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Barriers to Accessing Community Mental Health Services for Migrant Youth

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Abstract

The study explored the barriers and facilitators to accessing mental health services by migrant youth. Participants were asked two questions: 1) “What are the mental health stressors that you face?” and 2) “What would stop you from talking to someone about mental health stress?” 30 migrant youth between the ages of 16 and 22 from a mid-sized city in central Canada were interviewed. The data was analyzed using group concept mapping. For question one, mental health stressors, participants grouped the statements into seven concepts, including: Family, Isolation, Communication, Anxiety, Overburdened, School Difficulties and Working with Others. For question two, barriers to accessing mental health services, participants grouped the statements into five concepts, including: Fear of Being Misunderstood or Ignored, Desire for Confidentiality, Lack of Trust and Understanding, Talking About it is not Helpful and/or Taboo and Fear of the Disclosure Process. The results were compared and contrasted with the literature.

Keywords: concept mapping; migrant youth; mental health

Lay Summary

The present study examined mental health stressors and barriers to accessing mental health services for migrant youth (immigrants and refugees). The present study emphasized doing research with rather than on the population. The study utilized a concept mapping group concept mapping analysis; meaning, the migrant youth population were involved with generating the data and sorting/analyzing the data. The results of the present study were compared to the literature; this comparison indicated that the present study supported the findings from previous research, expanded on previous research by elaborating on previous findings and identified new mental health stressors and barriers to accessing services.

Table of Contents

Chapter 1: Introduction

By the age of 40, one in every two Canadians will have, or have had, a mental illness; approximately 70% will have had the onset of this mental illness during childhood or adolescence (CAMH, 2018). While mental illness accounts for 10% of the burden of disease in Ontario, public mental health funding falls 1.5 billion dollars short of the equivalent proportion of the health care budget (CMHA, 2013). It is estimated that only one in five youth who need mental health services actually receive them (CMHA, 2013). Among youth who have had a mental health care need, one third report that their needs were not adequately met (CAMH, 2018).

Migrant youth are less likely to access to mental health services than their Canadian-born counterparts (Thomson, Chaze, George & Guruge, 2015). Additionally, their mental health needs are complicated by pre-immigration, migration and post-migration related stresses and risk factors (Robert & Gilkinson, 2012). For example, many have been exposed to stressful and traumatic experiences, family disruptions in addition to integration challenges, such as learning a new language; however, there is limited research on migrant youth mental health from the perspectives of youth themselves. The purpose of the present study was to explore youths' perspectives on the facilitators and barriers to mental health services.

Migration

Canada is considered to be one of the most ethnically diverse regions in the world. According to the 2016 census, 7.5 million individuals came to Canada through the immigration process; this accounts for more than 1 in 5 of the population (Statistics Canada, 2017b). Each year there are more than 250,000 new arrivals (Anderson et al., 2015; Chiu et al., 2016). Approximately 20% of the Canadian population has a first language other than English or

French; of these individuals, approximately 12% still speak that language at home (Bartram & Chodos, 2013).

The largest number of newcomers to Canada are immigrating under the economic migrant status; specifically, economic migrants represent 60% of the individuals immigrating to Canada (Anderson et al., 2015). The second largest category of migrants are those who are sponsored by a relative already living in Canada, with this proportion of individuals representing 27% (Anderson et al., 2015). Finally, the smallest proportion of those immigrating to Canada are categorized as refugees, with the subcategory constituting 13% of the individuals immigrating to Canada (Anderson et al., 2015).

Of the individuals immigrating to Canada every year, approximately 95,000 are settling in the province of Ontario, resulting in approximately 20% of Ontario's population being comprised of migrants (Chiu et al., 2016). The location in which the study took place is a mid-sized Canadian city with a population of 655, 366 (Statistics Canada, 2017c). Approximately 22% of the civic population is comprised of migrants (Statistics Canada, 2017a). Approximately 14% arrived between 2011 and 2016 (Statistics Canada, 2017a). While 525, 945 of local residents have an English mother tongue, 7, 230 have French as their mother tongue and 105, 170 have a non-official Canadian mother tongue (Statistics Canada, 2017c). Arabic is the non-official language with the highest number of speakers in the city (City of London, 2018a). The largest proportion of migrants are living in the southwest, followed by the northwest, northeast and finally, southeast quadrants (City of London, 2018b).

Mental Health and Mental Illness

Good mental health is integral to overall health and well-being; it enables individuals to be and to do what they value (World Health Organization, 2014). It acts as a buffer to hardships

and stressors that all individuals face, and it can help to reduce the risk of developing a mental illness (Bartram & Chodos, 2013). Mental health is associated with increased productivity and employment (Bartram & Chodos, 2013; Taylor, 2017). Among youth, it also has a positive effect on school achievement (Bartram & Chodos, 2013). Good mental health is often promoted and enhanced via preventive efforts which increase physical health, social engagement and emotional support. It may also be enhanced through talk therapy and occasionally, medication. Mental illness is typically addressed with medication and psychotherapy. For the purposes of this study, the focus is on services designated as "mental health" which treat mental illness and promote mental health.

Research has indicated that not only is the rate of mental health problems in migrants increasing but that migrants are also at an increased risk of developing a mental illness (Anderson et al., 2015; Bartram & Chados, 2013). The challenges which increase the risk of developing mental illness are compounded by the discrimination and barriers which migrants face (Bartram & Chodos, 2013). Once arriving in Canada, migrants face many psychosocial barriers where discrimination makes it difficult for both immigrants and refugees to obtain a job, earn a decent income and obtain adequate housing; furthermore, even when faced with these difficulties, both populations of individuals report that they face significant barriers in accessing mental health services (Bartram & Chodos, 2013).

Although there are many similarities in the health and wellness of immigrants and refugees, there are some notable differences between these two groups. The most notable difference, with reference to health and wellness, is that refugees appear to have lower levels of health and wellness (Anderson et al., 2015). Specifically, refugees are more likely than immigrants to report experiencing emotional problems and high levels of stress (Robert &

Gilkinson, 2012). As a result, refugees have a higher risk of having or developing a mental illness (Anderson et al., 2015).

Rationale for the Present Study

As Canada's foreign-born population continues to grow, it is essential to make public services appropriate and accessible. In mental health, national rates of occurrence and estimates of financial burden are substantial. Canadian-born youth have found services difficult to access and less helpful than expected.

For migrant youth, stressors during adolescence may include pre-migration and migration challenges as well as the transition and adjustment to a new country and community (Anderson et al., 2015). Research indicates that exposure to man-made disasters, natural disasters, humanitarian crises or emergency situations produces an increased risk of developing a mental health problem (Allen, Balfour, Bell & Marmot, 2014; WHO, 2014b). Furthermore, these situations often lead to the breakdown of families, social networks and community bonds (Allen et al., 2014). The experience of immigrating to a new country poses many challenges which can affect the health and well-being of an individual (Chadwick & Collins, 2015).

In some cases, the "Healthy Immigrant Effect" is present; this occurs when immigrants come to Canada with very high levels of mental health but their mental health declines over time (Chadwick & Collins, 2015). This declining mental health is often the result of settlement challenges, including challenges with housing, employment and social support (Chadwick & Collins, 2015). These social inequalities that are often experienced by immigrants and refugees, during or after the process of immigration, are associated with an increased risk of different mental health concerns (WHO, 2014b). Therefore, given that migrants are at a greater risk for having experienced, or to be currently experiencing, negative influences from their social,

economic and environmental factors, they are at a higher risk for experiencing mental health problems (WHO, 2014b).

The perspectives of migrant youth have not been well-represented in the literature on mental health problems and solutions. They are a group at risk for the development of mental health problems. They are also underserviced. Their perspectives on needed mental health supports and services are necessary. This information can inform the continued development of initiatives that make a positive impact in their lives.

Chapter 2: Literature Review

In this chapter the concepts of mental health and mental illness are reviewed before turning to a review of issues affecting the mental health of migrant youth. A review of mental health services available for youth is followed by an overview of trends regarding who accesses mental health services. Finally, a review of barriers migrant youth face accessing mental health services is offered.

Mental Health and Mental Illness

Mental health and mental illness are constructs that have similarities and differences; both have the potential to affect the overall well-being of an individual (Keyes, 2005). In addition, causes of both often overlap. The causes are complex and may be the result of one, or several, interacting challenges broadly organized as social, economic, psychological, biological and genetic factors (Bartram & Chodos, 2013). Mental health is a state of well-being defined by an individual's ability to realize their own potential, cope with normal life stress, be productive and contribute to society (WHO, 2014a). Mental illness concerns "the reduced ability for a person to function effectively over a prolonged period of time because of: significant levels of distress, changes in thinking, mood or behaviour, feelings of isolation, loneliness and sadness or the feelings of being disconnected from people and activities" (Government of Canada, 2017).

It is often presumed that mental health is the opposite of mental illness. However, the absence of mental illness does not indicate good mental health (Keyes, 2005). Individuals free of mental illness may still not feel healthy or function optimally. Low levels of mental health are more common than mental illness among youth; however, low levels of mental health are also debilitating and hinder social, emotional and academic development (Keyes, 2006). Many youths

are eligible for and appropriately assisted by mental health services in the absence of a mental illness (Keyes, 2005).

Issues Affecting the Mental Health of Migrant Youth

Migrant youth face obstacles that have the potential to affect their mental health during pre-migration, migration and post-migration (Kirmayer et al., 2011; Woodgate & Busolo, 2018). Adverse experiences of youth before, during and after relocation as well as during resettlement can have an impact on mental health (Kirmayer et al., 2011). Within these periods, the literature emphasizes the following obstacles as having an effect on migrant youth mental health: exposure to trauma, social issues, educational obstacles, employment obstacles, acculturation related stress and difficulties regarding youths' responsibilities or expectations (Shields & Lujan, 2018;Woodgate & Busolo, 2018).

Pre-migration events, which are events that occur prior to immigrating to a new country, create one source of obstacles affecting mental health. A major contributor to mental health issues is exposure to trauma (Colucci, Minas, Szwarc, Guerra, & Paxton, 2015). Exposure to trauma could be the result of witnessing events in one's country of birth; such events can include witnessing or experiencing violence, war, natural disasters, forced migration and poverty (Browne et al., 2017; Kirmayer et al., 2011; Pumariega, Rothe & Pumariega, 2005). With reference to disasters, these experiences may lead to the breakdown of families, social networks and community bonds (Allen et al., 2014). Exposure to trauma could also include forced migration, during which youth and their families have no option but to flee their home country (Woodgate & Busolo, 2017). In addition, many youth experience homelessness or the state of living in refugee camps prior to immigration which can take a toll on mental health (Woodgate & Busolo, 2018). These experiences are increasingly common for youth of refugee backgrounds;

research has indicated that refugee youth have multiple pre-immigration risk factors for mental health problems, which include: exposure to trauma and forced migration (Colucci et al., 2015). All traumatic encounters have the potential to affect the mental health of migrant youth.

Youth may also have positive pre-immigration expectations and experiences; these expectations and experiences can set migrants up for disappointment following relocation (Kirmayer et al., 2011). For many migrants, the initial resettlement process brings hope and optimism, creating a positive effect on their well-being; however, many migrants then experience disillusionment, demoralization and depression upon immigrating as a result of migration-related losses and/or through the experience of their expectations not being met (Kirmayer et al., 2011). Two specific realms in which this occurs are education and employment (Kirmayer et al., 2011; Erwin & Daniel, 2017).

