# Childhood Immigration and Acculturation in Canada

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***Topic***
*Immigration*

**Introduction**
According to Canada's 2006 Census, 20% of the country's population is foreign-born – the highest proportion in the past 75 years.[1] Whereas immigrants used to come almost exclusively from Europe, they now come from Asia and the Middle East (58.3%), Europe (16.1%), the Caribbean, Central and South America (10.8%), and Africa (10.6%).[1] This shift has led to a four-fold increase in the visible minority population – from 4.7% in 1981 to 16.2% in 2006 – and to a growing proportion of recent immigrants who speak a language other than English or French in their homes (81%).[2]

These high levels of immigration have resulted in immigrant children representing the fastest growing segment of the child population in Canada.[3] In the past 35 years, the percentage of youth reared in immigrant families grew from 24% in 1971 to 34% in 2006.[3] Compared to non-immigrant children, these children are far more likely to experience social and economic adversity, and growing evidence suggests that disparities between immigrant and native-born peoples are widening.[4-9] The increasing number of immigrant children, shifts in their ethnic and linguistic background, and their disproportionate exposure to adversity call for closer examination of individual and contextual influences that may promote or hinder their adjustment.

**Subject and Problem**
The emergence of mental health problems during childhood and adolescence represents a major public health concern. Approximately 20% of children and adolescents in the general population in Ontario are affected.[10] The consequences of mental health problems are profound, causing significant distress and impairment in academic and interpersonal functioning concurrently and over the life course.[11-14] Stressful experiences arising from migration and resettlement may compromise immigrant children's capacities to achieve and maintain optimal psychological functioning and well-being.

## Research Context

Ecological contexts (i.e., families, schools, communities) exert important influences on developmental outcomes in children and youth.[15-16] However, little is known about the extent to which these contexts influence immigrant children's mental health. Ecological systems theory[17-20] posits that human development arises from a dynamic interplay between the developing child and the nested ecological contexts in which children are embedded. Influences arising from these contexts can be conceptualized broadly as structural versus social. Structural influences refer to the organization and composition of elements that define a context, and include the availability and quality of institutional resources, public infrastructure, and the socioeconomic and demographic characteristics of a given context (e.g., immigrant concentration and ethnic diversity). Social influences refer to transactional processes that take place between individuals in a given context (e.g., parenting in families and peer relationships in schools). Ecological theory poses as fundamental the interplay between the structural characteristics of ecological contexts and the social processes that occur therein.

Our knowledge of the relative role of different contextual influences on immigrant children's mental health is nascent. Research examining the independent and interactive influences of individual and contextual level effects on immigrant children's mental health can enhance our understanding of the potential mechanisms that link context, individual experiences and mental health. Furthermore, it can inform the development of interventions that support the mental health of immigrant children and youth by providing insights into potential targets for intervention.

## Key Research Questions

1) Are immigrant children at elevated risk for mental health problems, relative to non-immigrant children?
2) What individual and contextual factors influence mental health problems among immigrant children?

## Recent Research Results

This review focus primarily on Canadian studies that have used the following methodological approaches: secondary analyses of general population or school-based studies and specialized studies that focus exclusively on immigrant children and adolescents.

Evidence for Question 1: Are immigrant children at elevated risk for mental health problems, relative to non-immigrant children?

Secondary analyses of general population studies conducted in the 1980s and early 1990s in Canada, using the National Longitudinal Survey of Children and Youth (NLSCY),[4,5,21] the Ontario Child Health Study (OCHS),[22] and the Ontario Health Survey (OHS),[23] suggest that children reared in immigrant families are at decreased risk for emotional and behavioural problems when compared to children reared in non-immigrant families. The pattern that emerges from these findings is one suggestive of resilience, given that immigrant children are disproportionately exposed to poverty, compared to non-

immigrant children. For example, evidence from the NLSCY, which includes a nationally-representative sample of 13,470 children aged 4-11 years, documents lower levels of behavioural problems and emotional problems among children living in recent immigrant families, compared to non-immigrant children.[5] These results are not due to socioeconomic disadvantage and extend to both parental and teacher assessments. Similarly, evidence arising from the OHS, using a probability sample of 5,401 adolescents aged 12-18 years, suggests that 1st generation immigrant adolescents (i.e., foreign-born) report the lowest rates of tobacco use, followed by 2nd generation (i.e., Canadian born to at least 1 foreign-born parent), with the highest rates of use reported by 3rd generation adolescents (i.e., Canadian born to Canadian-born parents).[23]

However, evidence from these cross-sectional studies also reveals declining mental health across successive generations of immigrant children. Individual and family factors that may initially help to protect immigrant children in Canada against the adverse influences of socioeconomic disadvantages like poverty include: the increased likelihood of living in a two-parent home, higher levels of parental education, lower levels of parental mental health problems and risk-taking behaviours, strong emphasis on educational attainment and behavioural regulation in the family, lower levels of hostile parenting, lower likelihood of affiliations with deviant peers, and a strong ethnic identity.[4,5,23-27] Over time however, these positive family processes and individual characteristics appear to dissipate and converge towards levels similar to non-immigrant families.[5,23-26,28] Such changes may contribute to the loss of resilience among immigrant children evident in cross-sectional studies. Increased conflict in the home between immigrant parents and children as a result of differing attitudes and behaviors towards adopting cultural values and beliefs of the host country versus maintaining values and beliefs of parental country of origin may also contribute to loss of resilience.[29] Longitudinal studies designed to identify mechanisms contributing to declining mental health among immigrant children can inform the development of prevention and early interventional programs designed to promote positive mental adjustment among disadvantaged, high-risk youth.

