtained at recruitment, based on the data collection strategy. The surveys were administered in English, but if needed, a translator was available to provide assistance in completing the questionnaires. Ethics approval for the study was obtained from Human Research Ethics Committee (reference no. 2017/054).

Table 1
Sociodemographics of First-Generation Young Adult Middle Eastern Migrants (N = 382)

Characteristics	Total (%)
Age (years, mean ± *SD*)	30.41 ± 4.57
Gender	
Male	199 (52.1)
Female	183 (47.9)
Marital status	
Single/divorced	229 (59.9)
Married/cohabited	153 (40.1)
Religion	
Islam	348 (91.1)
Christianity	5 (1.3)
Judaism	3 (.8)
Other	6 (1.6)
No religion	20 (5.2)
Educational level	
Below university level	176 (46.1)
University level	206 (53.9)
Employment status	
Employed (in any paid employment)	256 (67%)
Unemployed	126 (33%)

Note. Gender was coded as 1 = *male* and 2 = *female*. Marital status was coded as 1 = *never married, divorced, separated, or widowed* and 2 = *married, cohabiting, or in an ongoing relationship*. Religion was coded as 1 = *Islam (Shia/Sunni)*; 2 = *Christianity*; 3 = *Judaism*; 4 = *other*; and 5 = *no religion*. Education level was coded as 1 = *less than high school/secondary school, uncompleted high school/secondary school, completed high school/secondary school, diploma or certificate taking less than 12 months full time in vocational education and training, diploma or certificate taking 12 months or more full time in vocational education and training, trade certificate, or other* and 2 = *holding undergraduate (bachelor) degree, postgraduate diploma/master's degree, doctorate (PhD) degree, or other*. Employment status was coded as 1 = *full-time permanent, part-time permanent, full-time contract, part-time contract, full-time casual, part-time casual, or other* and 2 = *unemployed looking for work, unemployed not looking for work, or other*.

Measures

Religious identity. Religious identity was measured using the Multi-Religion Identity Measure (MRIM). The MRIM is a self-report scale that was developed by Abu-Rayya & Abu-Rayya (2009) to measure religious identity within different faiths. This scale has demonstrated a good degree of validity and reliability in previous research (Abu-Rayya et al., 2009). In the present study, the internal consistency (Cronbach's alpha) of MRIM was .93. The respondents completed MRIM comprising 15 items divided equally between three subscales representing religious identity: religious affirmation and belonging (e.g., "I have a strong sense of belonging to my religion"); religious identity achievement (e.g., "I have established a clear view on my lifestyle that is acceptable to my religion"); and religious faith and practices (e.g., "The place of worship of my religion is important to me"). Each item was scored on a 7-point Likert scale from 1 (*not at all*) to 7 (*absolutely*). The scale also included a point of 0 (not applicable), in case the respondents were not willing to express their religious affiliation or wish to count as atheists (Abu-Rayya et al., 2009).

Social connectedness. Social connectedness was assessed using the Social Connectedness in Mainstream Society (SCMN) and Social Connectedness in the Ethnic Community (SCETH) scales. The SCMN and SCETH scales were originally developed by Yoon, Lee, and Goh (2008) and have been demonstrated to have construct, convergent, and discriminant validity and reliability (Yoon, Jung, Lee, & Felix-Mora, 2012; Yoon et al., 2008). The Cronbach's alphas for SCMN and SCETH in this study were .95 and .94, respectively. The scales comprised two sets of five parallel items asking the study participants to assess respective connectedness to mainstream Australian (e.g., "I feel connected with Australian society") and ethnic (ME) communities (e.g., "I feel connected with my ethnic community"). The items were rated on a 7-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*), with higher scores indicating a greater sense of connectedness. The total score of each scale was calculated individually and by adding the scores for each set of items (Yoon et al., 2012; Yoon et al., 2008).

Social support. Social support was measured using the Multidimensional Scale of Perceived Social Support. The scale was originally developed and validated by Zimet, Dahlem, Zimet, and Farley (1988), and its psychometric properties have been demonstrated in several studies (Akhtar et al., 2010; Dahlem, Zimet, & Walker, 1991). The Cronbach's alpha of the Multidimensional Scale of Perceived Social Support in the current study was .95. The participants were asked 12 items measuring perceived support from three sources: family (e.g., "My family really tries to help me."); friends (e.g., "I have friends with whom I can share my joys and sorrows"); and significant others (e.g., "I have a special person who is a real source of comfort to me"). Items were evaluated using a 7-point rating scale ranging from 1 (*very strongly disagree*) to 7 (*very strongly agree*), with higher scores indicating higher levels of social support, and possible scores ranging from 12 to 84 (Zimet et al., 1988).

