

Mental Health Challenges & Barriers To Care In New Canadians

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Abstract

Mental health care is a struggle for many Canadians, as the system is unable to provide adequate care for all who are experiencing mental health challenges. Evidence indicates that accessing effective mental health care is even more challenging for immigrants and refugees who have recently migrated to Canada, as there are a multitude of factors that may further prevent them from accessing the help they need. First, the overarching issue of mental health issues in native-born Canadians and immigrants alike needs to be observed. Second, we must ask how Canadians and patients worldwide are accessing their mental health care, and recognize the service gaps that exist. Finally, addressing the specific barriers that new Canadians face while attempting to reach mental health care is crucial, as it allows us to begin to formulate a solution. A campaign or organization that addresses both the barriers to care from an immigrant's perspective and the service gaps that general practitioners experience could be created to help promote awareness and change.

Keywords: Mental health, mental health care, immigrants, refugees, New Canadians, barriers to care, general practitioners

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Recent immigrants and refugees coming to Canada face unique stressors and traumas that may contribute to the development of a variety of mental health challenges. Locating local mental health supports, and navigating the process of getting treatment can be a confusing and overwhelming process. As a result, many new Canadians struggle to access mental health services. Additionally, once they reach service providers, general practitioners and mental health professionals alike are often ill-equipped to provide adequate care for this demographic. In order to provide immigrant populations in Canada with the mental health services that they desperately need, data must first be collected in three major areas. First, examining the statistics surrounding the rates of mental health issues, and the frequency of individuals seeking treatment in both Canadian born and immigrant populations will help professionals to better understand the deficiencies in Canada's mental health services as a whole. In addition, a detailed examination of where new immigrants access their mental health services, and how they are referred to these services will shed light on what services are being underused by immigrants and refugees. Finally, investigating the barriers that prevent immigrants from seeking adequate care is essential to ensure that this demographic receives proper care. To better serve those who are suffering, newcomers need to be supported by a system of clear, readily available information, and practitioners must be prepared to address their specific needs.

In recent years, mental health has quickly become one of the most prevalent global health concerns. Disorders such as depression, anxiety, addiction, bipolar disorder and schizophrenia are increasingly prevalent amongst the population. According to the Canadian Mental Health Association, mental illnesses affect all Canadians in some capacity. Statistics show that 1 in 5

Canadians will personally experience issues with their own mental health at any given time, and approximately 8% of adults will experience major depression at some point (CMHA, 2020). In addition, many Canadians are affected by mental health issues indirectly, with family members, friends or colleagues struggling with mental health. These mental health challenges not only affect the mind, but they can also affect physical wellbeing. People with mental illnesses are twice as likely to experience struggles with substance abuse. At least 20% of those with a diagnosed mental illness also have substance abuse problems. For people with schizophrenia, that number can reach up to 50% (CAMH, 2020). There is also a strong link between physical health problems and mental health problems. “Australian data indicates that 39% of people with depression and anxiety have a physical illness and at least 14% of those with a physical illness have depression or anxiety” (Raphael et. al., 2005). This high prevalence of mental health disorders is not exclusive to Canada. The Global Burden of Disease study reported in 1990 that unipolar major depression was the fourth leading cause of disability-adjusted life years lost (at 3.7%), surpassed only by physical conditions such as respiratory and diarrheal causes (Alonso et. al., 2013). Disability-adjusted life years (DALY), can be thought as one year of “healthy” life lost, and is used as a measure of the “gap between current health status and an ideal health situation where the entire population lives to an advanced age, free of disease and disability” (WHO, 2014). As it is proven that mental health challenges present such a significant challenge for the general population, it is crucial to examine minority groups such as immigrants to determine population-specific stressors or environmental issues that could be contributing to increased rates of mental illness. While a variety of factors may lead to mental health challenges, such as trauma, financial difficulties, housing insecurity or relationship problems, one point of

issue that may not be immediately evident are the effects of an individual's change in environment.