Evidence arising from studies conducted in the year 2000 or later suggests that the pattern of differences between immigrant and non-immigrant children may vary as a function of mental health outcome (i.e., behavioural versus emotional problems), developmental period (i.e., early childhood versus middle childhood versus adolescence), and cohort effects (i.e., source and host country). For example, recent studies suggest that young immigrant children and adolescents are at elevated risk for emotional problems, relative to non-immigrant children[30-32] at the same time that immigrant youth demonstrate lower levels of behavioural problems and substance use relative to non-immigrant youth.[31-33] Future research is warranted to examine whether the mental health advantage reported in previous studies applies to recent cohorts of immigrant children and adolescents in Canada. This will help target interventions for children and adolescents at risk.



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Evidence for Question 2: What individual and contextual factors influence mental health problems among immigrant children?

Individual and contextual factors that influence mental health adjustment among immigrant children can be divided into 2 broad categories: (1) putative universal factors applicable to all children, irrespective of immigrant status (i.e., family poverty, parenting processes, peer relationships) and (2) migration-specific factors to the immigrant experience.[34] Migration-specific factors linked to mental health problems include: limited proficiency in English in both children and parents,[34-37,38] lack of participation in host-country and home-country cultural traditions,[25,37,39] a weaker ethnic identity,[25,28] and refugee status.[40] Differences among immigrants in their exposure to universal and migration-specific factors contribute to variability in mental health problems.[35]

Mental health salience of many universal factors has been well established for children and adolescents in the general population, but it is possible that these factors influence the mental health outcomes of immigrant children differently.[4,5,23,30,36] For example, the negative effects of family poverty and harsh parenting on mental health outcomes of immigrant and ethnic minority youth appear to be muted,[4,5,23,36] whereas the negative effects of peer harassment at school on depression are exacerbated among immigrant adolescents.[30] Living in neighbourhoods with higher concentrations of 1st generation immigrants is associated with a decreased risk for emotional and behavioural problems among immigrant children, but the reverse is true for non-immigrant children.[5] Such differential relations highlight the important roles that immigration and culture play in shaping the mental health outcomes of children and adolescents.

**Research Gaps**

Despite dramatic increases in the number of immigrants in Canada, shifts in the ethnic composition of recent immigrants towards primarily Asia and the Middle East, and widening disparities in exposure to poverty and discrimination, research examining mental health outcomes of immigrant children and adolescents is limited and primarily restricted to general population surveys conducted in the 1980s and early 1990s. As a result, there are substantive and methodological reasons to be concerned about the validity and applicability of these findings to immigrant children living in Canada today.

1) Available studies primarily include European immigrant children and fail to represent recent cohorts of immigrants coming from Asia and the Middle East.
2) These studies fail to capture the deteriorating economic circumstances of immigrant families over the past 20 years in Canada.
3) Sample selection biases arising from language requirements in general population studies (i.e., must speak English or French to participate) and potential differential non-response among at-risk immigrants (such as refugees) raise concerns about systematic exclusions of high-risk groups, and the potential for underestimating levels of mental health problems among immigrant children.
4) Survey methods used in general population studies result in the numerical under-representation of 1st generation immigrant children and insufficient sample sizes for statistical analyses.

5) General population studies fail to assess important migration-specific factors that contribute to heterogeneity in mental health outcomes among immigrant children (e.g., refugee status, knowledge of English/French).
6) Most studies are cross-sectional in design, placing strict limits on making causal inferences about changes in patterns of mental health problems among immigrant children and adolescents.

**Conclusions**

Earlier evidence suggested that immigrant children in Canada are at lower risk for mental health problems, compared to non-immigrant children; more recent evidence suggests that the pattern of differences may be more complex and vary as a function of type of mental health problem, developmental period and cohort. Recent cohorts of immigrant children and adolescents in Canada may be at elevated risk for emotional problems, although additional research is required. Differential associations between individual and contextual factors and mental health problems among immigrant versus non-immigrant children also highlight the importance of immigration and culture in shaping mental health in youth.

A careful study of the emotional and behavioural needs of immigrant children in Canada is needed for many reasons:

1. Canada's reliance on international migration for population growth;
2. Changes in the source countries and background experiences of immigrant families;
3. Exposure of immigrant families to increased levels of adversity upon settlement;
4. Uncertainty about the relevance and accuracy of data from isolated Canadian studies.

Understanding the needs of immigrant youth is an important first step to creating conditions for them to achieve to their full potential in this country.

**Implications for Parents, Services and Policy**

Addressing the research questions posed earlier to study substantive and methodological limitations in our current evidence base can serve to:

1. Establish accurate estimates of the emotional-behavioral needs of immigrant children living in stressful environments to set priorities for resource allocation to immigrant children's health and inform the development of programs that are commensurate with their needs.
2. Identify individual and contextual factors associated with emotional and behavioural problems among immigrant children that will underscore the need for implementation of tailored, ecological and multi-systemic approaches to prevention and intervention.

**To learn more on this topic, consult the following sections of the Encyclopedia:**


- How important is it?
- What do we know?
- What can be done?
- According to experts


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