Perceived discrimination. Perceived discrimination was assessed using the Brief Perceived Ethnic Discrimination Questionnaire–Community Version (PEDQ-CV). The PEDQ-CV was adapted from the Perceived Ethnic Discrimination Questionnaire (Contrada et al., 2001) to be used with noninstitutionalized

community samples. The Brief PEDQ-CV is a 17-item measure developed as a shorter version of the 70-item PEDQ-CV, and its construct validity and internal consistency were demonstrated in previous research (Brondolo et al., 2005). In this study, the Cronbach's alpha of this scale was .90. Using the Brief PEDQ-CV, the respondents were asked how often they had experienced discriminatory events across five domains: exclusion/rejection (e.g., "Have others ignored you or not paid attention to you?"); stigmatization/devaluation (e.g., "Have others hinted that you are dishonest or can't be trusted?"); discrimination at work/school (e.g., "Have others thought you couldn't do things or handle a job?"); threat/aggression (e.g., "Have others threatened to hurt you?"); and exposure to police discrimination (e.g., "Have policemen or security officers been unfair to you?"). Items were scored using a 7-point rating scale with response options, ranging from 1 (*never happened*) to 5 (*happened very often*). The total score of the scale was calculated by adding the responses to all 17 items, with higher scores corresponding to greater exposure to discrimination (Brondolo et al., 2005).

Psychological well-being. The Ryff 42-item Psychological Well-Being (PWB-42) questionnaire was used to measure psychological well-being (Ryff, 1989; Ryff & Keyes, 1995). The internal consistency and construct validity of the scale were confirmed in previous studies (Abbott et al., 2006; Henn, Hill, & Jorgensen, 2016). The Cronbach's alpha of the scale was .89 in the current study. Using the PWB-42, the study participants rated their psychological well-being across six domains: autonomy (e.g., "My decisions are not usually influenced by what everyone else is doing"); positive relations (e.g., "I enjoy personal and mutual conversations with family members or friends"); environmental mastery (e.g., "I generally do a good job of taking care of my personal finances and affairs"); personal growth (e.g., "I think it is important to have new experiences that challenge how you think about the world"); purpose in life (e.g., "I enjoy making plans for the future and working to make them a reality"); and self-acceptance (e.g., "I have made some mistakes in the past, but feel that all in all everything has worked out for the best"). The 42 PWB items were scored on a 6-point Likert scale from 1 (*strongly disagree*) to 6 (*strongly agree*). Twenty items had positive item content, with the remaining 22 comprising negative item content. Prior to analysis, negatively worded items were reverse scored so that higher scores on the scale reflected a greater level of well-being (Ryff et al., 1995).

Data Analyses

The hypothesized model was tested, via IBM AMOS 24 (IBM Corp, 2016), by a two-step process: (a) measurement model testing, and (b) structural model testing.

Measurement model testing. The hypothesized measurement model was developed based on the literature available (Abbott et al., 2006; Abu-Rayya et al., 2009; Akhtar et al., 2010; Brondolo et al., 2005; Ryff et al., 1995; Yoon et al., 2012) and was tested through confirmatory factor analysis using maximum likelihood estimation. The adequacy of model fit was examined using incremental and absolute fit indices (Byrne, 2016). The model misspecification was identified and reduced using modification indices and standardized regression weights (Byrne, 2016). The internal consistency reliability, convergent, and discriminant validity indices were then measured to assess the reliability and validity of the measurement model for the estimation of the structural model. The internal consistency reliability of the measurement constructs was established using Cronbach's alpha (Byrne, 2016). Convergent validity was examined using factor loading, composite reliability, and average variance extracted; and discriminant validity was evaluated by comparing average variance extracted with maximum shared squared variance and average shared squared variance (Maerlender et al., 2013).

Structural model testing. The hypothesized structural model (see Figure 1) was tested using structural equation modeling (SEM) with maximum likelihood estimation. To assess the model fit, a number of fit indices were used (Byrne, 2016). Based on modification indices and residual correlations, model fit was improved when the modifications were theoretically reasonable and/or consistent with previous empirical results. The significance of the mediating effect was tested using the bootstrapping method, with 95% bias-corrected confidence intervals calculated by bootstrapping with 5000 resamples. Statistical significance was examined with two-tailed tests; $p < .05$ was considered as statistically significant.

