MIGRANT MENTAL HEALTH IN CANADA[1]

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DEFINING MENTAL HEALTH, SOCIAL DETERMINANTS OF MENTAL HEALTH, AND MENTAL HEALTH PROMOTION

Our mental health is a vital component of our wellbeing. The World Health Organization (WHO) defines mental health as "a state of wellbeing 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" (WHO, 2007). According to WHO (2007) without mental health there is no health. This state of wellbeing arises from interactions between the individual and his or her environment (Khanlou, 2003).

The health and mental wellbeing of migrant populations is influenced by complex and interrelated factors. According to Ornstein (2002), the social determinants of health, which are the socio-economic conditions that influence the health of individuals, communities and jurisdictions, affect both physical health and mental health. While the health of migrant populations can be influenced by similar dimensions of social determinants as that of mainstream Canadians, additional determinants due to their migrant status (e.g. social and economic integration barriers, access barriers to relevant social and health services due to language and cultural differences, lack of social networks) also may exert significant influences. Some argue that the migration and settlement process itself is a significant social determinant of health (Meadows, Thurston, & Melton, 2001).

Pre-migration contexts also affect subsequent post-migration health outcomes. In cases of war-torn home countries, for instance, post-traumatic stress disorder may be a potential health risk that needs addressing in the post-migration context. In the case of family separations, mental health risk factors may be exacerbated. Those who have migrated to Canada as the only economic hope for a larger family in the country of origin, bear a tremendous burden to be economically successful (Preliminary findings, Khanlou, Shakya, and Muntaner, CHEO, 2007-2009; Eiden, 2008).

There is growing attention towards both the conceptual and practical aspects of mental health promotion (Khanlou, 2003). Mental Health Promotion (MHP) is,

> …the process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health. [MHP] uses strategies that foster supportive environments and individual resilience, while showing respect for culture, equity, social justice, interconnections and personal dignity (Centre for Health Promotion, 1997).

MHP models and approaches grounded in majority-culture based research, however, may be limited in that they do not necessarily take into account multiple cultural, linguistic, and systemic barriers to maintaining and promoting mental health in the post-migration and resettlement context. Understanding, developing, and implementing specific MHP principles and strategies offer important opportunities for enhancing the mental wellbeing of diverse segments of society.

This policy brief addresses the mental health of migrant populations in Canada. Several caveats are brought to the reader's attention. First, the focus of this policy brief is on mental wellbeing with a particular emphasis on the social determinants of migrant mental health. The policy brief applies a mental health promotion perspective, rather than a psychiatric or biomedical approach in considering the mental wellbeing of migrant populations. Psychiatric and biomedical perspectives provide invaluable information in relation to mental illness of individuals. And, support for practice and policy are needed, which address accurate diagnosis, effective treatment, follow-up, and rehabilitation for migrants who have acute or chronic mental illness. These, however, are not the focus of the literature review for this policy brief.

Second, our notion of immigrant/migrant is not a monolithic one. We have attempted to distinguish between the categories of immigrants, refugees, and those with no legal status (or precarious status). However, within each of these categories are many diversities. In order to recognize the intersections of gender, cultural background, racialized status, lifestage, and other influences, we have applied a systems approach to organizing the findings from the literature review and considered the micro, meso, and macro level factors influencing migrant mental health.

MENTAL HEALTH OF MIGRANT POPULATIONS

In health research, the impact of migration on the health and well-being of migrants has been described through three dominant approaches. In the first approach, the hypothesis is that newly arrived immigrants have

worse health than the general population. This approach is referred to as the "morbidity-mortality" hypothesis. A second approach, referred to as the "healthy immigrant effect," proposes that immigrants tend to have better health than the general population (Hyman, 2004; Alati et al. 2003). The final approach, referred to as the "transitional effect," suggests that the health advantage that immigrants demonstrate upon arrival decreases the longer they live in the country (Alati et al., 2003).

While these conceptualizations of immigrant health have greatly influenced current research in this area, they have been predominantly based on the health and well-being of immigrants and refugees arriving through mainstream migration channels. In addition, due to the distinct pre-migration experiences of immigrants and refugees, their health and wellbeing can be significantly different in the post-migration settlement context, requiring recognition of the differences between the two groups of migrants (Khanlou, 2008b). A third group, migrants with no legal status, face additional systemic challenges in the post-migration context. For these individuals, their non-status gives them and their families limited or no access to health care, education, social services and legal rights required to promote and protect their health (Omidvar & Richmond, 2003; Mulvihill, Mailloux, & Atkin, 2001). Recognizing the above differences, we use the term migrant as an inclusive one, which includes immigrants, newcomers, refugees, refugee claimants and/or individuals with precarious immigration status.

