INTRODUCTION: IMMIGRANT MENTAL HEALTH IN CANADA

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It's an exciting time in the mental health field. More people are talking about the crucial role of mental health for the wellbeing of individuals, families, communities, and society. Through the efforts of international, national, and local organizations, recognition of the importance of mental health is gathering momentum. While mental health often continues to be viewed through the lens of mental illness, growing conceptual and empirical work is supporting the need for a broader understanding of the concept. This is clearly seen in the contributions to this special issue on immigrant mental health in Canada.

This collection of articles illustrates a broad spectrum of knowledge on migrant mental health, building and assessing evidence from a variety of sources: clinical practice, community-based research, population surveys and health surveillance. The articles address a range of conceptual, methodological and measurement issues and identify key data and research gaps. Several articles discuss the challenges of defining and operationalizing key concepts and dimensions of mental health and service delivery, including the concept of "mental health" itself (Ochocka et al); "access to care" (Chen); "culture" (Yan); "cultural diversity" (Ochocka et al) and "cultural competence" (Williams). The definition of these terms has important material consequences for immigrants and refugees, shaping how they engage in, and are engaged by, mental health systems and services. Researchers, policymakers, analysts and service providers also face a lack of culturally sensitive diagnostic tools (Vasilevska & Simich; Mustafaeva & Shercliffe) and gaps in: longitudinal data for immigrants and refugees (Beiser, Refugees); data related to women across a range of social locations (Guruge et al); data on older immigrants (Khanlou); and data related to effects of discrimination on mental health (Khanlou). Furthermore, McKenzie et al note that information on ethnocultural and racialized groups could be enhanced in the Canadian Census, and Chen notes that sub-population analysis would be facilitated by the inclusion of reliable measures of immigration status and ethnicity in health services administrative databases. The research studies described in this issue employ a variety of research methodologies and techniques to fill some of these data gaps, including community-based participatory research strategies (Ochocka et al; Shakya et al; Wilson et al), mixed-methods (qualitative and quantitative) designs (Wong et al), analysis of large-scale population surveys (Beiser, Children; Ng & Omariba), and micro-econometric analysis (Xu & McDonald). Each of these approaches makes an important contribution to knowledge about immigrant and refugee mental health.

The articles in this issue also address an array of subpopulations, substantive issues, and intervention approaches. Subpopulations addressed here include those identified by gender (Beiser, Refugees; Guruge et al), age/life stage—particularly children and youth (Beiser, Children; Wilson et al; Shakya et al), immigration category (Beiser, Refugees; Wilson et al; Vasilevska & Simich), country of origin (Fang; Mustafaeva & Shercliffe; Wilson et al; Wong et al), racialized groups (McKenzie et al; Williams) and survivors of war, torture and organized violence (Lafrenière and Diallo). These subpopulations and the researchers, policymakers, analysts and service providers who work with and for them are confronted with complex challenges and dynamics of racialized discrimination (Chen; Fang; McKenzie; Rousseau et al; Williams), the acknowledgement and attainment of

health literacy (Lai & Hynie; Ng & Omariba; Simich; Wong et al) and cultural competence (Guruge et al; McKenzie et al; Vasilevska & Simich; Yan).

While "challenges and barriers" are often the focus of attention in research, policy and practice, there is increasing consideration of individual and community assets (e.g. resilience), the productive outcomes of community engagement, and the identification and dissemination of promising practices. Lai & Hynie, McKenzie et al, and Khanlou, among others in this issue, emphasize the need to account for the strength and resilience of immigrants and refugees, shifting the focus of the discourse of mental health promotion and interventions from "needy clients" to one that acknowledges the "clients" as resourceful participants in society who have been able to survive and thrive in very challenging circumstances. Community engagement in research, policy and program development and service delivery is one way to build on individuals' and community wisdom and strengths. Lai & Hynie and McKenzie et al focus on the positive impact of community engagement on mental health, and Wong et al demonstrate the successes of program development and delivery that integrate principles of social inclusion, access and equity. Promising practices such as those described by Wong et al (and others in this issue) may be undertaken at different, sometimes multiple and concurrent, levels of intervention (from the social determinants of mental health, to mental health promotion, to clinical treatment). Khanlou proposes a "systems approach" to mental health in migrant populations, and corresponding micro-, meso- and macro-levels of analysis are demonstrated in the articles that follow (e.g. Ng & Omariba; Vasilevska & Simich). Building on this systemic approach, several articles in this issue identify key principles or 'success factors' for promising practices. Fang recommends multi-faceted, multi-level interventions that engage individuals, practitioners, families, and communities. Even micro-level clinical treatment interventions can adopt a community-based focus (Lafreniere & Diallo). Reaffirming the potential transformative effect of community engagement, Wong et al identify collective empowerment and capacity building (via peer leadership training and outreach) as key to building a sustainable mental health promotion program.

This special issue will push forward our understanding of the complex dynamics involved in promoting the mental wellbeing of diverse groups of immigrants in Canada. The articles collectively add to our knowledge of the social, economic, cultural, and multi-systems context of immigrant mental health. Of significant importance are the intersections of the resettlement context and immigrant status with mental health and well being that are considered throughout the articles. The pan-Canadian contributions successfully draw from cross-disciplinary collaborations and consider diverse dimensions of mental health.

Upon reflecting on the articles included in this important compilation of research on immigrant and refugee mental health, we find there are important questions for future research to consider. Some of the questions are larger in scope (requiring longitudinal approaches) and others are more specific (and can be localized to the particular settings in which immigrants and refugees resettle in Canada):

- How do gender, lifestage, migrant status, and social position influence mental health during the early years of resettlement and over time?
- What are the systems pathways to resilience versus vulnerability across groups?
- What are the best practices for individualized mental health service delivery across settings (for example, large urban settings with significant numbers of immigrants compared to smaller urban setting with smaller representations of immigrants)?
- What are the mental health needs of individuals and families without legal immigration status?
- What are the access barriers to mental health services for refugee claimants?
- How does the pre-migration context for Government Assisted Refugees influence their post-migration mental health?
- What community educational strategies are effective in reducing stigma around mental health challenges and promoting early access to mental health care?
- How can advocacy strategies related to mental health and well being be integrated across sectors to enhance the resettlement experience of immigrant populations?

We believe this special issue of research will contribute to the momentum in mental health promotion and open up opportunities for collaborative and cross-sectoral work in mental health practice, public policy, pedagogy and research among those working with and for immigrant and refugee populations in Canada.