Factors Implicating Mental Health Among Immigrant and Refugee Children and Families: Divided Between Worlds

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Introduction

Human migration is known as the movement of people from one location to another, often choosing to settle down in the new location. Individuals who migrate from one place to another can choose to settle down temporarily or permanently. One of the significant types of migration is immigration, described as the relocation to another country, moving from a home country to a host country, often with the intention of increasing quality of life, opportunities, and future wellbeing. Historically, Canada’s immigration policy has changed to fit the state of the nation’s population. An interesting factor that was considered when updating the immigration policy was children. Including children in Canadian immigration policies served as a foundation to help increase the population within the nation and counteract declining fertility rates (Albanese, 2020, p. 136). Families who have successfully immigrated from their home country to the host country qualified for the immigration process due to being well-educated, having stable health conditions, and finances as well job statuses. Increased stress and conflict may arise when a family lacks one or more of these qualifications and thus may not be able to pass the immigration standards.

Another major type of migrating individuals is refugees. The United Nations High Commissioner for Refugee (UNHCR) describes refugees as individuals who are forced to flee their home country and reside outside in a foreign country, unable to return due to a fear of persecution because of their race, religion, nationality, political opinion, or affiliation to a certain group (Albanese, 2020, pp. 147-148). Although immigrants and refugees are regarded as outsiders coming into a host country, the key difference is that immigrants willingly decide to make the journey to the host country. In contrast, refugees were forced or compelled to move to ensure their safety. Although the two groups of migrants are distinctly different, mental health issues may arise among the individuals in immigrants and refugees, especially children.

Migration is a long and complicated social process, often subjecting individuals to various social factors and stressors resulting in mental health issues. These stressors include disturbances to the family structure, such as children separating from their families, and financial struggles that hinder the immigration process. Social factors could include social isolation upon arrival in the

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1 “Mental health issues” regarded in this paper is an umbrella term denoting all negative mental health portrayals (i.e., Mental health problems, mental illnesses, mental disorders, etc.)
host country, language and cultural barriers, and undereducated individuals resulting in unemployment or not making an adequate standard of living. It can be hypothesized that these various factors trickle down the family member hierarchy and significantly impact children as a result of the stressors either directly affecting them (isolation, language, and cultural barriers) or indirectly (income and job struggles). This paper aims to highlight the various contingencies that contribute to the mental health issues among immigrant and refugee children. Additionally, this paper will bring attention to second-generation children and the mental health issues that are similar and differ from immigrant and refugee children.

**Literature Review**

Immigrant and refugee families, especially children, face many difficulties during the process of migration but also after moving into the host country. They must adapt to a new way of life with new cultural rules and regulations that might differ greatly from that of their home country. They experience a culture shock upon arrival in the host country which can lead to children and adults experiencing mental health issues. Culture shock is a feeling of disorientation when exposed to a new and unfamiliar culture; overcoming the shock is tough due to the unfamiliarity of the host country’s culture and thus might pose a threat to the existing ethnic traditions one is rooted in from their home country (EduCanada, 2019, para. 1). This threat might make it difficult to overcome culture shock effectively, increasing the likelihood of developing mental health issues in response to not being able to cope with the change. Several examples of culture shock an immigrant or refugee might have to overcome upon arriving in Canada are language barriers, dressing habits, individualistic nation (for those migrating from collectivistic nations), technology gap, socially accepted norms and behaviours, and climate shock (Anwar-Travas, 2018, What is this culture shock anyway? section, para. 7-10). Language barriers limit communication in the host country and might hinder access to adequate health care services such as mental health resources due to lack of understanding and awareness of how to obtain such services (Gadermann et al., 2022). Many immigrants might face discrimination from ignorant locals who do not aid new English speaking immigrants, resulting in feelings of alienation and isolation which can manifest into mental health issues (Abouguendia and Noels, 2001). A study conducted by Rumbaut (1994) found that perceived discrimination significantly related to greater accounts of depression in 5000 immigrant children; additionally, the immigrant children experienced increased levels of depression and decreased levels of self-esteem due to anticipating future discriminations (Abouguendia & Noels, 2001).

Intergenerational conflicts may arise as a result of immigration. Children are more likely to adapt faster to the new culture of the host country than their parents (or other older members of the family). As a result, children are often confused between the two cultures, creating tensions within the household, feeling pressure from the new society and old traditional family (Abouguendia & Noels, 2001). In a fair assumption, intergenerational conflict can arise due to the lingering effects of culture shock experienced by the parents. They might feel threatened that their child is adopting a new culture and replacing their ethnic traditions, leading to parents trying to increase their control over their children. Consequently, the children might experience mental
health issues due to the nature of the environment at home where they feel like they do not belong and are not accepted. In the same study previously mentioned, Rumbaut (1994) found that the prominent predictor of decreased levels of self-esteem and increased levels of depression were parent-child conflicts (Abouguendia & Noels, 2001). While learning to quickly adapt to a new culture is advantageous to optimally thrive in the host country, children may be disadvantaged such that they learn the culture and language of the host country faster than their parents, often leading them to take on the role of the translator (Beiser et al., 1995). This might mentally bear heavy on the child due to the pressure of being the communicator between English speaking locals and their parents, running the risk of dialogues taken out of context or lost in translation. Beiser et al. (1995) suggests that this reversal of roles in the family where children are put in positions of being the caretaker of situations disrupts the normal balance of communication and authority (p. 69). Additionally, children might also be disadvantaged when their parents are unable to help them with their education and school related work due to not being able to learn the language faster (Beiser et al., 1995). The children might feel increased pressure to learn the new material all on their own while at home which can manifest into mental health issues such as anxiety and depression.