Results

Measurement Model

The hypothesized measurement model included 96 items as indicators for the 19 latent variables corresponding to the subscales of the study measures. The results of the confirmatory factor analysis indicated that the measurement model had an inadequate model fit. Therefore, post hoc modification indices were examined to determine potential sources of model misspecification and identify possible changes to improve the model fit. An inspection of modification indices indicated large error covariances between error terms of the items belonging to the latent constructs, including religious faith and practices, social connectedness in the ethnic community, personal growth, positive relations, purpose in life, significant others, and friends. By adding covariates between error terms of the items, the model fit was improved, but adequate model fit was still not achieved. As a result, standardized regression weights were used to assess the relative importance of each item in terms of its related latent variable, and the items with low standardized factor loadings were detected as sources of misspecification and removed from the measurement model. They included 10 items belonging to the subscales: autonomy (two items), environmental mastery (two items), personal growth (two items), purpose in life (two items), exposure to police discrimination (one item), and religious faith and practices (one item). Dropping these items was in line with previous research on factor structure, evaluation of, and the theory behind the scales (Abbott et al., 2006; Abbott, 2016; Abbott, Ploubidis, Huppert, Kuh, & Croudace, 2010; Brondolo et al., 2005; Henn et al., 2016; Van Camp, 2010; Van Dierendonck, 2004). The standardized factor loadings of the deleted items varied from .192 to .439.

In the case of Ryff PWB scale, to obtain an adequate fitting model, further modifications were tested and applied in the factor structure of the Ryff PWB scale, using the recommendations made by previous research on the measurement precision and validity of the Ryff-42 items (see Abbott et al., 2006 and Henn et al., 2016 for

further details). First, one item from the environmental mastery subscale was moved to the positive relations because of it having a higher factor loading on the latter. Second, because the Ryff PWB scale consisted of positively and negatively worded items, two additional latent variables (positive and negative) were considered in the model as method factors to remove nuisance variance because of item wording that was unrelated to the constructs being measured. The method factors were assumed independent of each other and also of the construct factors and were placed between item covariance, orthogonal to the measured constructs (see Figure 2).

Following these model modifications, satisfactory model fit indices (see Table 2) and also reliability and validity indices were achieved for the constructs for the study population (see Table 3). As a result, the developed measurement model was valid and eligible for structural model estimation in the next (second) step. Figure 2 shows the finalized measurement model.

Structural Model

The second-order structural model comprised 18 observed variables concerning 18 subscales, obtained from the modified measurement model, and four latent variables (see Figure 3). Because the subscales had been established in the phase of measurement model testing, the mean scores of their related items were considered as their indicators in the structural model. The SEM

