THE MENTAL HEALTH OF IMMIGRANTS AND MINORITIES IN CANADA: THE SOCIAL AND ECONOMIC EFFECTS[1]

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ABSTRACT

This article provides a comprehensive analysis of immigrant mental health from a population health perspective. The result of the research conducted by the articles' authors confirms that there is a "healthy immigrant effect" in terms of mental health outcomes. It also offers evidence of the significant role that local ethnic networks play in influencing immigrant mental health.

INTRODUCTION

Resulting from centuries of immigration, Canada is a multicultural nation comprised of people from a wide range of ethnic and cultural heritages. Immigrants have always made and will continue to make significant contributions to the development of Canada's economy, society, and culture. However, migration to a new country is a potentially disruptive and stressful experience. It can produce profound distress even among the best prepared. Difficulties in connecting with and adapting to the economic and social institutions of the host country may result in poor mental health outcomes. This in turn can hinder longer-term economic and social adjustment such as labor market performance, linguistic and cultural adjustment, etc.

Our understanding of the determinants of the mental health of immigrants in Canada and how their mental health changes over time is limited. In previous research, considerable attention has been paid to the variation in mental health among ethnic groups and the underlying causes, but the findings have been inconsistent. This article provides an examination of our study which aims to address some of the serious gaps in the general understanding of the mental health of immigrants and minorities in Canada by estimating statistical models involving a range of mental health measures and socio-economic, demographic, and immigration-related factors. By analyzing the extent of differences in mental health between immigrants and native-born individuals of comparable socio-economic and demographic characteristics, our study contributes to the literature on immigrant mental health in the following two ways. First, it provides evidence on how the observed difference varies by year of arrival in Canada, by years since migration, by age at arrival, and by ethnicity. Second, it offers additional evidence on the influence of local ethnic communities on immigrants' mental health. Analyses of these focal points will yield important insights into the extent to which immigrants acculturate into the Canadian society in terms of mental health, and whether the process of acculturation is on balance a positive or negative effect.

A better understanding of the dynamics and determinants of mental health for potentially 'at risk' groups is vital both to the prosperity and success of new immigrants to Canada and, more broadly, to the success of Canada's ambitious immigration program. Results of this study can be used to identify these at-risk groups and the factors that contribute to their poorer mental health. This information in turn can be used to guide particular policy development that addresses those factors and improves the health, quality of life and prosperity of immigrant and native-born Canadians.

METHODS

Following the approach of McDonald and Kennedy (2004), our study analyzes various dimensions of

immigrant and minority mental health using micro-econometric techniques. The main approach is to estimate a series of regression models in which mental health is expressed as a function of socio-economic and demographic conditions. In these models, mental health is defined by an aggregated index constructed using a number of most commonly used mental health indicators including stress, depression, alcoholism and suicidal ideation. A higher index score indicates a higher incidence of various mental health conditions. The socio-economic and demographic factors included are gender, age, marital status, education, home ownership (as a proxy for income), social support, physical health, and ethnicity. Controlling for observable socio-economic and demographic differences in the regression allows the extent to which mental health varies between immigrants and otherwise comparable non-immigrants to be identified. Further, given the wide variation in immigrant inflows by source country, by age at arrival and by year of arrival, it is of interest to compare across different immigrant groups defined by these measures after controlling for differences in observable characteristics such as age and education level. For example, it will be instructive to compare the mental health of recent adult immigrants of a particular ethnicity with that of otherwise similar native-born Canadians of the same ethnicity, or with immigrants of the same ethnicity who arrived as children, as well as with immigrants and native-born Canadians of other ethnicities.

Using this framework, the study examines two important aspects of immigrant mental health that have been identified in the literature on immigrant physical health. The first is the existence of a 'healthy immigrant effect' in terms of mental health; that is, the extent to which recent arrivals are in better mental health than otherwise comparable non-immigrants. Related to this, it is also of interest to determine whether any health advantage enjoyed by recent immigrants is lost with additional years in Canada, as has been found to be the case for physical health. Second, the study also attempts to measure the relationship between an immigrant's mental health and characteristics of his or her local neighborhood, such as local ethnic concentration. This variable captures the individual's proximity to and interaction with people of the same language, background and customs. Local ethnic concentration is measured as the proportion of population belonging to a particular ethnic group in the neighborhood, relative to that ethnic group's population proportion at the national level. The approached used in measuring this relationship follows Bertrand et al. (2000).

This study uses 2001-2005 data from the confidential files of the Canadian Community Health Survey (CCHS). The CCHS is a series of national health surveys conducted by Statistics Canada. It contains rich information on health determinants, health status, and health system utilization for over 130 health regions across the country. For the purpose of this study, only working age individuals aged 20 to 65 are included since individuals from this age group are likely to face similar mental health stressors such as those related to employment and family responsibilities. The 2001 Canadian Census data file is used to calculate population sizes of local ethnic groups.

