MENTAL HEALTH IN SECOND GENERATION CANADIANS

BRIDGING THE GAP

SFU

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Background

        2nd generation Asian immigrant youth aged 14-25 in the Greater Vancouver region experience unique mental health challenges due to the mental stressors imposed by processes of acculturation. Acculturation is the process of cultural and psychological change resulting from the intersection of cultures, where there are attempts to integrate both cultures.

        The academic literature and our ethnographic research shows that mental health challenges is taboo and stigmatized in Asian cultures, greatly connected to shame. Additionally, immigrant parents forgo dialogue with their children about their personal capacities to deal with school, work, and general challenges, leading to burnout in 2nd generation immigrant youth (SGIY). We explore the intricacies within the intersection of culture and mental health —particularly the experience of a young person needing to reconcile their familial culture with the dominant Canadian culture, while navigating their mental health.

Research Methods

        To gain an understanding of the complexity of this issue, we reviewed key research literature and government publications to discover a limited amount of research on this issue in a Canadian context. To learn more, our team conducted in-depth interviews with service providers and academics to assess the current landscape of the challenge and the available services in Greater Vancouver. To truly understand the complexity of this experience, we conducted 42 qualitative interviews and received 72 online survey responses from SGIY. Interviewees had self-identified ethnic backgrounds from China, Korea, Japan, Philippines, Sri Lanka, Taiwan, Vietnam Indonesia, the Middle East, and Malaysia. The findings in this report are based on the data collected from all interviewed stakeholders and reviewed literature.

Problem Landscape

Individuals and Families

Coping

Our research showed an underlying narrative around the concept of coping because the ability or inability to cope with mental health challenges is critical. Coping is the ability to deal effectively with difficulties of life stressors. 72% of our youth respondents practiced a few unhealthy coping mechanisms when confronted with personal mental health struggles. The population of interest practices a few unhealthy coping mechanisms including:

- Suppression: confronting the mental health challenge in an unhealthy way

- Avoidance: not confronting the mental health challenge at all

- Internalization: absorption of the mental health challenge so it permeates to every facet of a person's life

Upon further exploration, we found three phenomena that contributed to the reasons why SGIY coped in these ways. These include the differences in understandings of mental health, the lack of perceived control in their lives, and the feeling of burden from their family.

1. Differences in Understandings of Mental Health

An understanding of mental health is the conception one has of mental wellness and ill mental health. Through nationwide campaigns (i.e. Bell Let's Talk and jack.org), our dominant communities have worked to decrease stigma associated with mental health disorders. However, many Asian families have a cultural and religious understanding of mental health. The differences in understanding creates tension, resulting in feeling unable to approach parental figures about mental health challenges. 86% of interviewees said their parents would "never understand" their struggles. This disconnection often contributes to practicing unhealthy coping mechanisms.

2. Lack of Control

Control is the means by which an individual asserts a feeling of power over changing variables of mental stressors. Asian families create expectations that control the discourse of mental health, success, wealth, and family obligations. Individuals who cannot live up to these high standards have shared sentiments of powerlessness, shame, and the inability to control changing variables in their lives. Youth still continue to

identify their family as a source of stress and pressure, seen by 91% of interviewees feeling pressured due to parental expectations.

3.   Feelings of Burden

Burden is the mental and physical consequences of pressures imposed on SGIY. Many of the interviewees felt that their parents have made many sacrifices to provide them with the life they currently have. Because of this, they avoid burdening their parents or creating more problems by neglect to address their own mental health issues and resorting to unhealthy coping mechanisms. 100% of our interviewees wanted to avoid burdening and creating stressors for their families by avoiding conversations about mental health.

Communities and Services

Traditionally, SGIY mental health have not been a priority for community-based services. Most of the services in the Greater Vancouver region focus primarily on initial settlement and refugee services. They provide a multitude of programs that focus on connecting newer immigrants to places to provide them with basic needs (i.e. housing, employment, language classes). Given this focus, communities neglect the cultural intricacies of acculturation many SGIY experience.

Policy

Continuously, we see a shortage in mental health services in the Greater Vancouver region. Preet Sahota, Program Manager at MOSAIC, shared that she thinks that there is "more demand for services than there is provision and funds." SGIY are often quite aware of the lack of funding and trained professionals for mental health services. 83% of individuals felt that they could have benefitted from services but never accessed it to avoid burdening the system.

Many common barriers continue to exist for Asian families when they seek health services in the community. The medical system continues to be unfamiliar and uncomfortable for many Asian families due to language barriers, cultural insensitivities, and financial barriers - only exacerbating a pre-existing problem

Solution Landscape

Individuals

Coping mechanisms are the individual-level solutions that allows people to independently address the issue. The coping mechanisms (suppression, avoidance, and internalization) SGIY often utilize, have been associated with eating disorders, depression, and increased levels of burnout symptoms. Inherently, the solutions individuals utilize is a problem in itself. This issue is prominent as 72% of our youth respondents utilizes these coping mechanisms when confronted with personal mental health struggles.

Talking through mental health challenges with networks of friends through social media and in-person interactions also came up consistently as a solution. 85% of people reported that they would rather go to friends and siblings for support rather than their parents. However, a large amount of discourse between friends resulted in relating to common stressors in a negative way: "I'm so stressed. I just want to kill myself."

