
MAP THE SYSTEM CHALLENGE 2018

MENTAL HEALTH IN SECOND GENERATION CANADIANS

BRIDGING THE GAP

SFU

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Background

A highly taboo and stigmatized interpretation of mental health in various Asian cultures contributes to the lack of dialogue between parents and their children about personal capacities to deal with school, work, and life's challenges. 2nd generation Asian immigrant youth aged 14-25 in the Greater Vancouver region experience unique mental health challenges due to the mental stressors imposed by processes of acculturation. This is the process of change, due to the intersection of cultures, when attempting to integrate both familial and mainstream cultures.

As a group of young second generation immigrant youth (SGIY), we have personally experienced this problem and we have also witnessed many of our peers struggling with their mental health within their cultures. While breaking down this issue, we explore the problems, solutions, gaps, and opportunities at the intersection of culture and mental health — the experience of a young person needing to reconcile their familial culture with the dominant Canadian culture, while navigating their mental health.

Research Methods

To gain an understanding of the complexity of this issue, we conducted research through:

- Reviewing key research literature and government publications
- 14 in-depth interviews with experts, service providers, and academics
- 84 online survey responses on mental health experiences of SGIY
- 42 qualitative, in-person interviews with SGIY with self-identified ethnic backgrounds from countries across East Asia

Problem Landscape

This complex problem landscape is rooted in many of the interactions between SGY and their families. In addition to reviewing the limited academic literature on this topic, we improved our understanding of this landscape through ethnographic research. Our analysis of this work helped us arrive at the following insights.

Coping

A young person's ability or inability to cope with life stressors is critical to their mental health outcomes. Research literature have studied various healthy and unhealthy coping strategies characteristic in different subpopulations of youth including:

- Suppression: confronting the challenge in an unhealthy way or denying the problem
- Avoidance: not confronting the challenge at all or neglecting the problem
- Internalization: absorption of the challenge, permeating to every facet of life or accumulation of the problem

72% of our youth respondents utilized at least 1 of 3 unhealthy coping strategies when confronted with personal mental health challenges. Each has all been positively correlated with severe mental health challenges including eating disorders, depression, and increased levels of burnout symptoms. Our research further led us to three key drivers that contribute to these unhealthy coping strategies: differences in understandings of mental health, lack of control, and feelings of burden.

1. Differences in Understandings of Mental Health

Differences in the understanding of mental health is the first key driver. Canadian society has worked to decrease stigma associated with mental illnesses, creating a comparably less stigmatized understanding of mental health in our dominant Canadian culture. Concurrently, many Asian families have a different cultural and religious interpretation, creating differences in understandings within families. Some of our interviewees shared that **"mental health does not exist to my parents"** or that their parents **"think that bad mental health is due to a bad relationship with God."** This often creates tension and feeling unable to confide in parental figures about their mental health challenges.

86% of interviewees said their parents would "never understand" their mental health struggles.

2. Lack of Control

The second key driver is the lack of control many SGIY feel over specific mental stressors. The majority of young people interviewed identified their family as a source of stress and pressure; this may be further exacerbated in Asian families because of traditionally collectivist expectations around changing variables such as success, career, wealth or marriage. Our interviews reflected sentiments of **powerlessness, shame, and stress** due to parental expectations.

91% of our interviewees identified parental expectations as a source of heightened levels of stress.

3. Feelings of Debt

The last key driver is the feeling of debt experienced by SGIY due to the many sacrifices made by parents - losing education credentials, poverty, separation from family - to provide them with their current lifestyle. These experiences, sometimes directly expressed by parents, can be internalized by SGIY, resulting in feelings of debt towards their parents that can lead to suppressing their own concerns.

100% of our interviewees said that to avoid worrying their parents and creating more stressors for their families, they would avoid conversations about their mental health challenges.

Solution Landscape

Cross Cultural Mental Health Services

Vancouver Coastal Health have highlighted the need for cross-cultural mental health services; therefore, addressing language barriers and cultural insensitivities have been a priority.

Examples referenced by the health authorities include:

- Cross cultural psychiatric clinic at Vancouver General Hospital - culturally sensitive and language-specific mental health assessments and treatment on a referral basis
- Kelty Mental Health Resource Centre - a resource centre working to inform families and health professionals with culturally appropriate mental health resources such as discussion guides and video series
- REACH Community Health Centre - provides health and social services to address direct medical needs and the social determinants of health
 - **Ilyambabazi Sebyeza**, *the Cross Cultural Health Promoter of REACH, tells us that they have a host of resources to facilitate cultural understanding between services providers and patients but limitations exist (referral clinic, lack of funding)*

Initial Immigration Community Services

Vancouver has a wealth of immigrant settlement and integration services that address mental health by providing solutions for basic social and health needs for newcomers. These services do not directly address mental health, but can create a strong foundation for newcomers, becoming critical to the long term mental health of many families.

- Vancouver Coastal Health's Bridge Refugee Clinic - mental health screenings and public health assessments for refugees.
- MOSAIC - a Vancouver newcomer organization that provides workshops, employment supports, English learning classes, and family services.
 - **Preet Sahota**, *Program Manager says that it is difficult to enroll families in workshops surrounding sensitive topics such as gender and accessibility because many parents struggle to understand these issues.*

Educational Institutions

Schools and post-secondary institutions are unique solutions because these are environments where young people spend a large part of their day in.

