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Regional effects on the mental health of immigrant children: Results from the New Canadian Children and Youth Study (NCCYS)

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ABSTRACT

Children in immigrant families from Hong Kong, Mainland China, and the Philippines living in Toronto and Montreal are at higher risk of Emotional Problems than children in immigrant families in Winnipeg, Calgary, Edmonton, and Vancouver (Beiser et al., 2010). The current publication explores human capital, social capital, institutional receptivity, and perceptions of welcome as explanations for regional disparities. Parent's lack of linguistic fluency, and depressive symptoms provided the most likely explanation for Montreal's mental health disadvantage. Immigrant human and social capital, poor home-school relationships, marginalization, and lack of neighborhood organization contributed to the prediction of risk for emotional problems among immigrant children in Toronto, but may not fully account for differences between Toronto and Vancouver.

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1. Introduction

Mounting evidence points to place as a determinant of mental health. Studies comparing countries (Diener et al., 2003; Stevenson and Wolfers 2008) or regions within countries (Rentfrow et al., 2009) suggest that cultural diversity, democratic institutions, and high levels of income, productivity, and social ability foster good mental health. Few inquiries to date have focused on sub-populations of interest, such as immigrant children and the characteristics of place that might be salient for their mental well-being. A recent publication from the New Canadian Children and Youth Study (NCCYS) (Beiser, et al., 2010) demonstrated that region of resettlement affected the mental health of children in immigrant families from Hong Kong, Mainland China, and the Philippines. The current paper examines the extent to which differences in immigrant human and social capital, perceptions of institutional receptivity, and perceptions of welcome account for the relationship between immigrant children's mental health and place of resettlement.

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2. Study background

Ensuring that newcomer children adapt to their schools, integrate with the larger society, and stay happy and healthy are important goals for immigrant receiving countries. Nevertheless, the study of factors that either promote or jeopardize immigrant children's adaptation, integration and well-being has been neglected (Canadian Task Force, 1988).

One in five children was either born outside Canada or to a recently arrived immigrant family. Although the federal government is responsible for initial selection and admission of immigrants and refugees, the responsibility of their resettlement falls largely to provinces and municipalities. Inter-provincial disparities in funding for language training, day care, special school programs, recreational facilities, and health care (Citizenship and Immigration Canada, 2004, 2006), may translate into differential risk to the well-being of parents and children (Canadian Task Force, 1988). Although the premise is plausible, data to support its validity, and to identify regional differences with particular mental health salience are lacking.

Personal attributes might account for regional differences. Despite the emphasis Canada places on fluency in English or French as an entry requirement, more than one-third of adult immigrants speak neither language when they first arrive

(Statistics Canada, 2008). Research (Ying and Han, 2008) suggests that parental inability to speak the language of the receiving society jeopardizes children's mental health. It is possible that adults possessing different levels of linguistic fluency selectively migrate to certain regions of Canada. In turn, however, region of resettlement probably helps determine the salience of linguistic fluency. For example, in comparison with other provinces in Canada, Quebec pursues language training for newcomers more assiduously, and places even more emphasis on language fluency as a prerequisite for integration.

According to numerous studies, parental depression jeopardizes the mental health of both native-born (Cohen et al., 1993; Goodman et al., 1993; Wickrama et al., 2005) and immigrant children (Mirsky, 1997). Although mental health is not usually thought of as human capital, given the copious evidence that mental disorder compromises the ability to work, to be productive (Bender and Farvolden, 2008; Hilton et al., 2010), and to parent effectively (Goodman et al., 1993; Loeber et al., 2009; Beiser et al., 2010), it seems reasonable to include it in that category alongside factors such as education and language fluency. In this paper, parents' mental health is conceptualized as a factor that affects parenting, and is, therefore treated as a predictor variable: children's mental health, on the other hand, is treated as the dependent variable.

Most immigrant families and their children are resilient enough to cope with the challenges of resettlement without becoming mental health casualties. However, the study of dimensions of resilience that have particular salience for the well-being of immigrant children has been neglected. Initially developed to explain invulnerability in individual children (Garmezy, 1983; Rutter, 1987), the concept of resilience has more recently been elaborated to include not only individual coping capacity, but also the capacity of individuals, groups, and communities to mobilize structural and social capital (Lin, 1986, 2005) to help individuals who face profound challenge either to re-establish a previous state of equilibrium or to evolve into a different, but still adaptive state (Kirmayer et al., 2009; Ungar, 2005; Ozer et al., 2003; Clapp and Beck, 2009).

