THE MENTAL HEALTH OF IMMIGRANT AND REFUGEE CHILDREN IN CANADA: A DESCRIPTION AND SELECTED FINDINGS FROM THE NEW CANADIAN CHILDREN AND YOUTH STUDY (NCCYS)

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ABSTRACT

One in five children living in Canada was born either outside the country or to recently arrived immigrants. Helping the children of new settlers adapt to their schools, integrate with the larger society and stay happy and healthy during the process are important goals for all immigrant receiving countries. However, there is a dearth of knowledge about what promotes adaptation and integration on the one hand, and what jeopardizes the well-being of immigrant and refugee children on the other. This article describes the New Canadian Children and Youth Study (NCCYS), a longitudinal investigation of personal and contextual factors affecting immigrant and refugee children's health, mental health and development, designed to fill some glaring gaps in current knowledge.

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INTRODUCTION AND BACKGROUND

As part of Canada's commitment to a national children's agenda, Statistics Canada and Human Resources and Social Development Canada (HRSDC) initiated the National Longitudinal Survey of Children and Youth (NLSCY) in 1994, a long-term study focused on the development and well-being of more than 35,000 Canadian children from birth to early adulthood. This still-ongoing study is producing valuable information about factors influencing children's social, emotional and behavioural development. However, because immigrant and refugee children are severely underrepresented in the sample, insights gleaned from the NLSCY tell only part of their story.

Migration and resettlement create unique developmental challenges. Policy makers and the helping professions need to understand what these challenges are, how children and their families respond to them, which responses are successful and which are harmful.

An article that several colleagues and I published a few years ago (Beiser et al 2002) containing a surprising finding about immigrant children attracted a flurry of media attention. It also stimulated the creation of the New Canadian Children and Youth Study (NCCYS).

This was the surprise. Poverty is one of the most potent of all factors that place children's mental health at risk. Using data from the first wave of the NLSCY, my colleagues and I compared mental distress and behavioural problems within the NLSCY's small sample of immigrant children and native-born children. Since immigrant families were more than twice as likely as non-immigrants to be living in poverty, we hypothesized that immigrant children would have higher rates of distress and disturbance. The findings were the exact opposite: foreign-born children had fewer emotional and behavioural problems than their native-born counterparts.

Further probing of the paradox highlighted the role of the immigrant family as a source of resilience. Poor immigrant families were much less likely than poor native-Canadian families to be broken families, and poor immigrant parents were less likely to be ineffective or dysfunctional parents. Although the material effects of poverty affected the mental health of both immigrant and non-immigrant children, the strength of immigrant family life apparently mitigated its psychological toxicity. Since the immigrant families studied had all been in Canada ten years or less, it is tempting to speculate that hope helped sustain them through the initially difficult years. Anecdotal evidence suggests that many new settlers perceive poverty and its effects as bumps along the road to eventual integration. By contrast, for far too many poor native-born Canadian families, poverty is the end of the road. The study raised a number of intriguing and important questions, for example: Did the good news about mental health apply to all children, refugee and immigrant alike? To visible minority as well as non-visible minority children? and, did factors such as the circumstances of migration or region of resettlement in Canada have mental health effects? The NLSCY sample of immigrant children was too small to permit investigation of such questions.

THE NEW CANADIAN CHILDREN AND YOUTH STUDY (NCCYS)

Investigators affiliated with the BC, Prairies, Ontario and Quebec Metropolis Centres of Excellence on immigration research initiated the NCCYS to investigate questions about the health, mental health and development of immigrant and refugee children that would contribute to the advancement of theory and to the development of policy and practice. Start-up funding from the federal departments of Health Canada, Canadian Heritage and Citizenship and Immigration Canada, from the four Metropolis centres, from the Fonds de la recherche en santé du Québec (FRSQ) in Quebec and Alberta Heritage Foundation for Medical Research (AHFMR) in Alberta supported the development of an interdisciplinary team made up of approximately 30 researchers from many of Canada's leading universities partnered by local immigrant and service-provider communities. The study team developed a research framework focusing on risk and protective factors important for the mental health of all children, such as parental mental health, poverty and parenting styles which could be considered universal risk and protective influences, and factors more or less specific to the immigration and resettlement experience, such as discrimination, the struggle with competing ethnic and civic identities, and the availability of a like-ethnic community as a source of social support. According to the NCCYS framework, immigrant and refugee children's well-being results from a dynamic process, the components of which include individual characteristics, pre- and post-migration stressors, and the individual and social resources children use to cope with stress.