- 2020 Curriculum Changes - Social and emotional learning has become a new priority for British Columbia in its new curriculum for primary and secondary schools.
 - An elementary school teacher in Burnaby BC, says that cultural diversity in the classroom makes it difficult to teach social and emotional intelligence with the different cultural backgrounds

- Multicultural groups - students find supportive environments through cultural and religious groups in post-secondary institutions
 - At Simon Fraser University (SFU), there are 46 cultural groups
- Targeted mental health services - counseling services and support groups specific to students in high stress situations are found in post-secondary institutions.
 - **One counsellor at SFU** *shared that they are hiring more counsellors who can communicate and provide care in other languages to address student diversity*

Innovative Solutions/Inspirations

Innovative responses exist as advocacy and empowerment groups that are often led and directed by SGIY with the support of various organizations. Again, these do not directly address mental health but they indirectly benefit many young people.

- Check Your Head - youth driven non-profit that uses peer-to-peer education to seek solidarity in youth-centric spaces and learn their place in systemic advocacy
- Youth Empowering Parents - Toronto-based organization where youth teach adults English or computer skills, creating healthy relationships and empowerment between young people and adults
- Youth Based Advisory Councils (ex. Multicultural Advisory Council of BC) - opportunities for youth to advise government legislators on political action towards social issues such as multiculturalism and anti-racism issues that influence youth
- Strength in Unity - anti-stigma intervention project among Asian communities in Vancouver, Calgary and Toronto, mobilizing individuals to reduce stigma associated with mental health challenges

Gaps

Community Focus

Gap: Neglecting long-term care and services for 2nd generation immigrants

Traditionally, SGIY mental health have not been a priority for community-based services. Many services focus primarily on initial settlement and refugee services, and less on long-term supports and 2nd generation immigrants.

Family Dialogue

Gap: Missing means to introduce mental health in Asian families

Cross-cultural services are addressing very important issues to enhance services within a reactive model of care. In order to shift towards proactive/preventive models, we must consider and address the lack of mental health dialogue in many Asian families.

Research and Discovery

Gap: Lack of research in a Canadian context

Through this process, we have discovered a lack of academic literature focusing on 2nd generation immigrant mental health in a Canadian context. Most literature on this topic is done in an American or a Swedish context; therefore, many stakeholders are not being properly informed by the unique needs.

Collaboration

Gap: Lack of collaboration between stakeholders

Our interviews show a lack of positive and efficient collaboration between stakeholders within the problem and solution landscape. Leveraging academics, service providers, teachers, and other organizations can allow for knowledge sharing and healthy collaboration.

Levers of Change

We compiled the observed gaps in the system and included recommendations as actionable items for 4 main stakeholders. This is a complex, intersectional, and emotionally sensitive problem that requires persistence in creating health entry points to address this issue.

Addressing social and economic inequities within marginalized groups through policy development and equitable allocation of resources is a critical recommendation to improve upstream forces. This is essential to alleviate family pressures related to survival in a new environment and encourage healthier discourse around mental health. Although this is a difficult and complex task, it is necessary for us to address this overarching upstream force.

		Stakeholders			
		Educational Institutions	Cross-Cultural Mental Health Services	Initial Immigration Services	Innovative Responses
Gaps	Community Focus	<p>Increase counselling and support services to provide culturally competent care for students.</p> <p>Minimize barriers and cost to allow supportive environments through cultural groups</p>	<p>Increase provision of mental health services to extend level of care to reach SGY.</p> <p>Incorporate more proactive responses to mental health by utilizing cross-cultural knowledge</p>	<p>Extend level of care by providing periodic assessments for a longer period to reach SGY</p>	<p>Continue innovating program models that support mentorship, empowerment, and activism.</p> <p>Encourage and support more youth through incentivizing and increasing internship opportunities</p>
	Family Dialogue	<p>Utilize spaces (i.e. parent conferences) where parents, teachers and students are already congregating to introduce respectful mental health dialogue</p>	<p>Utilize Community Health Centers as a model to develop relationships between families and health care providers to allow improved facilitation of mental health dialogue</p>	<p>Work with community leaders from cultural groups to host workshops to improve retention and outreach of programs</p>	<p>Expand and scale programs like Youth Empowering Parents to encourage SGY to teach skills and concepts to immigrant parents in an organized space</p>
	Research and Discovery	<p>School administration and the Ministry of Education can host focus groups with SGY to better inform curriculum changes and necessary support programs</p>	<p>Facilitate and analyze data on service utilization and quality of care for immigrant population</p>	<p>Utilizing initial entry into services as an opportunity to collect qualitative data from newcomers; utilize surveys, in-depth interviews or focus groups in multiple languages</p>	<p>Create space for organizations like Check Your Head and youth-based advisory councils to inform policy issues</p>
	Collaboration	<ul style="list-style-type: none"> • Cross-cultural service providers can work closely with teachers and schools to provide training on teaching social and emotional learning in the context of culture • Cross-cultural service providers and initial immigration settlement services need collaboration to improve transitions between the two types of service • Schools can help extend the organizational goals of innovative responses by increasing youth opportunities 			

Conclusion

Through this experience, Team Bridging the Gap came to understand that our unique lived experiences were part of a much larger narrative in Vancouver, across Canada, and around the world. The cultural complexities of mental health is a recurring phenomenon in many young lives. Exploring the current problem and solution landscape, and innovating future action helped us realize that SGIY must work closely with our community; we must continuously advocate for improvements in our approaches in reconciling culture and mental health for both ourselves and young people of the future.