DETERMINANTS OF MENTAL HEALTH FOR NEWCOMER YOUTH: POLICY AND SERVICE IMPLICATIONS

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ABSTRACT

Drawing on our study[1] with newcomer youth from four communities in Toronto, this article discusses post-migration determinants of mental health for newcomer youth in Toronto and reflects on policy implications. Preliminary study findings indicate that settlement challenges and discrimination/exclusions are salient risks to the mental wellbeing of newcomer youth and their families.

INTRODUCTION

There is a paucity of Canadian literature on the mental health of newcomer youth. Our study sought to fill this gap by investigating the social determinants of newcomer youth mental health.[2] We focused on newcomer youth (between the ages of 14-18 who have been in Canada for five years or less) and their families from four communities in the Toronto area: Afghan, Colombian, Sudanese, and Tamil. The project was grounded in an academic-community collaboration between the Faculty of Nursing at the University of Toronto and Access Alliance Multicultural Health and Community Services; we also incorporated several principles of Community-based Participatory Research (CBPR) including involving newcomer youth from the four communities as peer researchers and as advisory committee members.[3] Drawing on the qualitative component of our research, this article discusses the relationship between settlement stressors, discrimination/exclusion, and the mental health of newcomer youth and their families.

SNAPSHOT OF NEWCOMER YOUTH IN CANADA

The number of newcomer youth between the ages of 15-24 settling in Canada has been steadily growing during the last decade from 28,125 arriving in 1999 compared to 37,425 arriving in 2008 (24.9% increase). The trend in newcomer youth migration to Canada since 1999 is presented in Figure 1. On average 35,000 immigrants and refugee youth between the ages of 15-24 settle in Canada every year; this represents roughly 15% of the approximately 250,000 permanent residents that come to Canada annually. The composition of youth within refugees settling in Canada is slightly higher (20.4%) compared to youth in other groups. The majority (79.8%) of youth who settle in Canada are from racialized 'visible minority' backgrounds. A large percentage of immigrant youth settle in the three metropolitan cities in Canada (Toronto, Montreal and Vancouver); immigrant youth thus comprise a significant segment of youth population in these cities. In the City of Toronto, for example, immigrant youth between the ages of 15-24 constitute 39.5% of all youth in that age group.[4]

According to the 2006 Canadian Census, the unemployment rate for recent immigrant youth was 15.4% compared to 12.5% for Canadian-born youth. More strikingly, the low-income rate for recent immigrant youth was 3 times higher (45.8%) than that of Canadian-born youth (15.7%) (Census Canada 2009).

SETTLEMENT RELATED STRESSORS AND MENTAL HEALTH OF NEWCOMER YOUTH

We asked newcomer youth from all four communities to identify key stressors and challenges that they and their families face and how these stressors impact their general and mental wellbeing. Study findings indicate that the majority of stressors, barriers and challenges faced by newcomer youth and their families are related to settlement and discrimination/exclusion.