The NCCYS team compiled a questionnaire covering universal and immigration specific general health and mental health risk and protective factors. After master versions of the questionnaires were prepared in English and in French, community advisory councils made up of community representatives examined each question to determine its acceptability, and cross-cultural translatability. The questionnaires were translated into 15 different heritage languages, and then back-translated. When discrepancies between the original and back-translated versions of a particular question arose, the community councils examined them to determine

whether a better translation was possible. The relatively few questions that defied translation had to be dropped.

The study involved six cities—Montreal, Toronto, Winnipeg, Edmonton, Calgary and Vancouver and 16 ethnocultural communities. A number of criteria guided the selection of target groups for the study: . *Significant presence:* Within each of the regions, the team selected three country-of-origin groups that were among the top ten with respect to numbers of new settlers during the ten years prior to the initiation of the study. According to 2001 census data, the three groups qualifying for inclusion according to this criterion were: Hong Kong (HK) Chinese, Chinese from the People's Republic of China (PRC) and Filipino. 2. *Groups of particular interest.* In order to investigate the effects of immigrant versus refugee status, visible minority status, and the availability of an established like-ethnic community during the time that new settlers arrive, we selected communities within each region in order to ensure that at least one case in the total sample fit each possible study profile—for example, refugee, visible minority, non-established community; or immigrant, non-visible minority, established community. In addition to the three national samples, that were represented at each site, there were site-specific samples (defined by source country and/or ethnicity) as follows: 1. Vancouver: Iran, Afghanistan, India (Punjabi) 2. Prairies; Vietnam, Central America, Kurdish 3. Toronto: Serbia, Ethiopia, Sri Lanka (Tamil) 4. Montreal: Haiti, Lebanon.

The NCCYS team focused on two age groups—children between the ages of four and six (to make it possible to follow children through the important developmental stage of starting school) and 11 to 13 (in order to follow children from pre-adolescence into early adolescence).

With the partnerships and collaborative arrangements in place, the NCCYS researchers developed and pilot-tested questionnaires for the planned biennial interview with parents and children. We then applied for, and received funding from the Canadian Institutes of Health Research to conduct two waves of interviews with the parents and children taking part in the NCCYS. The two survey waves have now been completed.

RESULTS FROM WAVE 1 OF THE NCCYS

The first publication from the NCCYS, a paper entitled "Predictors of emotional problems and physical aggression among children of Hong Kong Chinese, Mainland Chinese and Filipino immigrants to Canada" which appeared in the journal *Social Psychiatry and Psychiatric Epidemiology.* The article had two major aims, the first to demonstrate that, over and above the factors that affect the mental health of children in general, there are factors specific to the immigrant experience that have to be taken into account, the second to explore the mental health salience of two immigration-specific factors—country of origin and region of resettlement in Canada. To address these two questions, the article focused on the NCCYS's three national groups—HK Chinese, PRC Chinese and Filipino.

The results showed that, in many ways, immigrant children's mental health is affected by the same factors that affect the mental health of children in general. For example, boys were more likely than girls, and younger children more likely than older, to display physical aggression. As is the case for children in general, maternal depression increased the probability that an immigrant child would have emotional problems.

However, in addition to risk factors such as parental mental disorder and protective factors such as good family functioning that affect the mental health of all children, factors more or less specific to the immigrant experience affected the mental health of children in newly resettling families, net of universal risk and protective factors. Immigrant children whose parents spoke little or no English or French were more distressed than children whose parents had better degrees of linguistic fluency, immigrant children whose parents were suffering a good deal of resettlement stress and who had experienced discrimination had an elevated risk of emotional problems and of physically aggressive behaviour.

The mental health salience of the country of origin and the region of resettlement were the two most original findings of the study.