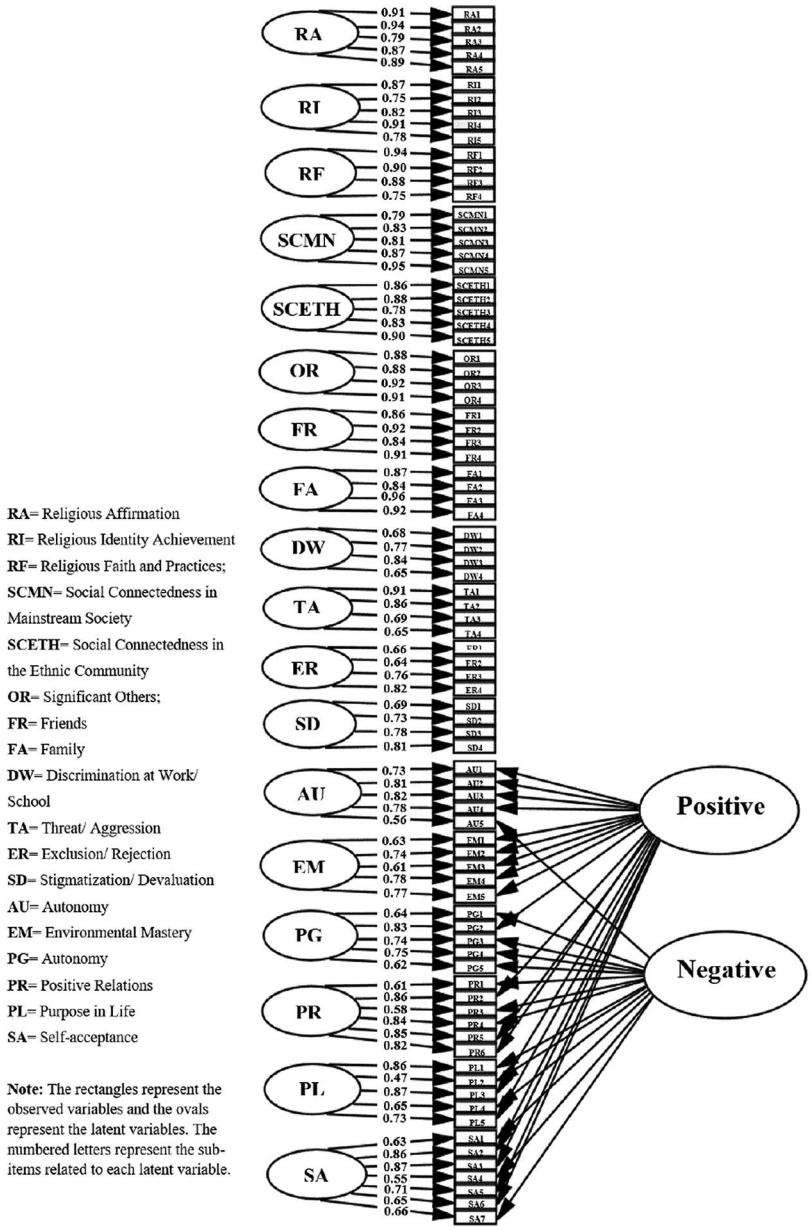

Figure 2. The finalized measurement model ($N = 382$), with standardized regression weights.

Table 2
Goodness of Fit Indices for Measurement Model, Before and After Fitness

Measure	Before fitness	After fitness
χ^2/df	2.895	2.353
RMSEA	.071	.054
CFI	.787[a]	.966
TLI	.773[a]	.953
GFI	.602[a]	.927
PCFI	.566	.703
IFI	.788[a]	.966
NFI	.705[a]	.954
SRMR	.076	.053

Note. $\chi^2/df = \chi^2$ to degree of freedom ratio (values ≤ 3 indicate a good fit and ≤ 5 indicate a permissible fit); RMSEA = root mean square error of approximation (values ≤ .05 indicate a good fit and≤ .08 indicate an adequate fit); CFI = comparative fit index (values ≥ .95 indicate a good fit and ≥ .9 indicate an acceptable fit); TLI = Tucker Lewis Index (values ≥ .95 indicate a good fit and ≥ .9 indicate an acceptable fit); GFI = goodness-of-fit index (values ≥ .95 indicate a good fit and ≥ .9 indicate an acceptable fit); PCFI = parsimony adjustment to the CFI (values ≥ .5 indicate a good fit); IFI = incremental fit index (values ≥ .95 indicate a good fit and ≥ .9 indicate an acceptable fit); NFI = normal fit index (values ≥ .95 indicate a good fit and ≥ .9 indicate an acceptable fit); SRMR = standardized root mean square residual (values ≤ .05 indicate a good fit and ≤ .1 indicate an acceptable fit).
[a] Values are below the acceptable levels.

model (see Figure 3) showed acceptable fit indices (χ^2 to degree of freedom ratio = 2.645, root mean square error of approximation = .061, comparative fit index = .927, Tucker-Lewis index = 0.917, goodness-of-fit index = .902, parsimony adjustment to the comparative fit index = .671, incremental fit index = .927, normal fit index = .913, standardized root mean square residual = .076).

Standardized regression coefficients for the SEM model are reported in Table 4. The results show religious identity ($\beta = .226$, $p < .001$), social support ($\beta = .386$, $p < .001$), perceived discrimination ($\beta = -.262$, $p < .001$), social connectedness with ethnic community ($\beta = .220$, $p < .001$), and social connectedness with mainstream community ($\beta = .148$, $p = 0.006$) were directly predictive of psychological well-being. Second, religious identity was associated with higher social support ($\beta = .224$, $p < .001$), higher social connectedness with ethnic community ($\beta = .311$, $p < .001$) and higher perceived discrimination ($\beta = .336$, $p < .001$) but not associated with social connectedness with mainstream community ($\beta = -.012$, $p = .087$). Third, social support was associated with lower perceived discrimination ($\beta = -.156$, $p = .004$), higher social connectedness with ethnic community ($\beta = .424$, $p < .001$), and social connectedness with mainstream community ($\beta = .246$, $p < .001$). Lastly, perceived discrimination was associated with lower social connectedness with mainstream community ($\beta = -.147$, $p = .009$) but not associated with social connectedness with ethnic community ($\beta = -.028$, $p > .05$).

Direct, indirect, and total effects on psychological well-being. Standardized direct and indirect effects are shown in Table 5. Religious identity demonstrated both a direct ($\beta = .226$, $p < .001$) and an indirect effect ($\beta = .095$, $p = .006$) on psychological well-being through social support, perceived discrimination, social connectedness with ethnic community, and social connectedness with mainstream community. Social support was found to have the highest total effect on psychological well-being ($\beta = .561$, $p < .001$) through both a direct ($\beta = .386$, $p < .001$) and an indirect effect ($\beta = .175$, $p < .001$) via perceived discrimination, social connectedness with ethnic community, and social connectedness with mainstream community. Perceived discrimination showed a direct ($\beta = -.262$, $p < .001$) and an indirect effect ($\beta = -.028$, $p = .008$) on psychological well-being, mediated by social connectedness with mainstream community. Social connectedness with ethnic community, and social connectedness with mainstream community had only direct effects on psychological well-being ($\beta = .220$, $p < .001$; $\beta = .148$, $p < .001$, respectively).