Pre-migration education and employment could also affect the mental health of migrant youth; the effect of these two factors can often be intensified as a result of living in poverty in one's pre-immigration country (Woodgate & Busolo, 2018). Prior to immigration, youth may have limited access to quality education and they may have experienced interruptions in their education; these experiences have often been linked with the situational experiences of youth, such as homelessness, living in poverty and living in refugee camps (Woodgate & Busolo, 2018). Given these findings, difficulties obtaining and maintaining access to quality education create obstacles that have the potential to affect mental health. Another pre-immigration challenge that youth face is the barrier of difficulties with employment. As a result of traumatic exposure in their homelands, many families are out of work, which subsequently affects their income and housing, therefore posing another obstacle affecting mental health (Pumariega et al., 2005).

Migrant youth may also be affected by experiences during the migration process. Specifically, the literature identifies that during migration, individuals often experience a lack of social support which has been linked to the creation, or exacerbation, of mental health challenges and mental illness (George, Thomson, Chaze & Guruge, 2015). During migration, youth are often separated from friends, family and other supports (Woodgate & Busolo, 2018). The process of immigration disrupts the traditional supports that many enjoyed in their home country, resulting in stress that has the potential to negatively affect mental health (George et al., 2015). Such findings are consistent with a meta-analysis of Canadian studies, the results of which indicated that as a result of the migration process, youth are often separated from their parents, their relatives and their support systems. Results also indicate that this disruption in the support system increases the risk of mental health problems (Kirmayer et al., 2011). In addition to these social support disruptions, youth may face an upheaval or disruption in their educational development, which creates an additional challenge (Kirmayer et al., 2011). As a result of these factors, the process of migration, which often leads to the separation of youth from their support systems and disruptions in their education, has the potential to affect the mental health of migrant youth (Kirmayer et al., 2011; Woodgate & Busolo, 2018).

Post-migration and resettlement experiences after youth have arrived in their new country may also influence mental health. Youth who experienced trauma continue to be affected after they have immigrated (Colucci et al., 2015, George et al., 2015). Additionally, the experience can also reduce an individual's ability to cope with post immigration acculturation changes (George et al., 2015). Social barriers create an additional challenge, post-migration. Social challenges can include making new friends and navigating new neighborhoods and communities (Woodgate & Busolo, 2018). Migrant youth may also experience prejudicial attitudes and

discriminatory behavior (Olcoń & Gulbas, 2018). This may contribute to a feeling of exclusion, isolation and difficulty fitting in to already established social networks (Kirmayer et al., 2011; Olcoń & Gulbas, 2018).

Education challenges may also affect migrant youth mental health directly or indirectly through their family members within their new country (Woodgate & Busolo, 2018). Specifically, youth and their family members may struggle with English language comprehension and expression (Woodgate & Busolo, 2018). As a result of this difficulty youth may have trouble obtaining information and guidance regarding the educational system (Shields & Lujan, 2018). In addition, in many cases migrant youth experience segregation within the Canadian school system; this occurs through the placement of migrant youth into one of three educational streams: English language development (ELD), English as a second language (ESL) or "mainstream" programs (Erwin & Daniel, 2017). This separation between different educational streams can produce feelings of support, inclusion and belonging, however, concurrently, this division can create feelings of stigmatization and marginality (Erwin & Daniel, 2017). Furthermore, this division effects the relationships that are built within school between migrant youth and Canadian-born youth as these two groups lack opportunities to interact due to the division of educational streams (Erwin & Daniel, 2017). All of these educational challenges may directly affect migrant youth mental health; however, these experiences may indirectly affect migrant youth mental health through the experience of their pre-migration expectations not being met.

Employment challenges are an additional post-migration challenge that migrant youth and their families encounter. Many youth and their families face difficulties obtaining jobs once arriving in their new country (Woodgate & Busolo, 2018). Barriers faced to employment in

Canada may include: a lack of acceptance of their foreign credentials, language related barriers including discrimination based on their accent and a lack of prior Canadian work experience (George et al., 2015). Oftentimes, migrants have difficulty finding work that matches their level of education and training (George et al., 2015). The inability for migrants to find work that is equal to their educational level may directly undermine migrants positive and hopeful expectations of migration to a new country, resulting in disappointment following relocation (Kirmayer et al., 2011). Furthermore, even when family members are able to secure work, it is often low skilled labour or precarious work for which they earn less than native born persons working the same job (George et al., 2015).

As a member of a family adjusting to fewer social resources and a low-income situation, youth may experience a dramatic change in their socioeconomic status (George et al., 2015; Yeh, Kim, Pituc & Atkins, 2008). A study conducted by Yeh, Kim, Pituc and Atkins (2008) found that a dramatic loss was often experienced by Chinese immigrant youth and their families as many immigrant parents transitioned from professional jobs in their pre-immigration country to service and manual labour jobs in their post-immigration country. It was also found that difficulties with employment and advancement in their new country, had a negative effect on family member's mental health (Kirmayer et al., 2011). These difficulties were often attributed to the structural barriers they faced, such as exclusionary policies, racism and discrimination (Kirmayer et al., 2011). Difficulties with employment for youth and their families may contribute to mental health problems (Shields & Lujan, 2018).

Additional post-migration and resettlement challenges include acculturation stress as well as adjustment to new expectations and responsibilities. Acculturation stress is a unique stressor that is relevant only to the post-migration period (Kirmayer et al., 2011). This is a unique

experience for migrant youth post-immigration as they 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 (Kirmayer et al., 2011). Migrant youth felt overwhelmed when trying to fit in with their new culture while maintaining components of their own culture (George et al., 2015). Acculturation related stresses of trying to adopt to a western lifestyle is challenging for many youth (George et al., 2015). A major part of this challenge is the potential for conflict and tension between youth and their parents if youth are acculturating at a different rate than their families (Kirmayer et al., 2011). The expectations and responsibilities placed on youth who develop language proficiency and friendships faster than their parents (Shields & Lujan, 2018) may lead them into a translator, caregiver or breadwinner role. Such additional responsibilities, along with pressure to succeed in school and obtain a good job, can negatively affect their mental health (Shields & Lujan, 2018).

Mental Health Services for Migrant Youth

Many different types of services for youth promote wellbeing. There are also services for newcomer families and youth that promote wellbeing and resettlement support; however, the range of public services designated as “mental health” that serve youth is much narrower. Mental health services in the literature are categorized as public and private. Public services, subsidized in whole or part by taxes or charitable donations may include hospitals and hospital based mental health care, school based mental health care, community based mental health, public mental health services and counselling centers (Colucci et al., 2015; Hamovitch, Acri, & Bornheimer, 2018; Liegghio et al., 2017; Vogel, Wester, & Larson, 2007). Private services, such as fee for service mental health care provided by an allied health professional are paid for by the recipient

directly or through private insurance (Colucci et al., 2015; Vogel et al., 2007). Private services are cost prohibitive for many migrant families and youth.

It has been found that migrants are less likely to utilize mental health services than Canadian or American born residents (Hamovitch et al., 2018; Saunders, Lebenbaum, Stukel, Urquia, & Guttmann, 2018). 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 (SES) (Hamovitch et al., 2018). Results of a large-scale longitudinal study are particularly instructive. Between 1996 and 2012 Canadian health and administrative datasets were used to identify trends in public mental health service utilization for migrant youth (Saunders et al., 2018). It was found that mental health service utilization by migrant youth was at least 40% lower than the utilization of Canadian-born youth. In another Canadian study youth with lower SES are less likely to access public mental health services than those with a higher SES (Hamovitch et al., 2018; Saunders et al., 2018).

Barriers to Accessing Mental Health Services

Youth face a variety of barriers that may affect their likelihood to access mental health services. Stigma is one of those barriers (Brown, Rice, Richwood & Parker, 2016). Fear is often cited as a barrier to accessing services. Typically, this fear revolves around the unknown "treatment", discomfort in disclosing personal information and fear of emotions (Brown et al., 2016). Not knowing what information is shared with whom is another major concern. For example, fear of police involvement may create an additional barrier to youth accessing mental health services (Liegghio et al., 2017). In addition, individuals weigh the cost and benefits of accessing treatment (Vogel et al., 2007). Comparing the anticipated utility of counselling services and the anticipated risks influences a decision about whether or not to access services. If

the risk is perceived as too high or the utility too low, it can act as a barrier to accessing mental health services (Vogel et al., 2007).

Research on migrant youths' access to and use of mental health services centers on two broad categories of barriers: structural barriers and personal barriers. A structural barrier is any external force that functions to deter migrant youth from accessing mental health services. Personal barriers are those that individuals identify within themselves, such as beliefs, that function to deter migrant youth from accessing mental health services.

The literature has outlined several structural barriers. Accessibility issues include the location and appearance of services, waiting lists, age criteria for accessing services, or language barriers (Colucci et al., 2015; Thomson et al., 2015). Additional barriers include language difficulties, transportation issues and linguistically inappropriate services (George et al., 2015). Furthermore, Kirmayer et al. (2011) identified that a lack of mobility or ability to take time away from school or work creates additional accessibility issues that act as a barrier to accessing mental health services for migrant youth.

Additional barriers include cultural incompatibility and lack of continuity of care (Colucci et al., 2015; Shields & Lujan, 2018; Thomson et al., 2015). Cultural incompatibility occurs when the mental health service providers' approach or symptomology does not mesh with that of the individual and their culture, thus creating an incompatibility (Pumariega et al., 2005; Thomson et al., 2015). According to Bartram and Chodos (2013), many migrants do not have access to services, treatments and supports that they feel are safe and/or effective in light of their culture, experience or understanding. This lack of safe and effective services can be the result of differences in language and culture which makes access and utilization of services difficult for migrant youth, or it can simply stem from concern that their problems will be not be understood

by practitioners because of cultural or linguistic differences (Kirmayer et al., 2011). An example of cultural incompatibility, which may also create an accessibility barrier, occurs when mental health service providers do not consider differences in symptom expression between cultures; as a result, a biased diagnostic assessment may occur as a result of this cultural incompatibility (Pumariega et al., 2005). A final structural barrier consistently outlined in the literature is continuity of care. Due to the complex needs of migrant youth, and the lack of adequate services, migrant youth are often excessively transferred between services, creating a lack of continuity that compromises the quality and consistency of care (Colucci et al., 2015; Shields & Lujan, 2018; Thomson et al., 2015).

While the structure of community mental health services creates a substantial barrier to accessing services, migrant youth also face many personal barriers to accessing these services. One prominent personal barrier is cultural (Olcoń & Gulbas, 2018). A cultural barrier could include cultural stigma surrounding mental health and mental illness and family attitudes towards mental health and accessing services (Colucci et al., 2015; Thomson et al., 2015). A study conducted by Olcoń and Gulbas (2018), found that a prominent cultural barrier for Latino immigrant youth in seeking mental health services was the cultural partiality to keeping quiet; thus, the cultural tendency to keep quiet about one's mental health creates a barrier to accessing services. Furthermore, with reference to stigma, many migrant youth specifically indicate that fear of stigmatization is a barrier to accessing mental health services (Kirmayer et al., 2011). Specifically, this fear of stigmatization may be associated with cultural explanations of illnesses and mental disorders. Youth may be reluctant to attribute their symptoms to mental health related struggles out of fear of the stigma associated with this (Kirmayer et al., 2011). In addition,

negative prior experiences with service providers may function as a deterrent because of fear and mistrust (Colucci et al., 2015; Thomson et al., 2015).

