

Guelph-Wellington Newcomer Youth Mental Health Study

Final Report - March 2021



Study conducted by the Centre for
Community Based Research in partnership
with the Guelph-Wellington Local
Immigration partnership

Research Team



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Executive Summary

The Guelph-Wellington Newcomer Youth Mental Health Study was conducted between May 2020 to February 2021 to examine newcomer youth understandings of mental health and services in Guelph-Wellington and provide recommendations for how to foster positive mental health outcomes for newcomer youth. A literature review, surveys and interviews with newcomer youth, and a focus group with service professionals in Guelph-Wellington were conducted.

Primary data on newcomer youth understandings of mental health emphasized observable behaviours such as relationships and community involvement, balancing responsibilities with self-care, physical health, frustrations with settlement, and mood and trauma-related feelings, as descriptors of mental health. The most reported determinants of mental health were close relationships, supportive communities, income and employment, acculturation stress, language barriers, and discrimination and racism. The pandemic has impacted mental health by creating social isolation, virtual learning challenges, and employment stress according to newcomer youth participants.

Newcomer youth participants were more likely to go to friends for mental health support than professionalized services. Many newcomer youth participants have not accessed mental health services. If they had accessed services, they were most likely to go to University of Guelph services and had overall positive experiences. Research participants shared four suggestions of how to better foster positive mental health outcomes for newcomer youth: 1) raise parents' and the wider community's awareness and normalize mental health; 2) provide more peer support; 3) design services that are culturally responsive, and 4) improve service navigation. The research findings and suggestions for future directions were discussed at the community forum, and actions were prioritized.

Introduction

This report summarizes research findings from the Guelph-Wellington Newcomer Youth Mental Health Study. This study was conducted by the Centre for Community-Based Research (CCBR) in partnership with the Guelph-Wellington Local Immigration Partnership (GWLIP) and funded by Immigration, Refugees, and Citizenship Canada (IRCC). The purpose of this study was to examine newcomer youth understandings of mental health and services in Guelph-Wellington as well as provide recommendations for how to foster positive mental health outcomes for newcomer youth.

The idea for this study emerged from GWLIP's "[Refugee Settlement Research Study](#)" which found that some newcomer parents felt that their children faced difficulties transitioning to school and adapting to a new culture. The global pandemic and the social distancing measures brought additional concerns for how isolation was disproportionately affecting newcomer youth. After consulting with various immigrant service providers, GWLIP developed a research purpose statement, and contracted CCBR as the research partner on this study. The study began in May 2020 and ended in February 2021.

Academic literature reinforces the importance of this study. Previous studies suggest that newcomer youth not only experience the challenges of identity development and negotiating independence shared with other youth, but their pre-migration and post-migration experiences can also impact their mental health (Brar-Josan and Yohani, 2019; Takara et al., 2014). Shields and Lujan (2018) outline seven core determinants of newcomer youth mental health: 1) underemployment/unemployment, 2) parents' settlement experiences, 3) expectations to take on adult responsibilities, 4) language barriers and little awareness of services, 5) gender and ethnicity, 6) lack of culturally appropriate services, 7) poor housing and transportation services. The global pandemic has brought an added challenge. Recent research suggests that immigrants are "more anxious regarding the impacts that the COVID-19 crisis might have on them and their families [than Canadian-born individuals]" (GWLIP 2020). The pandemic has also been seen to directly impact the mental health of newcomer youth (Canadian Council for Refugees 2020).

Guelph-Wellington is the geographic focus for this study. The city of Guelph and the surrounding rural county of Wellington have a population of 222,726 people according to 2016 Census data. In 2016, approximately 17% of the population (or 37,710 people) were immigrants and 0.8% (or 1,885 people) were non-permanent residents (i.e. those with work/study permits or refugee claimants). GWLIP is the local immigration partnership that works to strengthen local capacity to attract newcomers and improve integration outcomes for all in Guelph-Wellington.

Research Overview

Purpose and Main Research Questions

The GWLIP and partners identified a two-fold purpose for this study:

1. To examine newcomer youth understandings of good mental health, mental health challenges, and mental health supports/services in Guelph-Wellington.
2. To provide evidence-based recommendations for how to foster positive mental health outcomes for newcomer youth, and further support immigrant service provider organizations to help youth overcome barriers and fulfill their potential.

The corresponding main research questions investigate:

1. What does it mean for newcomer youth to have good mental health or mental health problems? What factors are involved? How has the global pandemic impacted mental health?
2. When newcomer youth are experiencing a mental health problem, which organizations in the community do they go to for help? Who else do they naturally turn to for support?
3. What suggestions are there for how to foster positive mental health outcomes for newcomer youth in Guelph-Wellington?

Research Approach

A community-based research approach was taken throughout this study. Community-based research is defined as: “a research approach that involves active participation of stakeholders, those whose lives are affected by the issue being studied, in all phases of research for the purpose of producing useful results to make positive changes.” Community-based research is grounded in three hallmarks: community-driven, participatory, and action-oriented and has three goals: knowledge creation, knowledge mobilization, and community mobilization (Ochocka & Janzen, 2014).

This study incorporated this approach by creating a steering committee to guide the research and holding a community forum to mobilize knowledge. The steering committee consisted of newcomer youth (both grade 12 students in Guelph) and service professionals from the following organizations:

- Immigrant Services Guelph Wellington
- Wellington Catholic District School Board
- Upper Grand District School Board
- Conseil Scolaire Viamonde
- Department of Psychology at the University of Guelph
- Guelph Wellington Integrated Youth Services Network
- Lutherwood
- Toward Common Ground

The steering committee provided ongoing feedback to ensure the research was relevant to the community and that knowledge was shared and mobilized in the community. A community forum was organized by the research team and two newcomer youth volunteers. The purpose of the event was to share research findings, prioritize recommendations, and celebrate newcomer youth. This event brought together community members in Guelph including newcomer youth, supporters of newcomer youth, and service professionals. The event included guest speakers, a brief summary of research findings, group discussions, and interactive art activities.

Methods

This study used qualitative and quantitative methods to gather a depth and breadth of data. The methods are listed below with sampling and recruitment strategies and participant demographics included for primary data collection methods. For the purposes of this study, newcomer youth were defined as between the age of 16-25 and a recent newcomer to Canada in the last 5 years.