Families

None of the interviews we conducted spoke upon the existing means within the Asian family environment that explicitly addresses mental health and mental wellness among SGIY. In fact, 72% of interviewees reported leaving their parents out of conversations regarding their personal mental health challenges.

Communities and Services

Greater Vancouver's focus in providing initial settlement services for new immigrants and refugees contributes to the lack of services for SGIY. Services like Vancouver Coastal Health's Bridge Clinic seeks to assists refugees in accessing various services in their chosen communities. The Mental Health Commission of Canada has acknowledged an urgent need for "developing culturally responsive, safe and accessible services," yet British Columbia continues to lack a provincial strategy to address this issue.

Policy

Vancouver Coastal Health have highlighted the need for cross-culture mental health for immigrants and refugees. These institutions further point towards some important community-based services including the Vancouver Coastal Health Cross-Cultural Clinic, and the Multicultural Mental Health Resource Centre. These services attempt to explicitly address mental health within the context of Asian cultures. However, if Asian families do not recognize mental health as an issue within their family environment, they may not access services until the issue is dire.

Gaps and Levers of Change

Individuals

Gap # 1: How might we teach and ensure the practice of healthier coping mechanisms in SGIY?

→ *Social Media*

Mainstream social media outlets are a powerful tool for youth to receive information and reminders. By working with existing mental health organizations, social media can be used to spread creative content to promote and ensure healthier coping mechanisms. Additionally, SGIY can become the content creators, providing an opportunity for empowerment and growth within this population.

→ *Schools*

Recent changes to include social and emotional learning in the BC school curriculum can be utilized as an entry point for teaching healthy coping mechanisms to youth. This content should be taught at a young age while considering the differences in understanding at home and at school is critical in implementing this curriculum.

Gap # 2: How might we encourage a healthier discourse around mental health among SGIY and their friends?

→ *Community Spaces*

By creating organized community spaces, youth can engage with their peers through informal conversations about mental health, creating an environment of acceptance and foster existing healthy coping mechanisms.

→ *Youth Advocacy*

Create youth groups that focus on advocacy, peer support, and policy work to help foster an environment to gain control and empowerment for future change. By organizing and mobilizing SGIY to become community advocates, they can act as ambassadors in changing the discourse around mental health.

Families

Gap #3: How might we introduce a healthy understanding and discourse of mental health within Asian families?

→ *Family Education*

Alongside of the BC school curriculum development, it is critical to include families into this new conversation within an educational setting. These can be initial ways to introduce a common narrative around mental health within the family environment - ensuring both cultures can co-exist.

Communities and Services

Gap #4: How might we shift the focus towards mental health in SGIY while maintaining phenomenal services for newer immigrants and refugees?

→ *Increase provision of mental health services*

Addressing the provision of mental health services is critical in relieving systemic burden. Mental health has been historically underfunded and these financial limitations are exacerbated for immigrant populations in health care delivery. Several immigrants are also in circumstances of financial precarity; thus, cultural mental health services should be publicized or extended, to alleviate economic barriers.

→ *Establish a provincial-wide strategy*

A provincial strategy is needed to deliver consistent, high-quality experiences of care across service providers for immigrants. Through the creation of this, the government can generate changes in all sectors of our community to help SGIY.

Policy

Gap # 5: How might we tailor and design community mental health services to address the different cultural needs of Asian families?

→ *Cultural competency in health care*

Adequate and thorough cultural competency curriculum must be considered when training health care providers. Ensuring appropriate clinical practices that foster cross-cultural care, mental health services can be developed to address these needs. Furthermore, collaborations between various fields of medical staff is critical in understanding patient needs and treatment plans.

→ *Community Health Centres (CHC)*

CHCs, non-profit organizations that provide primary care, are increasingly shown to be models of interdisciplinary community care delivery, that are apt for immigrant and refugee populations and reduce economic burdens on the health care system. Expanding these health clinics in Vancouver is necessary to provide integrative and proactive care, through a multicultural lens.

→ *Redesign of mental health services*

A refugee service provider shared with us that the notion of counselling only being delivered within the confines of 4 walls is a way that mental health services are designed to exclude several demographics. Culturally competent services must undergo redesign to build safer spaces that foster transparency and understanding.

Gap #6: How might we tailor and design community mental health services to work with this lack of discourse around mental health in Asian families?

→ *Research and Innovation*

An increase in research is needed to ensure a robust understanding of the issue within Asian families. Governmental agencies must fund research to develop culturally appropriate mental health services that work with ethno-cultural youth and families. Generating data through focus groups and engagement is the first step to developing innovative solutions for Asian immigrant families.

Conclusion

Through reviewing and conducting ethnographic research, our team came to understand that our 5 lived experiences as SGIY were part of a much larger narrative. The cultural complexities of mental health is a recurring phenomenon in 2nd generation lives. Exploring the current problem and solution landscape, and innovating future action allowed us to realize that cultural intricacies and mental health cannot exist in silos, but need to be reconciled to leverage change. To facilitate healthier family dynamics and enhanced mental wellness of Greater Vancouver youth, a call upon systemic change is critical.