In order to examine the research evidence on migrant mental health and implications for policy, a systems approach has been applied here. A systems approach fits well with the underlying premises of MHP. The approach allows for a multi-layered examination of factors influencing the mental wellbeing of migrants. The findings of the review have been organized along individual, intermediate, and systems levels of influences and experiences, in line with previous findings on migrant mental health (Khanlou, 2008b; Khanlou et al, 2002).

Individual (micro level) influences address individual attributes such as age, gender, and cultural background. Intermediate (meso level) influences are those that link individuals to their social context such as family and social support networks, and acculturation. Systems (macro level) influences are in relation to the broader social and resettlement context such as economic barriers, appropriate services, access to healthcare, and experiences of discrimination and racism. Micro, meso, and macro level influences intersect and interact, influencing migrant mental health.

INDIVIDUAL INFLUENCES

AGE

The age at which people migrate can have an important impact on their subsequent health status. Limited research has been conducted on the impact of migration on mental wellbeing from a lifestage perspective.

Children who migrate at a very young age (or may even have been born here), may not experience great differences in their health status in comparison to their Canadian-born counterparts. However, studies show that structural or macro factors such as barriers to education and employment (such as their parents faced) (Portes & Rumbaut, 2005) may continue to be potential mental health stressors. More research is still required in this area.

Adolescents have both specific challenges as well as resiliencies in the post-migration context (Khanlou et al., 2002; Khanlou & Crawford, 2006). Caught between their own identity development and having to mediate the new culture for their parents, youth often take on roles far beyond the capacity of their actual age (Preliminary findings, Khanlou, Shakya, and Muntaner, CHEO, 2007-2009). Female refugee youth in particular, face settlement and migration challenges that may put them at added risk for negative mental health outcomes, given the often traumatic pre-migration contexts they are coming from and the post-migration identity development they have to contend with (Khanlou & Guruge, 2008).

The immigrant elderly face their own set of challenges, specifically around isolation and abuse, language, culture, and mobility (Hasset and George, 2002; Guruge, Kanthasamy, and Santos, 2008). Further research is also required in this area.

GENDER

Gender is a significant influence on health status and intersects with other influences. Because women often migrate as dependents of their male relatives, their unique migration trajectories and specific health needs are often not incorporated into policy formulation, the focus being on male migrants (Guruge & Collins, 2008; Mawani, 2008) thereby undermining their access to healthcare services (Oxman-Martinez et al., 2005).

Gender and age as intersecting variables create an added layer of complexity for post-migration contexts, where adolescent women face different barriers than their male counterparts, and younger migrants also have different challenges than older ones. Women with precarious status are also at risk of being exploited and subject to unsafe or unclean working environments. Women with no legal status may have family members who depend on their income and are therefore unwilling

and unable to report exploitative work practices (Guruge & Collins, 2008).

CULTURAL BACKGROUND, SPIRITUALITY AND RELIGIOUS IDENTITY

Mental health services that attempt to fit migrants into categories of western clinical knowledge, do not capture the cultural and spiritual or religious factors that may be involved in migrant mental health (James & Prilleltensky, 2002; Collins, 2008). Research in ethnically diverse cities has shown that spirituality and cultural context often construct mental health and mental illness in very different ways (Fernando, 2003; Collins, 2008; Across Boundaries). Keeping this in mind, western models of mental health promotion can be supplemented by culturally-specific programs (Khanlou, 2003; Khanlou et al., 2002).[2]

Religion in particular plays an important role in the lives of different groups of immigrants, and their religious affiliations may even be strengthened post-migration, whether for reasons of renewed religious belief in the context of marginalization of religious identities, or because religious institutions become locations of community support (Preliminary findings, Khanlou, Shakya, and Muntaner, CHEO, 2007-2009; for the importance of religious education, see: Zine, 2007).

Many of the studies reiterate the importance of understanding these individual factors within an intersecting or systems framework. Other factors that also require attention within the policy and practice context are migrants who face barriers due to their differing abilities/ disabilities, and those who experience marginalization both from mainstream society and in-group ethnocultural communities due to their different sexual orientation(s). Little or no Canadian research has examined the impact of othering and discrimination on the mental health of these migrants.

