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Providing Psychological Services to Immigrant Children: Challenges and Potential Solutions

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Abstract

Canada is a diverse and multicultural country. More than one fifth of Canadians are foreign-born individuals from over 200 countries (Statistics Canada, [2017a](#)). Whereas diversity and official multiculturalism makes Canada attractive for immigrants, the newcomers nonetheless face challenges in the areas of settlement, employment, and access to mental health services. These challenges are particularly acute for immigrant children. This article describes four major challenges related to the provision of psychological services to immigrant children and suggests potential solutions for each of these four challenges. The article concludes with the suggestion of a multilevel approach to address these challenges, and the collaborative inclusion of relevant stakeholders.

Keywords: children, immigrants, mental health, challenges, schooling

Introduction

Canada is the eighth most popular country in the world for immigrants (Walsh, [2014](#)), as it has more than 7.3 million immigrants in its population. Indeed, Statistics Canada ([2017b](#)) released the 2016 Census of Population which has indicated that more than 1 in 5 persons in Canada is an immigrant. The report also mentioned that 16.2% of the immigrants arrived in Canada in the most recent years i.e. during 2011 to 2016. This influx of immigrants helps the Canadian economy to grow, however; the immigrants encounter many challenges in order to participate in and contribute to the economy. Canadian policies support multiculturalism and specifically prohibit discrimination based on ethnic, religious and other diversity considerations, and yet immigrant children remain particularly vulnerable to psychological problems and illnesses. It is important to note that Statistics Canada ([2013](#)) census brief indicated that almost 2.2 million or 37.5% of the total population of children in Canada

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under the age of 15, had one foreign-born parent, which means a high percentage of children under 15 may be at the risk of facing mental health challenges.

The World Health Organization (2014) describes mental health as, “A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. Unfortunately, many immigrants are vulnerable to the possibility of not being able to realize their own potential, to experience difficulties in coping with the normal stresses of life, and to not work productively or contribute to his or her community. Nann (2015) summarized the common barriers faced by immigrants, including issues such as the trauma of physically moving to a new country, cultural shock, language barriers, loss of social support system, and change in economic and social status. These barriers necessitate various levels of support and intervention, including settlement, employment, health, and social services.

D’ Souza (2011) wrote about his personal experience with immigration, and described that whereas the immigration experience may be overwhelming for adults, the struggles of children are often overlooked. The author further stated that children face intense challenges because of cultural differences and the issues associated with the immigration experience, coupled with the normal growing pains of youth, thus making their challenges even more acute.

2. Major Challenges Faced by Immigrant Children

The challenges that contribute to the need for psychological services to immigrant children can be grouped into four major categories. These categories include knowledge and beliefs, community related challenges, systemic service challenges, and challenges related to the profession of psychology. Each of these challenges is discussed in turn below.

3. Knowledge and Beliefs

These challenges relate to the personal characteristics of a child, as well as family beliefs regarding psychological problems and illnesses. They include language difficulties, lack of awareness about available services,

family pressures and clarity about cultural values (cf., Sadavoy, Meier, & Ong, [2004](#)). Language is often considered a major barrier to health care, as culture influences an individual's understanding of and communication about health (Yong, Lemyre, Farrel & Young, [2016](#)). Although courses are available for newcomers to learn English or French, however Ricento, Cervatiuc, MacMillan & Masoodi ([2008](#)) found out that most Language Instructions for Newcomers (LINC) instructors considered that LINC curriculum was moderately useful but too general. They further declared that the assessment protocol for entering the LINC program is inconsistent, as are the assessment procedures to exit the program or move students from one level to another. The authors also noted that the financial support for these services is often time-limited and have strict eligibility criteria. Further, most newcomers continue to speak their first language at home and so may take years before they can communicate effectively with health professionals, school teachers and social service providers. Randhawa, Ferreyra, Ahmed, Ezzat, & Pottie ([2013](#)) noted that professional interpretation and translation services are not available at community settings, which may compromise the quality of the service outcome. These language difficulties put immigrants in general and children in particular at more risk, as they may not be able to share their thoughts and feelings with professionals. In cases where children may lack language, a common strategy is to use one family member as an interpreter. This strategy is not considered a good practice (cf., Leanza, Miklavcic, Boivin, & Rosenberg, [2014](#)), however, as a family member may limit children's ability to openly express their true feelings, and especially if those feelings are related to the adults' decisions and behavior. In some cases, parents may play a role in the child's suffering; in these cases the use of a family member as translator may actually create more stress for children.