Present Study

Research has examined issues affecting migrant youth mental health, barriers to accessing mental health services and barriers pertaining specifically to migrant youth accessing mental health services. Recent data pertaining to the barriers migrant youth face when seeking mental health services has focused on the viewpoint of practitioners or service providers or has been gained by reviewing past literature to draw conclusions. In the present study the views of migrant youth themselves are explored. There are two focal questions: “What are the mental health stressors that you face?” and “What would stop you from talking about mental health stress?”

Chapter 3: Methodology

Group concept mapping was developed by William Trochim of Cornell University in the early 1980's. Originally, it was used in program planning and evaluation (Kane & Trochim, 2007). It is increasingly used in the social sciences (Rosas, 2017).

The method may be described as a participatory mixed-method approach (Rosas, 2017). It requires involvement of participants in both the generation of data and its analysis. Group concept mapping also involves the quantitative analysis of qualitative data. Previous research has successfully implemented the group concept mapping approach to research with various groups of individuals, including groups comprised of children and youth. The effectiveness of engaging children and youth in group concept mapping studies was exhibited in the recent study (Dare & Nowicki, 2019). This study provided evidence from past research and their current study that children and youth have the ability to complete the steps involved within the group concept mapping approach (Dare & Nowicki, 2019).

Participants

The participants for the present study were migrant youth involved in a local community initiative that connected together youth in select neighborhoods; there were a total of 30 migrant youth who comprised the participants of the initiative and of the present study. All 30 were migrant youth who resided in one of three neighbourhoods in a mid-sized central Canadian city. The average age of the participants was 17, with a range of 16 to 22. With reference to ethnicity, the majority of participants identified as Arab (15), followed by Kurdish (3), Eritrean (3), Persian (3), Hispanic (3), African (2) and Pakistani (1). In terms of country of origin, the majority of participants came from Syria (10), followed closely by Iraq (7), then Eritrea (3) and Columbia (3), followed by Afghanistan (2), Pakistan (1), Austria (1), Congo (1), Palestine (1) and Ethiopia

(1). The average number of months that the participants lived in Canada was 29, with a range of 6 to 77.

Procedure

The participants were recruited by advertisement and word of mouth. Specifically, flyers were posted in a community organization (see Appendix A), which acts as a resource centre for migrant families; copies of the flyer were also sent to community stakeholders to generate interest in the study. In addition, individuals were referred by workers in the community who work with the organization. In accordance with the institutionally approved ethics protocol, interested individuals were invited to contact the writer for additional information. Individual interviews were arranged with the youth participants. The interviews were conducted by the writer at a mutually agreed upon location within the community organization.

Upon arriving at the interview, participants were read and given a copy of the letter of information (see Appendix B). Another team member was involved in the process as a translator if translation assistance was necessary, and the participant consented to the presence of a translator. Participants took part in a semi-structured interview lasting approximately 30 minutes. Handwritten notes were kept. Previous experience from the community partners working with this population had suggested that video and/or audio recording would not be well-received; therefore, the present study utilized only handwritten notes for recording. Participants were asked to answer 3 subsets of questions, these included: participant demographics, mental health and concept mapping (see Appendix C). After completing the interview, the youth participants were invited to participate in a group sorting task that was taking place in the following months; if they agreed, their contact information was obtained. Each youth received a $20 gift card in recognition of their time and expertise.

Concept Mapping

Group concept mapping includes 5 steps (Kane & Trochim, 2007). Step one involved generating statements to the specific research question. These statements were generated through the individual interviews. The focus of the present study was on participants' statements to the following two questions: "What are the mental health stressors that you face?" and "What would stop you from talking about mental health stress?"

Step two was editing the statements for clarity. The writer and professor independently reviewed all statements to each of the focal questions. Any statements that were redundant or unclear were identified. The lists were compared. A final decision was made about which statements would comprise the list that was to be given back to participants in the following step of the data analysis. A total of 88 unique statements were left for question one ("What are the mental health stressors that you face?") and 52 unique statements for question two ("What would stop you from talking about mental health stress?")

Step three was the group sorting task. A total of 13 youth who participated in the interviews met at the community organization to complete the activity. To initiate this activity, the participants were read the Script for Sorting Task (see Appendix D). After being given instructions, each participant was given their own set of statements to the questions; these statements were individually printed on separate slips of coloured paper, where each colour represented a different question. Participants were given the following instruction regarding the statements: "group them in any way that makes sense to you". The youth were asked to independently sort two questions; during this, 13 youth sorted questions one and 12 youth stayed to sort question two. The group sorting task took approximately two hours and participants were provided with a pizza lunch and a $20 gift card to each in recognition of their time and expertise.

Step four was data analysis. Two separate analyses were performed on the sorting data. The first was multi-dimensional scaling analysis. During this phase of analysis, the program took each of the statements and placed them on an x-y axis according to how frequently the statements were grouped together by participants. This analysis produced a point map; this point map showed, by the distances between the points, how frequently each statement was grouped together by participants. For example, points that are closer together on the point map were grouped together frequently, whereas points that are further apart were grouped together less frequently by participants. The multi-dimensional scaling results were used in a cluster analysis. In this analysis each point starts out as its own cluster. At each step of the analysis, two clusters were merged together; this continued until all the statements were in one cluster. All analyses performed on the data were using the Concept System (2019).

Step five was labeling the concepts. The statistical analyses produced concept maps. Maps with 20 concepts were reviewed as a starting point and reduced by 2 until the 10-concept solution. At that point, the number of concepts were reduced by one until the 4-concept solution. Each solution was reviewed by judging within concept similarities and between concept differences.

In addition, a numeric index called the bridging index was used to review each solution. The bridging index is a number between zero and one that reflects the degree to which the statements were grouped with other statements on the point map. A high bridging index (1.00-0.75) indicates that the statement was grouped with statements in other regions of the map. A low bridging index (0.00-0.25) indicates that the statement was grouped together only with statements near to it on the map.

Solutions of 7 for the first question (“What are the mental health stressors that you face?”) and 5 for the second question (“What would stop you from talking about mental health stress?”) seemed to provide the best interpretability. Labels for the concepts were created based on the statements contained within each. Statements with the lowest bridging index for each cluster were influential in this process as they indicated the content most central to that concept.

Chapter 4: Results

Results of the concept mapping analysis are presented in this chapter. The map for the first question "What are the mental health stressors that you face?" was based on interviews with 30 youth and statements sorted by 13 of them. The map for the second question "What would stop you from talking to someone about mental health stress?" was based on interviews with 30 youth and statements sorted by 12 of them. The stress value represents the goodness of the final representation with the original similarity matrix, where a lower value reflects greater consistency between the raw data and processed data (Rosas & Kane, 2012). The stress value for each map was within the acceptable range.

Concept Map 1: Mental Health Stressors

The concept map for question one, "What are the mental health stressors that you face?" (see Figure 1), was constructed based on statements generated and sorted by participants. A total of 88 unique statements were used in the sorting (see Table 1); these 88 statements were sorted by 13 of the 30 youth who participated in the individual interviews. A total of seven concepts were identified, including: Family, Stress, Communication, Anxiety, Overburdened, School Difficulties, and Working with Others. The stress value for the concept map was 0.33. Based on a pooled study analysis of the quality and rigour of the concept mapping methodology (Rosas & Kane, 2012), the map's stress value of 0.33 is within an acceptable range.

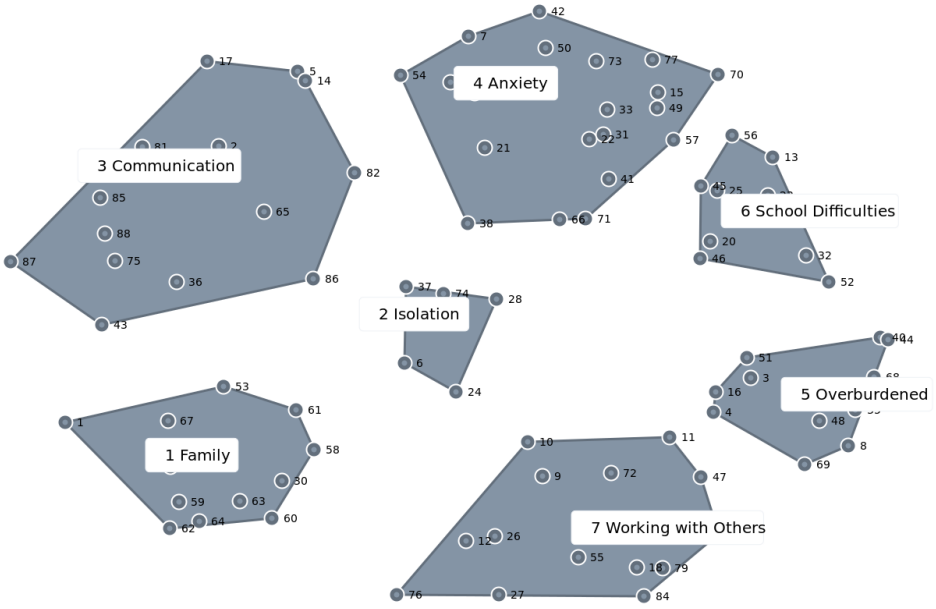

Figure 1: Concept Map of Statements for Question 1: “What are the mental health stressors that you face?”

Table 1: Statements and Concepts for Question 1: “What are the mental health stressors that you face?”

Concepts	**Statements**	**Bridging Index**
Family		Concept Mean = 0.41
	61. My dad had a heart attack.	0.19
	60. My brother and I don't get along and we argue a lot.	0.24
	63. My dad’s certification didn't transfer and my mom doesn't speak English.	0.24
	30. I had an issue with somebody one time, and they came to school with 10 friends to try and beat me up.	0.3
	58. Losing my grandfather.	0.3
	64. My house is a stressor- my mother, and a little bit my dad.	0.34
	67. My principal family (mom, sister, family and dad) are in Columbia, and they are my primary confidants.	0.37
	59. My boyfriend.	0.46
	53. It was really scary and I didn’t have any friends so it was intimidating.	0.49

	83. When I am not feeling good, my friends come and make jokes, this makes me angry.	0.52
	62. My dad, because he wants to work and he cannot here.	0.54
	1. I was rich in Jordan, but here my parents cannot work.	0.89
Isolation		Concept Mean = 0.09
	28. I get frustrated.	0.06
	74. Sometimes I am just overwhelmed by everything.	0.06
	24. They treat me differently than other people in the class because I am black.	0.09
	6. Being isolated was a stressor. I didn't really have any friends or people in the community.	0.1
	37. I like to sleep a lot, so getting up for school and not feeling tired.	0.12
Communication		Concept Mean = 0.67
	86. When I moved here, my parents also got divorced.	0.26
	82. What time I need to be home.	0.3
	65. My language skills are pretty good, but writing and written language are hard for me.	0.41
	36. I know HOW to work in this job, but I don't understand what people are saying to me.	0.57
	5. I am shy because of the language.	0.64
	2. People thought I couldn't speak English because I was scared to talk when I first came.	0.67
	75. Sometimes I am shy, so that is a stressor I face in social situations.	0.72
	81. What stresses me is my laziness, I am just on my phone all the time.	0.73
	88. Youth who like to create issues or trouble at school.	0.73
	14. I am in an ESL school, so because of this, they are always speaking Arabic, which makes it harder to learn English.	0.76
	85. When I have exams or a lot going on, my family needs me to do a lot of stuff around the house.	0.81