Adapting to a new school system and navigating among peers might also contribute to mental health issues among migrant children. Migrant children may be subjected to violence from their peers due to apparent differences such as dressing, language barriers, accents, etc. Violence may be any form of intrusion or coercion that elicits voluntary or involuntary disposition of others (Brabant et al., 2015). Overt forms of violence include direct action towards another individual such as physical or verbal confrontation, in other words bullying. Brabant et al. (2015) suggest that immigrant children might also be subjected to covert forms of violence such as social exclusion, being treated unfairly, not given the same opportunities as other locally born children (p. 241). Social exclusions include instances where the child does not get invited to a birthday party, they are not spoken to, or they are simply ignored (Brabant et al., 2015). Such instances of social exclusion may result in the child to experience mental health issues because of lack of social inclusion and feelings of belongingness and relatedness towards their peers. Even still, migrant children are at increased risk of experiencing overt and covert forms of racisms, also considered as acts of violence. At such a vulnerable young age, children experiencing such forms of violence can greatly impact their mental health in a negative way and increase their likelihood of developing mental health issues as they get older. Brabant et al. (2015) list such mental health issues such as adaptive stress, emotional expression difficulties, depressive symptoms, anxiety and sleep disorders, and lack of self-confidence as a direct result to immigrant children experiencing various forms of racism (p. 242). A study conducted by Brabant et al. (2015) used interviews as the method to obtain information on the experiences of forty-two first-generation immigrant children. The researcher found that many of them described feeling isolated and bullied due to being a new immigrant; they felt targeted due to the inability of speaking the native language, the colour of their skin, and not having friends to rely on to help work through those emotions (p. 246). Others expressed their psychological distress manifested into physical ailments such as headaches and fatigue (Brabant et al., 2015). Academic performance was negatively affected whereby it decreased in some children due to not being able to remain focused on their schoolwork as a direct result of the bullying, leaving a profoundly negative effect on their emotionality and mental health (p. 247).
An interesting factor that might affect mental health among immigrant children is parent’s level of education upon entry into the host country. It can be assumed that low levels of parental education acquired from the home country result in limited opportunities for high paying jobs in the host country. Economic challenges arise as a result, familial tensions increase and trickle down to negatively affect the mental health of children. However, overeducation in immigrant parents can also contribute to a similar outcome of adverse mental health effects among immigrant children. Overeducation is described as an immigrant individual holding at least a university bachelor’s degree - from their home country - working in occupations that only require high school diplomas or less in the host country (Lu & Hou, 2019, p. 13). Statistics show a discernible pattern in that immigrant workers have an increased rate of overeducation than native-born individuals (42.0% and 22.9% respectively) (Lu & Hou, 2019, p. 13) Immigrant children whose parents are overeducated and do not have the credentials to find jobs in their field in which they have a degree for are compelled to work at low paying jobs to ensure some sort of income. This once again may have second-hand effects on the children’s mental health such as anxiety for their future in terms of financial security.

Second-generation immigrants (children born in the host country with at least one parent who is an immigrant) experience similar mental health issues to those of immigrant children. Being born in the host country, the second-generation citizen is already exposed to the culture and behaviours of the nation, making it their home nation. Having immigrant parents, they are the ones to socialize and teach the second-generation child about their ethnic heritage and traditions. Similar to immigrant children experiencing pressure from a new and old culture, second-generation children share this experience. Their parents want them to uphold their traditional values and norms while finding outside pressure of fitting into their nation’s society. Intergenerational conflict may once again arise as a result of the cultural difference first and second-generation immigrant citizens experience. A study conducted by Cavdar et al. (2021) examined the relationship of ethnic identity to prevalence of mental health issues among second-generation Turkish children living in England (p. 153). Results from the study concluded that among second-generation children, there was a positive correlation between ethnic identity and positive mental health suggesting that the second-generation children that embraced their ethnic identity had increased self-esteem, lower depressive symptoms, and experienced higher psychological well-being (Cavdar et al., 2021). Second-generation children might feel a connection for their roots and ethnicity as a way to increase relatedness for those individuals who share their ethnicities. Other results from this study showed that the children who engaged in ethnic identity exploration (such as engaging in ethnic activities) also showed a positive correlation with positive mental health and emotionality, further reinforcing the idea that the children’s increased relatedness and socialization with individuals of like ethnicities aided in their positive affect (Cavdar et al., 2021).

**Conclusion**

It’s difficult to highlight the exact changes to mental health experienced among immigrant and refugee children due to the cross-cultural difference in what constitutes mental health issues and how they are expressed. If a child migrates at a really young age, they may effectively adapt
to the host country’s cultural norms and behaviours, including awareness of the western definition of mental health issues and expressing them accordingly. On the contrary, older children, such as those older than 10 years, who migrated from certain cultures might already have established behaviours that do not overtly display mental health issues, rather they express psychological distress covertly. Consequently, their symptoms and behaviours go undetected from social and health supports and they may not get the adequate help they need to help manage their underlying mental health issues. Even still, refugee children encounter traumatic experiences that might predispose them to mental health issues upon arriving in the host country (Brough et al., 2003). Brough and colleagues (2003) state that refugee children can experience trauma when the past intermingles with the painful experiences of the present (ie. uprooting oneself suddenly and moving to a foreign land) and anxieties about the future living in the new host country (p. 195).
References


