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Fariha Jamani

Western University, fjamani@uwo.ca

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Fariha Jamani

Western University

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New immigrants tend to be relatively young, healthy and financially active (Subedi & Rosenberg, 2014). In fact, upon arrival, they typically have better health profiles than their native born counterparts (Blair & Schneeberg, 2014). This health advantage, however, declines after immigration and is short-lived – a phenomenon known as the “healthy immigrant effect” (Blair & Schneeberg, 2014). Various hypotheses have attempted to explain this trending recurrence in Canada. The primary reasons have been attributed in part to the stressors of resettling in a new homeland and to the racialization and prejudice encountered by minority immigrant populations upon their arrival (Thomson, Chaze, George, & Guruge, 2015). Many migrants also do not speak either of the official Canadian languages (Brisset et al., 2014). These ethnic and linguistic barriers are significant contributors to the noted differences in healthcare accessibility among immigrant populations in Canada, especially in the realm of their mental health.

The World Health Organization (WHO) conceptualizes mental health as a “state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community” (World Health Organization, n.d., p. 1). Mental health is just as fundamental to augment daily living as physical health (Canadian Nurses’ Association [CNA], 2005). In fact, the two are interrelated and interdependent. Individuals with physical health infirmities, especially if chronic in nature, often experience anxiety or depression, which consequently impacts their response to the physical ailment (CNA, 2005). In these situations, assistance from the healthcare system, both medically and socially, can truly make a positive difference in a struggling individual’s life. Immigrants, conversely, have been known to underutilize mental health services in Canada (Thomson, Chaze, George, & Guruge, 2015). Their major underrepresentation in the mental

healthcare system is a multifactorial phenomenon. The two most central aspects that contribute to the immigrant mental health disparities comprise of the impediments posed by the settlement experience itself and the challenges in the uptake of health information and services as influenced by cultural norms and linguistic limitations (Thomson, Chaze, George, & Guruge, 2015; Brisset et al., 2014).

Migration is recognized as one of the social determinants of health (Guruge, Thomson, George, & Chaze, 2015). Immigrants often face a number of health challenges upon their arrival. For instance, they are subjected to a low income status and social isolation during the initial years of their (re)settlement, which progressively increase their risk of facing mental health disparities (Kirmayer et al., 2011). Some migrants who also maintain high financial ties to their families and friends outside Canada have been shown to demonstrate higher levels of emotional distress within the first two years of their arrival (Amoyaw & Abada, 2016). Immigrants are less likely, though, to seek out or be referred to mental health services as compared to their host counterparts, even with similar levels of distress (Blair & Schneeberg, 2014). Immigrants' experiences of discrimination at the individual and societal level can further lead to a loss of reliance on societal institutions – some of which may provide mental health restorative services (Kirmayer et al., 2011). Other impediments to accessibility include limited mobility, a lack of transportation and an incapacitation to negotiate the current healthcare system of the country (Thomson, Chaze, George, & Guruge, 2015).

Culture is known to profoundly influence healthcare experiences. In the context of mental health, opposing cultural views between the immigrant and the healthcare provider can be a barrier to service utilization (Thomson, Chaze, George, & Guruge, 2015). Unwillingness in seeking mental health support has also been attributed to the use of alternate healing methods

preferred by immigrants over curative means (Thomson, Chaze, George, & Guruge, 2015). These include the use of music, prayer and family support to minimize stress levels and enhance coping skills. More importantly, however, some immigrants possess preconceived notions regarding mental health, leading to its internalized stigmatization (Kirmayer et al., 2011). The social stigma associated with reporting mental health issues often result in the downplaying of an individual's mental health symptoms as somatic symptoms (Thomson, Chaze, George, & Guruge, 2015). This may lead to ineffective therapy or misdiagnosis of a mental health condition. Furthermore, in many developing countries, mental health services are exclusively associated with custodial or hospital-based therapy of the very mentally disturbed and psychotic patients (Thomson, Chaze, George, & Guruge, 2015). It is also not uncommon to witness cultural conceptions of gender hierarchy that situate a man's role as a protector, placing the woman in defenseless and dependent circumstances that affect her timely access to mental healthcare (Thomson, Chaze, George, & Guruge, 2015; Guruge, Thomson, George, & Chaze, 2015). Lastly, a lack of proficiency in English and/or French poses a serious health hazard on immigrants who struggle to face the pressures of acculturation in a new homeland (Brisset et al., 2014). In fact, struggles in finding services delivered by culturally sensitive health providers have been reported by immigrant groups to be challenges to mental healthcare service utilization (Brisset et al., 2014).

The field of mental health has evolved considerably over the past several decades. The focal point of mental healthcare has shifted from the institution to the community (CNA, 2005). As firm believers in the provision of holistic healthcare, nurses are at the forefront of many revisions in the arena of mental health. Nurses continue to play a crucial role in coordinating healthcare and support services, especially in the community (CNA, 2005). However, more often

than not, nurses are faced with the reality that despite the profound effect of mental illnesses on the Canadian healthcare and economic system, mental health is given a low profile with the inadequate allocation of resources (Happell & Gaskin, 2013). Mental illnesses continue to be discriminated against; at times, they are even made out to be invisible. As eyewitnesses to the gaps in the healthcare system, nurses are in a position to challenge such stereotypes and assumptions and to advocate for a more transparent system of care (CNA, 2005).