The well-being and adaptation of children in immigrant families depend not only on their parents' human capital, but also on the reception accorded by receiving societies (Canadian Task Force, 1988). In Canada, immigrant reception receives far less attention than selection (Canadian Task Force, 1988; Beiser, 1999; Hochschild and Cropper, 2010). Whatever attention reception is accorded tends to focus on institutional receptivity—the level of opportunity accorded by societal institutions such as the labor market and schools. Although they may appear to be less proximate determinants of adaptation than economic and scholastic opportunity, more abstract levels of welcome such as freedom from discrimination are, nonetheless, significant predictors of immigrant mental health (Beiser et al., 2001; Noh et al., 1999).

Most immigrant families in the NCCYS sample came to Canada after the household head satisfied Canada's human-capital-based eligibility criteria. Others were attracted by special programs, one of which provided fast-track entry for people with demonstrable entrepreneurial accomplishment. Others were also accorded fast-track entry if they fulfilled particular labor needs. Canada promotes itself as a place where immigrants can fulfill hopes for economic self-sufficiency, but labor market opportunities for newcomers vary across regions. Because of a resource-industries-driven economic boom, Canada's Prairie Provinces (Manitoba, Saskatchewan and Alberta), and British Columbia, which constitutes the western region, have become powerful magnets for newcomers (Statistics Canada and Human Resources Development Canada, 1995; Statistics Canada, 2006). By way of

example, the annual GDP of Alberta is 50% higher than other provinces, and, in recent years, Alberta's average economic growth has rivaled China's (Statistics Canada, 2006). By contrast, Central Canada (Ontario) and Eastern Canada (Quebec) are experiencing diminishing demand for the products of their manufacturing industries, partly because of increasing competition from Asia (Macdonald, 2008). What the labor market is to adults, school is to children. Research (Shochet et al., 2006; Kuperminc et al., 2001) highlights the mental health salience of children's perceptions of their school environments. With few exceptions (see Ma, 2007), however, the role of parental perceptions of school environments and their effect on children's mental health have been neglected.

Immigrant perceptions that the resettlement society is a welcoming society – that it seeks to include, rather than marginalize them, and that its neighborhoods are safe and organized – are also likely to have mental health salience (Canadian Task Force, 1988). Research demonstrating the mental health risk-inducing effects of discrimination (Noh et al., 1999; Beiser et al., 2001), as well as the protective effects of a well-functioning social collective (Rolfe, 2006; Beiser et al., 2010) provides empirical support for the proposition that perceptions of welcome affect mental health.

3. New Canadian Children and Youth Study (NCCYS)

The NCCYS is a longitudinal study, with two age-defined inception cohorts—children four through six, and children 11 through 13, all of whom were either born outside Canada or into families in which at least one parent had immigrated to Canada during the ten years preceding the study's inception. Since almost all immigrants settle in cities (Statistics Canada, 2008), samples were recruited from the major cities in four federally defined regions: Pacific region—Vancouver, British Columbia; Prairies—Edmonton, Alberta, Calgary, Alberta, and Winnipeg Manitoba; Central—Toronto, Ontario; Eastern—Montreal, Quebec. The current report focuses on children and their families from three different immigrant groups—Hong Kong (HK) Chinese, Mainland (PRC) Chinese, and Filipino. These three groups were chosen because, during the decade preceding the inception of the NCCYS, Hong Kong, the PRC, and the Philippines were the leading source regions for Canadian immigration. In 2001, the year before the NCCYS began, these three regions accounted for about 15% of all Canadian immigrants. Taken together, the three communities account for about three percent of Canada's current population of 33 million (Statistics Canada 2008). Approximately 140,000 Mainland Chinese immigrants, 113,000 Hong Kong immigrants, and 106,000 Filipino immigrants live in Toronto. The corresponding numbers are 105,000, 87,000, and 48,000 in Vancouver. In comparison, about 23,000 Chinese immigrants, 5,000 Hong Kong immigrants, and 14,000 Filipino immigrants live in Montreal, and approximately 30,000 Mainland Chinese immigrants, 20,000 Hong Kong immigrants, and 44,000 Filipino immigrants in the three Prairie cities (Statistics Canada 2008).

Although immigration from HK to Canada dates to the late 19th century, the flow increased dramatically during the 1980s. Uncertain about the consequences of the then-impending hand-back of Hong Kong to China, many HK Chinese applied for admission under Canada's entrepreneurial and investor classes, special categories designed to attract people with financial skills and resources (Citizenship and Immigration Canada, 2006). International emigration from Mainland China began in the early 1980s, after the relaxation of tensions between the PRC and the west. In comparison with their Cantonese-speaking counterparts from HK, PRC-origin immigrants were more likely to speak

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