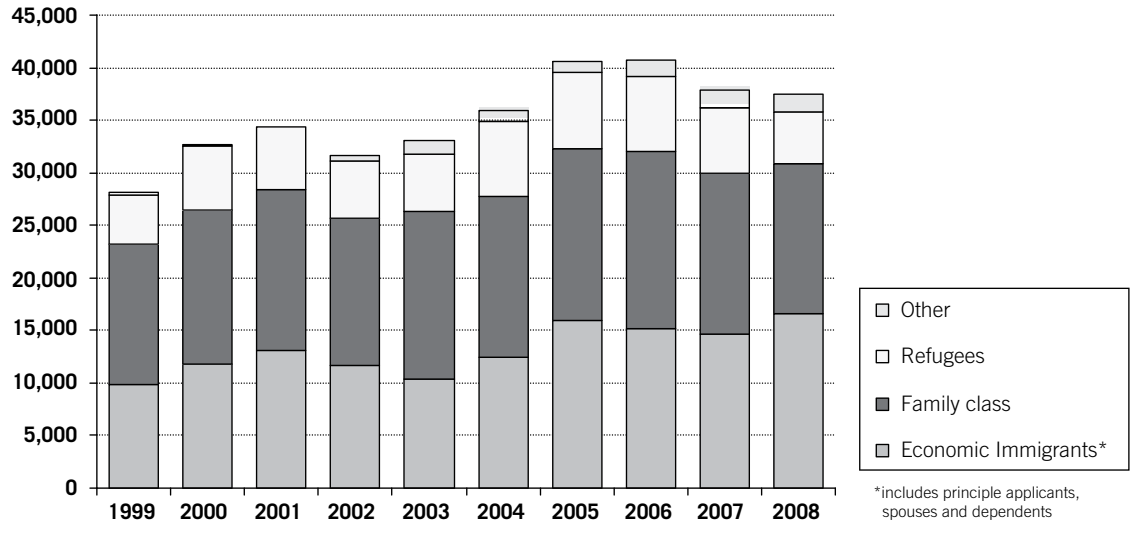
Settlement related stressors are ones that are experienced due to being new to the country and/or due to limitations in settlement policies and services for newcomers. Other researchers have also highlighted that the immigration and settlement process itself is a major stressor and that settlement related challenges can compound mental health issues among newcomer youth (Anisef and Kilbride 2000; Beiser and Hyman, 1997; Berry et al., 2006; Khanlou et al., 2002; Ngo and Schliefer 2005). Our study adds to this body of evidence on settlement related mental health stressors.

Linguistic barriers (including challenges with learning English), barriers in entering the labor market (particularly for parents and older relatives), and challenges associated with adjusting to the Canadian educational system were identified as major settlement related stressors by newcomer youth from all four communities. Youth also discussed isolation and access/information barriers that they face. They also talked about acculturation challenges to a host of formal and informal processes (including to Canadian laws, communication patterns, food and customs, cold weather, dating system etc). Youth identified the mental health implications of these settlement related challenges including stress, low self-esteem, anxiety, worry, sadness and depression. Below, we focus our discussion on settlement stressors related to linguistic barriers, adjusting to Canadian educational system, and barriers entering the labor market.

Newcomer youth, their parents, and service providers identified linguistic barriers as one of the biggest challenges in the settlement process. Our findings suggest that having no or low English language fluency amplify the barriers and challenges that newcomer youth face including difficulties in making friends, understanding the teacher and curriculum being taught, and being bullied due to having low English fluency or having accents; in turn, these experiences resulted in low self-esteem and compounded stress and anxiety. Youth also discussed stressors related to learning English, particularly in ESL classes. They pointed out that while they are able to learn English more easily than adults, there is some stigma associated with being an ESL student. The following quote from a service provider exemplifies the negative perceptions that newcomer youth and others may have about being an ESL student:

> "The kids at the same time feel as though they are less worthy than the regular students because they are in the ESL classes. With the ESL, many think that because you don't have English, then you don't have the intelligence so the material that is being taught is like kindergarten material."

FIGURE 1: Permanent Resident Arrivals in Canada, Ages 15-24, by Category, 1999-2008



Source: Citizenship and immigration Canada. Developed by Access Alliance.

Adjusting to the Canadian education system also appears to be a major stressor for newcomer youth due to multiple barriers they face within the system. Several newcomer youth indicated that they had faced barriers in getting their foreign academic credentials recognized by their educational institutions leading to misplacement in grades and courses. Other stressors include inadequate academic bridging support to newly arrived immigrant students, lack of guidance in managing the heavy load of school assignments (compared to 'back home'), and bullying. They pointed out that adjusting to these new systems was quite stressful for them and their parents (who have to help them with their school work).