While nurses often convey concerns regarding the provision of an effective healthcare to immigrants, they may indicate a hesitant attitude when it comes to viewing migrants as an asset to the country's future prosperity (Ogilvie, Higginbottom, Burgess-Pinto, & Murray, 2013). In addition, many undergraduate nurses tend to regard mental health nursing as a less desirable career option (Happell & Gaskin, 2013). Immigrant mental health nursing thus seems to be a newly engendered nursing phenomenon, as there continues to be an inherent lack of research on its widespread need and occurrence. In this respect, community mental health nurses are particularly well-positioned to apply their knowledge of community assessment and development models to enhance public participation in highlighting and resolving immigrant health issues (CNA, 2005). According to the Canadian Public Health Association (CPHA), one of the activities that a public health nurse or a community health nurse partakes in includes the recognition of a multitude range of factors that affect health such as social, cultural and economic issues (Canadian Public Health Association [CPHA], 2010). Nurses in this case should not only advocate for policies that facilitate immigrant integration, but also augment the empowerment and capacity building approaches utilized within this aggregate, especially using a strengths-based lens (Ogilvie, Higginbottom, Burgess-Pinto, & Murray, 2013).

Mental health and illness have significant cultural dimensions. A client-centered care approach requires nurses to be culturally sensitive to their clients' needs (College of Nurses of Ontario [CNO], 2009). Although there is no single right way to approach culture, a nurse should be cognizant of the cultural aspects at play in the therapeutic nurse-client alliance (CNO, 2009). This is especially true when it comes to approaching the immigrant population on suggestive ways to restore and promote their mental wellbeing. Current research indicates an extensive need to train mental health workers in cultural and language competencies (Thomson, Chaze, George, & Guruge, 2015). Healthcare providers, including nurses, should be aware of the determinants of mental health and social disadvantages that may increase the risk of mental health conditions among immigrants (Kirmayer et al., 2011). The culturally unique health profiles of immigrants should also be considered when delivering care. One of the culturally appropriate health promotion strategies that aims to address the mental health disparities among immigrant populations is access to an interpreter. Failure to use interpreters has been deemed a barrier to service utilization for newcomers (Kirmayer et al., 2011). Further, the use of professional interpreters, rather than ad hoc translators, is a more effective way to prevent unintentional bias due to interpersonal family dynamics (CNO, 2009). Professional interpreters can also facilitate health-related communication, enhance disclosure of psychological symptoms, and augment the delivery of psychosocial interventions (Kirmayer et al., 2011). Additionally, guidelines regarding confidentiality should be implemented in a way that respect an immigrant's cultural context. Interventions should be provided in a way so as to not alienate a family member or create cultural tensions between members. When there is resistance or non-adherence to a treatment form, a family mediator should be consulted to empower the family with ways to improve their health through alternate healing or curative methods (Kirmayer et al., 2011).

Working with a community aggregate, such as immigrants, necessitates a healthcare provider to familiarize him or herself with existing community, cultural and religious organizations to mobilize supports and referrals when needed (Kirmayer et al., 2011). Before referring a migrant to a specialized service, however, it is essential to ask which community he or she feels a part of and not to assume that he or she will naturally possess a sense of belonging to the identified national, religious or cultural group (Kirmayer et al., 2011). In these instances, a personalized referral is more likely to lead to successful outcomes. On a more upstream level, public health education and media campaigns targeted toward specific minority communities that utilize culturally appropriate imagery and messages may result in their enhanced understanding of the healthcare system and the ways to access it (Thomson, Chaze, George, & Guruge, 2015). Further, in order to support immigrants in coping with their (re)settlement challenges, policies that strengthen ethnic communities, counteract racism and provide access to the development of transferrable skills, such as literacy, language and employment skills, are much needed. On the other hand, policies that recognize the systemic barriers faced by foreign-trained professional immigrants and address the need to fairly evaluate foreign credentials will be beneficial in assisting immigrants to have a better initial transition in the country. A practice recommendation for mental health practitioner graduates is that they should be trained in their cross cultural communication skills to effectively work with culturally diverse immigrants across varying age groups and developmental stages (Thomson, Chaze, George, & Guruge, 2015). To foster nursing research focused on developing a nursing curriculum that increases cultural competence and comfort among novice nurses, nurses need to better articulate the strengths and needs of migrant populations (Ogilvie, Higginbottom, Burgess-Pinto, & Murray, 2013). Nurses must also take initiatives when it comes to advocating for immigrant support groups in the notions of capacity

building, health care awareness and community engagement. In the midst of these compounded responsibilities for nurses as they rally for immigrant empowerment, it is fundamental that they not relinquish practices of their own self-care. Self-care is a significant practice that nurses must engage in from time to time in order to optimally function, both physically and mentally (Mills, Wand, & Fraser, 2015). Examples of such practices include engaging in meditative yoga sessions or partaking in debrief sessions after the occurrence of a stressful situation with a client.

Ultimately, the health and wellbeing of immigrants has significant consequences for the current and future success of Canada as a nation (Government of Canada, 2012). Immigration and settlement can be overwhelmingly stressful procedures for newcomers trying to reestablish themselves in a new country. Adding to these stressors are the barriers associated with language and culture which profoundly hinder immigrants' ability to successfully integrate within the Canadian society. Particularly, the deep-rooted systemic impediments can create serious challenges for migrants trying to seek support for their mental health. This paper examined the complex interplay of numerous factors that hinder mental health service access and utilization among Canadian immigrants. Also, the importance of this health issue to mental health practitioners, especially nurses, was highlighted. Although the overarching underpinning of this subject matter still seems to be limited in nursing research and scholarship, immigrant mental health and wellbeing are constructs that nurses will need to eventually address as the Canadian population further diversifies in the future. Thus, it is imperative that future nurses invest more time and resources in genuinely evaluating their outlooks and values pertaining to the health of immigrants, and conduct or participate in research studies that facilitate further exploration of this issue. Overall, nursing, itself being a cultural phenomenon, is at the forefront to create

realistic changes in the mainstream healthcare system that truly reflect the Canadian values and beliefs the very nation is built upon.

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