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- **Literature Review** – Reports and peer-reviewed articles were gathered that provided answers to the main research questions. These documents were reviewed to provide background on the topic being studied and to be a point of comparison for primary research findings.
- **Survey with Newcomer Youth** – An online survey was developed on SurveyMonkey including a series of closed-ended and open-ended questions related to all three main research questions. The survey was promoted widely through Steering Committee members’ organizations and posted on websites and social media. A total of 67 youth responded to the survey who fit the eligibility criteria (between the age of 16-25, living or have recently moved away from Guelph-Wellington, recent newcomer to Canada in the last 5 years). Respondents included newcomer youth from a range of world regions, gender identities, and ages (i.e., high school, university, and post-graduate age). Respondents’ most common countries of birth included Eritrea (18), USA (16), the Philippines (8), China (5), India (5), and Vietnam (3). There were more female (39) than male (26) survey respondents, one non-binary person and one preferred not to disclose gender. There were an even mix of university/college students (32) and high school students (31). Most respondents lived in Guelph (57), some lived in the county of Wellington (7), and some recently moved away from Guelph (3).
- **Interviews with Newcomer Youth** – Interviews were conducted following a semi-structured interview guide covering all main research questions. Participants were purposively sampled to include a diversity of newcomer youth from different world regions, gender identities, high school, university, and post-graduate age youth. Steering Committee member organizations shared recruitment materials with their clients and recruitment material was posted online to recruit newcomer youth who fit the eligibility criteria (between the age of 16-25, living or have recently moved away from Guelph-Wellington, recent newcomer to Canada in the last 5 years). A total of 12 newcomer youth participated in 10 interviews. Most interviews were in-depth individual interviews, and two interviews were in pairs. Participants were born in a variety of countries including China (2), USA (2), Nepal, India, Indonesia, Dubai, Egypt, Thailand, the Philippines, and Eritrea. There was an even mix of male and female participants, most were university students (8), some high school students (2) and some recent university graduates (2).
- **Focus Group with Service Professionals** – One focus group was conducted with local service providers following a semi-structured guide covering all three main research questions. The sample included professionals from a variety of sectors who work closely with newcomer youth. Participants were recruited by asking Steering Committee members to identify one person at their organization who has front-line experience working with newcomer youth. A total of eight service professionals participated in the focus group. Participants included eight representatives from post-secondary institutions, school boards, immigrant services, employment services, mental health services, and a neighborhood coalition.

This study faced two main limitations. First, all project activities were conducted online due to the pandemic public health precautions, which may have discouraged stakeholder participation. Second, no newcomer parents participated in interviews. While parent interviews were initially planned, recruitment was unsuccessful potentially because of the sensitivity of the topic, because of the online platform, or because of the limited distribution of recruitment materials.

Research Findings

Research findings are summarized across all four methods and are organized according to the three main research questions related to understanding mental health, understanding mental health services and supports, and suggestions. The results within each section are organized in order of strength and note any stakeholder and method differences.

Understanding Mental Health

This section answers the first main research question conceptualizing mental health, which is broken down into four sub-sections: 1) what does it mean for newcomer youth to have good mental health 2) what does it mean for newcomer youth to have mental health challenges; 3) what leads to different mental health outcomes; and 4) what challenges do newcomer youth face during the global pandemic? Findings are presented across stakeholder groups, but newcomer youth interviewees spoke more about good mental health and the global pandemic than service professionals, so their voice is predominant in these sections.

Understanding good mental health

This sub-question focused on what good mental health looks like for newcomer youth. Service professionals did not speak much about newcomer youth experiences of good mental health. As a result, this section covers data mostly from the perspective of newcomer youth. Overall, primary data points to good mental health as an observable behaviour, whereas the literature emphasized pre-migration strengths that newcomer youth bring to Canada.

Close relationships and community involvement. When asked about what it means to have good mental health, newcomer youth interviewees overwhelmingly talked about close relationships and community involvement. Some youth interviewees talked about how when they are experiencing good mental health, they are willing to try new activities and meet new people. A youth reflected, *“If a person has good mental health, he can be productive in his community and society. He will be able to have a good connection with everybody – friends, family, neighbors, schoolteachers.”* Some youth interviewees described good mental health as having confidence. According to a few interviewees, a confident youth will seek out new experiences, try new things, and meet new people. Participation in activities outside the home (volunteering, extracurricular clubs, and work), and with new friends, were described by interviewees as a sign of good mental health. The survey did not ask what it means to have good mental health, and service professionals only talked briefly about good mental health in the focus group. They reflected that mental health is on a continuum, and when newcomer youth are involved in the community and show up on time for commitments, they are likely experiencing good mental health.

Maintaining balance. The second-most common understanding about good mental health was related to maintaining a balance in life. Balance could express itself in different ways including a balance between life’s demands and self-care as well as having a balanced emotional life. Other newcomer youth described balancing responsibilities with things that are energizing and restful. For example, two youth described that good mental health means taking care of yourself by getting enough sleep, exercise, healthy food, and meeting deadlines. A few youth reflected that feeling balanced emotionally,

and not experiencing emotional swings is a sign of good mental health. A youth reflected, *“Most times I feel peaceful. Emotions are in the middle, not too high or low.”*

Understanding mental health challenges

This sub-question investigates what mental health challenges look like for newcomer youth. Youth tended to describe mental health challenges as something internal to themselves, service professionals primarily discussed external challenges such as settlement stress, and the literature mostly described diagnoses of mental illness.

Withdrawal from people. The most common sign of mental health challenges according to youth interviewees was withdrawing from friends, family, and trouble building social connections. A youth reflected, *“A person with social anxiety... might have trouble approaching people or building connections.”* Another youth interviewee talked about how losing *“connection with other people [and] becoming isolated”* happens when people experience mental health challenges. To paraphrase a third youth interviewee, when experiencing mental health challenges, your motivation to make friends is low, and for newcomers this is especially difficult because they may not have friends in school yet.

Physical ailments. Many newcomer youth discussed that mental health challenges include too little or too much sleep, poor hygiene, headaches, trouble focusing, and irregular eating patterns. A youth interviewee described how withdrawing from people and not taking care of yourself are signs of mental health challenges. *“They wouldn’t talk to people [and] stay at home a lot more... wouldn’t care about their hygiene, [and] they wouldn’t be taking care of themselves.”* A service professional echoed this theme, explaining that newcomer youth who are experiencing mental health challenges *“tell me that they want to sleep all day or that they don’t want to go to class.”* An article from the literature review confirms this theme, stating that newcomer youth mental health challenges are most often presented as physical ailments in the healthcare system (Kirmayer et al., 2011). A youth who attended the community forum supported this theme, saying that *“mental health is feeling good. We feel good when we are not hungry, so it is the first thing to address.”*