Another potential barrier to services is a lack of awareness about the available services or understanding of how the health system works in general (Chen & Kazanjian, [2005](#)). The lack of awareness about services and ways to access those services can result in delays of access to treatment for immigrant children, which might result in increased severity and chronicity of symptoms (Ward, Clark & Heidrich, [2009](#)). Children are also generally dependent on adults to access services, both in terms of

the referral for such services as well as the literal payment for and delivery of such services. Therefore, it may be concluded that language difficulties, lack of awareness about services among parents, or financial or other transportation issues (e.g. the need for the use of public transit) inevitably affect service access for affected children.

Children also face pressures from parents and family members. Hammer (2012) noted that many parents consider the possibility of better education for their children as an important reason for their move to a new country. Nann (2015) considered that this hope for advancement places pressure on children to succeed academically, even while many children have their own required adjustments. The author further noted that educational systems in other parts of the world, and especially those from South Asia, employ a relatively strict and authoritarian system of education. The transition to the Canadian educational system is a major shift for children, as it is more open and encouraging of parental involvement than seen in other countries. This disparity between divergent educational systems demands time for adjustment, which may in turn jeopardize parental expectations and create stress for children.

A final challenge for children is the general concern of bridging between two cultures (Wu, Garza, & Guzman, 2015). Children are often one of the major points of contact between the culture of origin and the broader Canadian culture. They experience varying pressures and desire to engage with the new culture of settlement in Canada (Costigan, Su, & Hua, 2009). Children are often exposed to new ideas in the school system, in art as they encounter students from diverse backgrounds. The combination of high family expectations and a hope to maintain the values of the originating culture, as well as the children's desire to also accommodate the needs of the new culture may create confusion in young minds, putting them at risk.

4. Community Related Challenges

A series of related issues can affect the immigrant experience in the host country. For example, a Statistics Canada (2003) survey on ethnic diversity revealed that about 20% of visible minorities in Canada reported discrimination or unfair treatment in the past five years. Discriminatory

practices at work or in public no doubt affect the entire family, are discussed at home, and are likely to affect children. As Adair (2015) noted that, any experience of discrimination can negatively affect a child's personal and academic development, and may in fact create further confusion to the normative pressures associated with acculturation to a new social world. D'Souza (2011) noted that children might experience issues related to being accepted or other social struggles, whereas parents often focus on academic success, which may add to the sense of being misunderstood and increased stress on the part of the children.

Society generally views unusual behavior and mental illness negatively (Parcesepe, & Cabassa, 2013), and stigma and discrimination are the unfortunate correlates of such negative attitudes. Yee (2006) mentions that some communities experience deeper levels of stigma attached to mental illnesses than others. Schreiber, Stern and Wilson (1998) reported that mental health illness in collectivist societies can bring shame not only to the individual but also to the family, and that shame may reduce the desire to seek professional help, even when it is available and offered. This situation is especially true for immigrants from the collectivistic communities, where family elders may ultimately decide about seeking mental health treatment (Mental Health Commission of Canada, 2013). In many respects, although immigrants leave their countries of origin, they retain their values and customs and take time to adopt the characteristics of a more individualistic community (Berry & Hou, 2016). It is likely that social attitudes and behaviour affect immigrants and their decision to receive mental health treatment.

5. Systemic Service Challenges

Systemic challenges to care relate to the systems that have been created to provide social services, including health, educational and social services. Alboim and Cohl (2012) mentioned that since 2008 Canada has tightened its immigration policies and focused on economic class immigrants and short-term labor market needs. United Way Toronto (2013) indicated that most immigrants start their lives in Canada with low income because of delays in getting employment, and the resulting need to spend from their savings. In some provinces, immigrants have to wait for a certain period of time (usually three months) before they have an access to the medical

insurance provided by the government (Hansson, Tuck, Lurie & McKenzie, [2010](#)), and therefore may have to spend out of pocket for health care services in the interim. The delay in medical insurance also reduces the likelihood that immigrant children can access health services in a timely manner. Ahmad et al. ([2004](#)) found that transportation costs and lack of funds prevent people from purchasing necessary medications. The authors concluded that financial considerations can generally affect the timeliness and appropriateness of, and even access to health services, including mental health services.