RESULTS

Our study compares the incidence of mental health conditions between immigrants and native-born Canadians to examine the evidence of a "healthy immigrant effect". The results show that, overall, immigrants enjoy a significantly better mental health than their comparable native-born peers. When comparing the status of mental health among various ethnicity groups, it is found that people who belong to "Asian" and "Black" minority groups are less likely to have mental health problems than their white counterparts. Latin American men are also found to have a better mental health status compared to their white counterparts, but no such relationship is found for women.

To determine how immigrants' mental health changes over time, this study examines the relationship between the mental health of immigrants and their length of residence in Canada. It provides strong evidence that, for both male and female immigrants, their mental health deteriorates with increased years of residence in Canada. Moreover, both period of arrival and age at arrival are important determinants of immigrants' mental health. Immigrants who arrived during 1961 to 1965 are found to have a poorer mental health than others. The implied negative impact on mental health for those arrived within the time frame could be a reflection of Canada's large intake of immigrants and refugees during the early 1960s for humanity reasons (The Applied History Research Group, University of Calgary, 1997).[2] It is also found that men who have arrived in Canada after age 50 enjoy a significantly better mental health than those who arrived at an earlier age, while men who have arrived in Canada as children (before age 12) have a disadvantage in mental health compared to those who arrived at a later age. Again, no such evidence is found for women.

In terms of the different findings between male and female immigrants, one possible explanation is that men are more likely to be the principal applicants for immigration while women are more likely to immigrant to Canada as spouses. For example, between 2000 and 2001, 77% of the principal applicants in the economic class were men, while immigrant women who were admitted under this

category were more likely to be admitted as a spouse or a dependent. The principal immigration applicants are the ones who initiate the immigration process and therefore are those who might be most affected by the nature of the immigration process. Spouses or dependents might be more likely to experience an accommodated process, particularly if there is a time lag between the arrival of the principal migrant and his or her spouse and family.

Mental health is also found to be closely related to local ethnic and neighborhood factors. Evidence suggests that it is beneficial for immigrants' mental health if they reside in a neighborhood with a higher density of individuals who are from the same ethnicity. There is also a positive relationship between an individual's mental health status and the average mental health status of the ethnic group from the same neighborhood.

In terms of the relationships between mental health and socio-economic, demographic factors, this study reveals similar findings as in the existing literature. For both men and women, the incidence of mental health conditions increases with being divorced or separated, living in a metro area, having poor or fair physical health, etc, and decreases with receiving social support, having very good or excellent physical health, etc. The relationship between mental health and age is U-shaped over the life cycle—that is, mental health is the best among youth and old age while mental health problems are the most common among men and women in their middle age. Persons who have post-secondary education are more likely to experience mental health conditions compared to secondary school graduates (more so for women than for men). House ownership and house type are also predictors of mental health. Those who own their own houses are estimated to have less mental health conditions than those who do not, and those who live in single houses also have less mental health conditions than those who live in other accommodation types (apartment, mobile home etc). As house ownership can be considered as an indicator of one's long-term wealth, these results suggest a positive relationship between mental health and wealth.

CONCLUSIONS

Issues related to immigrant mental health are fundamental to Canada's immigration policy development. First, the mental health of immigrants is an important determinant of general measures of population health, and therefore is directly related to issues of the cost and adequacy of Canada's healthcare system. Second, the mental health of Canada's immigrant population is one important determinant of the costs and benefits of Canada's immigration policy, and relates to questions such as whether Canada is maximizing the returns of its large-scale immigration program.

The findings of this study contribute to our knowledge that mental health is closely related to demographic and socio-economic factors. It is also found that a wide range of mental health disparities exists across different ethnic groups. By examining the extent to which differences in mental health status are explained by immigration status, this study presents some tentative evidence on a "health immigrant effect" on mental health—most visible minority groups enjoy a better mental health status than their white counterparts, however the mental health of immigrants deteriorates over time.

This study also contributes to the existing literature by offering additional evidence on the influence of local ethnic networks on mental health. It reveals that local ethnic networks have significant effects on the mental health of immigrants and minorities. It is found that residing in a neighborhood with a high ethnic density is beneficial for an individual's mental health. This may be attributed to the potential protective effects offered by a high ethnic density such as strong ethnic networks, accessible and available social support, as well as sense of familiarity and belongingness.

REFERENCES

Bertrand, M., E. Luttmer, and S. Mullainathan. 2000. "Network Effects and Welfare Cultures." *The Quarterly Journal of Economics*, 115: 1019-1055.

McDonald, J.T. and S. Kennedy. 2004. "Insights into the healthy immigrant effect: health incidence and health service use of immigrants to Canada." *Social Science and Medicine*, 59(8): 1613-1627.

The Applied History Research Group, University of Calgary. "The Peopling of Canada: 1946-1976". University of Calgary. 1997. http://www.ucalgary.ca/applied_history/tutor canada1946/index.html (November 19, 2008).

FOOTNOTES

[1] The opinions expressed in this article are those of the authors' and do not necessarily reflect the views of the Department of Human Resources and Skills Development Canada or the Government of Canada.

[2] Due to high unemployment rates in Canada and global humanitarian actions in the first years of the 1960s, Canada revised its immigration policy to accommodate more immigrants and refugees, including those who would not normally have qualified for admission (The Applied History Research Group, University of Calgary, 1997).