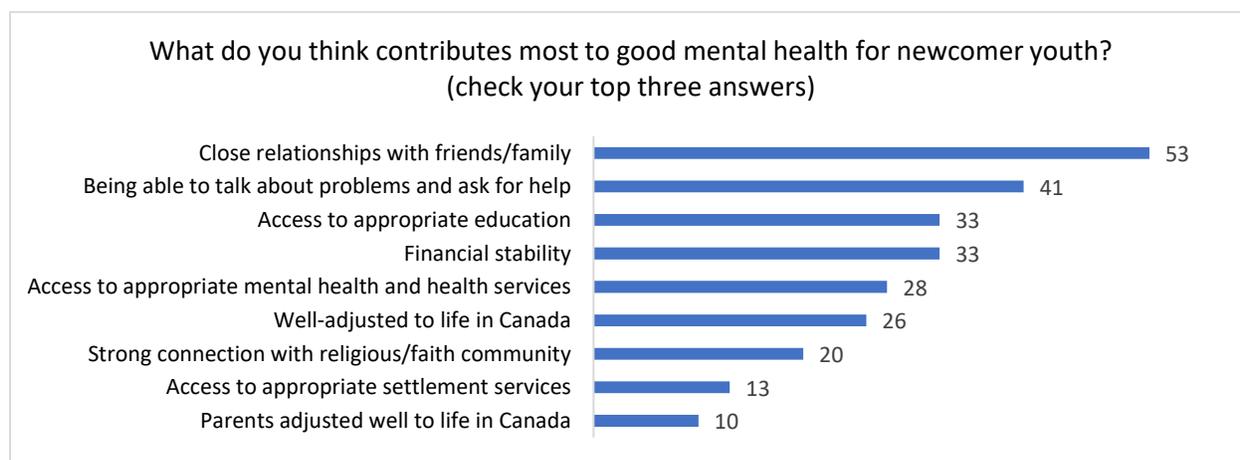
Frustrations with settlement. Service professionals talked briefly about how mental health challenges can present as frustrations or stress with the settlement process. For example, a service professional suggested, *“English [language skills are] like the door that opens everything else. Youth recognize that and there is a lot of frustration.”* A service professional cautioned that feeling unwell due to settlement stress may appear as a mental health challenge, but the solution is more settlement support rather than a diagnosis of mental illness.

Mood and trauma-related feelings. Several youth described mental health challenges as low mood including anxiety, depression, stress, sadness, and loss of confidence. Many academic articles similarly tend to understand mental health challenges in terms of negative mental health conditions. For example, past research has found that mood disorders (i.e., depression, anxiety, stress, sleep disturbance, aggression, attention-deficit hyperactivity disorder, and conduct disorders), and trauma-related conditions (i.e., post-traumatic stress disorder or psychosomatic pain in the body) as the most common diagnosis that newcomer youth might receive in Canada (Guruge & Butt, 2015; Hadfield et al., 2017; Kirmayer et al., 2011).

Determinants of mental health

This sub-question investigates what contributes most to good mental health and mental health challenges for newcomer youth. The primary data focuses mostly on post-migration determinants while academic literature cites both post and pre-migration factors. In terms of stakeholder differences, newcomer youth emphasized inter-personal determinants of mental health, whereas service professionals talked more about social determinants.

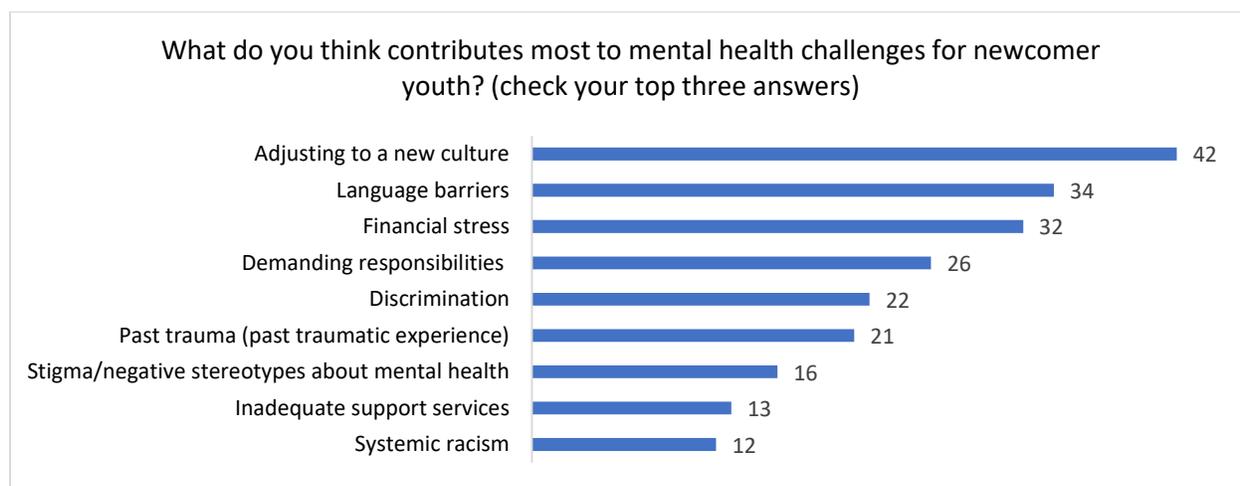
Close relationships. Many newcomer youth reported that newcomers face isolation and have difficulty building social connections, which contributes to mental health challenges. A newcomer youth explained, *“It is hard to make friends. It is difficult to connect with others, so it is difficult to feel belonging.”* Another youth shared a similar experience, *“When I came here, everything was lost. It took me way too long to find friends.”* One youth talked about how newcomers face barriers to acceptance as he was bullied in school. Many youth interviewees emphasized that having close friends is essential for good mental health. For example, a newcomer youth described that the new people she met in Canada were friendly and she felt she fit in, which helped her avoid feeling homesickness. Most survey respondents (79%) named close relationships with friends/family as a contributor to good mental health (see graph below). This finding is supported by Hadfield et al. (2017) who found that when newcomer youth feel a sense of belonging in Canada, they are less likely to experience emotional problems. Shield and Lujan (2018) report that newcomer youth are more likely to participate in sports and cultural practices that help to ground youths’ sense of identity within cultural belonging, both of which support good mental health.



Supportive communities. Supportive communities are important to creating an environment where youth feel comfortable to talk openly and ask for help. The second highest ranked contributor of mental health by survey respondents was “being able to talk about problems and ask for help.” Many youth interviewees described that when the community makes them feel accepted, appreciated, and welcomed, they are more confident to build community connections and experience overall better mental health. Some youth discussed that supportive communities that are accepting of differences helps newcomer youth feel a sense of belonging and wellbeing. A youth described how when the community is knowledgeable about refugees and *“extra sensitive to help them out”* newcomers experience better mental health. Similarly, past research has shown that newcomer youth experience better mental health when schools and peers are welcoming (Marshall et al., 2016; Brar-Josan et al.,

2019). Service professionals did not speak much about supportive communities, but one stressed the impact of racism on newcomer youth mental health.

Most discussions about supportive communities revolved around informal supports, but some youth also talked about the importance of formal supports. Some youth explained that community support such as “adequate support upon entry” and “access to [settlement] resources” eased their stress and helped them and their families experience better mental health. One youth mentioned Immigrant Services as helpful for their settlement needs and another youth reflected that student services and the library helped them manage their stress. Still, less than half (42%) of survey respondents said that “access to appropriate mental health and health services” and only 19% said “access to appropriate settlement services” contribute most to their good mental health.



Acculturation stress. Many newcomer youth interviewees described the stressors of adjusting to life in Canada and how their mental health depends on them adjusting well. The most commonly selected determinant of mental health on the survey was “adjusting to a new culture” by 63% of survey respondents. Some words that youth interviewees used that suggest they were talking about acculturation stress include homesickness and culture shock. A youth explained that culture shock is a “change of course [that] is very overwhelming [and] can be very isolating.” Another youth explained her experience of culture shock,

“If I have never lived in Canada... getting used to how things are here... adjusting to this new country.... You miss your home country.... The biggest thing for me is the food. I’m sad because I can’t get the same things.” -Newcomer youth participant

Another youth spoke about how he felt misunderstood and less confident as a newcomer, “Culture is a big... struggle... For me as a newcomer freshman in college, I didn’t know the social rules.” Two service professionals talked about culture shock, saying that newcomers accessing their services “go through homesickness” and are “experiencing a significant cultural shift.”