Our study findings indicate that the most profound stressor on newcomer youth results from the barriers that their families (particularly their parents) face in entering the Canadian labor market. Newcomer youth (between the ages of 14-18) are less concerned about getting jobs for themselves since at this age they are mostly interested in getting part-time jobs, which they mentioned are fairly easy to get. However, the majority of youth in our study emphasized that the difficulties that their parents face in entering the Canadian labor market not just undermined the income security for their families but also was a key cause of depression, sadness, family tensions and other mental health stresses on their family. Our study reveals that newcomer youth are acutely aware of the labor market challenges that their families face and the resulting socio-economic impacts (de-professionalization, income insecurities) and mental health impacts. The following narrative illustrate this point:

> "Sometimes my mom regrets coming from Colombia to here because she had a really good job over there too and she had everybody there to support her… I think coming from that great job that you had, coming to something lower is very hard for them because they want the best for their kids. When I was smaller, and spent two years here already, I used to tell her that I hated her for making me come here and I guess that didn't help her much but now I support her because I know that she just wanted the best. Sometimes she gets depressed because of her job and stuff."

Many of the youth respondents mentioned that while they could assist their families in overcoming other barriers and stressors (for example, acting as interpreters and service navigators for their parents), there was "little" they could do about the labor market barriers that their parents faced.

DISCRIMINATION/EXCLUSION AS DETERMINANT OF MENTAL HEALTH

Many youth from our study (all from racialized backgrounds) talked about having experienced (or witnessed) discrimination after coming to Canada, particularly race-based discrimination. We also found that racialized newcomer youth are aware of multiple forms of systemic social exclusions that they, their families and their communities (ethnic and geographic) face. For example, youth expressed deep concern about the way some teachers streamlined racialized youth into non-academic, trades based programs and careers, regardless of their actual aspirations. Several youth also pointed out the disparities in services in neighborhoods with high immigrant and racialized populations.

Several studies have examined the relationships between perceived discrimination, mental health and well-being, and ethnic/racial identity of immigrant youth populations (Phinney & Devich-Navarro, 1997; Jakinskaja-Lahti & Liebkind, 2001; Verkuyten, 2002; Shrake & Rhee, 2004; Khanlou, Koh & Mill, 2008). Studies in Canada and the United States have found negative physical and psychological health outcomes, such as elevated stress, lowered self-esteem, depression and behavioral problems (e.g. violence and drug use) related to perceived discrimination and experiences of racism (Dubois et al., 2002; Noh, Kaspar, Beiser, Hou, & Rummens, 1999; Surko et al., 2005).

Youth respondents recounted with sadness the direct experiences of race-based discrimination that they have faced or witnessed, often from teachers and people who are supposed to assist youth. Youth talked about being shocked, 'hurt' and 'getting really mad' due to these experiences of race-based discrimination.

An Afghan newcomer youth described his experience with racism and its impact in the following way:

> "When I first came here, everyone was making jokes about Afghanistan and terrorists. So every time I told them I was Afghan, they'd ask me if I was a terrorist. So like that really hurt. So after that every time people would ask me questions like that, I'd start asking them questions. So if they'd ask me if I was a terrorist, I'd say, 'do you see a bomb on me?'"

Similarly, a Colombian youth mentioned how his supply teacher had said that he wished he could 'close the border for Latin people' because 'he hates them'. Several Sudanese youth critiqued how people immediately associated them with war and the Darfur region when they said that they were from Sudan.

The following quote from a Tamil youth illustrates the sadness and long term impact (on self confidence and communication) that experiences of discrimination can have:

> "You get sad and become sad and you don't feel comfortable enough to talk to people more often. So you try to avoid talking to different people. So you ask yourself why, they're only making fun of you. So you stop talking to them."

STRATEGIES AND BARRIERS IN ADDRESSING MENTAL HEALTH DETERMINANTS/ISSUES

Preliminary analysis of our findings suggests that newcomer youth and their families rely more on informal systems of support rather than on formal services for emotional/mental support as well as for help in overcoming the determinants/stressors. In particular, newcomer youth from all four communities indicated that they do not have adequate knowledge about the mental health service sector in Canada and that they and families rarely access formal mental health services. For example, many youth in the study mentioned that they are not used to going to guidance counselors at their school even though they may be aware that it is a 'good thing to do.' One youth recounted how crisis counseling was available at her school after a shooting incident. While she acknowledged that it was a 'very good thing' she did not avail of it, also mentioning that she did not have anything like that back home.