Perceived discrimination is another potential barrier for immigrants to access mental health services (Memon et al., [2016](#)). The Canadian service system tends towards an egalitarian or “one-size-fits-all” model of care, but this model does particularly not attend to the differential needs and presentations of problems in immigrant populations (Hansson et al., [2010](#)). Young and Tolley ([2011](#)) have recommended a movement towards more specialized services for newcomers. Recent studies (cf., Vang, Sigouin, Flenon, & Gagnon, [2015](#)) also confirm the inefficiency of the one-size-fits-all approach, as there are differences in the presentation of problems in immigrants, including children and university students (Hsu & Alden, [2008](#)).

Another systemic challenge related to service provision is coordination among government and non-governmental social service agencies (Alexander, Burleton & Fong, [2012](#)). The federal government funds agencies that help immigrants settle and contribute fully to the economy of Canada. However, the range of services that exist, the fact that most health and medical services are regulated and controlled at the provincial level, and the relative independence of agencies that provide these services, may lead to insufficiently coordinated service provision. This lack of coordination not only wastes the time and resources of the immigrant families, but also government funds, as various agencies might even fund the same person at different times. Relatedly, miscommunication among agencies or changes in eligibility for services (which might eventuate in services being denied by an agency that formerly provided them) may lead to trust concerns for immigrants. Many immigrants come to Canada from countries where the government is

perceived as inept or even corrupt, and so this lack of trust in services is an important issue (Beiser, Simich & Pandalangat, [2003](#)) in the willingness to seek and receive services.

6. Challenges Related to the Profession of Psychology

Although professional psychology has done much to address issues related to multiculturalism, and has set standards for appreciation of and response to diversity in its variety forms (CPA Code of Ethics), several shortcomings remain within the profession of psychology. For example, we are aware of no academic program that trains potential psychologists to use translation services effectively. Further, while most professional psychology programs promote cultural awareness and sensitivity, cultural awareness and competence are distinct concepts. For example, one may be aware of the similarities and differences in Canadian and South Asian cultures, but the most effective and competent ways to address these considerations remains a skill. Although professional organizations have started to address these issues, a lack of consensus about the precise definition of cultural competence remains (Ryder & Dere, [2010](#)).

The reliability and validity of assessment procedures are important factors to ensure meaningful and replicable results across various administrations to the same population. Instruments that were developed for children from a specific region, or that assess cognitive abilities that are likely culturally related may not be reliably administered to immigrant children. Mushquash & Bova ([2007](#)) highlighted issues related to cultural specificity and population specific norms, which combine to question the reliability and validity of the results from instruments developed in North America for immigrant children. In general, test results should be compared against the norms of the population in which they were developed.

Another challenge is the use of the translated versions of instruments that were valid and reliable in Canada for the assessment of immigrant children. Translation is not always a viable approach to cross-cultural test administration, as the same linguistic terms may have different meaning in another culture (Gabovitch, [2014](#)). As just one example, the words 'worry' and 'being upset' have the same connotation in Urdu, but two different meanings in English.

There is considerable literature, debate and evidence about the issue of culture and psychotherapy. This literature ranges from conceptual inquiries about the nature of the therapeutic relationship in various cultures (Negy, [2008](#)), and the need for cross-cultural adaptation of treatments that are developed in one cultural context and then applied to another (Bernal, Jimenez & Domenech, [2009](#); Spilka & Dobson, [2015](#)). Studies indicate that some therapies may be more effective in one culture than another. For example, Noh and Kaspar ([2003](#)) found problem-focused therapy more effective than other approaches among Korean immigrants. Noh, Beiser, Kasper, Hou & Rummens, ([1999](#)) declared emotion based coping strategies as more effective for some South Asian groups. Other research (cf., Guilman, [2015](#)) suggests that while outcomes are not necessarily improved, clients often feel more understood when the therapist is from a similar cultural background. On the other hand, Pedersen, Lonner, Draguns, Trimble, & Rio ([2015](#)) noted that some clients might resist therapy for fear of shame with a psychologist from the identical culture.

