

**Stakeholder Perspectives on the Well-being of Newcomer Young Men in Canada: The Migration, Masculinities, and Mental Health Study.**

Pathways to Prosperity (P2P) Project Collaborators:

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## **Executive summary**

### **I. Research purpose and objectives**

The purpose of this study was to explore the perspectives of community stakeholders, specifically service providers and program leaders, on the mental health and unique mental health care needs of immigrant and refugee young men (under 25 years old) in Canada. Our primary objective was to better understand the mental health and mental health care needs of newcomer young men. In this study, newcomers broadly referred to individuals who moved to Canada within the last 10 years.

### **II. Methods**

The research team (PI Hilario and a research assistant) conducted in-person individual interviews and focus groups with service providers and program leaders in Calgary, Edmonton, and Vancouver. These three research sites were chosen because they are the cities with the highest numbers of newcomers in Western Canada.<sup>1</sup> Conducting the research across three sites allowed for comparison of contexts, including racial and cultural diversity, socioeconomic environments, migration and resettlement histories, and pre-migration countries and contexts of the newcomer groups. The research team also had existing networks in the research sites, which facilitated collaboration, recruitment, data collection, and knowledge exchange.

Focus groups and individual interviews were guided by open-ended questions, for example, ‘what are the key mental health challenges faced by immigrant and refugee young men at your organization?’ The responses to these questions were examined and summarized into key findings outlined in this report. Our study received ethical approval from the University of Alberta and Ryerson University research ethics boards.

### **III. Key findings**

The service provider and program leader perspectives were organized according to six key areas: facilitators of good mental health, challenges to mental health, including risk factors related to migration, priority mental health needs of newcomer young men, opportunities and challenges providers face in service provision, systemic facilitators and barriers to service provision, and practices they have found successful in engaging with and providing care to newcomer young men. These areas are described below.

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<sup>1</sup> Immigration, Refugees and Citizenship Canada (2016). Facts and Figures 2016: Immigration Overview -Permanent Residents. Retrieved from [https://www.cic.gc.ca/opendatadonneesouvertes/data/Facts\\_and\\_Figures\\_2016\\_PR\\_EN.pdf](https://www.cic.gc.ca/opendatadonneesouvertes/data/Facts_and_Figures_2016_PR_EN.pdf)

### ***1. Facilitators of good mental health***

Stakeholders discussed facilitators of good mental health as personal skills, relationships, and resources. First, many participants explained good mental health as personal skills to manage daily life. This included being resilient after experiencing trauma. Second, participants explained the importance of relationships to mental health. This included participating in social and community events, having one's experiences and feelings validated by others, feeling connected to peers, to schools and to families. In addition, participants discussed the importance of balancing social integration in Canada with connection to one's cultural background. A third theme that arose around good mental health was having the resources necessary to foster one's mental health and to address mental health needs when they arise. These resources included basic needs such as access to good food, housing, education, and stable and sufficient income. They also included access to safe or spiritual space, and access to mental health care services. Language skills and the ability to communicate with others were also explained to be key resources. Participants also explained social support as a resource for good mental health.

### ***2. Challenges to mental health: pre- and post-migration risk factors***

Participants explained challenges to mental health and risk factors for poor mental health occurring before and after moving to Canada. Participants spoke about how experiences of war and violence may lead, contribute to, or exacerbate trauma and mental health conditions, including post-traumatic stress disorder (PTSD), conduct disorders, attention deficit hyperactivity disorder (ADHD), disassociation, and attachment disorders. Several expressed concern about the extent to which mental health care providers and schools are accounting for these pre-migration factors.

In addition to pre-migration factors, the participants also spoke about what happens after moving to Canada and some of the factors that they perceive as affecting the mental health and wellbeing of newcomer young men. These factors included social disconnection and isolation, changing family dynamics, language barriers, financial uncertainties, expectations around masculinity, and mental health stigma.