Several newcomer youth interviewees who came to Canada as international students reported that their level of adjustment to university life impacts their mental health. Interviewees talked about how living alone, cooking for yourself, budgeting, keeping up academic workloads, and integrating socially impacted their mental health. Service professionals did not discuss university stressors but talked about

language barriers and online learning stressors. Brown et al. (2020) supported this theme that educational stressors such as restricted access to education pre-immigration, interruptions to education during migration, and integration to the new Canadian school system can create feelings of stigmatization and marginality.

Acculturation stress or adjustment to life in Canada is frequently mentioned by academics as a determinant of newcomer youth mental health. Brown et al.'s (2020) description of acculturation stress echoes more than just the primary data theme of acculturation stress, but also close relationships, supportive communities, language barriers, and discrimination/racism.

“Acculturation stress can occur as youth are faced with the challenge of needing to learn a new language and renegotiate their cultural identity while simultaneously dealing with instances of social isolation, racism, prejudice and discrimination” (Brown et al., 2020, p.5).

Service professionals and past research describe another form of acculturation stress: parent settlement experiences and parent-child relationships. Service professionals named parent-child relationship strain during settlement as a potential stressor for newcomer youth. Two examples they gave were that youth may feel they have to navigate the new country for their parents and they may struggle to *“fit in with the new environment [while] still following family values, heritage, and culture.”* Similarly, intergenerational conflict within families may heighten post-migration due to children adjusting quicker than parents to the new country (Marshall et al., 2016). The theme of parents' settlement experiences did not emerge from the survey or youth interview findings. On the survey only 15% of respondents named “parents adjusted well to life in Canada” as a contributor to good mental health. It is not surprising that the youth interviewees did not talk about parents' adjustment to life in Canada, as most of them came to Canada as international students without their parents.

Income and employment. Some interview participants talked about income and employment as a factor that affects mental health while about half of survey respondents (49%) named financial stability as one of their top three determinants of good mental health. A service professional described that newcomers often experience *“a lack of resources, lack of finances, and poor living situations.”* Some service professionals discussed their observations that newcomer youth feel a responsibility to send money home to support their family even when they are financially struggling. A participant explained, *“A lot of newcomers are pressured into finding work... there is an urgency to get a job even if they are in high school.”* Several youth talked about how looking for a place to live and paying rent are stressful as prices are high and they might not have the connections or resources to find appropriate housing. A youth interviewee explained that he recently graduated from university and is looking for a job but, *“as newcomers, the long period of unemployment can make you upset after a while.”* Shields and Lujan (2018) name youth underemployment and unemployment as a determinant of mental health. According to the article, immigrant youth experience higher levels of unemployment, precarious employment, and hold lower-wage jobs than their Canadian-born counterparts.

Language barriers. Half (51%) of survey respondents selected language barriers as one of the top three determinants of mental health. In the interviews, some youth reflected that they have felt judged for having an accent and limited vocabulary. Some youth interviewees described how it is difficult to

express themselves and build trust with others when there is a language barrier. A youth explained, *“without language you can’t really express yourself... [and if no one] understands you, you feel alone.”* Another youth shared, *“People here expect you to speak well. [Having an accent] plays a huge role in how people perceive you... people think an accent is indicative of how smart you are.”* A community forum youth participant shared that *“my first year in Canada was horrible, but in my second year as my language and familiarity [with my environment] increased, [so did my well-being].”*

Some service professional talked about how language barriers can be roadblocks to getting a job, making friends, and navigating online learning. A service professional explained,

“Kids that are new to our country, new to our technology, who are not digitally literate, are not getting what they need online... The kids in elementary and high school might feel like they are behind and that really affects their mental health.” - Service professional participant

Discrimination and racism. When asked whether experiences of discrimination and racism impacts newcomer youth mental health, the results were mixed, but discrimination was more often reported by youth and racism reported by service professionals. Some youth talked about not having experienced discrimination while others reported that they have experienced or observed it. A youth responded that newcomers are discriminated against for a variety of differences such as *“race, religion, sexuality, and country of origin.”* Another youth talked about how *“newcomers don’t get the same opportunities”* especially when it comes to leadership positions, which is discouraging. Some service professionals reflected that in Canada, *“racism in underlying and subtle”* and *“[Canada is] just as racist as other countries”* which impacts newcomer youth mental health. Less than half (33%) of survey respondents selected discrimination and only 18% of survey respondents selected systemic racism as one of the top three determinants of mental health (see graph below). Many academic articles assert that both discrimination and racism impact newcomer youth mental health (Hadfield et al., 2017; Kirmayer et al., 2011; Guruge and Butt 2015).

Other determinants of mental health. Other mental health studies acknowledge other post-migration determinants of mental health. These include newcomer youths’ greater self-esteem, stronger academic performance and completion rates for both high school and post-secondary education when compared with Canadian-born youth (Shields & Lujan, 2018). Further, the “healthy immigrant phenomenon” suggests that individuals who are healthy are more likely to migrate and receiving countries are selective in choosing healthy individuals.

In addition to post-migration determinants of health, some studies cite pre-migration experiences as determining subsequent mental health. These determinants include cultural background, ethnicity, number of years spent in Canada, post-migration family ties, quality and access of health care, and immigration status (Guruge & Butt, 2015). Some examples of pre-migration determinants of mental health include exposure to violence and harsh conditions, poor nutrition, disruption of education, loss of family and peer ties, and high expectations of one’s new home prior to resettlement (Kirmayer et al., 2011; Brown et al., 2020).

Experiences of the Pandemic on Mental Health

Study findings show that there were three main impacts of the pandemic on newcomer youth mental health: social isolation, virtual learning challenges, and employment stress. These impacts were consistent across youth interviewees and survey respondents alike.

Social isolation. Most survey respondents (67%) reported that having fewer social activities to be involved in during the pandemic impacted their mental health. Several newcomer youth interviewees noted that the pandemic began during the winter, which meant they had to stay socially isolated and indoors. As one interviewee described, *“I felt some negative thoughts... and it wasn’t healthy [for] my mental wellness.”* One youth who was a grade 12 student in Guelph, shared about the challenges of being a newcomer youth during a global pandemic.

“It was a really difficult time, when everything was locked down and we just sat at home. I only had one friend that I made here. I had no job, only school. I couldn’t go outside or meet with anybody because of social distancing. I just watched YouTube or Facebook, just slept or ate. That was my life. I hated it... I felt like I wanted to go back home.”