Discussion

Migrant populations are highly vulnerable to developing mental illness as a result of past and ongoing hardships (Minas et al., 2013). Specifically, evidence shows a high rate of mental health issues among ME migrants, both worldwide and in Australia. Therefore, there is a need to address factors predicting the psychological well-being of this migrant group (Chen, Hall, Ling, & Renzaho, 2017; Hashemi, Marzban, Sebar, & Harris, 2019; Liddell et al., 2016; Minas et al., 2013). To our knowledge, the present study is the first to explore the associations between socioreligious predictors and psychological well-being of ME migrants using the SEM technique. The study findings suggest that religious identity, social connectedness with ethnic and mainstream communities, perceived social support, and perceived discrimination were sig-

Table 3
Reliability, Convergent, and Discriminant Validity Coefficients for Study Constructs, After Correction

Subscale	α	CR	AVE	MSV	ASV	Subscale	α	CR	AVE	MSV	ASV
RA	.951	.982	.918	.298	.054	TA	.872	.863	.616	.388	.089
RI	.944	.967	.854	.312	.056	ER	.741	.815	.528	.347	.066
RF	.926	.963	.868	.312	.056	SD	.807	.812	.520	.388	.087
SCMN	.947	.943	.767	.240	.087	AU	.800	.860	.556	.209	.072
SCETH	.939	.947	.781	.100	.021	EM	.816	.833	.502	.217	.110
OR	.948	.942	.804	.490	.087	PG	.730	.841	.518	.274	.057
FR	.944	.938	.790	.585	.136	PR	.884	.895	.592	.274	.110
FA	.945	.942	.803	.585	.123	PL	.756	.847	.536	.209	.080
DW	.774	.825	.543	.157	.058	SA	.788	.876	.508	.198	.083

Note. α > .7 represents an acceptable reliability; convergent validity = AVE (average variance extracted) > .5 and CR (composite reliability) > .7; discriminant validity = AVE > MSV (maximum shared squared variance) and AVE > ASV (average shared squared variance).

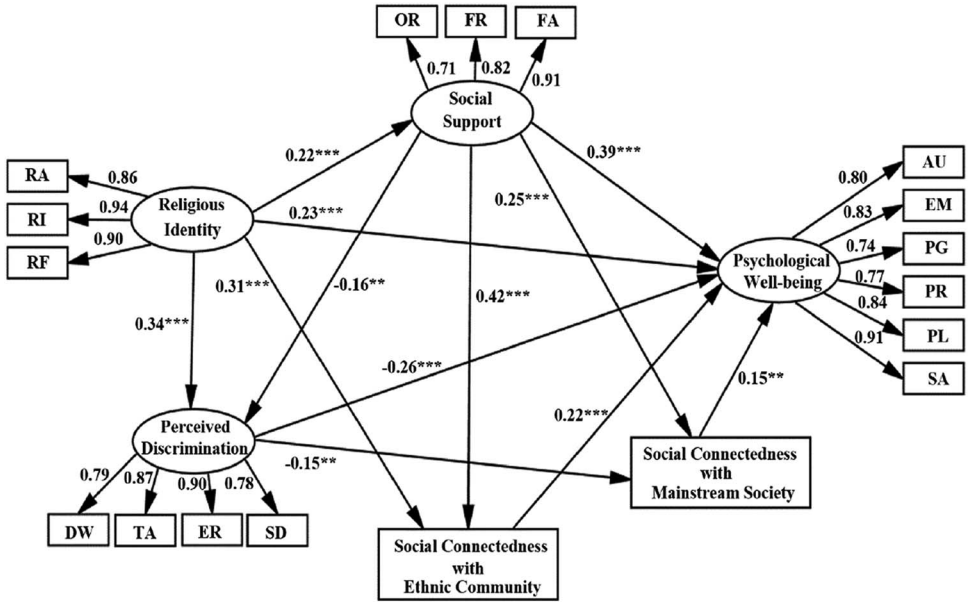

Figure 3. The finalized structural model ($N = 382$), with standardized beta weights and significant level. ** $p < .01$; *** $p < .001$.

nificant predictors of the psychological well-being of ME migrants. Moreover, the findings confirmed the hypothesized mediating effects of social connectedness with ethnic community, perceived discrimination, and perceived social support in the association between religious identity and psychological well-being.