The term nostalgia, defined as a yearning for the past or the state of being homesick, (Marriam-Webster, 2020) was originally coined as a diagnostic label in the late 1600s, comprised of two Greek words that combine to mean grieving for the lost native land (Batcho, 2013). Nostalgia was an illness, causing grief and hardship for those missing their homes, especially during wartimes. We now see nostalgia as a positive term, thinking more about things we miss from our younger years that gave us joy. However, thinking of this idea in its original terms, it can be easy to understand how the concept of nostalgia could cause mental distress for some, as immigrants and refugees leave their countries of origin for a completely foreign and unfamiliar new life. While many native-born Canadians may be aware of the overarching issue of mental health challenges, they may not be aware of the unique mental health challenges that immigrants and refugees in Canada often face. As they are such a significant portion of the population, it is a more prevalent problem than most would realize.

As of the time of the 2016 Canadian Census, "21.9% of the population reported they were or had ever been a landed immigrant or permanent resident in Canada" (Statistics Canada, 2017). This results in more than one in five Canadians being foreign-born. In fact, international migration is the key driver of population growth in Canada today (Statistics Canada, 2018). Of these migrants, the majority (60.3% as of 2016) are admitted under the economic category, selected based on their ability to find or create a job to become economically stable in Canada. The remaining immigrants are admitted to join family already in Canada (26.8%), while the smallest group are admitted as refugees (11.6%). While some of these groups, such as refugees, could be clearly susceptible to mental health issues due to hardships suffered in their home

countries, each of these categories have similar circumstances that could lead to mental health problems. Separation from family, financial issues, stress related to finding housing or employment, homesickness and social isolation are all issues that any immigrant or refugee could face. In a 2006 survey, it was found that the top reported difficulties faced by new immigrants in Canada include finding an adequate job, learning a new language, getting used to the weather, missing support from their homeland, adapting to a new culture and financial difficulties (Statistics Canada, 2006). Cultural differences between their home country and new country may also lead to complications. In an in-depth overview of several studies on the matter, George et. al. outline many disparities that may lead to mental health challenges. For example, “weaker cultural orientation towards the host culture is also linked to more depressive symptomology especially in immigrant older adults” (George et. al., 2015). Furthermore, in looking at Vietnamese Canadian students and Somali refugees, it was found that “youth felt overwhelmed when trying to fit in with the new culture while maintaining components of their own” (George et. al., 2015). For many, achieving acculturation, in which the cultures of an individual's host country and country of origin mix together while simultaneously maintaining their cultural identity can be incredibly difficult. Acculturation is when the host country's culture and country of origin's culture mix together, but are still able to be identified as individual parts. This allows an individual to become acclimatized to the new culture they are immersed in, while maintaining their cultural identity. Conversely, assimilation is when both cultures become so blended together that they are all part of the same whole. This may seem like a good thing on the surface, as many people believe that it is best for immigrants to fully become part of the host culture. However, this sort of integration into society can cause individuals to feel that they must abandon their identity in order to become part of the dominant culture. Countries that are

described as “melting pots” are often subject to assimilation, and can lead to tensions between the dominant population and anyone who does not “fit in” (Bird-Hutchison, 2019). This sense of either “too integrated” or “not integrated enough” is a delicate balance that can cause a myriad of problems as previously discussed. It is clear that mental health challenges are not only an issue for the population at large. A close examination of the wellbeing of marginalized groups such as immigrants and refugees reveals that there are a multitude of distinct issues that must be addressed in order to better support their mental health.

With such a wide and diverse number of mental health disorders stemming from varying causes, there is a need for specialized health practitioners and dedicated social support services to be put in place. However, depending on their background and geographical location, individuals searching for mental health support may not be sure where to turn. Each country deals with mental health care differently, due to cultural, financial, structural, political and geographical factors. Pinpointing how people around the world access their mental health care becomes even more complicated as many countries in the world become more diverse due to migration. In a study performed in Australia and New Zealand on pathways to mental health care, Australian born adults, as well as adults born in Vietnam or a Chinese or Arabic speaking country were surveyed. Those surveyed consulted an average of three professionals before reaching specialist mental health services. General health practitioners “played a pivotal role in the help-seeking consultation pathways with 45% of patients” (Steel et. al., 2006). Only 13% of patients surveyed first presented to specialist mental health services, while other first contact points included hospital emergency departments (13%), and police (11%). As the method of accessing care varied, time to access these services varied as well. “Over 25% of the sample