	87. When my parents get mad at me, I keep quiet.	0.81
	43. I was nervous and nervous to talk.	0.91
	17. I can't fall asleep early, so when I wake up I am tired and I do not want to go to school.	1
Anxiety		Concept Mean = 0.16
	71. Or, I might sit somewhere and someone next to you gets up and moves.	0
	66. My lifestyle is shamed here.	0.01
	41. I want to finish school and I want to become a mechanic, but this is stressful because education is not something that is easy for me.	0.03
	22. I do feel uncomfortable when people approach me to speak to me.	0.04
	49. It is chaotic in the class and it makes it hard to focus.	0.06
	31. I have a lot of anxiety which makes it hard to write tests.	0.07
	57. Language is difficult, for example if you (translator) wasn't here, I couldn't have this conversation.	0.07
	21. I didn't know how the people would be here.	0.1
	38. I need a positive friend who will help me succeed, but I don't have this.	0.11
	15. I am in grade 11 and so there is more pressure to do well at school.	0.12
	33. I have felt weak and helpless.	0.12
	73. Sometime the work the teachers gave was hard, it is different when it is translated into my own language.	0.13
	70. Often people thought I wasn't speaking because I couldn't speak English, but I was just nervous about being in a new country.	0.18
	77. The future is also stressful.	0.19
	34. I have so many responsibilities because my parents are still learning English.	0.2
	80. What I can/cannot do.	0.29
	50. It is hard too because all my friends and family speak Arabic, so I don't have to interact in English as much.	0.3

	42. I want to speak to people and talk about things, but I do not always have the English skills.	0.36
	7. Communication with others.	0.37
	54. It was stressful when we first came to Canada because it was so different than what I was used to.	0.45
Overburdened		Concept Mean = 0.26
	16. I can't control my anger sometimes.	0.09
	4. At school they are not accommodating.	0.1
	3. All the appointments and everything going on	0.16
	51. It is too hard to have friends, because it is too hard to explain what it is because they don't understand Arabic.	0.16
	48. It is also hard because you can't explain things to the teachers, like if something happens with another kid.	0.29
	40. I think about my future a lot and thinking about that and trying to decide what to do.	0.31
	44. If there was no ESL, it would make school very stressful.	0.31
	69. My teacher will ask me a question and I will answer, and other kids will laugh.	0.31
	35. I have to do everything by myself.	0.33
	8. Even if it's not in the moment when I feel the stressors, I still sometimes feel like I am going to die.	0.39
	68. My school work.	0.39
School Difficulties		Concept Mean = 0.19
	20. I cannot understand math.	0.05
	45. In college you have a lot of assignments and projects that are all due at the same time.	0.07
	25. I feel like sometimes there is a component of racism.	0.08
	46. In some classes we don't know what we are doing and the teachers are not good at helping us know what to do.	0.14
	56. My language for college isn't as good as a person who lived here their whole life so I can't take the more competitive programs.	0.22

	23. I feel like I am going to lose control.	0.24
	13. Having to study for exams and stuff.	0.25
	32. I have a very hard time understanding what they are saying because of the language.	0.29
	52. It was hard to learn the language.	0.38
Working with Others		Concept Mean = 0.27
	11. Finding a job was a struggle for me in the first 6 months that I was here.	0.05
	10. Family is stressful because of the restrictions they put in place.	0.09
	72. Some of my friends get me in to trouble.	0.1
	9.Everything irritates me; I am a very edgy person.	0.12
	47. It can be hard to balance the expectations at home with my homework.	0.14
	78. The money I get from the government is not enough money.	0.15
	29. I go somewhere and people stare at me and I have to ask myself why?	0.23
	39. I need to do a lot of stuff to help my family.	0.27
	12. Friends have sometimes been a stressor.	0.29
	26. I feel that other people have different experiences so it is hard to interact with them.	0.29
	79. We have a small house and we cannot find a bigger one.	0.29
	19. I can't understand English.	0.31
	18. I can't find a job because if I do I lose the money I get from the government, and I need this money to support my family.	0.33
	27. My friends are sometimes too loud and there is a lot of swearing and inappropriate jokes.	0.37
	55. It was very hard to me to find a job because I didn't have the English language.	0.37
	84. When I can't do things that I want to do.	0.52
	76. Sometimes I do not get the things I need from my family	0.62

Each point on the map corresponds to a numbered statement in Table 1. The distance between statements on the map indicates the frequency with which each statement in the concept was grouped together by the participants. The frequency with which each statement was grouped together by the participants is also indicated by the Bridging Index found on Table 1. The Bridging Index is a value between 0.00 and 1.00. A low Bridging Index (0.00-0.25) indicates that the statement was sorted together with those statements close to it on the map, while a high value (0.75 – 1.00) indicates that the statement was sorted with statements across all regions of the map.

Family

The challenges of familial relationships, the struggles involved with family adjustments and the dynamics within a chosen family are three prominent aspects of family which migrant youth described as having a strong impact on their lives. In this concept, participants indicated that various familial relationships were a stressor that affected their mental health. For instance, participants described the following situations: “losing my grandfather”, “my dad had a heart attack”, “my brother and I don’t get a long and we argue a lot”, “my principal family (mom, sister, family and dad) are in Columbia, and they are my primary confidants”, and/or “my house is a stressor- my mother, and a little bit my dad”. These statements indicated the effect of family relationships on migrant youth. Furthermore, when portraying their familial relationships, adjustment of themselves, of their families and of their roles were also evident. Participants listed statements such as the following: “I was rich in Jordan, but here my parents cannot work”, “my dad’s certification didn’t transfer and my mom doesn’t speak English”, “my dad, because he wants to work and he cannot here” and “it was really scary and I didn’t have any friends so it was intimidating”. Lastly, participants indicated that their chosen family (e.g. friends and

partners), are another source of stress that affected their mental health; in particular, the statements identified that the dynamics within migrant youth's relationships with chosen family is a source of stressor. Statements listed by the participants that suggested that chosen family presented as a stressor included: "my boyfriend", "I had an issue with somebody one time, and they came to school with 10 friends to try and beat me up", and "when I am not feeling good, my friends come and make jokes, this makes me angry".

Isolation

It was evident that feeling secluded from their new community, feeling rejected and choosing to remove themselves due to overwhelming emotions are circumstances which caused distress during their post-migration settlement. Here, the youth participants stated outright their feelings of stress due to isolation: "being isolated was a stressor. I didn't really have any friends or people in the community". These statements represented feelings of seclusion from their new community. Furthermore, their feelings of stress due to isolation as a result of discrimination was depicted in other statements, including: "they treat me differently than other people in the class because I am Black". Furthermore, the youth participants indicated that they have withdrawn themselves in some circumstances, which resulted in stress due to isolation. Statements that depicted youth's self-isolation due to withdrawal include: "I like to sleep a lot, so getting up for school and not feeling tired", "sometimes I am just overwhelmed by everything" and "I get frustrated".

Communication

Both verbal and nonverbal communication in a new language, including the recognition of its nuances and possible misunderstandings were described as particularly stressful. Here, the youth participants described communication in a new language as a challenge evidenced in statements such as: “I am shy because of the language”, “people thought I couldn’t speak English because I was scared to talk when I first came”, “I was nervous and nervous to talk”, and “sometimes I am shy, so that is a stressor I face in social situations”. The acquisition and use of English as a second language was also identified; this was present in statements including: “I know how to work in this job, but I don’t understand what people are saying to me” and “I am in an ESL school, so because of this, they are always speaking Arabic, which makes it harder to learn English”. Conflict associated with communication and/or conflict associated with a lack of communication was also identified as a communication based stressor for migrant youth. Conflict based on communication was described as a stressor in the following statements: “when my parents get mad at me, I keep quiet”, “when I moved here, my parents also got divorced”, “youth who like to create issues or trouble at school”, “when I have exams or a lot going on, my family needs me to do a lot of stuff around the house” and “what time I need to be home”. Lastly, written communication was also identified as a stressor for migrant youth. Written communication was identified as a stressor in statements such as: “my language skills are pretty good, but writing and written language are hard for me” and “what stresses me is my laziness, I am just on my phone all of the time”.

Anxiety

Social discomfort, limited confidence in their language abilities, as well as nervousness about school and new surroundings were sources of unease. Participants listed various forms of anxiety as a stressor that affects their mental health. The presence of social anxiety was

evidenced within different statements, including: “I do feel uncomfortable when people approach me to speak to me”, “I didn’t know how the people would be here”, “often people thought I wasn’t speaking because I couldn’t speak English, but I was just nervous about being in a new country”, “I need a positive friend who will help me succeed, but I don’t have this”, and “communication with others”. In addition to social anxiety, specific language related anxiety was identified. This was represented in statements including: “language is difficult, for example, if you (translator) wasn’t here, I couldn’t have this conversation”, “I want to speak to people and talk about things, but I do not always have the English skills”, and “it is hard too because all my friends and family speak Arabic, so I don’t have to interact in English as much”. These statements portrayed anxiety around communication due to language acquisitions skills. The presence of school related anxiety was also identified. This was indicated by statements such as: “I have a lot of anxiety which makes it hard to write tests”, “sometimes the work the teachers gave was hard, it is different when it is translated into my own language”, “I want to finish school and I want to become a mechanic, but this is stressful because education is not something that is easy for me”, “it is chaotic in the class and it makes it hard to focus”, and “I am in grade 11 and so there is more pressure to do well at school”. These statements identified anxiety that is specific to educational experiences. Lastly, youth also identified general anxiety in this concept. Statements illustrative of anxiety included, “I might sit somewhere and someone next to you gets up and moves”, “I have felt weak and helpless”, “what I can/cannot do”, “my lifestyle is shamed here”, “I have so many responsibilities because my parents are still learning English”, and “the future is also stressful”.

Overburdened

Migrant youth described being overwhelmed; this included being overwhelmed by the responsibilities being imposed upon them, the intense discomfort they felt in academic settings and being overwhelmed by their own emotional experiences. The statements within this concept portrayed different types of burdens. Some statements indicated that the youth were overburdened by their responsibilities, for example: “I have to do everything by myself”, “all the appointments and everything going on”, “I think about my future a lot and thinking that and trying to decide what to do”, and “even if it is not in the moment when I feel the stressors, I still sometimes feel like I am going to die”. Some statements represent school related burdens; these burdens related to being overwhelmed by intense discomfort in the school environment. For example, the following statements directly represent school related burdens: “at school they are not accommodating”, “it is also hard because you can’t explain things to the teachers, like if something happens with another kid”, and “my school work”. Other statements represented the burden of fear and anger. The statement “my teacher will ask me a question and I will answer and other kids will laugh” reflects a sense of fear due to being overburdened. The statement “if there was no ESL, it would make school very stressful” represents a fear of being overburdened if a current resource was removed. Lastly, the statements “I can’t control my anger” and “it is too hard to have friends, because it is too hard to explain what it is because they don’t understand Arabic” indicate anger.

School Difficulties

Struggling to understand and meet academic requirements, balancing multiple courses all with pressure to be successful were struggles that youth faced. The statements: “having to study for exams and stuff”, “in college you have a lot of assignments and projects that are all due at the same time”, and “I cannot understand math” represent school difficulties related to courses and

course loads. Other statements, such as “I feel like I am going to lose control”, identified understanding and meeting academic requirements as stressful; this was identified as a school difficulty affecting migrant youth mental health. Conversely, other statements, such as “it was hard to learn the language”, “my language for college isn’t as good as a person who lived here their whole life so I can’t take the more competitive programs”, and “I have a very hard time understanding what they are saying because of the language” represent the school difficulties that migrant youth face as a result of learning in English. Finally, other statements in this concept identified racism and inadequate instruction as related to school difficulties; for example, the statement “I feel like sometimes there is a component of racism” directly identifies racism as a school related difficulty and “in some classes we don’t know what we are doing and the teachers are not good at helping us know what to do” directly identifies inadequate instruction.