According to the results, in line with Hypothesis 1, religious identity was directly associated with psychological well-being among young adult ME migrants. This is consistent with the findings of previous research, indicating that the sense of membership to a religious group and its importance to self-concept, the association with a religious institution, engagement in religious activities, and belief in a god or higher power provide individuals with a sense of significance, positive emotions, self-esteem, positive relations, sense of meaning, and purpose in life and also have a buffering effect against depression (Aflakseir, 2012; Chan et al., 2015; Davis et al., 2016). Particularly among ME migrants, with the majority being Muslim, religion has been found to be highly associated with positive mental health because the Islamic values and practices could be used as resources for empowerment to deal with life difficulties (Aflakseir, 2012; Ahmad et al., 2012; Awad, 2010; Sohrabizadeh, Jahangiri, & Khani Jazani, 2018). The Middle Eastern migrants have been shown to be more likely to benefit from the positive outcomes of religiousness, namely better psychological well-being, because in ME communities, religion is a dominant factor in the cultural and social systems, which impacts extensively on individuals' thinking, behaviors, and social customs, and is a part of people's daily life (Ahmad et al., 2012; Awad, 2010; Ikizler et al., 2018).

Table 4
Standardized Regression Coefficients and Standard Errors for All Pathways of the Final SEM Model (N = 382)

Path		Final model			
Variable 1	Variable 2	*SE*	β	[95% CI]	*p*
Religious identity	Social connectedness with ethnic community	.018	.311	[.226, .392]	<.001
Religious identity	Social connectedness with mainstream community	.021	−.012	[−.123, .094]	.087
Religious identity	Perceived discrimination	.043	.336	[.170, .485]	<.001
Religious identity	Social support	.020	.224	[.112, .327]	<.001
Social support	Perceived discrimination	.033	−.156	[−.290, −.029]	.004
Social support	Social connectedness with ethnic community	.059	.424	[.316, .510]	<.001
Social support	Social connectedness with mainstream community	.063	.246	[.141, .348]	<.001
Perceived discrimination	Social connectedness with ethnic community	.093	−.028	[−.115, .067]	>.05
Perceived discrimination	Social connectedness with mainstream community	.005	−.147	[−.240, −.037]	.009
Religious identity	Psychological well-being	.002	.226	[.142, .306]	<.001
Social support	Psychological well-being	.039	.386	[.246, .514]	<.001
Perceived discrimination	Psychological well-being	.056	−.262	[−.407, −.123]	<.001
Social connectedness with ethnic community	Psychological well-being	.051	.220	[.119, .318]	<.001
Social connectedness with mainstream community	Psychological well-being	.089	.148	[.024, .264]	.006

Table 5
Standardized Direct, Indirect, and Total Effects of All Study Variables on Psychological Well-Being

Variable	Direct effect β [95% CI]	Indirect effect β [95% CI]	Total effect β [95% CI]
Religious identity	.226 [.244, .403]	.095 [.067, .117]	.321 [.246, .388]
Social connectedness with ethnic community	.220 [.119, .318]	—	.220 [.119, .318]
Social connectedness with mainstream	.148 [.024, .264]	—	.148 [.024, .264]
Social support	.386 [.246, .514]	.175 [.086, .257]	.561 [.388, .718]
Perceived discrimination	−.262 [−.407, −.123]	−.028 [−.049, −.003]	−.290 [−.441, −.124]

Note. — = the effect is significant if the confidence interval does not include zero. Direct effect is the effect of the predictor on the outcome variable, controlling for the mediator. Indirect effect is the effect of the predictor on the outcome variable through all mediating variables. Total effect is the sum of the direct and indirect effects (Byrne, 2016).

Consistent with Hypothesis 2, social connectedness with the ethnic community was found as a mediator in the association between religious identity and psychological well-being. This is in line with previous research suggesting that religious identity offers opportunities for social interaction between likeminded people and nurtures friendships and social ties through participation and involvement in the religious organizations, which in turn results in better mental health outcomes (Wei et al., 2012; Yoon et al., 2012). Moreover, religious people tend to engage with individuals who share their beliefs and worldviews, which could lead to the increase of social interactions within the religious community. Because Muslims are still largely organized along ethnic lines in Western countries including Australia, these contacts are likely between ethnic group members (Ahmad et al., 2012; Awad, 2010; Maliepaard et al., 2018). However, contrary to Hypothesis 2, ME migrants with higher religious identity were not shown to have lower social connectedness with the host community. This agrees with the previous studies that demonstrate that whereas one's engagement in religious activities facilitates their contact with religious group members, it does not mean that lesser contact will occur with outgroup members because the two are orthogonal (Maliepaard et al., 2018). Nevertheless, in our study, the indirect link between religious identity and social connectedness with mainstream society, through perceived discrimination and social support, reveals the still existing effect of religious identity on social connectedness with host people, although it is not direct.

