Mental health of Canada’s immigrants

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Acknowledgements

- Dr. Kwame McKenzie
- Andrew Tuck
- Michael Antwi
Outline

- Mental health of Canada’s immigrants
- Rates of mental disorders
- Determinants of immigrant mental health
- Barriers and facilitators to care
- Recommendations for service improvements
- The Case for Diversity
Foreign-born population as a proportion of total population, G8 countries and Australia

Source: Statistics Canada. Immigration and Ethnocultural Diversity in Canada, National Household Survey, 2011,
Where immigrants to Canada come from

Region of birth of recent immigrants to Canada, 1971 to 2006

- Oceania and other
- Asia (including the Middle East)
- Africa
- Europe
- Central, South America, and the Caribbean
- United States

(Hansson et al, 2010)
Healthy immigrant effect

Share of immigrants and Canadian-born self-reporting as healthy

Source: Citizenship and Immigration Canada. (2015). Health status and social capital of recent immigrants in Canada: Evidence from the longitudinal survey of immigrants to Canada
### Table 2: Percentage of self-rated poor mental health by sex and immigration status, unadjusted and age-adjusted, Canada excluding territories, 2002

<table>
<thead>
<tr>
<th></th>
<th>Total population</th>
<th>Canadian-born</th>
<th>Foreign-born</th>
<th>Recent immigrants</th>
<th>Long-term immigrants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All respondents</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unadjusted</td>
<td>6.80%</td>
<td>7.04%</td>
<td>5.95%</td>
<td>3.69%</td>
<td>6.85%</td>
</tr>
<tr>
<td>Age-adjusted</td>
<td>—</td>
<td>7.05%</td>
<td>5.85%</td>
<td>4.18%</td>
<td>6.65%</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unadjusted</td>
<td>6.00%</td>
<td>6.40%</td>
<td>4.80%</td>
<td>2.60%</td>
<td>5.60%</td>
</tr>
<tr>
<td>Age-adjusted</td>
<td>6.02%</td>
<td>6.38%</td>
<td>4.64%</td>
<td>2.39%</td>
<td>5.17%</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unadjusted</td>
<td>7.60%</td>
<td>7.70%</td>
<td>7.10%</td>
<td>4.70%</td>
<td>8.00%</td>
</tr>
<tr>
<td>Age-adjusted</td>
<td>7.57%</td>
<td>7.71%</td>
<td>7.15%</td>
<td>6.65%</td>
<td>8.36%</td>
</tr>
</tbody>
</table>

**Data source:** Canadian Community Health Survey, Cycle 1.2, 2002

**Notes:** Household population aged 15 and over in the ten provinces; results are weighted using proportional weights, unweighted sample size is 36,728. The age-adjusted rates use the age structure of total population (sample size=36,706) as the standard age distribution.

Rates of mental disorders

- Different pattern for different disorders

- Vary by immigrant/refugee status, country of origin, age, length of residence, age at arrival, visible minority status
Rates of mental disorders

- Recent immigrants report lower rates of anxiety and depression - rates increase over time

- Some immigrant groups have higher rates of psychotic disorders - visible minority status

- Refugees have higher rates of common mental disorders, PTSD, psychotic disorders

(Ali, 2002; Anderson et al., 2015; Kirmayer et al., 2011)
Alcohol use and risk drinking

Figure 1: Risk drinking use by High and Low volume Consumption Ethnic Groups and Length of Residence in Canada

(Ahic et al, 2015)
Determinants of mental health

- Income & social status
- Education & literacy
- Employment / working conditions
- Social environments
- Physical environments
- Personal health practices & coping skills
- Healthy child development
- Biology & genetic endowment
- Health services
- Gender
- Culture
- Social support networks

(PHAC, 2010)
Social determinants of mental health

- Risk factors for many common mental disorders are heavily associated with social inequalities, whereby the greater the inequality the higher the inequality in risk.