### ***3. Priority mental health needs of newcomer young men.***

Participants discussed four priority mental health needs of newcomer young men. First, support of families was reported as very important to mental health for newcomer young men. In order to support newcomer young men, their families need to be supported socially, economically, and emotionally. A second priority need is for newcomer young men and their families to have access to settlement supports and services. These can include courses such as English and parenting classes, as well as connection to settlement services for information and support in housing, recreation, and employment. Third, success in school was perceived as another priority. Stakeholders expressed concern that many newcomer young men are not set up for success for a range of reasons, including language barriers and schools' failures to recognize when attention or conduct problems might be related to traumas or mental health conditions,

which may be particularly relevant for young men who have witnessed or experienced violent conflicts. Participants explained the importance of advocacy for supporting these young men in their education. Fourth, because of stigma related to mental illness and expectations around masculinity, participants reported that it is a challenge for newcomer young men to open up about mental health challenges. Stakeholders reported a need to create spaces in which they are able to build trust with the young men and for the young men to build trust with each other.

#### ***4. Opportunities and challenges in service provision***

Participants discussed how newcomer young men's personal strengths helped organizations to provide support. These strengths include being creative, resilient, curious, and determined, as well as having a sense of humour. Many young men value their relationships, which lead them to support others and also encourages them to care for their own mental health. On the other hand, bringing men to services was cited as a key challenge. Participants spoke about how men often face difficulty recognizing that they need support until their mental health becomes such a problem that it dramatically affects their lives. Often, young men may fluctuate in their willingness to engage with services, ready to access care one day and resistant on another, largely based on stigma around both mental illness and vulnerability. Many of them experience denial and can express their emotions as anger.

#### ***5. Systemic facilitators and barriers to service provision***

Participants spoke about how their work was facilitated by formal and informal partnerships with other organizations: newcomer associations, schools, the police, youth clubs, and health services. These partnerships provide additional support to facilitate the ability of stakeholder organizations to provide services to newcomer young men.

The most cited challenge was inadequate and inequitable funding, limiting the ability of the stakeholder organizations to fully support the unique needs of newcomer young men. Even in cases where government funding is present it is often provided to mainstream service providers. Funding for those agencies that serve newcomer young men is insufficient. Because of this, in many cases, community organizations are providing services without adequate funding, creating a strain on providers. In some cases, organizations do not have the capacity or resources to provide mental health services and have to refer newcomer young men to other organizations. In addition to inadequate funding, participants reported several other systemic barriers to newcomer young men's mental health and obstacles to service provision. These include: long waitlists for mental health care and settlement and social services, such as housing, misdiagnosis of trauma and the prescription of medicine as first approach, and limited cultural knowledge among mainstream providers.

#### ***6. Successful practices***

In order to address the challenges above, stakeholder organizations have developed practices to better provide care and engage with young men in accessing services. These practices include

providing home visits, using activities such as go-karting or movement to prompt conversations about health, and using the language of well-being instead of mental health. In addition, trust-building is perceived to help break down stigma around mental health and to encourage newcomer young men to ask for support. An inclusive and open approach is seen as integral to building trust. Culturally diverse spaces provide opportunities for young men to learn from one another across differences. Acting as a bridge between clients and mainstream service providers was also cited as an effective practice among services providers working at settlement agencies. Partnerships between organizations can facilitate collaboration and integration of services, which in turn help young men receive necessary support and care.

#### **IV. Implications for policy and practice**

Findings show a need for improved policy and practice aimed at supporting the mental health and wellbeing of newcomer young men. Mainstream mental health care providers can draw on successful practices above. Providers can also practice a greater consideration of trauma in mental health care delivery and in mental health promotion programming. Service provision can also aim to increase awareness and education around mental health, promote mental health care through schools, and provide services in group settings in addition to individualized care. Organizational leaders can aim to increase connections and collaboration between health care and social service providers, and include trauma specialists in settlement programs targeted to youth, and particularly for newcomer young men. Implications for policy include allocated and increased funding for mental health delivery in settlement services, greater support for front line service providers in settlement organizations, and funding for peer-led programming.