In line with Hypothesis 3, perceived discrimination was found to have a mediating effect on the association between religious identity and psychological well-being. Our findings are in accordance with previous studies suggesting that religious identity is related to higher perceived discrimination (Akbarzadeh, 2016; Ikizler et al., 2018), which in turn results in lower mental health outcomes (Berry et al., 2017; Schmitt et al., 2014). Considering most of the study participants were Muslims, their religious identity involves specific, prescribed religious behaviors (e.g., gender segregation and restricted social interactions between genders; eating Halal foods; prayers five times a day), and visible religious markers (e.g., women wearing hijabs, men wearing beards or wearing kufies), which distinguish them from the mainstream Australian community. These differences highlight their minority status or otherness and thus may result in discrimination (Awad, 2010; Ikizler et al., 2018; Jasperse et al., 2012). The visible religious expressions also might be assumed by the host population as a cultural and/or political statement made on behalf of Muslims to protest against rising Islamophobia, to advocate Islamic values or to show adherence to an Islamic identity, leading to more prejudice and discrimination against the Muslim population (Droogsma, 2007; Jasperse et al., 2012). Furthermore, in Western societies, the public attitude toward Muslims and people of Arab and ME descent is generally ambivalent or negative and sometimes overtly hostile because of past terrorist incidents committed by Islamic extremists (e.g., September 11 attacks, Camp Speicher massacre, Yazidi communities bombings); the sociopolitical situation in the Middle East and the media (Akbarzadeh, 2016; Freedman & Thussu, 2011). This could lead to problematic portrayals, stereotyping, and a negative perception within mainstream Australian society toward ME people and/or Muslims, resulting in discriminatory practices (Abu-Rayya & White, 2010).

Inconsistent with Hypothesis 4 assuming that the experience of discrimination could turn ME migrants to their ethnic group for protection and support, in turn resulting in their higher psychological well-being, no association was found between perceived discrimination and connectedness between the ethnic group members. Thus, social connectedness with the ethnic community was not shown to mediate the link between perceived discrimination and psychological well-being. Given a number of previous studies have emphasized the moderating effects of ethnic factors, by buffering or exacerbating the negative influence of discrimination on migrants' mental health, future research needs to be conducted to examine the moderating effect of ethnic community social connectedness on the link between perceived discrimination and psychological well-being in ME migrants (Yoon et al., 2012). However, consistent with Hypothesis 4, social connectedness with the mainstream community was found to mediate the association between perceived discrimination and psychological well-being because ME migrants with higher perceived discrimination were shown to have less connectedness with the host Australian society and thus less psychological well-being. The possible explanation is that Islam forms a boundary for inclusion into the Australian host society, which could be two sided. On the one hand, the majority of people could establish boundaries by barring immigrants from certain opportunities or positions or more informally by avoiding locations with large concentrations of Muslim immigrants (e.g., schools, neighborhoods). On the other hand, boundaries could be created by minority populations themselves by sanctioning intergroup ties and interactions. This may happen either as the consequence of experiencing discrimination or as the anticipatory perception of negative reactions (Akbarzadeh, 2016; Yoon et al., 2012).

In line with Hypothesis 5, this study supports the mediating role of social support on the association between religious identity and psychological well-being among the study population. Prior research corroborates this finding, showing that religious identity has a direct effect on social support (Ai, Huang, Bjorck, & Appel, 2013; Davis et al., 2016; Merino, 2014) and that social support contributes to increased psychological well-being (Fernández et al., 2015; Newman et al., 2018). Religious identity, by including individuals' stronger involvement in the religious activities and their attendance at religious services, provides an opportunity to develop social ties between people with similar beliefs and values and thus more sources for social support, which in turn results in better psychological outcomes (Ai et al., 2013; Davis et al., 2016; Merino, 2014). For Muslim ME migrants, the positive link between religious identity and social support could be further explained by the fact that in the basic tenets of Islam, all Muslims are brothers and sisters, regardless of their ethnic origin, language, customs, or political affiliation, and they are religiously responsible to help and support each other in the times of need and necessity (Boz & Smith, 2011). Moreover, based on the social identity theory, individuals tend to support the groups that embody the salient aspects of their social identities because it builds their self-esteem and maintains a positive self-identity (Lopez, Huynh, & Fuligni, 2011). Therefore, religious identity, as a salient aspect of social identity, could lead to an increased tendency of Muslim ME migrants to share support and as a result promotes their psychological well-being (Jasperse et al., 2012; Lopez et al., 2011).