(WHO, 2014)
Social factors specific to immigrant, refugee, ethno-cultural and racialized groups

Post-migration stressors have significant influence on immigrant mental health
Low-income rates of immigrants, Canada, 1980 to 2010

Note: LICOs: low-income cut-offs; LIM: low-income measure.

Causes and mechanisms: Impact of racism on health

Figure 1. Pathways by which perceived discrimination influences health outcomes. Solid lines indicate analyzed pathways; dashed lines represent pathways hypothesized by past research.

Barriers and facilitators to care

- Language
- Awareness of services
- Socio-economic barriers
- Perceived discrimination
- Stigma
- Pathways to care
Better service response

- Changed focus towards prevention and promotion
- Improved data collection
- Health equity planning
- Development of links between services and communities
- Development of more appropriate services
- Improved diversity of treatment
- Linguistic competence
- Capacity building in clinicians’ skills

(Hansson et al., 2010)
The Mental Health Strategy for Canada (2012)

STRATEGIC DIRECTION 4
Reduce disparities in risk factors and access to mental health services, and strengthen the response to the needs of diverse communities and Northerners.

Everyone in Canada should have the opportunity to achieve the best possible mental health and well-being. Currently, that opportunity does not come equally.

Simply put, people with—among other things—better incomes, more education, and stronger social networks tend to be healthier. In Canada and around the world, the importance of addressing such disparities in order to improve health and social outcomes, including mental health outcomes, is increasingly recognized. Canada’s Ministers of Health and Health Promotion have acknowledged that disparities in health exist and promised that “where they can be changed, we will work together with our partners in and outside governments to try to reduce or remove such differences.”

This Strategic Direction focuses on what can be done to better address mental health needs that arise for people who are at greater risk of developing mental health problems and illnesses, or who experience disparities in access to appropriate mental health programs and services because of socio-economic status, ethno-cultural background, experience of racism and other forms of discrimination, and reasons for emigrating, living in a northern or remote community, being part of an official language (Francophone or Anglophone) minority community, and gender and sexual orientation. The next Strategic Direction focuses on First Nations, Inuit, and Métis mental health, and the impact of intergenerational trauma.

Wherever we examine factors that are common among groups of people, we also have to bear in mind that everyone’s mental health and well-being are shaped by the many intersecting dimensions of their lives. We are all multi-faceted individuals. For example, the mental health needs of everyone who is part of the immigrant population are not identical. They can differ because of other factors like gender, age, income, and because of their reasons for having emigrated. Similarly, women’s needs and issues vary depending on age, background and income. Physical and other disabilities, stage of life, and spiritual and religious beliefs are other important dimensions that can have an important influence on our mental health and well-being.

(Mental Health Commission of Canada, 2012)
The Case for Diversity

What is the ISSUE?
Canada is often defined by its diversity. Home to millions of people from different backgrounds and cultures, more than 200 languages are spoken across the country, with 20 per cent of Canadians having a language other than English or French as their mother tongue. However, providing

What are we DOING?
Improving mental health services and supports available to immigrants, refugees, and distinct ethno-cultural groups requires the participation of the private, voluntary, and public sectors, and members of the various communities themselves. The MHCC's Issues and Options report identifies

What have we LEARNED?
The MHCC’s Mental Health Strategy for Canada identifies better services for the country's diverse population as a priority for improving the mental health system. The MHCC is working hard to establish diversity-related practices for inclusion, and ensure inclusive practices are adopted across the country to

Informing the Future:
Mental Health Indicators for Canada

Multicultural Mental Health Resource Centre
Find multilingual mental health resources and ways to help develop more culturally appropriate services.

Call for Promising Practices
Help us build the Case for Diversity. Submit promising practices in mental health services for immigrant, refugee, ethnocultural, and racialized (IER) groups.

(Mental Health Commission of Canada, 2015)
Resources

The Refugee Mental Health Course

The Refugee Mental Health Project is based at the Centre for Addiction and Mental Health (www.camh.ca)

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Citizenship and Immigration Canada

Financé par:

Citoyenneté et Immigration Canada
References

References