Working with Others

Youth spoke about the challenges of navigating new social relationships, fitting in with peers, balancing independence while maintaining family relationships and managing interactions with individuals and organizations in power. General interaction with others was identified as a stressor associated with working with others. Statements that represent the stress of interacting with others include: “everything irritates me; I am a very edgy person”, “I go somewhere and people stare at me and I have to ask myself why?”, and “when I can’t do things that I want to do”, and “I can’t understand English”. Other difficulties centered on interactions with those who are different, as indicated by “I feel that other people have different experiences so it is hard to interact with them”. Interaction with friends held negative aspects for the youth as depicted in statements such as “some of my friends get me in to trouble”, “friends have sometimes been a stressor”, and “my friends are sometimes too loud and there is a lot of swearing and

inappropriate jokes". Relationships with family members were also potentially challenging as indicated by the following statements: "family is stressful because of the restrictions they put in place", "I need to do a lot of stuff to help my family", "we have one small house and we cannot find a bigger one", "It can be hard to balance the expectations at home with my homework", and "sometimes I do not get the things I need from my family". Participants also identified concern about interactions with authorities, such as government agencies. This is evident in the following statements: "I can't find a job because if I do I lose the money I get from the government, and I need this money to support my family" and "the money I get from the government is not enough money". Lastly, working with others in order to secure a job posed challenges for the youth as identified in the statements: "finding a job was a struggle for me in the first 6 months I was here" and "It was very hard for me to find a job because I didn't have the English language".

Concept Map Two: Barriers to Accessing Services

The map for the second question, "What would stop you from talking to someone about mental health stress?" was also constructed based on statements generated and sorted by participants. A total of 52 statements were sorted by 12 of the 30 youth who participated in the individual interviews. Five concepts resulted from the analysis and included: Fear of Being Misunderstood or Ignored, Desire for Confidentiality, Lack of Trust and Lack of Understanding, Talking About it is Not Helpful and/or Taboo, and Fear of the Disclosure Process.

The stress value represents the goodness of fit with the original similarity matrix where a lower value reflects greater consistency between the raw data and processed data (Rosas & Kane, 2012). The stress value for this map was 0.37. This stress value approaches the high end of acceptability with a 1% chance of being random (Rosas & Kane, 2012).

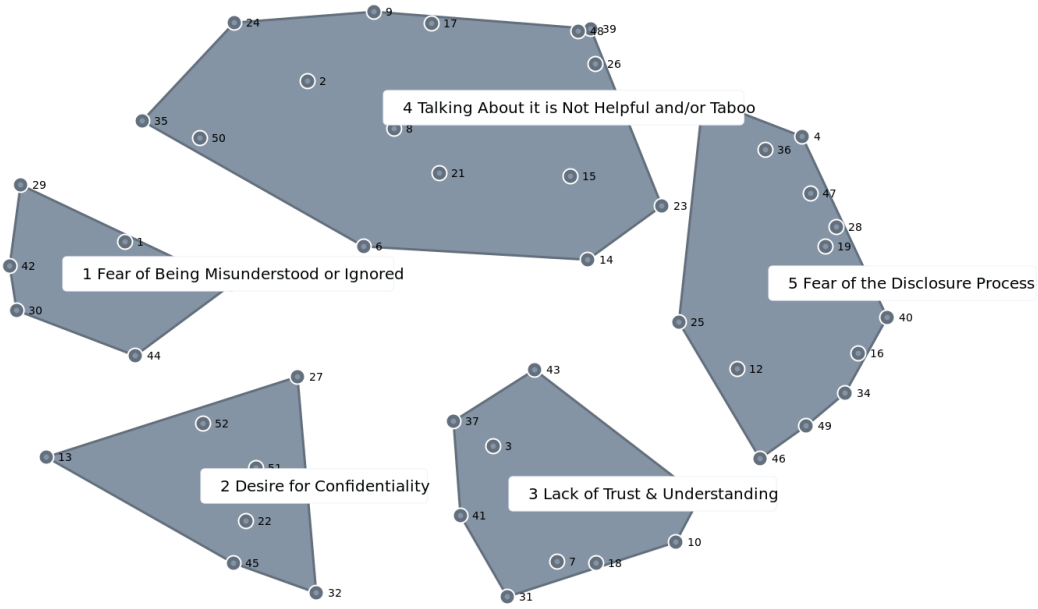

Figure 2: Concept Map of Statements for Question 2: “What would stop you from talking to someone about mental health stress?”

Table 2: Statements and Concepts for Question 2: “What would stop you from talking to someone about mental health stress?”

Concept	Statements	Bridging Index
Fear of Being Misunderstood or Ignored		Concept Mean = 0.72
	1. Fear that someone won't understand me or they will make fun of me.	0.61
	11.Concern of being misunderstood.	0.34
	44. The guidance counsellors are too busy.	0.61
	42. Some rules make it difficult, the way the systems work.	0.87
	29. If a student doesn't talk as much they don't focus on them so this sometimes stops me from talking to the teachers about stuff.	0.88

	30. If I feel like this (overwhelmed, tightness in chest) and there is anyone I know around, I go to talk to them and I tell them about it and that I am tired.	1
Desire for Confidentiality		Concept Mean = 0.5
	27. I do not want the police or government to get involved because this could make things bad for my family.	0.18
	51. It is kind of a taboo topic to talk to others because relationships are not accepted within the community.	0.41
	32. If someone is not willing to disclose to me what they are going through.	0.48
	45. There is no way I would go talk to someone else because I don't think it will help, so I wouldn't be honest.	0.48
	22. I often regret it when I try to talk to others about it.	0.51
	52. Sometimes I engage in cutting, and again I would fear that if I talked to somebody about this that my parents may find out.	0.55
	13. Fear that someone would not keep my secret.	0.9
Lack of Trust & Understanding		Concept Mean = 0.23
	43. Teachers focus a lot on the "smart" students	0.05
	3. If I know that they are not going to get mad at me.	0.09
	37. No one can help me if I don't help myself.	0.12
	10. Because the cultures are different, and the age, so there could be misunderstandings.	0.22
	33. Lack of awareness of the service would stop me.	0.22
	20. I don't talk to my friends because they often talk behind your back.	0.24

	7. Because I think no one understands me, they don't understand what I feel.	0.3
Talking About it is Not Helpful and/or Taboo		Concept Mean = 0.29
	6. Being too busy.	0.16
	26. I want privacy, so this would stop me from talking to somebody else.	0.22
	48. You need to keep things within your own community.	0.22
	8. Because it is personal.	0.24
	39. Nothing is stopping me, I am just not stressed enough.	0.26
	2. I feel that it is ridiculous talking to someone else about my problems .	0.37
	17. I believe it is useless to talk to someone.	0.37
	9. Because it wasn't helpful before I don't try to talk to someone now.	0.5
	50. If the stressors are related to a relationship, especially a relationship with a male, this would stop me from talking to someone.	0.5
	24. I have tried to talk to someone before, but it hasn't helped.	0.59
	35. My dad tells us that we are not allowed to talk to others who are not from our own religion.	0.67
Fear of the Disclosure Process		Concept Mean = 0.27
	25. They might think it is easy, but for me it is hard.	0.00
	12. Fear that someone is not going to listen.	0.09
	38. No one really does anything for you.	0.23
	46. They will ignore me.	0.23
	19. I don't feel confident enough in myself to answer the question so I feel too shy to answer the question	0.27
	16. I am worried that I will use the wrong words or say something the wrong way.	0.29

	47. When I start feeling like they are judging me .	0.29
	28. I worry they will judge me or not understand me and my experiences.	0.3
	36. Negative past experiences would stop me talking to someone.	0.3
	34. Language would stop me from talking to someone about it.	0.31
	49. I do not want my parents to know if I am having mental health stress.	0.32
	5. Access doesn't seem to be a problem.	0.34
	4. It is the lack of trust.	0.35
	40. Personally, I do not confide in anybody.	0.41

Each point on the map corresponds to a numbered statement in Table 2. The distance between statements on the map indicates the frequency with which each statement in the concept was grouped together by the participants. The frequency with which each statement was grouped together by the participants is also indicated by the Bridging Index found on Table 2. The Bridging Index is a value between 0.00 and 1.00. A low Bridging Index (0.00-0.25) indicates that the statement was sorted together with those statements close to it on the map, while a high value (0.75 – 1.00) indicates that the statement was sorted with statements across all regions of the map.

Fear of Being Misunderstood or Ignored

Migrant youth expressed hesitation about feeling vulnerable due to the concern that their experiences would not be understood or taken seriously. Participants expressed that they “fear that someone wouldn’t understand me or they will make fun of me”, “some rules make it difficult, the way the systems work”, “if a student doesn’t talk as much they don’t focus on them so this sometimes stops me from talking to teachers about stuff”, and they were “concerned of being misunderstood”. Additional statements suggested that participants feared their problems

were not important enough to warrant time from a professional. This concern was expressed in the statement “the guidance counselors are too busy”. Lastly, one statement within this concept is considered to be an outlier. The statement “If I feel like this (overwhelmed, tightness in chest) and if there is anyone I know around, I go to talk to them and I tell them about it and that I am tired”, is considered to be an outlier because it does not relate to the concept. Furthermore, this statement has a bridging index of 1, indicating that the statement was frequently grouped with statements in other regions of the map; this indicates that the statement did not represent the central content of this concept or any other concept within this concept map.

Desire for Confidentiality

A preconceived notion that personal information should be kept personal, a fear that confidentiality could be breached and a belief that self-disclosure should be a two-way process influenced the participants’ willingness to disclose personal information. Participants expressed a desire to keep their personal information private. This was reflected in the statements: “there is no way I would go talk to someone else because I don’t think it will help, so I wouldn’t be honest”, “I often regret it when I try to talk to others about it”, and it “is kind of a taboo topic to talk to others because relationships are not accepted within the community”. Participants were concerned that they could not be sure their private concerns would be kept in confidence; this was reflected in the statement: “fear that someone would not keep my secret”. Specific fears concerning a lack of confidentiality were centered around authorities or, for some, parents finding out. This fear related to lack of confidentiality was apparent within the statements “I do not want the police or government to get involved because this could make things bad for my family” and the statement “sometimes I engage in cutting, and again I would fear that if I talked to somebody about this that my parents may find out”. Lastly, participants expressed a desire for

confidentiality, particularly if their confidant was not willing to also disclose personal information. This was represented in the statement: “if someone is not willing to disclose to me what they are going through”.

Lack of Trust and Lack of Understanding

Youth spoke about entrusting others with personal and vulnerable information as well as being unaware of available supports as deterrents to sharing their stories. Youth identified a lack of trust in others within the statements: “I don’t talk to my friends because they often talk behind your back” and “no one can help me if I don’t help myself”. Statements such as a “lack of awareness of the services would stop me” represent a lack of understanding of the services. Additionally, the concept of a lack of understanding was expressed within the statements: “because I think no one understands me, they don’t understand what I feel”, “teachers focus a lot on the ‘smart’ students”, and “because the cultures are different, and the age, so there could be misunderstandings”. On a more positive note, participants did express an expectation for safety with the statement: “if I know they are not going to get mad at me” they might talk to someone.

