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Parenting adolescents from ethno-cultural backgrounds: A scan of community-based programs in Canada for the promotion of adolescent mental health

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ABSTRACT

Objectives: To i) describe current community-based programs across Canada to support parents for the promotion of adolescent mental health, with special attention to ethno-cultural populations; and ii) identify needs, gaps, and opportunities for the development of a framework to support parents for the promotion of adolescent mental health.

Methods: We conducted an internet-based cross Canada scan of community-based parenting programs that promote adolescent mental health in ethno-culturally diverse populations, followed by structured phone interviews with program staff. Findings were categorized according to audience (ethnicity/culture and age group), geographical distribution and coverage, and program type. Barriers to access and outreach mentioned by interviewees were documented.

Results: We found a total of 47 programs that met our search criteria. The greatest numbers were found in the provinces of Ontario, British Columbia and Alberta, particularly in the Greater Toronto and Vancouver Areas. Most programs consisted of psycho-educational, information-based workshops, support groups, or used innovative approaches (e.g., arts, alternative medicine, mentorship, and skillsdevelopment courses). Five programs (11%) had parent and youth components. From the perspective of service providers, cultural distrust, stigma, financial constraints and language barriers pose challenges to outreach. Program evaluations are limited and often not publicly available.

Conclusion: There are gaps in geographic coverage and types of programs available to parents for the promotion of adolescent mental health in ethno-cultural communities. Inconsistent and insufficient funding [and other forms of institutional support] detract from the capacity of community-based organizations to adequately support families and conduct, publicize, and evaluate their programs.

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1. Introduction

The prevalence of adverse mental health conditions among children and adolescents in Canada is estimated at 14%, representing over one million young people (Waddell, Offord, Shepherd, Hua, & McEwan, 2002). Anxiety, depression, behavioral disorders, and substance use are among the most common mental concerns (Costello, Mustillo, Erkanli, Keeler, & Angold, 2003). Four-in-five psychiatric disorders emerge in adolescence (Leitch, 2007). Despite the prevalence and socio-economic cost of mental health conditions among young people in Canada (Leitch, 2007; Waddell et al., 2002), only one-in-five children who need mental health services currently receives them (Morgan, Charalambides, Hutchinson, & Murray, 2010) and wait times are longer than proposed standards of care (Kowalewski, McLennan, & McGrath, 2011). It has long been established in research that parents can be crucial mediators of adolescent distress experienced in a community context (Brown, Meadows, & Elder, 2007; Powell, 1983; Shochet et al., 2001). Parents play a key role in help-seeking for adolescent mental health, as well as supporting young people during treatment (Pineda & Dadds, 2013; Sayal et al., 2010; Viner et al., 2012; Wahlin & Deane, 2012). Thus, recommendations from the Evergreen Child and Youth Mental Health Framework for Canada identify parents and caregivers

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as key stakeholders in the development and receipt of prevention and intervention campaigns (Kutcher & McLuckie, 2010).

In addition, Canada is home to an increasingly diverse population. Twenty-four percent of the total population aged 15 and over were born outside of Canada and visible minorities constitute 16% of the total population. An estimated 23% of the latter are children aged 14 years and under, a higher proportion than the same age group for the total population (Statistics Canada, 2008). The migratory process and social determinants of health raise concerns about the possible mental health outcomes of child migrants (Beiser et al., 2010). A longitudinal study using the National Population Health Survey in Canada identified immigration status (foreign born versus Canadian born) as one of the factors that mediate the relationship between ethnicity and mental distress, and documented the highest risk of reporting moderate/high mental distress among those aged 15 to 24 years and in the low-income group (Pahwa, Karunanayake, McCrosky, & Thorpe, 2012). Studies with displaced and refugee youth, including those settled in Canada, have also documented socio-economic and mental health needs that require further attention (Kirmayer et al., 2011; Rousseau, Drapeau, & Platt, 2000; Tousignant et al., 1999).

Social dislocation and isolation together with minority language, cultural and racial differences may compound the challenges of adjustment for these youths (Beiser et al., 2011; Reed, Fazel, Jones, Panter-Brick, & Stein, 2012). A parallel may exist in the experiences of children adopted across national, cultural and racial lines. In Canada, Westhues and Cohen (1994) cautioned twenty years ago that while children in inter-country adoption generally benefited from the more advantaged social location of most of their parents, for some the experience of racism complicated their transition through adolescence. Similarly, in the U.S., where more of such research has been completed, some adolescents, particularly ethnic minority adolescents, bear the burden of additional chronic stressors that are inextricably linked to their social, cultural, and structural positions. Where poverty, neighborhood disorder, community violence, and racial/ethnic discrimination pervade daily life, the buffering effects of family may be compromised (Copeland-Linder, Lambert, Chen, & Ialongo, 2011; Garbarino, 1985). In their study of contextual stress and health risk behaviors among African American adolescents, Copeland-Linder and her colleagues (2011) concluded that the more dangerous the neighborhood, the more common the symptoms of depression, anxiety, conduct disorder and other significant distress. Minority youths are disproportionately likely to reside in neighborhoods where stressors are pervasive and community assets including supports for mental health and family development are not (Acevedo-Garcia, Osypuk, McArdle, & Williams, 2008; Shonkoff & Phillips, 2000).

