

OPINION EDITORIAL

A Review into the Approach of Mental Health Issues Among First-Generation Immigrants in Canada

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It is an unfortunate reality that in modern society, mental health has become a pervasive challenge, especially among immigrants [1,2]. The unique circumstances of this population necessitates that the traditional approach to mental health care needs to be altered, to accommodate socio-economic differences, cultural barriers, and general post-migratory attitudes. Socio-economic factors influence how people settle into new environments, cultural barriers can help with environmental adjustments, and a welcoming post-migratory environment contributes towards acceptance, ultimately limiting the effects of mental illnesses on immigrants and their offspring [3-5].

It is unfair to categorize all newcomers to Canada under the umbrella term of “immigrant”. There are multiple categories among the people who aim to make Canada their home, and with each category comes differences in socio-economic backgrounds [4,6,7]. The social determinants of a person’s status in a country plays a significant role in their mental health [3]. Factors such as income, social support, and physical environment affect health in general, but immigrants, refugees, and racially discriminated people are typically at a greater disadvantage in these aspects [4,8]. Immigrants suffer in new environments with language and comfort issues [4,7]. In particular, a study by Weiser and colleagues [9] depict immigrants as more likely to live in impoverished metropolitan communities than the native population. Consequentially, a higher risk of mood disorders are associated with those who are at a greater socio-economic disadvantage [10]. Healthcare is not standardized around the world and is varied depending on the population. The

cultural influences of an individual’s home country affect how they view mental illnesses and how they choose to approach them [8,11]. It is the duty of mental healthcare providers to minimize the stigmatization towards mental health and to create a culturally relevant environment where a patient can express their issues without the fear of miscommunication or judgement. The *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition) provides basic instructions for clinically relevant considerations between a provider and their patient [5]. Although, it must be noted that the generality of the considerations set in place does not accurately represent the cultures of all Canadian immigrants, therefore potentially limiting the standard of care towards mental illnesses. The Canadian healthcare system must place a greater emphasis on the comparison between the attitude towards mental health in other countries versus our own, particularly the past experiences of the patient and doctors [7,11].

Socio-economic factors affect more than just the health of the immigrants themselves: barriers in language and culture increase the risk of misdiagnosis [12,13], and studies show that clinicians are likely to misdiagnose people based on preconceived stereotypes [10]. A study conducted in the U.S. by Flores et al. [12] revealed that interpretation errors committed by unofficial translators had a 77% chance of causing clinical consequences, as opposed to a 53% chance by professional interpreters. Most people also tend to downplay the severity of their psychosocial stressors in a clinical setting; people focus on their physical symptoms as opposed to mental symptoms [8]. This

results in a greater number of misdiagnoses as the physical symptoms of most mental disorders are associated with physical ailments [8,13]. An average of 31 medical interpretation errors occur per clinical visit ranging from omission (52% of total errors) to addition (8%), but all concluding in misdiagnoses [12]. These issues could stem from a cultural displeasure towards discussing mental health, but are mostly rooted in miscommunication. In the literature, the best practice suggested is the use of professional translators in place of people who are merely proficient in the language of question [8,10]. Professionals limit disparities between the patient's message and the health care provider's interpretation [8,13]. The potential implication of third-party translators as a norm in immigrant care would better communication as the patient no longer needs to worry about external involvement. Translators interpret both cultural concepts alongside care [8]. Impartial translators also minimize the biases that nurses could impart. This is key since nurses often serve as make-shift translators, which may be useful for basic communication, but could create opportunity for bias in communication when a patient's preferences are incongruent with what the nurse believes to be best for their health [8,13]. Implications of an impartial, professional translator is a step in the positive direction towards a more competent immigrant mental health program.

Post-migratory factors and general attitude towards immigration also plays a major role in migrant health [2,5]. Bourque et al. [5] proposes that post-migratory conditions are more important than pre-migratory conditions. A major post-migratory factor is time. The initial period of migration is vital as it is the most vulnerable period for new immigrants [1,3,6]. Canada, despite having a population of around 20% immigrants [3], still severely lacks ethnic-based and culturally competent mental healthcare [10]. Literature also suggests that discrimination is a significant post-migratory factor, where it plays a direct role in the decline of mental health of immigrants [2,4,7]. The ability to establish oneself is important as well. People with refugee status are at a much higher risk for mental disease because of the uncertainty of

their accommodations and their inability to immediately stabilize their situation [4,6]. Among all classes of immigrants, refugees are most likely to be placed in lacklustre communities [4,6]. In a study by Anderson et al. [4], among the general population, the rate of psychotic disorders was 55.6/100000 person-years, as opposed to 72.8/100000 person-years among refugees. The attitude of a community and the feeling of exclusion play a key role in anyone's mental health. In a meta-analysis conducted by Bourque et al. [5], almost all of the incident rate ratio data indicated a higher rate of schizophrenia and similar disorder among immigrants than among natives. The government should make a point to address post-migratory factors, and adjustment programs need to cater to the unique needs of immigrant populations.

Canadians need to note the socio-economic issues, diagnoses issues, and post-migratory factors prevalent among immigrants. These issues have frequently been cited as a hindrance to immigrants adjusting to unfamiliar environments and a barrier to their expression of mental distress [1-4]. Solutions including mental health education, translators, adjustment programs, and further research on immigrant-based care are a good start to ensure the future success of our country.

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