Talking About it is Not Helpful or Taboo

Youth were skeptical about the benefits of self-disclosure as well as the unspoken cultural understanding that it was not acceptable to share personal information with individuals outside of the community. Participants described previous experiences with speaking to someone about difficulties that were not encouraging. Talking about mental health stress was described as unhelpful; this was indicated in the statements “because it wasn’t helpful before I don’t try to talk to someone now”, “nothing is stopping me, I am just not stressed enough” and “I have tried to talk to someone before, but it hasn’t helped”. Other statements indicated a pre-conceived notion that talking about mental health stress would be unhelpful. This was exemplified with the

following statements: “I believe it is useless to talk to someone”, “I want privacy, so this would stop me from talking to somebody else”, “being too busy”, “I feel that it is ridiculous talking to someone else about my problems”, and the notion that it wouldn’t be helpful “because it is personal”. Participants also noted that talking about mental health was taboo. Statements such as “you keep things in your own community”, “if the stressors are related to a relationship, especially a relationship with a male, this would stop me from talking to someone”, and “my dad tells us that we are not allowed to talk to others who are not from our own religion” indicate that mental health stress discussions if held at all, should be kept within one’s family and community.

Fear of the Disclosure Process

Youth’s willingness to disclose mental health stress was influenced by an underlying fear about disclosing personal information. Participants described that a fear of the disclosure process would stop them from talking about mental health stress. Youth described a fear of the disclosure process that was based on negative perceptions associated with disclosing that would prevent them from talking to someone as described in the following statements: “I do not want my parents to know if I am having mental health stress”, “it is a lack of trust”, “personally, I do not confide in anybody”, “no one really does anything for you”, and “when I start feeling like they are judging me”. Alternatively, negative past experiences also made youth fearful to disclose; this was evident in the statement “negative past experiences would stop me from talking to someone”. The participants described a fear of disclosure due to concern about their ability to disclose. This was reflected in the statements: “I do not feel confident enough in myself to answer the question so I feel too shy to answer the question”, “I am worried that I will use the wrong words or say something the wrong way”, and “language would stop me from talking to someone about it”. Lastly, the participants identified a particular fear of how someone might

respond to their disclosure, which acted as the barrier to talking about mental health stress. This fear of the response to their disclosure was represented in the statements: “they may think it is easy, but for me it is hard”, “fear that someone is not going to listen”, “I worry they will judge me or not understand me and my experiences”, and “they will ignore me”. In conclusion, the statements that were grouped together by the participants identified that various fears surrounding fear of the disclosure process would stop them from talking about mental health stress.

Summary

Migrant youth generated and sorted statements about mental health stressors. Familial relationships, the difficulties associated with family adjustment and the complex dynamics that arises from chosen family relationships were challenging. Feeling rejected and self-secluding are particular aspects of isolation that impact migrant youth. Communicating in a new language with its subtleties and formalities were additional stressors. Youth described discomfort with social situations because of language difficulties, as well as general worry about adjusting to life in a new home. Youth felt overburdened by their responsibilities, academic pressure and intense emotions. Struggling to understand the content, figure out courses and future planning were stressful school-related experiences. Youth experienced difficulties navigating relationships with individuals with different experiences, balancing autonomy with fitting in, balancing independence with family relationships and authority figures. In the following chapter these challenges are compared and contrasted with findings from the literature.

The same youth also generated and sorted statements which identified barriers to accessing mental health services. Youth expressed a concern that their stories would be misunderstood or dismissed if they disclosed. Youth also described a belief that personal

information should be kept to oneself, worry that confidentiality would be breached and they described a belief that self-disclosure should be a two-way process. A lack of awareness and a fear about mental health services requiring disclosure contributed to youth's decision-making about whether to access formal supports. Youth reported scepticism about the benefits of self-disclosure and the cultural understanding that it was unacceptable to disclose personal and sensitive information with outside parties. Finally, the youth described a lack of confidence in their ability to articulate their stories and subsequent worry about how their stories would be perceived as significant concerns. These barriers are compared and contrasted with the literature in the following chapter.

Chapter 5: Discussion

In this chapter the results of the two research questions: “What are the mental health stressors that you face?” and “What would stop you from talking to someone about mental health stress?” are compared to the literature reviewed in Chapter 2. The chapter concludes with recommendations based on the results from the literature review and present study.

Concept Map 1: Mental Health Stressors

The concept map for question one, “What are the mental health stressors that you have?”, included seven concepts. These concepts included: Family, Stress, Communication, Anxiety, Overburdened, School Difficulties and Working with Others. There are both similarities and differences between the results of this study and past findings reported in the literature.

Family

Results from the present study identified family as a mental health stressor that migrant youth face. There were many similarities between the present study and the literature. Specifically, the similarities included: separation from family during the immigration process, difficulties experienced by family members obtaining work or being able to work within their field of expertise, as well as dramatic changes in the socioeconomic status of their families.

Although many similarities existed, there were also differences between the present research project and the literature. Specifically, the literature identified acculturation differences as a family related mental health stressor and the present research did not. This difference can be understood in context of relative population size; in particular, the number of migrant families immigrating and settling within the mid-sized central Canadian city in which the present study took place. Given the high population of migrant youth and families, there may have been less pressure to acculturate, therefore minimizing the impact of acculturation differences within

families. Alternatively, this difference can also be understood in the context of developmental milestones. Adolescence is a stage that involves creating emotional independence from parents and other adults (Enkeleda, 2017). Given that the majority of the migrant youth participants were adolescents, the participants were at the stage when they are beginning to develop, or have developed, independence from their parents; this desire for independence and autonomy could explain why acculturation differences with family was not emphasized in the present study.

Isolation

The second concept was isolation as a stressor that migrant youth face. Specifically, this concept identified that isolation and discrimination causing isolation are experiences that affect the mental health of migrant youth. The experience of isolation found in the present study was consistent with the results from the literature which also identifies that youth may experience discrimination and limited social support, which can negatively affect their social networks (Olcoń & Gulbas, 2018).

Communication

There were similarities and differences between the present study and the literature in relation to communication. With reference to the similarities, both the present study and the literature identified communication based on language differences as a challenge that migrant youth face (Woodgate & Busolo, 2018).

There were also differences in how communication is a stressor. Specifically, the literature identified communication as a major barrier to employment, stating that language related barriers, including discrimination based on accent, resulted in difficulties obtaining employment in Canada (George et al., 2015). The present study identified shyness as a communication related stressor affecting the mental health of migrant youth. Although shyness

was not identified in the literature, it could be inferred that migrant youth would have experienced feelings of shyness from the communication challenges based on language differences. The advanced self-awareness and ability for migrant youth in the present study to articulate that shyness is a barrier may be attributed to the use of a translator who had a strong understanding of English, Arabic and the experiences of the migrant youth participants; thus, the translator was able to provide insight on the experiences of the youth and translate the meaning of what they were describing, rather than a word-for-word translation.

In addition, the present research identified that the English Second Language classes interfered with the youths' ability to learn English at a faster rate, resulting in an additional communication related mental health stressor for migrant youth. The migrant youth expressed that the ESL courses slowed the process of learning English because they were not being placed in situations where they were required to rapidly learn and use English in order to communicate, build friendships and learn and function day-to-day. The inconsistency of this topic being found in the present study and not the literature can be attributed to the increase in ESL and ELD classes within the local community. Specifically, the mid-sized central Canadian city in which the present study took place has experienced a significant increase in the number of English Language Learners attending school within the local school board; as a result, there has been an increase in the number of students enrolled in ESL and ELD programming (Thames Valley District School Board, 2018). Therefore, the increase in the proportion of ESL and ELD students lessens the need for migrant youth to immerse themselves in the Canadian language and culture, resulting in ESL becoming a contributor to the communication related mental health stressor for migrant youth.

Anxiety

Similarities concerning anxiety centered on fitting in within a new country and acclimatizing to a new culture (Kirmayer et al., 2011; Olcoń & Gulbas, 2018). Research evidence pointed to fitting in to established social networks and acculturation related challenges as stressors (Kirmayer et al., 2011; Olcoń & Gulbas, 2018). The present study's results supported these findings. Various statements described the events identified within the literature; for example, anxiety surrounding fitting in to already established social networks was identified in the statement "I didn't know how the people would be here" and anxiety surrounding acculturation related stress was identified in the statement "it was stressful when we first came to Canada because it was so different than what I was used to".

Overburdened

There were many similarities between the experiences in the present study and the literature concerning feeling burdened. For example, it has been noted that youth felt overwhelmed by the process of adapting to a Western lifestyle combined with high expectations and responsibilities (George et al., 2015; Shields & Lujan, 2018). Although significant overlap was found between the literature and results of the present study, one difference was also present. Youth in the present study identified being overburdened by their emotions and decisions about the future, however, these concepts were not identified within the literature review. The differences found in relation to this may be attributed to the increased discussion and awareness surrounding mental health. In addition, the employees of the community organization associated with the present study have persistently been providing education and facilitating discussions surrounding emotions and stress, which may be attributed to increased self-awareness and willingness to disclose emotions by the youth in the present study.

School Difficulties

There was substantial overlap between results of the present study and past research concerning difficulties with school. In particular, both past research and the present study identified that language comprehension is a challenge. Limited English comprehension and vocabulary makes learning difficult to the point where it affects youth's mental health (Woodgate & Busolo, 2018). This is consistent with the present study which indicated language difficulties related to learning.

There was also a difference between the existing literature and findings of the present study. Particularly, the present study identified that migrant youth experience educational challenges similar to any student, including: difficulties with specific subjects and managing due dates. In addition, the migrant youth in the present study identified interactive conflicts with teachers as an additional educational stressor which effects their mental health; youth described instances of racism within the classroom and inadequate instruction that contribute to these interactive conflicts with educators. The migrant youth completed the interviews in a familiar setting where they felt comfortable and supported; in addition, the interviewer was not associated with the school and educational system. The new information identified within the current study could be understood within this context; specifically, it could be inferred that the migrant youth felt safe and supported to disclose this information based on the setting and the role of the interviewer.

Working with Others

There were similarities and differences between the results of the present study and the literature review. Specifically, both the literature and present study identified that fitting in with peers is a stressor that effects the mental health of migrant youth (Kirmayer et al., 2011; Olcoń &

Gulbas, 2018). While there is literature on discrimination and integrating into established social networks (Kirmayer et al., 2011; Olcoń & Gulbas, 2018) this was not apparent in the present study. In the present study, youth focused on the process of friendship and interacting with peers; in particular, youth described that having friends, navigating and developing boundaries within relationships and communication with friends as stressful rather than integrating into established social networks. An explanation for the differences in reporting may be accounted for by the segregation that occurs between newcomer youth and Canadian-born youth within schools; for example, this segregation is often caused by having specific schools for migrant youth, ESL and ELD programs. Additionally, within the literature and the present study, youth discussed interacting with organizations and services (Vogel et al., 2007); however, a difference is that the literature refers to fear of interacting with organizations and services as a barrier to accessing services, whereas the present study youth described interacting with organizations and services as a stressor affecting their mental health. The fact that the literature focused primarily on the viewpoints of service providers and/or reviewing statistics and trends, may provide a potential explanation for the differences in the findings of the present study and the literature.