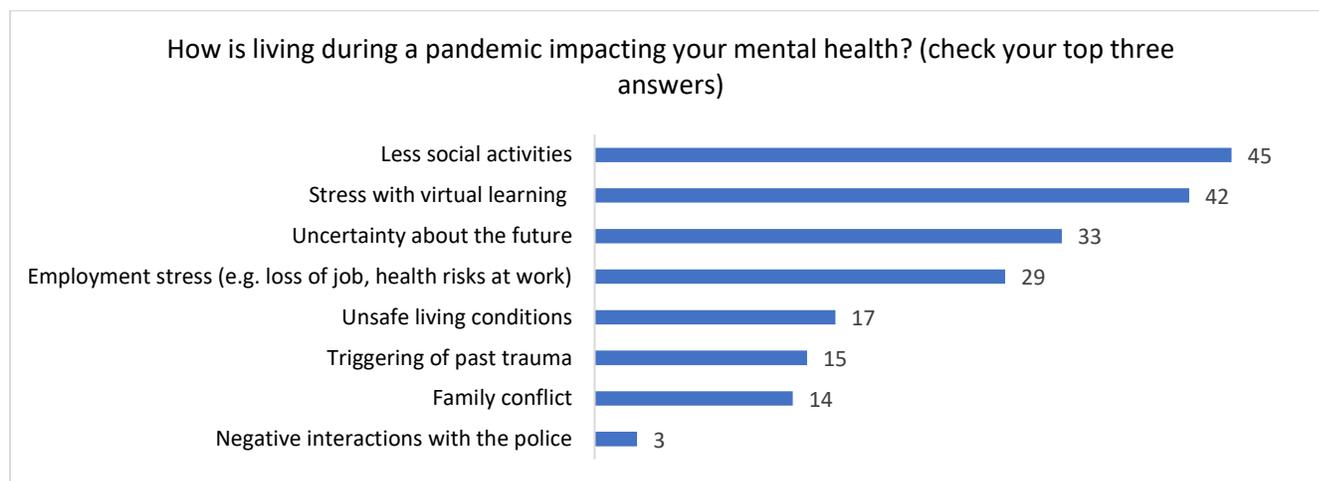
A recent study agreed, finding that the lost support of peers, mentors, and youth workers during the global pandemic is impacting newcomer youth mental health in Canada (Canadian Council for Refugees 2020).

International students also talked about the difficult decision between returning to their home country without knowing when they can come back to Canada (due to public health or immigration regulations) or staying in Canada with uncertainty of when they can visit family back home. A youth interviewee discussed how she visited home during the pandemic, but then found it difficult to get back to Canada. Some of her friends decided to move back to their home countries, but they struggled to study online with the time difference and disruptions in their family home. Another youth reported that some of his Canadian friends visited family nearby, and *“when they talk about spending time with their families, it hurts.”*

Virtual learning challenges. Stress with the shift to virtual learning was reported by most survey respondents (63%) and some interview participants as impacting their mental health during the pandemic. Virtual learning contributed to social isolation of international students and impacted the learning of high school students. A high school interviewee talked about how students were dropping out due to the stress of online learning. He observed, *“when distance learning comes, everybody quit school. Even my little sister, she quit, because she was stressed out.”* A community forum youth participant reported that international students who moved back to their home country are facing challenges with professors who *“are not helpful or considerate about us not being in Canada. [For example], they don’t consider time zones, presence of family during class lectures, and won’t record lectures.”* According to a recent study, newcomer youth are experiencing greater stress with academic learning due to lack of computers/internet and navigating online classes (Canadian Council for Refugees 2020).

Employment stress. Many survey respondents (43%) reported that employment stress impacted their mental health during the pandemic. Some youth interviewees talked about how being unemployed and looking for work during the pandemic affected their mood and contributed to their social isolation. An

interviewee who recently graduated from university and is looking for full-time work in his field, talked about his experience of “*sending out hundreds of letters applying for jobs... and getting no response [which] made me sad for a while.*”



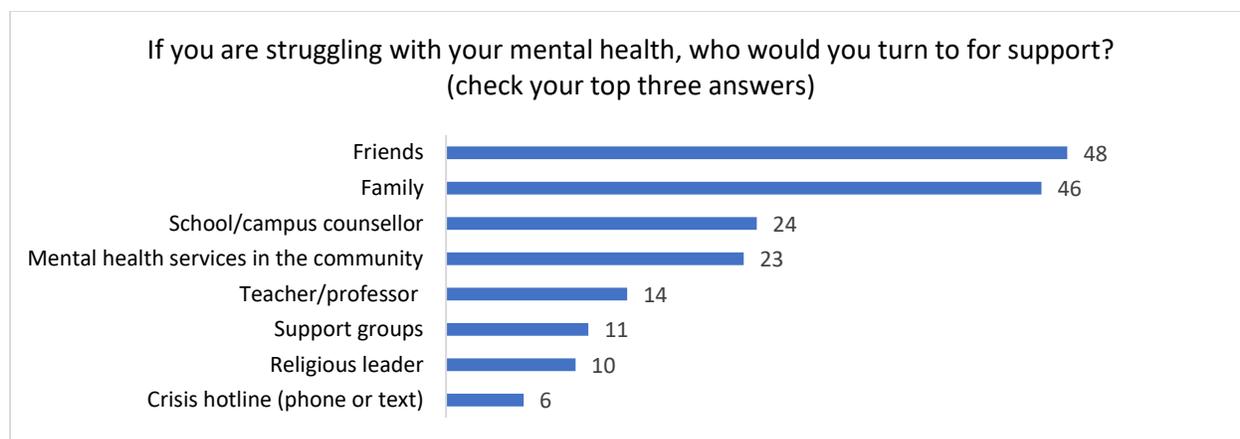
A Canadian Council for Refugees study (2020) suggested other pandemic challenges that impact newcomer youth mental health. According to the report, the pandemic stressors can trigger past trauma and increase the potential for family conflict. In addition, racialized youth are more vulnerable to new policies of surveillance, unsafe living conditions, and negative interactions with the police. In comparison with this study, the primary data found that only a small percentage of youth respondents reported negative interactions with the police (4%), family conflict (21%), triggering of past trauma (22%), and unsafe living conditions (25%).

Understanding Mental Health Services and Supports

This section answers the research question: When newcomer youth are experiencing a mental health problem, which organizations in the community do they go to for help and who else do they naturally turn to for support? The answers to this question are organized into the following sub-headings: informal supports, formal supports, and barriers to accessing mental health supports.

Informal supports

Overall, newcomer youth participants were more likely to go to friends for mental health support than professionalized services. Most (72%) survey respondents reported that they turn to friends and 68% said they turn to family for mental health support. Only 36% reported they would go to a school/campus counsellor and 34% said they would go to mental health services in the community if they were struggling with their mental health (see graph below).



Friends. When asked who they turn to for support when they are experiencing a mental health challenge, all youth interviewees said their friends. Some interviewees talked about how they go to friends who have similar experiences as they do (e.g., other international students or youth from the same culture). An interviewee explained, *“I have a friend who I am really close to. She is the first person I go to with a problem like that. We are both from Dubai; We go to the same school, so our experiences are similar.”* Some also talked about how they go to their best friends, people who understand them and who they trust.