Whether the concern has been with aggressive and other externalizing social problem behaviors (Bannon & McKay, 2007; Obsuth, Moretti, Holland, Braber, & Cross, 2006; Pepler et al., 2010), high risk activities including substance use (Srebnik, Kovalchick, & Elliott, 2002), adjustment to divorce and family reconfiguration (Zhou et al., 2008) or challenging parent–child communication, community-based services are noted for their contribution to parent engagement, normalization and de-stigmatization. The provision of services within communities of like others enables self-help and social integration as a component of clinical outreach and community development. Access to mental health services may be nonetheless complicated for immigrant and refugee youth due to language, stigma of mental health services, and lack of awareness of appropriate health and community resources (Ellis, Miller, Baldwin, & Abdi, 2011; Saechao et al., 2012).

There is accumulating evidence that caring, supportive parent–child relationships in childhood and adolescence protect against poor mental health and intimate relationships later in life (Elgar, Craig, & Trites, 2013; Johnson & Galambos, 2014; Raudino, Fergusson, & Horwood, 2013; Repetti, Taylor, & Seeman, 2002). Interventions aimed at improving parent–child communication and quality relationships are also showing promising results in the promotion of mental health and the prevention of behavioral issues in children and adolescents (Morgan,

Brugha, Fryers, & Stewart-Brown, 2012). Despite the critical role of strong parent–adolescent relationships in mental health promotion and prevention during adolescence, little is known about parental mental health education and support programs in Canada that address the parenting of adolescents particularly in ethno-cultural populations. Assuming therefore a relationship between community service development and the emerging needs of ethno-cultural youth and families, an environmental scan of agency practices was conducted to partially fill this knowledge gap. The scan was designed to profile community based, parent-involved programs currently available for the promotion of adolescent mental health in ethno-cultural communities in Canada, with attention to different types of programs, geographical location and coverage, ethno-cultural communities served, and barriers experienced by community-based agencies in supporting parents to that end. The central question was whether existing services had the capacity to achieve the objective of promoting adolescent mental health now and in the near future, from the perspective of service providers, given the context of diversification within Canadian society.

2. Methods

An environmental scan of community-based initiatives across Canada aimed at supporting parents from ethno-culturally diverse communities for the promotion of adolescent mental health was conducted between June and December 2011. A national Advisory Committee comprised of representatives from community-based organizations, parents, youth, and members of the Child and Youth Advisory Committee of the Mental Health Commission of Canada, was established early on and consulted throughout the project.

2.1. Phase 1: initial search

An internet-based search documented any program or service offered through a community-based organization that either serviced parents of adolescents for the promotion of adolescent mental health and/or newcomers to Canada. An adolescent was defined as a person from 13 to 17 years of age. Major cities were defined as Canadian cities with populations over one million people using population data from Statistics Canada. A predefined set of keywords in English and French was used related to mental health, parenting, adolescent, agencies and interventions, and immigration (Table 1). Websites of national and provincial databases that focused on community based mental health and family services (e.g., United Way/Centraide of Canada) and/or newcomers/immigrants (e.g., Ontario Council of Agencies Serving Immigrants (OCASI)) were searched exhaustively and existing links to partner organizations were

Table 1
Selected keywords used for environmental scan.

Category	Keywords
Mental health	Mental health, mental illness, substance abuse, drugs, addictions, addiction services, rehabilitation, depression, anxiety, stress, schizophrenia, psychosis, suicide, eating disorders, domestic violence, sexual violence, abuse, sexual abuse, behavioral issues, mood disorders, bipolar disorder, sexual health, sexuality, gangs, bullying intervention, therapy and prevention
Parenting	Parenting, parents, mother, father, family, life skills, parenting skills and parent–youth/child conflict
Adolescent	Adolescent, youth, teens and teenagers.
Service	Community center, community health and social services, non-profit agencies, counseling, therapy, support services, crisis, promotion, outreach and education
Newcomers/immigrants	Immigrant, immigration, refugees, newcomers, settlement, culture, cultural support, bi-cultural parenting, parenting in Canada, victims of war, victims of torture, ethno-cultural, ethno-cultural groups, PTSD, reunification, multi-cultural, diversity, integration, reintegration, resettlement, reunification