MENTAL HEALTH OF IMMIGRANTS AND NON-IMMIGRANTS IN CANADA: EVIDENCE FROM THE CANADIAN HEALTH MEASURES SURVEY AND SERVICE PROVIDER INTERVIEWS IN ALBERTA

EXECUTIVE SUMMARY

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Introduction: Although immigrants tend to arrive healthy, evidence indicates that their health deteriorates after a period of time in Canada. While evidence indicates that immigrants internationally have poorer mental health status than the host-country population, the evidence for Canada is mixed. Data from the Canadian Community Health Survey point to a lower incidence of mental health problems among immigrants. Regional studies, however, do not always concur with this national data. We sought to clarify these mixed findings by using another source of data – the Canadian Health Measures Survey – to examine the relationship between self-perceived mental health and self-reported diagnosis of mood disorders with age, gender, migration status, time since migration, and social determinants of health. Furthermore, we sought to contextualize our data in Alberta by examining the perspectives of service providers on immigrants' mental health and strategies to improve immigrants' mental health.

Methods: We analyzed three cycles of the Canadian Health Measures Survey to examine the relationship between self-perceived mental health and self-reported diagnosis of mood disorders to vital social determinants of health, including income, community belonging, country of birth (i.e. born inside or outside Canada), time since migration, age, gender, employment status, and education. The Canadian Health Measures Survey is a Statistics Canada national survey that collects information about the health of Canadians through personal interviews and physical measurements. We gained access to the Canadian Health Measures Survey upon application to the Statistics Canada Research Data Centre at the University of Alberta. We analyzed three cycles of data: Cycle 1 (collected from 2007 to 2009), Cycle 2 (collected from 2009 to 2011); Cycle 3 (collected from 2012 to 2013). Each cycle is a cross-sectional survey. We used weighted logistic regression. Our sample included 12,160 participants aged 15 to 79 years. We also conducted interviews and focus groups with 53 immigrant service providers in Alberta. Participants were purposively recruited by contacting major immigrant serving agencies in Edmonton and Calgary after an online search. We completed thematic analysis aided by NVivo 11 software.

Results: Our initial analysis revealed that the difference in the mental health of immigrants versus non-immigrants was not statistically significant (Odds ratio 1.07, 95% CI 0.87, 1.31). We conducted another set of analyses with time since migration but without immigration status in the model due to a high level of collinearity of the two variables. Increased income, older age, gainful employment, shorter duration of residence in Canada, and a stronger sense of community belonging were associated with increased likelihood of excellent, very good, and good self-perceived mental health. The analysis revealed that recent migrants were almost four times more likely to report better mental health than Canadian-born residents (Odds ratio 3.98, 95% CI 2.06, 7.70). However, this advantage decreased with time spent in Canada. Self-reported diagnosis of mood disorders was positively associated with being middle age, female, and unemployed, and with having lower income and a weak sense of community belonging. When we examined this relationship by duration of residence in Canada, the pattern was non-linear so that the lowest risk for mood disorders was seen in the immediate 5 years after immigration, followed by little difference between 6 and 10 years, and then a reduced risk after 10 years of residence. In another model that excluded time since migration, migrants were less likely to report diagnosis of mood disorders (Odds ratio 0.80, 95% CI 0.69, 0.94, p=0.005). Education was not statistically

significant in this model. Factors associated with mental health by interview and focus group participants include unemployment, underemployment, and poverty; immigration status; community belonging; family dynamic and conflict; gender; discrimination and racism; time since migration and age at immigration; culture shock; and parental stress. Interview and focus group participants associated the following factors with access to mental health services: mental health stigma, a mismatch between cultural needs and available services, a language barrier, immigrants' economic condition, and an overburdened system and system bureaucracy. Participants suggested that providing community-based mental health delivery, mental health awareness programs for immigrants, cultural competence in mental health and interpretation services, as well addressing unemployment and underemployment, building capacity of healthcare providers, and removing systematic barriers, may reduce the burden of mental illness among immigrant population.

Policy Implication: Our quantitative findings indicate that migrants to Canada do not have worse mental health in general. However, there is a trend towards decline in immigrants' health after living in Canada for more than 10 years. Service providers identified additional factors that contribute to mental health. Both our quantitative and qualitative analysis identified income, employment status, and community belonging as consistent factors. These are all modifiable factors that are amenable to social interventions. Programs and policies targeted at these factors will improve immigrant mental health. As our participants suggested, the provision of community-based, culturally and linguistically appropriate mental health services will serve to improve the mental health of immigrants. We conclude that there is a need for funding and programs to address the mental health service needs of immigrants across the duration of their residence in Canada. These initiatives must also attend to the diverse social determinants of health.