“I had no idea how to use anything online. So [my new friend] showed me a lot of things, how I can connect, apply for things... He took me to some park. Some places where I can refresh my mind. Every night we were riding bikes. We visited a lot of places. We went to Toronto by bus, because we don’t have a car. And we enjoyed it. I didn’t have a job or money, but he did everything with his money, because he had a job.” -Newcomer youth participant

Parents. Most survey respondents (68%) said they turn to family for mental health support. However, youth interviewees did not share the same experience. Interviewees talked about how they were hesitant to go to their parents with mental health concerns because, as one explained, their parents don’t have the same understanding of mental health and will not *“get it.”* Another youth explained that they don’t want to worry their parents, especially because they are living so far away from their parents (in the case of international students). Some community forum youth participants talked about how their parents do not understand their mental health challenges. A youth explained that when they are feeling down, their parent will offer them food, but that is not what they need; *“parents need to understand more [about mental health].”* Another youth commented, *“My mother doesn’t hug me or tell me she loves me that much, but she uses food [to communicate her love]. Parents need to be more aware [of mental health].”*

Formal supports

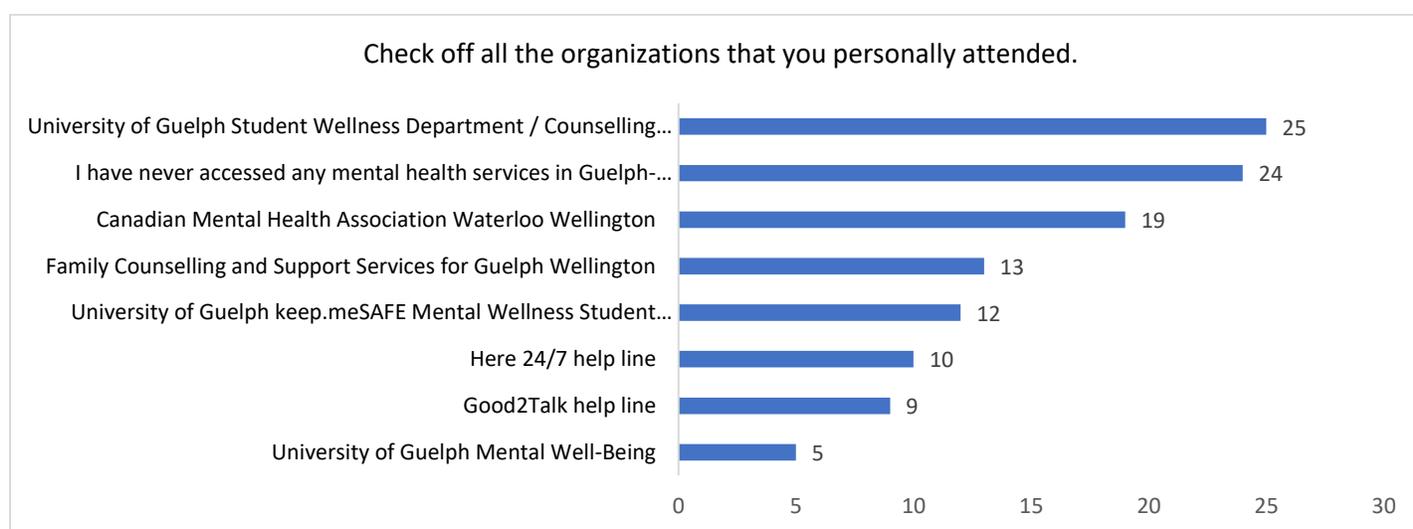
Both survey and youth interview findings reveal that many newcomer youth participants have not accessed mental health services. If they had accessed services, they were most likely to go to University of Guelph services and had overall positive experiences.

Many survey respondents (36%) and youth interviewees had never accessed mental health services in Guelph-Wellington and had little awareness of mental health services. Most youth interviewees

admitted that they do not know of mental health services outside of the university. For example, an interviewee responded, *“I know that there are resources at the university... I am not aware of any organizations outside... I think there is one downtown for addictions.”* Similarly, Brown et al. (2020) found that newcomers are underrepresented in mental health service clientele. They explain,

“Mental health services are more often accessed by Caucasian individuals, individuals with higher education, those who are employed and individuals and families from a higher socio-economic status” (p.6).

The most common services attended by survey respondents were the University of Guelph Student Wellness Department/ Counselling Services (37%) and CMHA (28%) (see graph below). The services that youth interviewees named at University of Guelph include the counselling services, student wellness, the library, and the health centre. Some youth interviewees named services in the community including Good2Talk, CMHA, crisis text line, and the integrated Youth Service Network.



Most youth participants reported positive experiences with mental health services. Several interviewees described their experiences as helpful because *“they listen to what you are going through”* and *“the people are professional... they want to help you.”* Most of the survey respondents described their experiences with mental health services in Guelph-Wellington as helpful. Words that survey respondents used to describe helpful services included compassionate, *“talked for a long time to understand my situation,”* and *“immediately addressed my needs.”* A survey respondent wrote, *“I was cared for and respected in a safe space... the people I interacted with showed compassion and patience.”*

Barriers to accessing mental health supports

This sub-question asks, what prevents newcomer youth from asking for help when they struggle with their mental health? Overall, across methods and stakeholders, mental health stigma was the most commonly reported barrier, followed by challenges discussing mental health and service navigation.

Mental health stigma. Many newcomer youth interviewees discussed how they have observed and felt mental health stigma in Canada and in their home country. About half (54%) of survey respondents named stigma and shame as a barrier to accessing mental health supports. Some interviewees also used

the word stigma to explain why newcomer youth might not seek help for their mental health, including synonyms such as worrying about being labeled, judged, feeling weak or embarrassed and feeling reluctant to share about mental health. Some youth participants observed how stigma also extended to the family with concerns about the “*family reputation*,” wanting to keep “*reputation and pride [intact]*”, or having a fear of appearing to be needy, weak, or flawed. One interviewee described stigma well by relating it to shame.

“I think there is an element of shame. We're taught to sort of take control of our own emotions. Just suck it up and don't express it. Of course, it is not that common, but I think shame can be a factor that stops people from seeking help.”

Many newcomer youth interviewees expressed a concern that family and friends might not understand them or judge them for disclosing mental health challenges. This concern became a barrier to seeking help. More than half (64%) of survey respondents reported “*worry that people will not understand or be supportive*” as a barrier to accessing mental health supports. For some interviewees, the worry about being judged was based on a past unhelpful experience with family or friends. According to some interviewees, family and friends can be unhelpful if they blame you or if they do not understand what you are experiencing. A youth described how people are unhelpful when “*they start giving advice instead of looking at the problem... Random advice is not helpful unless they understand what you are going through.*”

Service professionals agreed that mental health stigma exists in many cultures as well as within the broader Canadian society. Mental health stigma impacts newcomer youth by making them reluctant to seek treatment or take medication, and it creates reluctance to talk about mental health struggles. Similarly, Brown et al (2020) states, “*family attitudes towards mental health and accessing services, cultural partiality to keeping quiet, fear of stigmatization, and negative prior experiences with service providers*” can be a barrier to seeking help.