INTERMEDIATE INFLUENCES

FAMILY AND SOCIAL SUPPORT NETWORKS

The family and social networks of migrants can be an important source of support in the resettlement context and promote mental wellbeing. Research findings reveal that immigrants tend to rely first and foremost on extended family members (especially those who have been in the country longer) for settlement related needs and also for a social support network (Preliminary findings, Khanlou, Shakya, and Muntaner, CHEO, 2007-2009). While Canadian immigration policy previously encouraged family reunification (Government of Canada, Immigration Act, 1978), in reality, this is difficult for refugees or those with precarious status. The ways in which family is defined in legislation, may not always accord with the reality of immigrant families' lives. The specific needs of a potential immigrant, and the importance of extended family members needs also to be taken into consideration (Canadian Association for Community Living, 2005).

Social support networks outside of the family tend to revolve around the ethnic community, and religious organizations that cater specifically to that ethnic community. Some mosques for instance, while not formally connected to settlement programs, provide informal assistance to newcomers from legal advice, to employment skills, to explanations of cultural difference (Preliminary findings, Khanlou, Shakya, and Muntaner, CHEO, 2007-2009).

While social support can mean different things to different people within communities, Simich et al., (2005) reported common forms of social support as identified by policy makers and service providers, which include: informational, instrumental, and emotional supports (Simich et al., 2005: 262). In order to provide different levels and types of support, there must be an attempt made towards holistic coordination of services (Simich et al., 2005). The perceived impact of social support on the wellbeing of immigrant communities is also significant (Simich et al., 2005) and must be connected to the broader social determinants of health, discussed below.

ACCULTURATION

Acculturation is a process whereby contact between different cultural groups results in changes in both groups (Berry, 2001). Acculturation is premised on the existence of ethnic, cultural, and or national identities. Studies have shown that, being able to balance a sense of ethnic identity with adaptation into the new society can lead to positive mental health outcomes (Berry, 2008). In other words, ethnic identification with a particular group, in the context of a multiethnic society, can become a protective factor leading to well being. In some cases, strength of ethnic identification may lead to higher risk of psychological distress, as when the community of identification is negatively stereotyped within the broader society. Beiser and Hou (2006), in their study of Southeast Asian "Boat People", found that if a particular group experiences discrimination or perceives discrimination they may be at higher risk for psychological distress. This is because experiences of discrimination will serve as reminders of marginalized status for ethnic minorities. There are other variables, such as language, which produce different results in terms of mental health and well being (Beiser & Hou, 2006). Overall, however, cultural, ethnic, and spiritual identifications, as well as community belonging are considered to be important factors in fostering positive mental health (Canadian Institute for Health Information, 2009).

SYSTEMS INFLUENCES

ECONOMIC BARRIERS

Economic hardship is a significant determinant of health and linked to health disparities. One of the most significant stressors for mental health identified by immigrants is the underemployment or unemployment that they must deal with upon arrival. Economic barriers to integration became significant sources of stress in immigrants' lives, affecting their families. Immigrant youth often internalize the frustration of their parents and this in turn affects their own performance in school (Khanlou, Shakya, & Muntaner, CHEO, 2007-2009). On the other hand, some research also indicates that even though foreign-born immigrant children are more than twice as likely to live in poor families, they show lower levels of emotional and behavioural problems (Beiser et al., 2002). This may in part be due to the fact that hardship is expected by immigrants when they first come to the receiving country and the hope is that their situation will improve over time (Beiser et al., 2002; CHEO *op cit).* However, if poverty persists, this can have negative effects on a child's IQ, school performance and lead to behavioural problems (Beiser et al., 2002).

APPROPRIATE SERVICES

At the larger societal level, culturally sensitive and specific mental health services prove to be the best approaches towards positive mental health outcomes. Despite the best intentions, services remain underused when formulated without a contextual understanding of the clients they are intended for (Whitley et al., 2006; Hasset & George, 2002; DesMeules et al., 2004; Newbold, 2005). Services must also account for the fact that immigrants are not a monolithic or homogeneous group and their heterogeneities are significant enough to warrant new delivery models, based on the age, gender, cultural differences and immigration status of clients.