reached public mental health care in less than 2 months, but 25% took over 2 years to reach care” (Steel et. al., 2006). While the study did not report significant differences in delays to accessing care based on ethnicity or proficiency in English, the authors admit that these results differ to other studies, which report that ethnicity had an effect on the time it took to seek help, as well as an influence on the path taken to reach eventual care. “One possible explanation [...] may relate to improvements in service delivery to minority populations in Australia, with significant resources in recent times allocated to improving the cultural sensitivity and accessibility of mental health services” (Steel et. al, 2006).

By examining studies from Europe, we can see that other commonwealth countries have drastically differing statistics in terms of access to care. In the United Kingdom, it is reported that one in four individuals experiencing mental health issues are accessing care via police involvement. “Annually, mental health emergencies account for approximately 15% to 20% of all UK police incidents...” (Marsden et. al., 2020). Explanations for increased police involvement in these incidents are credited to the dropping number of beds in psychiatric facilities, leading individuals to seek help through community-based care. It was additionally found that people of ethnic minority backgrounds were more likely to be admitted to mental health care via police involvement when compared to their white British counterparts. This could be attributed to institutional racism amongst the police force, or due to a difference in communication styles between cultures causing a lack of understanding. It was found that those belonging to ethnic minorities consider “language, communication and cultural naivety to be barriers to accessing mental healthcare” (Marsden et. al., 2020). To combat this, it was suggested to increase and improve cultural competence training and improve on mental health awareness in the police force.

In Canada, it is also realized that general access to mental health services can be a struggle. Canada's health care is recognized as a well-built system that assures Canadians have "barrier-free, timely access to high-quality health care" (CAMH, 2016). However, people who are experiencing mental health problems are reported to be less likely to have access to a primary care physician, who account for the majority of mental health care providers in Canada (Olson, 2006). Additionally, it may be difficult for primary care physicians, especially family doctors, to have the necessary experience to feel comfortable caring for those experiencing severe mental health challenges. According to the Medical Psychotherapy Association Canada, while family physicians and psychiatrists "[...] receive some instruction in psychotherapy during their medical training, that basic training is often insufficient to meet the needs of their practice" (MDPAC, 2020). Being able to accurately recognize and provide support for mental illnesses requires specialized training, and this has not been provided to all physicians. For those who have been trained with a focus on evidence-based diagnosis of mental illnesses, "they report improved practice, better patient care and increased job satisfaction" (CAMH, 2016). The Centre for Addiction and Mental Health is suggesting that mental health should be included as training for primary care physicians, and is strongly advocating to make them completely comfortable with providing care in this area. This is especially important as it is reported that up to 80% of Canadians are receiving their mental health care through their family physicians. Taking this into consideration, alongside other barriers that exist such as lack of insurance covering specialized mental health practitioners, social stigma and discrimination that may exist in the system, it becomes clear that Canada still has many hurdles to cross to directly address the need of its patients.

With an awareness of the greater issues at hand, we can begin to dig deeper to find the issues that are directly affecting immigrants and refugees' access to mental health care. Often, issues that are causing migrants to experience stressors in the first place are also the same factors that lead to a limited access to mental health support. Perhaps one of the larger issues is the number of people who struggle with English proficiency in English-speaking countries such as Australia, England, Canada and the United States. According to the United States Census Bureau, there are over 54 million people in the US who speak a language other than English at home, making up 19.5% of the population as of 2011. "Additionally, more than half (51.0%) of the U.S. immigrant population appeared to have less than "very well" English-speaking ability, referred to as limited English proficiency (LEP) population" (Kim et. al., 2011). Inability to speak the host country's language, as mentioned before, is one of the factors that can lead to immigrants feeling isolated and out of place. Beyond this, it can cause problems in communicating effectively with health care providers, and navigating the health care system as a whole. This is especially detrimental when it comes to accurately explaining and diagnosing mental health problems. With physical illness symptoms, health care professionals are often able to make physical observations to diagnose the illness. Unfortunately diagnoses of mental health issues rely on the patient's descriptions of their feelings and state of mind to the practitioner. This is significantly harder for an individual who has a limited grasp of the language, potentially causing them to not seek help in the first place. They may also prefer to visit with a clinician who comes from the same country or speaks the same language as they do, but this is not always available. Differences in culture can also play a large part in an individual's willingness to seek mental health support, especially with clashes between Eastern and Western cultures.