PRC Chinese children experienced a lower risk of developing mental health problems than either HK Chinese or Filipino youngsters. These findings call attention to the circumstances of their family's migration, in particular the phenomenon of transnational families. Filipino migration is often initiated by women who respond to inducements such as those offered by Canada's live-in care-giver program that offers the possibility of landed immigration status after a mandatory period of service caring for children or the elderly. During the three to four years it takes to establish their status and save enough money to re-unite their own families, the women's own children stay behind in the home country with their fathers or members of the extended familyWhen family reunification eventually takes place; it can be complicated by children's resentment over perceived maternal abandonment. Immigration from Hong Kong is very different. Many HK Chinese families apparently came to Canada with plans to stay long enough to ensure their children' education, but with the ultimate goal of returning to the home country. Authorities have raised concerns about the possible mental health consequences of prolonged

parental absences, and of pursuing the goal of returning to their country of origin rather than of integrating into the society of the host county. By contrast, PRC Chinese families migrate as intact units with the goal of permanent settlement. Although it is tempting to speculate that the increased mental health risk among HK Chinese and Filipino children may be at least partially attributable to parental absences consequent on transnationalism, drawing such conclusions would be premature. Future analyses of NCCYS data is anticipated and will examine whether the findings can be explained by separations between parents and children, or whether other explanatory factors are at work.

Since family separation is, to a certain extent, amenable to changes in policy, these results cast a potentially important light on the importance of speeding up family reunification. With respect to services, if children in transnational families are indeed subject to particular mental health risks, meeting their needs may call for special training programs for service providers, including the need to plan for family life post-reunification.

Despite Toronto's reputation as a multicultural city, immigrant children living there had worse mental health than children living in the other five NCCYS sample cities. Although the gaps have been closing in recent years, the children in the NCCYS sample spent their early years in regions of the country that offered newcomers differing "levels of hospitality," that is macrosocial climates that can affect mental health. Inter-provincial disparities in the amounts of money spent per immigrant [Canadian Task Force 1988, CIC 2006) translate into differential access to language training, day care, job training programs and health care, each of which may affect the well-being of parents and children.

In the early 1990s, immigration began taking on cachet in Quebec, the Prairies and British Columbia. For example, in 1991, the federal government signed an accord with Quebec, devolving jurisdiction as well as funding for settlement and integration services to the Province. Similar accords were signed with Manitoba in 1996, with British Columbia in 1998, and with Alberta in 2002. By contrast, during the mid- to late 1990's, Ontario provided severely limited amounts of the kinds of social support that many immigrant families require during the early years, remained cool towards immigrants, and suspicious of federal policies of devolution. It was not until 2004 that the province signed an initial letter of intent to proceed with negotiations regarding immigrant selection, destination and integration. Despite being the largest magnet for immigrants, Ontario may not have presented the most welcoming environment.

Future analyses of NCCYS data will be concerned with defining indices of immigrant receptivity, and comparing these across regions in an attempt to explain the regional differences displayed in immigrant children's mental health. School climate will be one of these indices. An NCCYS paper recently submitted for publication (Hamilton et al unpub,) examined relationships between children's mental health and parent's perceptions of their schools. Schools with the most negative parental ratings were the schools in which immigrant children showed the highest levels of physical aggressiveness. It remains open to question whether poor school environments jeopardize mental health or whether parents of disruptive children blame the schools for their children's bad behaviour. The longitudinal data will help determine the sequence of events. Regardless of causal direction, the findings point to the need for schools to improve communication with the parents of immigrant children.

Canada expects a great deal from newcomer children. Immigrant parents also have high hopes for their children. To help both families and the country realize their aspirations, we need to know a great deal more than we currently do about what jeopardizes immigrant children's mental health and what factors—personal, familial, social and societal—help ensure their well-being and success. Adapting to and integrating with a new society are not easy tasks. The fact that most immigrant children meet the challenge is testimony to their resilience, a resilience based on personal qualities, the strength of the immigrant family and to the social resources they manage to find in Canada. All is not well, however, if almost a third of immigrant families with children live in poverty, if one in five immigrants experiences discrimination, if parents feel alienated by their children's schools, and if there are disparities in well-being traceable to where people choose to live in Canada. More can and must be done to ensure that immigrant children become part of Canada's children's agenda.

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