Challenges discussing mental health. Related to mental health stigma, the second-most common barrier to accessing support was the challenge of discussing mental health issue due to discomfort or language barriers. Language barriers were described above as a contributor to mental health challenges, but they were also recognized as a barrier to accessing mental health services. When asked what prevents newcomer youth from accessing mental health services, a youth interviewee responded that “*language is definitely a problem.*” A newcomer youth described how if newcomers “*are not comfortable with the language you are using, [they] tend to talk to a friend instead of a professional... because [they] are afraid to waste anyone's time.*” In line with this theme, Brown et al. (2020) note that a significant barrier for youth to access mental health services is a concern that they will not be taken seriously or be misunderstood because of cultural and language differences.

A service professional observed, “*[Newcomer youth] feel more comfortable saying, ‘I can't sleep or eat.’ They weren't able to or couldn't say, ‘I am feeling anxious.’ They weren't able to use the terms we use for mental health challenges.*” A service professional reflected that not only newcomers, but youth in general have many feelings and thoughts that they may not know how to express clearly. Some newcomer youth interviewees talked about how they do not know the right vocabulary to talk about mental health in Canada. One described how the culture around mental health is different in Canada than in her home country, which makes her feel “*a bit out of the loop sometimes.*” Another youth interviewee discussed how he did not feel comfortable describing mental health symptoms to the

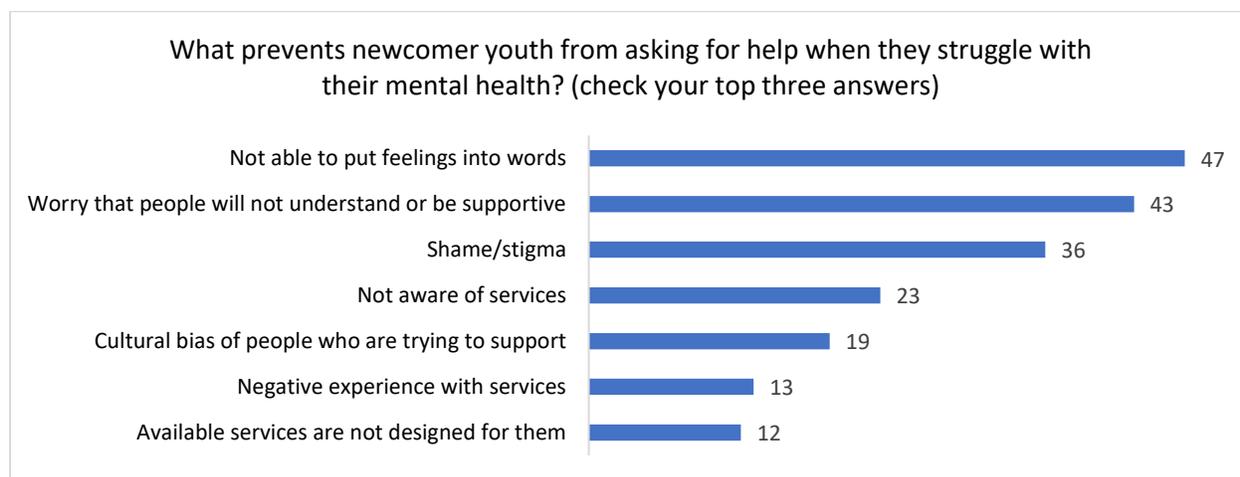
doctor because, *“I didn’t even know how to describe my own energy.”* Marshall et al. (2016) concurs, stating that newcomer youth may not be familiar with Western ideas about mental health, and more education needs to be available.

More than a barrier to accessing support, mental health stigma and challenges discussing mental health may also serve as a barrier in promoting good mental health. A youth interviewee talked about how good mental health means recognizing when they are not well and having the words to ask for support. Another youth commented, *“[it is good] to talk to people with similar problems [and] we can help each other out.”* This qualitative theme is strengthened by the survey finding that 61% of survey respondents think *“being able to talk about your problems and ask for help”* contributes to good mental health.

Service navigation. Service professionals in the focus group acknowledged that newcomer youth may not know what mental health services exist and referrals are not always effective at introducing newcomer youth to appropriate services. A service professional explained, *“they don’t know what is there, so they don’t know what to ask for.”* A newcomer youth agreed that youth might *“not even knowing where to look. If you use Google, you get a long list. How do I narrow [that] down to the appropriate resource I need?”* He experienced this barrier when he was *“trying to find someone who would prescribe me medicine [and] I was unclear where I could go.”* In contrast, only 34% of newcomer youth survey respondents named awareness of services as a barrier to support.

Another service navigation barrier was referrals that come too late or are rushed and impersonal. A service professional reflected that newcomer youth who have never accessed mental health services, often come to her through hospital and police referrals. These referrals *“take an unfortunate pathway,”* because newcomer youth are already in crisis at intake, but ideally they would access services before they get to a point of crisis. Building trust was a key element to ensuring successful referrals. One service professional spoke about how she builds trust with newcomer youth, who sometimes confide in her about a mental health problem. Newcomer youth are often hesitant to go to a mental health professional, so her approach is to *“try to make a warm transfer to services that are better equipped.”*

Other barriers to accessing supports mentioned less frequently by newcomer youth included: finding services that will take student health insurance, unaffordable services, long waitlists, uncertainty of what to expect at appointments, cultural bias of people who are trying to support, negative experience with services, and available services are not designed for them.



Future Directions

This section answers the third main research question: What are suggestions to promote newcomer youth mental health? Four suggestions that were common across stakeholder groups related to 1) raise parents' and the wider community's awareness and normalize mental health; 2) provide more peer support; 3) design services that are culturally responsive; and 4) improve service navigation. These themes emerged across methods and were discussed at a community forum. This forum called, "Newcomer Youth Well-being: A conversation and celebration" was held on February 10, 2021 to share research findings, prioritize recommendations, and celebrate newcomer youth. Community forum participants emphasized almost all the suggestions below, except youth did not talk about service navigation and adults did not talk about raising awareness and normalizing mental health.

Raise parents' and the wider community's awareness and normalize mental health. The primary data indicates that mental health stigma and difficulty expressing mental health challenges are key barriers to asking for help. To address this barrier, research participants suggested awareness raising and normalizing mental health. Hadfield et al. (2017) concurs that because of mental health stigma, education for youth about mental health should precede treatment.

When talking about the need to normalize mental health, newcomer youth used words such as educate, have open conversations, share, communicate, and "change people's attitudes." For example, a youth interviewee reflected,

"We should change people's attitudes about mental health issues. That is the first step. We should have more discussion... Having emotions is okay. Experiencing mental health issues is okay. It is normal. I think that is the first step, and the most important."- Newcomer youth participant

Youth participants suggested various strategies to raise awareness of mental health. Several youth interviewees suggested putting posters up in places that youth visit to normalize mental health and advertise available services. Other suggestions included social media campaigns, international student orientation, and an easy to access list of mental health resources and services. When referring to normalizing mental health, Takara et al. (2014) suggested facilitating activities that are not overtly about mental health, but where mental health can be discussed.