Concept Map 2: Barriers to Accessing Services

Within the concept map for questions two, “What would stop you from talking to someone about mental health stress?”, there were five concepts identified. These concepts included: Fear of Being Misunderstood or Ignored, Desire for Confidentiality, Lack of Trust and Understanding, Talking About it is not Helpful or Taboo and Fear of the Disclosure Process. There were both similarities and differences between the results of the present study and existing research findings.

Fear of Being Misunderstood or Ignored

The first barrier to accessing mental health services for migrant youth was a fear of being misunderstood or ignored. With reference to the similarities, both the literature and youth in the present study identified fear as a barrier to accessing services (Brown et al., 2016). In particular, the literature identified that a high cost low benefit analysis of accessing mental health services is a barrier (Vogel et al., 2007); this appears to be consistent with the concept of fear of being misunderstood or ignored as the participants identified that there was a potential for a high cost and low benefit in accessing services.

One difference was evident in that the literature more broadly identified fear which, in addition to fear of being misunderstood, includes fear of treatment and fear of emotions as a barrier to accessing services (Brown et al., 2016). Within the present study, however, fears focused on being misunderstood by health care professionals and friends, fear of the meaning of their story being misunderstood and fear that they will be ignored due to the system being overloaded. Thus, the most notable difference between the literature and the present study is that the literature describes fear of having the emotions and/or disclosing the emotions, whereas the present study highlighted a fear of how their emotions and stories would be perceived by those to whom they are disclosing (Brown et al., 2016). During the present study, youth completed the interviews at a local community centre; this centre was a pre-existing, established support access point for the migrant youth. The fact that the youth participants felt comfortable within this setting and had access to translators whom they knew, may have contributed to their ability to articulate in more detail and expand on the results found in the literature.

Desire for Confidentiality

There was significant overlap between the findings of the present study and the findings of the past literature; however, the present study appeared to expand on the concepts identified within the literature review. Both the current study and past literature identified a fear of police involvement which influenced a desire for confidentiality (Vogel et al., 2007). In particular, the past literature identified that 1 in 6 children and youth accessing community mental health services will experience police involvement at the time of access, from which it was inferred that fear of police involvement may be a barrier (Liegghio et al., 2017); whereas the present study expanded on this finding by outlining that fear of police involvement results in a desire for confidentiality that would stop migrant youth from talking about mental health stress.

Furthermore, past literature and the present study both identified that negative past experiences act as a barrier to now accessing mental health services. With reference to the literature review, it was identified that negative previous experiences, such as lack of cultural compatibility and lack of continuity of care, often result in a fear and distrust of service providers (Colucci et al., 2015; Pumariega et al., 2005, Thomson et al., 2015). The present study expanded on this notion by identifying that migrant youth often experienced regret after talking to someone about their mental health stress; this regret typically occurred due to lack of understanding or confidentiality being broken. Thus, this influences a desire for confidentiality which becomes a barrier to accessing mental health services. The new identification of experiences of regret may be attributed to migrant youth being the target population of the interviews, rather than service providers or parents; thus, migrant youth were able to speak to their own experiences of regret after disclosing mental health related concerns in the past.

Lack of Trust and Understanding

Both the youth in the present study and the literature outline cultural incompatibility as a barrier. In particular, past research identified that migrant youth do not access services because the supports are not effective in light of their culture, experience or understanding (Bartram & Chodos, 2013); this is compatible with the results of the present study which identified a lack of understanding through statements including: “because the cultures are different, and the age, so there could be misunderstandings”.

Although there are similarities between this concept in the past literature and the present study, there are differences. For example, the present study identified a lack of trust of service providers as a barrier to accessing services, whereas this was not identified in the previous research. This difference could be attributed to the fact that a large portion of the previous research relied on the viewpoint of service providers; thus, service providers may be unaware and/or unlikely to report that migrant youth do not trust them. Furthermore, the literature review identified that, with reference to cultural incompatibility, a barrier to accessing services is that mental health services providers do not consider differences in symptom expression between the Western culture and the youths culture of origin (Pumariega et al., 2005); this concept was not identified within the present study as a form of lack of understanding. Consistently, this difference may be attributed to the population providing the information. Given that the literature primarily focused on the viewpoints of practitioners, this population would have an understanding and awareness of symptom expression; however, migrant youth may not be educated on and/or understand the concept of symptom expression.

Talking About it is not Helpful or Taboo

Both the present study and the literature review identified the notion of keeping quiet. With reference to the literature review, it was identified that there is often a cultural partiality to keeping quiet in regards to mental health concerns (Olcoń & Gulbas, 2018). This is consistent with the results of the present study which identified the desire for keeping things quiet, specifically within one's own community; this notion stemmed from the understanding that it is taboo to discuss personal and/or community dilemmas with individuals outside of one's own community based on confidentiality concerns and on fear of how this information will be perceived.

In addition, both the literature review and the present study identified that mental health services are not helpful, which acts as a barrier to accessing mental health services for migrant youth; specifically, the services are not helpful because they do not alleviate the stress and they do not improve the mental health of the youth. In regard to this topic, there are identifiable differences within the description of not helpful. An example of this is that the literature review identified that mental health services are not helpful because they are ineffective (Bartram & Chodos, 2013). Particularly, the ineffectiveness of the services stems from cultural differences; these differences result in services that migrants do not feel safe accessing and/or they do not feel these services are effective given their culture, experience and understanding (Bartram & Chodos, 2013; Kirmayer et al., 2011). In comparison, the present study did not provide as much detail as the literature. Rather, the present study simply identified that migrant youth felt talking about their mental health stress was not helpful due to past experiences; particularly, that disclosing mental health related concerns before has not provided them comfort or alleviation of their stress. A possible explanation for these differences includes that the present study asked the

participants to answer and discuss multiple questions; given the information being gathered was more broad, the participants may have felt less inclined to provide as much detail as the participants in previous studies.

Fear of the Disclosure Process

When examining the similarities, the most notable overlap between the present study and the literature review is that both identify language difficulties as a factor within the concept of fear of the disclosure process. In particular, the literature review identifies language barriers as an accessibility issue that acts as a barrier to accessing mental health services for migrant youth (George et al., 2015). This is supported by the results of the present study which indicate language as a barrier within statements, including: “language would stop me from talking to someone about it” and “I don’t feel confident enough in myself to answer the question so I feel too shy to answer the questions”.

Although overlap between the past literature and present study is evident with reference to the concept of fear of the disclosure process, there are notable differences. A major difference pertains to the fact that present research identified fear of the confidant not listening; in particular, the statements within this concept consistently identify fear of being ignored and dismissed when disclosing stress. In addition, the present study consistently identified a fear of judgement; specifically, statements including “when I start feeling like they are judging me” identify a fear of disclosure due to fear of judgement. In comparison, the literature review focused on a fear of disclosure which can be associated with a lack of continuity of care (Pumariega et al., 2005). Due to lack of adequate services, migrant youth are often excessively transferred between services. This lack of continuity of care contributes to a fear of the disclosure process by migrant youth who have come to associate disclosure with the experience

of being transferred between services, requiring them to repeatedly self-disclose and advocate for themselves (Colucci et al., 2015; Shields & Lujan, 2018; Thomson et al., 2015).

Summary of Similarities and Differences

With reference to question one, “What are the mental health stressors that you face?”, the findings of the present study supported many of the concepts outlined in the literature. Nevertheless, throughout the process of comparing and contrasting the findings, some differences were apparent. In particular, the results of the present study built on the results of the literature by providing additional, first-hand information regarding the mental health stressors that migrant youth face. Furthermore, the results of the present study identified additional barriers and perspectives on the topic of mental health stressors that had not been previously identified. Specifically, the present study identified shyness and access to ESL courses as a communication related stressor, intense and overwhelming emotions as a source of being overwhelmed and conflicts with educators as a school difficulty. Additionally, the present study focused on the process of interacting with peers and navigating friendships as a source of stress associated with working with others, rather than an emphasis on fitting in to already established social networks. The new insights and information provided can be attributed to many factors, including: an increase in the numbers of individuals migrating to the mid-sized central Canadian city, an increased awareness and emphasis on emotions and mental health, the location of the interviews and the focus on obtaining the viewpoint of migrant youth rather than service providers.

Results from the second question “What would stop you from talking to someone about mental health stress?”, were compared and contrasted to the literature. During this process, it was apparent that the present study was not only consistent with the findings from the past literature,

but also expands on these findings; furthermore, the results of the present study did not contradict any of the findings from the literature review. Predominantly, the present study provided support that the barriers to accessing services for migrant youth can be personal or structural barriers. With reference to both the personal and structural barriers, the youth identified many similar barriers within the present study that had previously been identified within the literature review. In addition to consistency with other findings, the present study further identified barriers to accessing mental health services that migrant youth within the mid-sized central Canadian city face. Examples of the novel information identified in the present study include: fear of how one's emotions and stories will be perceived by their confidants, previous experiences of regret after disclosing mental health concerns, a lack of trust in service providers based on cultural incompatibility and past experiences that indicated that mental health services were unhelpful. The new information regarding barriers to talking about mental health concerns generated through the present study could be the result of focusing on the viewpoint of migrant youth rather than service providers and conducting the interviews in an pre-existing, established support access point for the youth, thus increasing their comfort with disclosing mental health related concerns.

By comparing and contrasting the results of the present study with the results from the literature review, it is evident that the present study is consistent with findings from the past literature. Furthermore, the present study results did not contradict any of the findings from the literature. The similarities between the results of the present study and the literature speak to the credibility of the findings. In particular, the commonalities found between studies that utilized different methodologies (e.g. qualitative, quantitative and mixed-methods) and studies that took

place in various cities and states across North America, indicate that the findings are potentially reflective of migrant youth in other settings other than where the present study took place.

Although the results of the present study were consistent with the findings from the literature review, it did offer new and additional insights regarding the mental health stressors and barriers to disclosing mental health concerns that migrant youth face. An insight of particular interest surrounds the benefits of doing research with, rather than on populations. By doing research with the population, a clearer understanding of current mental health related stressors for migrant youth was uncovered. With reference to stressors, it was identified that migrant youth experience similar stressors to Canadian-born individuals in addition to migration related stressors. Furthermore, new insights regarding facilitators to disclosing mental health concerns were identified. These recommendations included: utilizing self-disclosure to build rapport with the youth, utilizing service providers who understand the culture and experiences of the migrant youth and providing services in locations that migrant youth feel comfortable.

Recommendations

A concluding item to address, regarding barriers to accessing community mental health services for migrant youth, is that of recommendations. These recommendations have been generated based on the results of both the previous research and present research study results. When considering the recommendations being made regarding migrant youth mental health, these recommendations can be sorted into three categories; these categories include the implications for research, implications for counselling and implications on policy.

Research

Based on the findings of the present study, it can be inferred that by engaging the population of interest within a study, novel and relevant information can be uncovered. From

these results, a recommendation for future research would be to engage in participatory action research (PAR). As evident through the current research project, the process of doing research with, rather than on, individuals had many benefits. In particular, by doing research with the migrant youth population, new information was uncovered about what the mental health stressors are and what the barriers to accessing mental health services are that migrant youth face within the local community. Furthermore, through utilizing PAR, the new information that was uncovered is directly applicable to the population and location with which the research was conducted. Given these findings, it would be recommended that the next steps for research in this realm involve identifying solutions to the barriers to accessing services that migrant youth face; furthermore, it is encouraged that this process include PAR in order to provide relevant and applicable solutions to the target population and to create a sense of empowerment for migrant youth in their mental health advocacy.