A study in San Jose, California conducted focus groups with participants coming from six areas of the world, namely Cambodia, Eastern Europe, Iran, Iraq, Africa and Vietnam, who were asked about their opinions on a variety of barriers to accessing mental health support in the United States. Participants from Southeast Asia and Eastern Europe both reported that there was a lack of presence of mental health support in their countries. In Cambodia for example, as recently as 1993 there were no mental health professionals in the entire country. The Khmer Rouge killed approximately 1.7 million people during their rule, targeting a number of groups including intellectuals such as doctors and other educated professionals. After the Khmer Rouge were removed from power, there were no trained health care professionals left in the country who could help the population deal with the trauma and horrors that they had experienced. To this day, although there is a growing number of psychiatrists now being trained in Cambodia, the system is still not developed enough to deal with the demand of those suffering (SW Pictures LTD., 2019). Not having a developed mental health care system in place in their home countries results in patients lacking “a perceived norm for using mental health services to address their psychological problems” (Saechao et. al., 2012). Patients may not have ever used mental health services, nor know someone who has accessed mental health care in their home country. Therefore, they may not feel comfortable enough to navigate the mental health care system by themselves. Furthermore, there may be competing cultural practices, or treatments that immigrants have experienced in their home countries. Traditional healing methods or rituals may be common practice rather than the Western ideas of therapy or medicine. This may result in these individuals not having a desire to utilize the supports and services of Western mental health practitioners. In addition, they may not be able to access the traditional support that they are more familiar with from their host country, resulting in them receiving no service of any kind.

Finally, the study reported a lack of information surrounding where to find mental health services in the United States. All six groups in the study agreed on the fact that they had little to no knowledge on the matter. One of the African participants stated “I don’t think they know anything about counseling. [...] There are people there who need counseling who [...] don’t know that there is something called counseling” (Saechao et. al., 2012). They also stated having no knowledge about the type of services that were available, and did not know if there were any free or low cost services that they could access. There are several specialized services across Canada that tailor mental health services to immigrants and refugees, however they are still few and far between and can be difficult to find. Knowing these factors, health care providers must know how to make themselves available, providing clear, concise and easy to understand information on how to access their services.

After analyzing all the facts involved with caring for the mental health of new Canadians, we can observe two service gaps that need to be addressed. First, from a service provider’s standpoint; if many native-born Canadians are accessing their mental health services through their family doctors, we can assume immigrants and refugees are as well. It is evident however, that not all general practitioners feel comfortable with diagnosing and treating mental health disorders. Additionally, we can assume that not all mental health specialists have the necessary training in place to be able to navigate the cultural differences and stigmas that may exist when it comes to mental health treatment. Specialists and general practitioners alike should have resources they can turn to, helping them provide their patients with the care they need. Second, from an immigrant or refugee’s point of view; how can service providers make themselves most available? Navigating the mental health care system in Canada can be difficult even if one’s first

language is English, and they have grown up in an area where mental health services are known to be available. Seeking help can be overwhelming, daunting and confusing, and this is heightened when one is alone in a new country, navigating a new language and culture. There needs to be resources available for newcomers to help learn about the mental health system and what it can do for them. An ideal solution for the issue as a whole is one that addresses both sides of the struggle. If only one side is addressed, the other half will still experience issues that will negate the solution. A campaign or an organization that advocates for both sides, provides solutions and resources to fill the gaps could be created. This could collaborate with organizations who promote various issues from both perspectives, as well as working with the government to provide these resources to individuals who have recently landed in Canada. The issue of mental health care for any demographic is a multifaceted issue with no clear-cut solution. Although addressing the needs of service providers and patients alike will take many years to research and implement, it is integral to start by promoting awareness. It will take the force of many to create solutions, and the sooner we begin, the sooner we can ensure everyone has access to the care they need and deserve.

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