Service agencies and organizations tend to be oriented towards giving information on paper or through the Internet, however, a verbal exchange is often the most effective way to provide information about services to newcomers (Khanlou, Shakya, & Muntaner, CHEO, 2007-2009). Research suggests that ethnic media may also be a better way to reach specific populations (Simich et al., 2005), given language barriers.

Organizations and agencies (governmental and non-governmental) need to continue their coordination efforts and avoid working in silos (CHEO, *op cit.*) and research needs to continue on the long-term health outcomes of immigrants. In addition, research is required into examining the effectiveness and efficiency of different mental health service delivery models (for example, ethno-specific service delivery models vs. culturally sensitive mainstream service delivery models).

MIGRATION STATUS AND ACCESS TO HEALTHCARE

Migration status influences access to healthcare. Immigrants and refugees have various challenges, but may at least in theory be able to access healthcare services. Those with precarious status however (Oxman-Martinez et al., 2005) are often caught in 'liminal' spaces of incertitude (McGuire & Georges, 2003), which leave them particularly vulnerable to negative mental health outcomes. Those with no legal status are at even greater risk, as they simply may have no recourse to health services (Khanlou et al., manuscript in progress).

The pre-migration experiences of refugees can also have lasting impact on their mental health status after migration. In general, newcomers may have different health status than their Canadian born counterparts and over time this can deteriorate (Alati et al., 2003; Beiser, 2005). Ali (2002) found that newer immigrants exhibit fewer mental health problems, when compared to their Canadian-born peers, but it is not clear whether this is the result of a greater resiliency in the immigrants or a difference in how they understand and conceptualize mental health problems (Ali, 2002: 6). Further longitudinal research needs to be conducted to see to what extent health status remains unaltered.

PREJUDICE, DISCRIMINATION AND RACISM

While it may be difficult to measure racism, perceptions of racism have been found to have an effect on mental health (McKenzie, 2006), and subsequent service utilization by immigrants (Whitley et al., 2006). Racialized immigrants face barriers of discrimination, prejudice and racism, based on their skin colour, accents, and sometimes cultural differences (Simich et al., 2005). Experiences of prejudice and discrimination affect immigrant youth's sense of belonging and psychosocial integration to Canada (see Khanlou, Koh, & Mill, 2008). Research continually shows connections between systemic discrimination, underemployment or unemployment and mental health outcomes (McKenzie, 2006; Raphael, Curry-Stevens, & Bryant, 2008; Mawani, 2008).

In summary, migrant mental health is influenced by a multitude of factors, and requires an understanding in the context of their intersections (Khanlou et al., 2002; Oxman-Martinez et al., 2005), which has policy implications.

POLICY RECOMMENDATIONS

Beiser (2005) observes that prevailing paradigms towards immigrants affect health policy. Conceptual approaches to studying immigrant health also need to

account for not just multiple factors as variables, but also how and under what circumstances different influencing factors may be "activated" (Bergin, Wells, & Owen, 2008). Traditional paradigms that have been used to explain immigrant health (such as the healthy immigrant effect or the morbidity-mortality paradigm) need to be re-examined (Dunn & Dyck, 2000) in light of longer term outcomes and the heterogeneity of immigrants along the lines of gender, age, immigrant status, and the historical pre-migration context from which they come (Alati et al., 2003; Beiser, 2005; Salant, 2003).

While subgroups of migrants such as refugees or those with precarious status are at greater risk of mental health problems (Khanlou & Guruge, 2008; McGuire & Georges, 2003; DesMeules et al., 2005; Oxman-Martinez et al., 2005; Simich, Wu, & Nerad, 2007), the resilience and resourcefulness of immigrants also needs to be factored into the analysis (Simich et al., 2005; Khanlou, 2008a; Waller, 2001). This has specific policy implications, as the discourse needs to also shift from the focus on immigrants as "needy service recipients" (Simich et al., 2005: 265), to a recognition of their capacity to survive in the face of tremendous challenges. This shift in attitudinal focus has practical consequences for the ways in which employers will see potential newcomer employees. If newcomers are looked upon as adaptable and resilient, rather than being the cause of social problems (Simich et al., 2005), then their opportunities in the workforce may increase.

The following policy recommendations arise out of a mental health promotion approach and recognize the inter-relations between micro, meso and macro levels of influence on migrant mental wellbeing:

RECOMMENDATION:

Support intersectoral approaches to promoting migrant wellbeing across systems (including health, social services, resettlement, education, etc) through developing, enhancing, and coordinating partnerships between sectors.