Youth from all four communities identified family, friends, one's ethnic community, and religious institutions as their first and often the only sources of emotional and other support. Our findings suggest that, newcomer youth negotiate and utilize these informal systems of support in strategic ways based on kinds and levels of support each informal system can offer. For example, most youth said that they preferred going to their friends because 'you can tell them anything' and there is no obligation to follow the advice that friends give, unlike with parents and other adults. Several youth indicated that they often provide emotional and other support to their friends when needed.

Many youth viewed their ethnic community as an important source of support since 'there is always somebody to help you.' Several youth (including those that are not necessarily religious) identified religious institutions as comfortable spaces for seeking settlement advice and other support.

In terms of formal supports, youth talked about the role of teachers, ESL classes, and youth-focused programs offered in their schools and their neighborhoods (homework clubs, youth sports clubs). Youth highlighted that teachers who offer proactive support and are welcoming and respectful help to make them feel comfortable and included. As one youth put it:

> "Mostly, [teachers] know it's hard and they ask personally, 'you know, you're always welcome to come and see me'… they make you feel more comfortable. It depends on the teacher."

Our study has also documented many examples of youth resilience, optimism and leadership. Some youth talked about how they help their families to navigate and access services and assist with interpretation and translation in English for family members facing linguistic barriers. Some youth also mentioned that compared to adults, it was easier for them to make friends and that they 'made friends like crazy'. Youth in our focus groups often mentioned how they had 'gotten over things,' or moved on. However, as noted in the earlier section, newcomer youth usually felt helpless when it came to critical systemic stressors like labor market challenges, income insecurity, and racialized discrimination/exclusion that they and their families face.

CONCLUSION

Findings from our study indicate that many determinants of the mental health of newcomer youth and their families are closely linked to settlement related stressors and barriers. We argue that 'settlement is a health issue' and highlight that current limitations in settlement policies and services not only undermine the socio-economic wellbeing of newcomer youth and their families but also pose multiple risks to their mental health. Our study also found that systemic discrimination and exclusions are salient risks to the socio-economic and mental wellbeing of racialized newcomer youth and their families.

Based on our analysis, we recommend a multi-pronged approach to promoting the mental health of newcomer youth that includes (1) proactively addressing the determinants of newcomer youth mental health, particularly those linked to settlement and discrimination/exclusion(2) making mental health services more sensitive and accessible to the needs of diverse newcomer communities; (3) implementing innovative mental health promotion (MHP) programs that help to overcome stigma, and build positive knowledge about mental health issues; (4) promoting collaboration between the settlement and health sectors; and (5) implementing youth empowerment and community development programs that build youth leadership and involve newcomer youth meaningfully as agents of change in critical pathways (research, planning, decision making, community building etc).

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FOOTNOTES

[1] The Newcomer Youth Mental Health Project was funded by the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO. Dr. Khanlou and Dr. Shakya were Principal Investigators. Dr. Carles Muntaner was Co-Investigator.

[2] Our investigative and analytical framework is grounded in a social determinants of health (SDOH) perspective since the focus of our study is less on diagnostic processes for acute mental illnesses and more on understanding systemic risks and stressors to mental wellbeing and access barriers to mental health services.

[3] The study employed mixed-methodology comprising of focus groups, interviews and a questionnaire that included three psychometric instruments: Rosenberg Self-Esteem Scale (RSE), selected scales from the Health Behaviour in School-Aged Children (HBSC) instrument and the Current Self-Esteem Scale (CSE). We held a total of 6 focus groups with youth (2 Afghan, 2 Colombian, 1 Sudanese, 1 Tamil) 1 focus group with service providers, 16 in-depth interviews (2 Afghan youth, 4 Sudanese youth, 4 Sudanese parents, 1 Colombian parent, and 5 service providers). The questionnaire was administered to 56 youth.

[4] All statistics taken from Citizenship and Immigration Canada 2008.