In summary, when one considers that therapy for children is often brokered by their parents or guardians, that language considerations and knowledge of services can be barriers to care, and that there are challenges of perceived stigma and parental acceptance of care (Reardon et al., [2017](#)). It is apparent that immigrant children face multiple challenges to receive appropriate and timely psychological services. These challenges include knowledge and beliefs, community issues, service providing agencies and training of the potential psychologists.

7. Potential Solutions to Create Access

The next section proposes solutions to address some of the above challenges. Since multiple factors contribute to the problems faced by immigrant children, these potential solutions also address these factors at multiple levels.

Psychologists who work with immigrant children need to become familiar with, and to maintain awareness of local services for the people with whom they work. They further need to be able to foster awareness among children, their families and at community level (Kim & Cardemil,

2012). Their efforts will ideally address mental health in general, the role of parents, and when and how for a child to access professional help. Ideally, this work will be sensitive and adapted to the personal and family beliefs as well as community related issues (Griffin & Botvin, 2010). Such efforts can be effective if they are delivered at various levels involving all stakeholders (children, parents and society). For example, school awareness programs can provide mental health education to the students. Each school also has a parent's council, so attendance by a mental health professional at these meetings could create opportunities for parents to learn about mental health of students, and the role of parents.

Places of worship can provide the opportunity to disburse psychoeducational information (Campbell et al., 2007; Canadian Mental Health Association, 2008). Timely and appropriate information in places that are not necessarily health or mental health settings can effectively address the stigma related to mental health. In other cases, a culturally competent psychologist could attend meetings at places of worship, and provide information, discuss relevant scenarios and provide information about local services can yield positive effects.

Most neighbourhoods in Canada have their own community association, which are actively involved in programs such as cleanups, recreation and social activities. These associations can effectively distribute information about psychological and health issues and services, and provide another forum to address psychological issues at a broader and more public level. Furthermore, working in such settings will promote a more general trust in social systems by immigrants, and may foster reduction of potentially perceived discrimination.

The immigrant experience in Canada involves initial interaction with the federal government. This process involves a number of steps including the application itself, an interview (if required), vetting of educational and other characteristics, and security clearances. If accepted for immigration there is also a process which matches applicants to various places in Canada based on factors such as family members, desire for relocation, and language. Shields, Drolet and Valenzuela (2016) noted that immigrants to Canada need a lot of assistance to navigate the various federal, provincial and civic programs that exist to facilitate effective

immigration. It is highly desirable to have professionals who have knowledge of cultural issues and skills to deal with these challenges during the landing and immigration processes. This cultural knowledge and skills will improve the ability of newcomers to access and utilize the range of existing services. Statistics Canada (2008) reported that 15-20% of the new immigrants reported problems or difficulties getting access to or using health services in Canada. This difficulty in using health services can be countered by encouraging immigrant professionals to come forward and address this issue with other immigrants, and can be extended to employment services, to encourage new immigrants to enter the workforce and improve their socio-economic status.

There are many immigrant agencies throughout Canada. Encouraging the agencies to develop speciality in the provision of services related to one profession (in addition to their other settlement and integration services) will reduce the time of service delivery for newcomers. Therefore, one agency may be more suitable for professionals who want to go into Engineering, but another may be more suitable to help people with health-related specialities. The idea is to develop specializations within agencies so that its services are more clearly directed to immigrants of a specific professional background. This expertise will help to reduce employment barriers, and again improve the socio-economic status of the immigrant family.

Better coordination among service providers will improve service delivery (Stewart, Lohar, & Higgins, 2011). The lack of coordination among immigrant serving agencies could be mitigated by a central registration system. This system could help to reduce the duplication of services, and therefore save money and effort on part of the government (and reduce frustration for newcomers). Just as a health card system (with a unique ID number) enables a person to receive service from the physician of choice, the same health card process could be applied among to immigrants. Agencies that provide services to immigrants could be bound to register a person with a valid ID card; not to bind the person to receive services from a particular agency, but to monitor the services the person are accessed and know what worked and what did not. As in the health system, where upon the request of the service receiver, a physician

could transfer the file of a client or patient to the next physician. Such a process would save time for the immigrants, money of the government and would improve the service delivery to the immigrants including families and children.