An additional recommendation for future research would be to build on the findings of the present research project. The results from the present project indicated that migrant youth have experienced many stressors which negatively impact their mental health; these stressors are often complex and unique compared to other individuals their age. Furthermore, the results of the present study indicated that migrant youth face many barriers to accessing community mental health services once arriving in Canada. Given these findings, a recommendation for future research is to build on the results of the present study by addressing the gap in current mental health services. Specifically, consideration should be given to the development and implementation of programming which aims to fill the gap in the current mental health services for migrant youth by making services more accessible and compatible for migrant youth.

Counselling

When examining the results of both the literature review and the present research study, it is evident that migrant youth have many unique experiences and therefore, they have many complex needs. Furthermore, it was evident that the current mental health services that migrant youth could access are not accessible and are not compatible with their culture and their needs. Consistent with the recommendations for research, a recommendation for counselling services would be to implement programming and services that are uniquely designed to support the complex and multicultural needs of migrant youth. This recommendation includes the development and implementation of new, directed programming and the modification of current programming to better support the needs of migrant youth.

In addition to modified programming and services, an additional recommendation for counselling would be to meet individuals where they are at. This recommendation is twofold. First, this recommendation for counselling approach is to meet migrant youth where they are at emotionally; this process would involve taking a trauma-informed lens and addressing the immediate needs of the youth. Furthermore, this recommendation includes physically meeting migrant youth where they are at. Specifically, it is evident that access to services is a problem for migrant youth; therefore, by bringing services to the youth it is possible to take strides to address the accessibility barrier. The process of bringing mental health services to migrant youth could include increasing the number of counselling related mental health services offered through the school system and the community centres, both of which are locations that migrant youth are already accessing.

Policy

Lastly, based on the results of the literature review and the present research project, it is important to examine the implications pertaining to policy. The predominant recommendation for policy, based on the results of both the past and current research, is to involve migrant youth as co-creators in driving the focus of policy changes. Given the unique experience and needs of migrant youth and the gap in mental health services for this population, it is of paramount importance to involve the migrant youth population in drawing conclusions, developing recommendations and determining the outputs surrounding policy change. Furthermore, it could be extremely valuable to increase the number and frequency of government and organization partnerships in order to support migrant youth. By merging government and organization resources and expertise, it would be possible to increase the effectiveness of mental health services for the migrant youth population.

Limitations

While the findings of the present study are useful, there are limitations that must be acknowledged. First, the use of the words “mental health” and “mental health stress” may have been a potential limitation as many of the youth participants were unfamiliar with these words. In order to combat this limitation, descriptions of the words and their meanings were provided with an emphasis on drawing a connection between the words and the physical experience of the words. In addition, a second limitation could be that the individuals who participated in the study had lived in Canada for an average of 29 months, with a range from 6 months to 77 months; given the length of time participants had lived in Canada, the participants may have had more time to acculturate to Canada which may have influenced some of their responses. Length of

time living in Canada was not a requirement for participation in the study; however, the study did not seem to attract individuals who had migrated less than 6 months ago.

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Appendix A

Western

Request for Participation by Youth Aged 16-24 who have Immigrated to Canada About Community Mental Health Needs

We are looking for volunteers to take part in a study about community mental health services for immigrant youth in London, Ontario

If you are interested and agree to participate you would be asked to: be interviewed in-person and later group together the responses made by all participants

Your participation would involve 2 sessions,
The first session will be about 30 minutes long. The second will be about 60 minutes long. Language translation services will be available.

An honorarium is available to all youth participants

For more information about this study, or to volunteer for this study, please contact:

Charlotte Carrie, Project Coordinator or

Dr. Jason Brown via email

Appendix B

Community Mental Health for Immigrant Youth
Youth Letter of Information

Dr. Jason Brown, Principal Investigator

You are being invited to participate in this research study about community mental health services for immigrant youth in London, Ontario because you are an individual aged 16-24 who lives in London and was not born in Canada.

The purpose of this study is to describe facilitators and barriers to mental health service access for immigrant youth. The study is being done in partnership with South London Neighborhood Resource Centre. Research team members Jason Brown and Charlotte Carrie from Western University, Mohamed Al-Adeimi and Rajaa Al-Abed from South London Neighborhood Resource Centre will have access to all non-anonymized data collected and contribute to the final report.

If translation is needed to provide consent, we will arrange for you to speak with _____ .

If you agree to participate you will be asked to engage in a 30-minute in-person interview about facilitators and barriers to mental health service access for immigrant youth, aged 16-24 in London, ON.

You will be invited to a group meeting in approximately 3 months. At this meeting youth who participated in the interviews will be asked to group together anonymized answers provided by all youth. Direct quotes from the interviews will be used. While best efforts are in place to protect confidentiality, it is possible someone could identify you based on your response. This will take approximately 60 minutes. Translation assistance will be provided if necessary.

There are no known or anticipated risks or discomforts associated with participating in this study.

The possible benefits to society may be to inform the development of services for immigrant youth. The possible benefits to society may be increased accessibility and effectiveness of services for immigrant youth.

You may withdraw from the study and have your data withdrawn at any time by making a request to Dr. Jason Brown using the contact information on this form.

Representatives of Western University's Non-Medical Research Ethics Board may

require access to your study-related records to monitor the conduct of the research.

The researcher will keep any personal information about you in a secure and confidential location for 7 years. A list linking your study number with your name will be kept by the researcher in a secure place, separate from your study file. If the results of the study are published, your name will not be used

An honorarium in the form of a $20 gift card will be provided at the time of interview and another honorarium in the form of a $20 gift card will be provided at the time of the group meeting.

Your participation in this study is voluntary. You may decide not to be in this study. Even if you consent to participate you have the right to not answer individual questions or to withdraw from the study at any time. If you choose not to participate or to leave the study at any time it will have no effect on your access to services, professional or employment status. You do not waive any legal right by consenting to this study.

If you have questions about this research study please contact Jason Brown, Principal Investigator,

If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Human Research Ethics. The Research Ethics Board is a group of people who oversee the ethical conduct of research studies. The Non-Medical Research Ethics Board is not part of the study team. Everything that you discuss will be kept confidential.

This letter is yours to keep for future reference.

Community Mental Health for Immigrant Youth
Youth Consent Form

Dr. Jason Brown, Principal Investigator

I have read the Letter of Information, have had the nature of the study explained to me and I agree to participate. All questions have been answered to my satisfaction.

I consent to being contacted for the grouping task

I wish to be contacted by telephone _____or email _____

Telephone Number _____

Email address _____

_____	_____	_____
Print Name of Participant	Signature	*Date (DD-MMM-YYYY)*

I wish to receive a copy of the results via email. Email is not secure and participation in the study could be revealed if the email was viewed/obtained by another party.

_____	_____	_____
Print Name of Participant	Signature	*Date (DD-MMM-YYYY)*

_____
Email address

My signature means that I have explained the study to the participant named above. I have answered all questions.

_____	_____	_____
Print Name of Person Obtaining Consent	Signature	*Date (DD-MMM-YYYY)*

Appendix C

Western

ID _____
Date of Interview _____
Interviewer _____

Youth, 16-24 YO In-Person Interview
Participant Demographics 1. Age 2. Ethnicity 3. Languages spoken 4. Country of origin 5. Immigration status: immigrant, refugee (sponsor: government, private, both)? 6. Family structure (a) who lives with now, (b) other family members locally? 7. Months in Canada
Mental Health 1. How do you feel about being in Canada now? 2. Do you know youth who have high stress that affects their mental health? 3. Have they talked to anyone about it? (a) Who (positions, not names)? 4. Would you talk to someone if you had high stress that affected your mental health? 5. Why/not? (a) Who (positions, not names)?
Concept Mapping 1. What are the mental health stressors you face? (probe: home, school, friends, community) 2. What are the mental health supports you have? (probe: home, school, friends, community) 3. What would stop you from talking to someone about mental health stress? (probe: beliefs, concerns AND services, access) 4. What would make it easier to talk to someone about mental health stress? (probe: beliefs, concerns AND services, access)

Appendix D

Script for Sorting Task

Subject Line: Participation by Youth Aged 16-24 who have Immigrated to Canada About Community Mental Health Needs

Hello,

Two or three months ago you participated in an interview about barriers and facilitators to mental health for immigrant youth. At that time you indicated that you were willing to have us contact you for the grouping part of that study.

We have sets of unique responses provided by all youth participants for each question (i.e. What are the mental health stressors you face? What are the mental health supports you have? What would stop you from talking to someone about mental health stress? What would make it easier to talk to someone about mental health stress?)

The task would require: 1) reading the responses, 2) grouping the responses into piles reflecting a similar idea.

We would like to invite you to a meeting for all youth who participated. At the meeting no-one will know who gave what response. Each person will be given a set of responses printed in separate cards so that they can be easily manipulated and grouped together on a desk or table. Language translation services will be available at the meeting.

We would ask you to use the Identification Numbers on each response to list the responses you put into each group. There is no maximum or minimum number of groups. You can use as many as you like. We do ask that you do not leave any responses out of the groups.

This task will take approximately 60 minutes to complete. There will be a pizza lunch provided and an honorarium for participating.

If you would like more information or have any questions please contact

Charlotte Carrie, Project Coordinator or

Dr. Jason Brown

Ethics

Date: 6 December 2018

To: Dr. Jason Brown

Project ID: 113065

Study Title: Barriers and facilitators to community mental health services for immigrant youth

Application Type: NMREB Initial Application

Review Type: Delegated

Full Board Reporting Date: January 11 2019

Date Approval Issued: 06/Dec/2018

REB Approval Expiry Date: 06/Dec/2019

Dear Dr. Jason Brown

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the WREM application form for the above mentioned study, as of the date noted above. NMREB approval for this study remains valid until the expiry date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

This research study is to be conducted by the investigator noted above. All other required institutional approvals must also be obtained prior to the conduct of the study.

Documents Approved:

Document Name	Document Type	Document Date	Document Version
Confidentiality Agreement for Translator	Additional Consent Documents		
End of Study Template	End of Study Letter	29/Oct/2018	1
Service provider email script	Recruitment Materials	30/Nov/2018	
service provider Interview	Interview Guide		
Service PRovider LOI	Verbal Consent/Assent		
service provider poster	Recruitment Materials		
Service provider Telephone script	Recruitment Materials		
youth Interview	Interview Guide		
youth poster	Recruitment Materials		
youth_LOI	Written Consent/Assent		

No deviations from, or changes to the protocol should be initiated without prior written approval from the NMREB, except when necessary to eliminate immediate hazard(s) to study participants or when the change(s) involves only administrative or logistical aspects of the trial.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Kelly Patterson, Research Ethics Officer on behalf of Dr. Randal Graham, NMREB Chair

Note: This correspondence includes an electronic signature (validation and approval via an online system that is compliant with all regulations).

Curriculum Vitae

Name:	Charlotte Carrie
Post-secondary Education and Degrees:	Brescia University College The University of Western Ontario, London, Ontario, Canada 2013-2017 B.A. The University of Western Ontario London, Ontario, Canada 2018-2020 M.A.
Honours and Awards:	Brescia University College Dean's Honours Scholarship 2015-2016, 2016-2017 Graduate Student Assistantship Entrance Scholarship 2018-2019, 2019-2020
Related Work Experience	Research Assistant The University of Western Ontario 2018-2020

Publications:

Carrie, C. A., (2017) *Relationship between sense of belonging and academic achievement: Effect of involvement in a sports team* (Unpublished undergraduate thesis). Western University, London, Ontario