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THE INTERSECTIONS OF MENTAL HEALTH AND THE NEWCOMER YOUNG MEN IN CANADA

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INTRODUCTION

Gendered information about the mental health of newcomer youth in Canada is critical to understanding effective mental health treatment for all patients. It is critical that mental health care providers view mental well-being through an intersectional lens as everyone has different experiences by their personal factors. Current research shows that mental health care should consider multiple factors including cultural differences, age differences, immigration statuses, integration problems and discrimination.

CULTURAL DIFFERENCES

Cultural differences are important to considering newcomer young men's well-being and health care service provision. Popular concepts of masculinity often involve a need for control, emotional suppression, and stoicism (Hoy, 2012). For example, in Tamil culture, men are held to the standard to provide for their community and their family by sacrificing their happiness and well-being, known as the warrior-hero ideal embedded in legend and myths (Affleck et al., 2018). Another example includes a finding from grey literature written by Hilario and colleagues (2020). A Filipino participant stated that their eldest son of the family is expected to be a role model and be responsible for their younger siblings. This finding agrees with the notion that holding men to a high standard builds them to be strong, but it does not allow room for failure (Olawo, 2019). The mental health of newcomers is also influenced by the stereotypes of the newcomers' cultures, and the limited ability to communicate in the language (Hilario et al., 2017). This is backed by the finding that economic class immigrants often speak English more fluently than other classes of immigrants (Beiser & Hou, 2017).

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CULTURAL DIFFERENCES CONT.

Shifting cultures is also hard on men who internalize the hegemonic concepts of masculinity (Beiser & Hou 2017). This is reflected in an interview held on the male Tamil diaspora from Sri Lanka. One man shared their story of migrating to Canada and said: “Tamil men can only live in Canada by forgetting their gender” (Affleck et al., 2018).

AGE DIFFERENCES ON NEWCOMER YOUTH

Multiple articles found that age influences mental well-being, specifically the age at the time of migration. One article suggested that there is an association between younger migrants and the development of mental health disorders later in life (Herati & Meyer, 2020). Another article found that the living arrangements of unaccompanied asylum-seeking children (UASC) in high-income countries have a negative effect on children younger than 15 (Fazel et al., 2011). These findings contradict with another study that found that newcomer boys younger than 11 years old have higher scores of mental well-being than other age groups (Beiser & Hou, 2017). Age can also influence the stigma around mental health. In a quantitative project, conducted in Vancouver, B.C. survey results demonstrated that younger Asian men are more resistant to the stigma around mental health. These men are also more likely to join groups who are dealing with similar issues (Livingston et al., 2018).

IMMIGRATION STATUS AND INTEGRATION BARRIERS

Articles demonstrated that integration and immigration status are also major factors surrounding the mental well-being of newcomers, offering some statistics significant for men. Integration includes both pre- and post-migration factors, and generational differences. For example, one qualitative study found that first-generation immigrant youth experience more psychological distress compared to second- or third-generation immigrants (Hilario et al., 2018). These findings complement an American study which found that third-generation Asian Americans were more likely to use mental health services and find them helpful compared to first- and second-generation immigrants (Abe-Kim et al., 2007).

The context in which newcomers migrate to Canada is also important to shaping mental health, for example maintaining ties with one's country of origin can facilitate mental well-being. Refugees may not have the same connections to their home countries compared to economic class immigrants (Beiser & Hou, 2017). This is an important finding as another article found that the boys who are most connected to their ethnic culture were the most vulnerable to mental health issues (Rousseau et al., 2004).

Once in Canada, settlement and integration may take place in different settings. Schools are an important area to integrate newcomers into Canada, as they can create a 'safe space' and contribute to social and emotional well-being (Herati & Meyer, 2020). Schools are also important facilitators of teaching the language of the receiving country. Fluency in English was linked to a reduced likelihood of depressive symptoms (Sack, 1998, as cited in Fazel et al., 2011). Youth can also experience discrimination based on their language proficiency (Edge et al., 2014, as cited in Hilario et al., 2019).

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IMMIGRATION STATUS AND INTEGRATION BARRIERS CONT.

As mentioned before, immigrating as a UASC is detrimental to mental health (Fazel et al., 2012). This finding agrees with an interview of the pressures faced by a man who immigrated to Canada to seek asylum at the age of 16. For him, the pressure to succeed meant the survival of his family to transport them from Afghanistan to Canada (Hilario et al., 2018). Integration may also be impacted by the accessibility to mental health services that cater specifically to the needs of newcomers, whether they are cultural, language barriers, etc. (Hilario et al., 2020). A barrier faced by newcomers and their access to proper mental health care includes the lack of funding. Findings have shown that mental health care targeted towards newcomers has been based on charity work than rights-based frameworks (Ngo, 2009, as cited in Hilario et al., 2018). This finding is important to understand that integration barriers can lie at an institutional level, which could potentially be identified as institutional discrimination.

DISCRIMINATION

Discrimination can also impact newcomer young men's mental health and well-being. Findings show that refugees perceive more discrimination, and that men are the most affected. This article also reported an inconsistency that women report more discrimination than men, by the assumption that women tend to deny the unpleasantness of discrimination (Kessler et al., 1999, as cited in Beiser & Hou, 2017). Beiser and Hou also found that women cope with discrimination more effectively than men, which aligns with Olawo's 2019, findings that men have an unwillingness to talk about their problems. It was also found that exposure to violence and discrimination negatively affected self-esteem (Fazel et al., 2012). Discrimination was also found to be a difficult topic to discuss among immigrants.

DISCRIMINATION CONT.

In a qualitative study interview, an interview participant scanned their surroundings and lowered their voice before speaking on the topic of their personal experiences with discrimination (Hilaro et al., 2018).

CONCLUSION

This review found that there is a major gap in data surrounding the mental health of newcomer young men in Canada. There is a great deal of information about the mental health in youth newcomers and newcomer men, but it is important to understand the mental health of the intersection of these overlapping qualities. There was also an interesting disagreement between understanding whether age provided a benefit or a drawback in mental health for children, and another gap for the gendered data in these same studies. Although the topic of newcomer young men's mental health is very specific, it accounts for a large portion of individuals ignored when raising awareness of men's mental health.

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