8. Potential Solution to the Challenges Related to the Profession of Psychology

Training programs in psychology need to be tailored to address issues mentioned in this paper, to more effectively help the immigrant children receive needed services. Much is known about how to improve cultural competence and service delivery to the individuals of other cultures (cf., Brodhead & Higbee, [2012](#); Fong, Catagunus, Brodhead, Quigley & Field, [2016](#)). Psychologists in training should be encouraged to choose one culture that they want to explore and probably practice as an expert (Fong et al., [2016](#)). The training should have both the knowledge as well as skill development component. The knowledge component can easily be included in the current curriculum based on the available resources (books, articles, or talks from a cultural broker).

Many researchers have suggested ways to enhance cultural skills (cf., Kirmayer et al., [2012](#); Plante, [2014](#)). Governments can also foster cultural competency skills in two ways. First, cultural experts can be invited to conduct specialized workshops and build skills for that specific culture. Second, a student exchange system could help to develop these skills. This exchange system could include Sister Universities in various countries, based on the major source of immigrants to Canada. Students who want to develop skills specific to a culture could attend one semester program in that culture. In return, the Canadian university could offer exchange opportunities for students from other countries. The potential psychologist will find similarities and differences in clinical skills or techniques between the Canadian and the other culture, which is an effective way of developing cultural competence. Finally, the university could invite experts from those countries to recognize regional similarities and differences.

Another aspect of training is the use of translation services. Involving a translator in any therapeutic program is not ideal but may be necessary,

especially in public health sector given the specific terms and specialist services used there. The utility of the service depends on the how effectively the message was conveyed by the translator. Training programs could include information and practice on how to access and use the translation services, to improve the confidence of the potential psychologist, and meet the criteria of responsible caring. The translators can conduct workshops and devise practice sessions to help the students learn the effective use of these services.

Assessment procedures and their related norms need to be reviewed to make them more valid and reliable for each culture. Ideally, specific norms could be developed for each culture in Canada so that the instrument can be considered valid and reliable for that culture. Simply translating an instrument and then administering it in no way ensures the validity and reliability of the instrument. Actually, translation may lead to some confusion. The translation and back translation method has its advantages, but it is not free of errors (Squires et al., [2013](#); Tran, [2009](#)). The translator may find it difficult to choose a word that conveys the same meaning. For example, the Urdu language has same word for two English words: 'may' and 'can'. However, both words in English have different usages. In contrast, there may be terms in English without an equivalent word in another language. The word 'autism' does not have an alternative word in Urdu language. Given such language issues, the performance of a child from Pakistan on a measure established in Canada may totally lead to wrong conclusions, and unintentionally harm the child (Ford, [2005](#)). This concern is especially true for school related performance, where immigrant children already have a language barrier. If immigrant children are tested on the same psychological tests as children born in Canada, language barriers might affect the results and result in less than ideal programs or intervention strategies.

Canada needs immigrants to continue growing economically (Momani, [2016](#)). As a result, psychological researchers should attempt to develop measures, and then establish their validity and reliability for specific immigrant groups. It is important to acknowledge that this process is time consuming and laborious, but, the improved provision of psychological services could make Canada even more attractive for new immigrants, and

further advance the economy. Finally, clinicians should utilize evidence-based practices while dealing with the children from various cultures. They should also establish the efficacy of these evidence based practices in various cultures. The established practices will help training new psychologists and deliver better services to immigrant children.

9. Conclusions

Immigrants are an important part of the Canadian culture and their numbers will continue to grow. Immigrants contribute to the economy of Canada. The success of immigrant children is critical to the future of Canada. Immigrant children face multiple challenges; some of them relate to their personal characteristics, family beliefs, and prevailing social attitudes. Most of these challenges relate to the system of service delivery and training of the potential psychologists. These challenges demand improved service delivery, training programs for psychologists and better coordination among agencies providing services to the immigrant children. The challenges are multifaceted and demand involvement of all stakeholders to reduce problems and to ensure maximal development and success in Canadian society.

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