RECOMMENDATION:

Support integrated community-based mental health services that:

- address the social determinants of migrant mental health;
- are gender and lifestage sensitive; and
- recognize both the challenges and resiliencies of diverse groups of migrants (newcomers, immigrants, refugees, precarious status).

RECOMMENDATION:

Support education and training towards providing the following:

- provide public education campaigns directed at diverse groups of migrants on the mental health system (acute and community based) and how to access appropriate services;
- provide standardized and quality monitored education to cultural interpreters; and
- provide education to health and social service providers and students on culturally competent mental health promotion.

RECOMMENDATION:

Support policies that remove barriers to economic and social integration of newcomers (for example through recognition of previous training and education).

RECOMMENDATION:

Support longitudinal and comparative research on migrant mental wellbeing that considers the multiple determinants of migrant mental wellbeing through interdisciplinary approaches and community-academia alliances.

CONCLUSION

Over two decades have passed since the publication of the report of the Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees in Canada (Beiser, 1988). Community-based and governmental initiatives attest to the progress we have made, though more intersectoral work needs to occur.

While Canada has built a reputation as a leader in health promotion, it is the only G8 country that does not yet have a mental health strategy. It is estimated that $23 billion is spent annually in medical bills, disability, and sick leaves in Canada (Globe and Mail, July 25th page A4). Mental health, a crucial part of overall health, must become a policy priority in Canada. There are positive steps already being taken in this direction. In a 2006 report to the Standing Senate Committee, the honourable Michael Kirby recommended that a mental health commission be set up in Canada. In 2007, the federal government committed $10 million for two years and $15 million per year for two subsequent years (up to 2010) towards the establishment of the Mental Health Commission of Canada (Office of the Prime Minister, http://pm.gc.ca/eng/media.asp?id=1807). The Government has also confirmed an amount of $130 million over 10 years to the Canadian Mental Health Commission (Health Canada, 2008).

In January 2009 the Commission released its "Toward Recovery and Well-Being: A Framework for a Mental Health Strategy for Canada" as a draft summary for public discussion. In 2009 the Canadian Institute for Health Information also released its document entitled

"Improving the Health of Canadians 2009: Exploring Positive Mental Health." On 12 February 2009 the Pan-Canadian Planning Committee for the National Think Tank on Mental Health Promotion released its document, "Toward Flourishing for All… National Mental Health Promotion and Mental Illness Prevention Policy for Canadians." Media features and conferences are also addressing the gaps around the public discussion of mental health and mental illness in Canada. The Globe and Mail featured a series on "Canada's Mental Health Crisis," (http://www.theglobeandmail.com/breakdown). A conference (held in Toronto, 4-6 March 2009) in conjunction with the Mental Health Commission of Canada focused on mainstreaming mental health and wellness promotion (http://www.clifffordbeersfoundation.co.uk/toronto.htm).

Such initiatives are very timely and are contributing to mental health promotion efforts. Attention is also needed on specific sub-groups of the population, such as migrants. In light of the stigma around mental illness, and barriers to accessing mental health services for migrants, mental health promotion efforts need to consider how best to reach diverse audiences. We hope that this policy brief will be a timely contribution to the broader movement towards the creation of a national mental health strategy, an educational tool to create awareness of mental health promotion for migrant communities, and an impetus for specific policy initiatives promoting the mental wellbeing of migrant populations in Canada. We believe that such initiatives will have benefits both for the specific populations they are targeted at as well as communities and Canadian society at large.

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FOOTNOTES

[1] This article presents a shortened version of a policy brief written for the Public Health Agency of Canada and the Metropolis Project. The policy brief was commissioned and funded by the Strategic Initiatives and Innovations Directorate (SIID) of the Public Health Agency of Canada. Support for its development was provided both by SIID and the Metropolis Project. The opinions expressed in this publication are those of the author's and do not necessarily reflect the views of the Public Health Agency of Canada or Metropolis. The full policy brief can be found at: http://canada.metropolis.net/events/health/health_seminar.html.

[2] Being aware of and addressing the unique cultural needs of different groups is at times referred to as cultural competence. Some argue that cultural competence can in fact further marginalize and separate culturally different "others," and that a more appropriate framework is one based on anti-racism and anti-oppression. While debates continue around this issue, most agree that diverse individual needs must be addressed in mental health service delivery, as Canada's population is not homogeneous.