In agreement with Hypothesis 6, social support was found to be associated with the psychological well-being of the study population through perceived discrimination. The social support provided to the ME migrants could reduce their perception of and also buffer the adverse psychological effects of discrimination (Fernández et al., 2015; Newman et al., 2018). Furthermore, consistent with Hypothesis 7, social support was shown to increase the psychological well-being of ME migrants through enhancing their connectedness to the ethnic and/or mainstream community. The social support received from either ethnic or Australian community members could result in better connectedness between them and ME migrants, possibly by making migrants feel close to the community members, giving them a sense of belonging to a social group, helping them trust others, and enhancing their sense of being cared for (Merino, 2014; Wei et al., 2012). Moreover, the mediating role of perceived discrimination in the association between social support and social connectedness with the host Australian population confirms that social support could contribute to better social connectedness with the host population. This contribution is through having protective effects in migrants' coping with discrimination and improving their attitudes toward the new culture or people (Duru et al., 2011; Yoon et al., 2012).

In sum, religious identity was found to influence the psychological well-being of ME migrants, both directly and indirectly, through social support, perceived discrimination, and social connectedness. Social support was found to have the largest effect size (value) on psychological well-being among all antecedent variables. This is in line with prior studies, highlighting the highly influential role of social support in improving the psychological well-being of migrants, and calls for interventions to facilitate the access of ME migrants to social support (Fernández et al., 2015; Newman et al., 2018). Considering the mediating role of social support in the association between religious identity and psychological well-being in our study, developing interventions that assist religious institutions and networks to provide support to ME migrants could be helpful in increasing their psychological well-being. Furthermore, given the large effect size of perceived discrimination on psychological well-being, implementing measures to minimize discrimination against ME migrants could be helpful in promoting their mental health. Because religious identity was found as an important predictor of perceived discrimination in our study ($\beta = .336$, $p < .001$), protecting ME migrants against discrimination based on their religious affiliation seems to be a primary area for action. Moreover, as social connectedness with ethnic and mainstream community members was shown to have direct effects on the psychological well-being of ME migrants, any interventions that promote their interaction with others could result in better mental health outcomes. Given the predictive role of religious identity for social connectedness with the ethnic community, part of these interventions could be through facilitating ME migrants' involvement in religious organizations. In addition, considering our results, increasing the social support provided to ME migrants could be influential in enhancing their connectedness with both ethnic and mainstream communities.

Limitations

This study has several limitations. First, the cross-sectional design of the study prohibits the establishment of causality between the antecedent factors and psychological well-being. Longitudinal studies will be needed to explore the causal associations between our study variables. Second, all measures used in the study were self-reported, which may have introduced response bias. Third, given the complexity of measurement and structural models in the current study (e.g., the number of latent variables), the study may be underpowered for smaller effect sizes (Wolf, Harrington, Clark, & Miller, 2013). Therefore, future research with larger sample sizes is needed to provide more definitive evidence. Fourth, the use of nonprobability convenience sampling may have resulted in a nonrepresentative sample. Finally, despite our efforts to have a balanced sample containing an equivalent number of participants belonging to different migration type classifications, including voluntary immigrants, refugees, asylum seekers, and sojourners (Schwartz & Unger, 2017), asylum seekers and refugees were underrepresented in the sample because of challenges in gaining access to them and then convincing them to participate in the study. Therefore, future studies are recommended to allow for comparisons of psychological well-being predictors among different migration trajectories. Future research is also needed to explore further factors in predicting the psychological well-being of ME migrants and to compare their different age and generation groups in terms of psychological well-being predictors.

Conclusion

The aim of this study was to investigate the socioreligious factors contributing to psychological well-being among ME migrants. Religious identity was found to have a direct effect as well as indirect effects on psychological well-being of ME migrants through social connectedness with ethnic community, perceived discrimination, and perceived social support. Perceived social support was indirectly

associated with psychological well-being through perceived discrimination, social connectedness with ethnic community, and social connectedness with mainstream community. Perceived discrimination was indirectly linked to psychological well-being through social connectedness with mainstream community. From these findings, it is suggested future interventions should facilitate the involvement of ME migrants in religious organizations to improve their social connectedness with ethnic community members. Moreover, enhancing the capacity of religious institutions and networks to provide social support to ME migrants and implementing measures to minimize discrimination against ME migrants, especially based on their religious affiliation, would be effective in promoting their psychological well-being outcomes.

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