Newcomer youth participants talked mostly about the need to raise their parents' awareness of mental health followed by the awareness of educators and the wider community. Many youth interviewees reported that they were more likely to go to friends than parents with mental health challenges, because they felt their parents would not understand them. For example, an interviewee suggested, "educating parents and schools [is important because]... a lot of immigrant parents are not aware of mental health so they brush it off." Many youth community forum participants emphasized that parents should be educated about mental health, because when they try to talk to their parents about mental health, they are offered things such as food instead of emotional support. A youth community forum participant commented, "My mother doesn't hug me or tell me she loves me that much, but she uses food [to communicate her love]. Parents need to be more aware [of mental health]."

A survey respondent wrote about normalizing mental health broadly within the community: *“If people in the community start talking about mental health and that will encourage newcomers to talk about it.”* Another survey respondent reflected that,

“[The community needs to] be more open, understanding, and patient with newcomer youths. Talk openly about mental health and mention that it's normal to seek help. [This] is useful, [because] newcomers are from a different culture that looks down on mental health. Share personal experiences with mental health issues.” - Newcomer youth participant

Provide more peer support. The idea of providing more peer support was emphasized by service professional participants and echoed by some newcomer youth participants. The primary data found that newcomer youth participants were more likely to go to their friends than professionalized services, which suggests that more peer support would be welcomed by newcomer youth.

Service professionals talked about the power of storytelling and having youth *“talk to each other and look out for each other,”* commented one participant. Similarly, some newcomer youth participants talked about how they want to become peer supporters. One described the benefits of peer support: *“I can learn more about mental health issues, and I can help others... I have recovered from the bad experience, and I want to help others.”* Youth participants suggested that peer support would help normalize mental health. Youth survey respondents emphasized that there needs to be a space where newcomer youth can share more openly about mental health with each other and be responded to in a way that is supportive and makes them feel understood. A youth interviewee reflected how having more open conversations with peers about mental health would be valuable: *“if someone tells me they're going to therapy... maybe I could try that.”*

The service professional focus group brainstormed avenues to facilitate more peer support. They described much success with creating peer support opportunities in the classroom and for homework support. A service professional reflected, *“How can we allow for more spaces for kids to gather and for them to be advocates for each other?”* A suggestion from one participant was to form a peer network that could broadcast their thoughts on a YouTube channel and raise awareness in the community. A community forum participant gave the example of how peer support emerged from an initiative by University of Guelph international students to create an art performance in the place of a multicultural festival (which was cancelled due to COVID-19).

“[It seems that youth] want opportunities to express their culture, their thoughts. [This] provides a better sense of who they are... and they feel that they belong... We should empower them to create their own system of support.” – Community forum participant

Design services that are culturally responsive. Service professionals at the community forum suggested that services should be more culturally responsive to gain the trust of newcomer youth. The group talked about how newcomers might not access mental health services for a variety of reasons such as mental health stigma in their home cultures and *“many immigrants are not used to having a system that they can rely on, so they might not even be looking for these services.”* A community forum participant commented that a recent study finding suggests newcomers are less likely to access mental health services because authorities have lost their trust and after being *“uprooted and moved to another culture, [trusting authority again] has to be a slow process.”* Similarly, a service professional participant talked about how SWIS workers build trust with youth, but youth are hesitant to follow through on

referrals because they don't want to talk to a stranger about mental health. Marshall et al. (2016) found that building trust between newcomer youth and service professionals is essential before mental health treatment because many newcomers, but especially refugees, may have encountered problems with authority figures in the past.

A community forum participant asked the group, "What can we do to better understand these cultural backgrounds so we can design services better? How do we make services more responsive?" One way to design culturally responsive services, suggested by some youth participants was to hire mental health workers with newcomer backgrounds. Some youth interviewees explained that they would feel more comfortable accessing mental health services if they saw that some service professionals were newcomers themselves. A youth described how her first impression of mental health services was that they were *"for Canadian people and [this] will be weird. But it actually wasn't. They [need to make] it apparent that they recognize people from different backgrounds."* According to survey respondents, mental health services need to be more understanding of newcomer youth lived experiences. A survey respondent wrote,

"Promote services targeted towards newcomer youth with staff who can speak multiple languages or staff who understand situations that are specific to newcomer youth/international students. For example, coping with homesickness or the stress that comes with applying for a work visa or dealing with discrimination."

Some articles discussed the importance of cultural competency and cultural brokers in treating mental health challenges. Therapists should focus on the strengths of newcomer youth while also addressing the tensions between their home country culture and the culture of the new country (Marshall et al., 2016). One way to carry out this approach is for cultural brokers who are paraprofessionals to assist mental health practitioners. Cultural brokers might be settlement workers, bilingual co-workers, diversity liaisons, or members an ethnic community, and they help to develop and implement services in culturally appropriate ways (Brar-Josan and Yohani, 2019; Heidi, B. et al., 2011).

Improve service navigation. A proposed solution to the barrier of little awareness of services and impersonal referrals was to improve service navigation. Youth participants suggested more information being made available to them, whereas service professional participants talked about improved collaboration between services and linking formal and informal services.

Some youth interviewees suggested providing newcomers with a list of mental health supports with a description of services offered. Concurrently, some youth survey respondents suggested information about mental health resources/services need to be made clear to newcomers upon entry to the country.

Service professionals discussed how there needs to be more awareness and collaboration between different services to ensure youth are referred to appropriate services. For example, SWIS workers (Settlement Workers in Schools) already give an orientation to services in the city so that newcomer youth who are not familiar with the mental health system can learn more about who to go to if they need help. A community forum participant suggested *"strengthening the link between formal and informal services."* Another participant added that a *"connection between systems is important, as [services] should be integration with each other."* A practical suggestion made by a community forum participant was that there should be a *"platform where each person gains a clear idea of what other services are available. Newcomers often don't know exactly what help they want."*

Appendices

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Community Forum Poster

The poster features a photograph of four diverse young people sitting outdoors and talking. The background is a mix of blue and black geometric shapes. The text is in white and black.

Newcomer Youth Well-being

A Conversation & Celebration
Zoom Event

FEBRUARY 10, 2021
4:30-6:00 PM

Join us to hear learnings from a local study on newcomer youth mental health, listen to guest speakers, and engage in group discussions and interactive art activities that celebrate local newcomer youth contributions to the community. Youth attendees will receive a thank-you gift.



Steering Committee Members

Cyndy Forsyth, Integrated Youth Services Network

David Miotto, Lutherwood Employment Services

Sreeja Venugopal, Immigrant Services Guelph Wellington

Saba Safdar (Ph.D), University of Guelph

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Sarah Haanstra, Toward Common Ground

Debbie Watters, Wellington Catholic District School Board

Chantal Sauder, Upper Grand District School Board

Kathleen Patterson, Conseil Scolaire Viamonde