Summary Report

Understanding the Issues and Risk and Protective Factors for the Mental Health of Immigrants and Refugees: A Review of the Literature

This report is part of the Pre-departure Immigrant and Refugee Mental Health Toolkit project

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SUMMARY

This literature review has two major objectives: 1) identify the main mental health issues faced by immigrants and refugees, particularly during the post-migration phase; and 2) analyse risk and protective factors for the mental health of immigrants and refugees.

A total of 81 documents were analysed for this study. This in-depth analysis was undertaken to guide the creation of a mental health toolkit, specifically for immigrants with different statuses.

Identifying and analysing the issues and risk and protective factors affecting the mental health of immigrants and refugees is crucially important for the development of public policy and adapted support programmes. Understanding the challenges these communities face and identifying resources which can promote their psychological well-being better equips us to foster their full development in society, support their individual and collective success, and build a more inclusive society.

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Immigration to Canada and Québec: from Tradition to a Future-Oriented Vision

Immigration plays a crucial role in the economic and demographic growth of Canada and Québec; its importance only increased after the pandemic and in the context of the labour shortage.

According to the 2021 census (Statistics Canada 2022a), **around 23% of the Canadian population (8.3 million people) are or were immigrants**. In Québec, the percentage of immigrants is also significant, reaching **14.6% of the population (1.2 million people) in 2021** (Statistics Canada 2022b). It is projected that by 2036, immigrants could represent up to one-third of the Canadian population (Statistics Canada 2017), cementing their determining role in the demographic, social, and economic development of the country.

Canada also has a long **humanitarian tradition of welcoming refugees**. As a signatory of the Geneva Convention relating to the Status of Refugees, the country has upheld its international legal obligations to protect refugees since the 1950s (UNHCR 2023a). Over the last ten years, Canada and Québec have seen an exponential increase in the arrival of refugees due to conflicts in various parts of the world; particularly Iraq, Syria, Democratic Republic of Congo, Afghanistan, and Ukraine. The reception of these populations reflects Canada's and Québec's commitment to protect and welcome people seeking safety (UNHCR 2023b).

Every year, Canada and Québec also admit a considerable number of temporary immigrants, including **international students and temporary workers**. These populations play an essential role in the country's economic and social dynamics. Many go on to become permanent residents, thus contributing to the long-term demographic development of the country (IRCC 2022).

Immigration: A Stressful Process

While Canada and Québec have global reputations as hosts who recognise, respectively, multiculturalism and interculturalism (Gagnon et al 2010) and who offer social, educational and professional opportunities, settling in Canada can be complex for immigrants and refugees and involve significant challenges.

The process of immigration and establishment is intrinsically stressful. Ensuring the well-being and mental health of refugees and immigrants is a major issue, particularly when migration is accompanied by barriers to integration and additional risk factors (Robert and Gilkinson 2012). These barriers result in, among other things, precarious employment, professional downgrading, precarious housing, loss of support network, family separation, cultural shocks, discrimination, and precarious immigration status (particularly for temporary immigrants).

- **These challenges can weaken an individual's psychological well-being and increase their risk of developing mental health problems.**

- **Mental health problems can also impede the development of immigrants and refugees and limit their full participation and integration into the host society.**

- **Mental health issues and problems can be exacerbated by the fact that immigrants and refugees often tend to under-utilise existing health services and lack information on resources intended for them (Thomson et al. 2015; Ourhou et al. 2022; Gyan et al. 2023).**

2. OBJECTIVES OF THE LITERATURE REVIEW

This literature review will guide the design and development of a pre-departure mental health toolkit for (permanent and temporary) immigrants and refugees. This toolkit will help such individuals identify and anticipate challenges and sources of stress they may encounter as they settle in Québec and provide potential solutions, strategies, and resources to overcome them. This toolkit is part of the Québec government's *plan d'action interministériel en santé mentale* (interministerial mental health action plan) and was mandated to us by the *ministère de l'Immigration, de la Francisation et de l'Intégration* (MIFI).

This literature review thus has two major objectives:

- **Identify the main mental health issues faced by immigrants and refugees, particularly post-migration; and**

- **Study the risk and protective factors for mental health.**

This report, based on the review of the academic and grey literature, is divided into four main sections. First, the methodology used to review the literature is presented. The second section explores the mental health issues encountered by immigrants and refugees in Canada and Québec. The third section looks at the multiple risk factors which act as catalysts for mental health problems among immigrants and refugees. Finally, in the last section, various protective factors for the mental health of immigrants and refugees are examined. Here we highlight resources and mechanisms which can promote the emotional and psychological well-being of immigrants and refugees.

3. METHODOLOGY

Scoping review: review of the academic and grey literature on the mental health of immigrants and refugees

Selection criteria
- Literature covering a variety of migrant populations (immigration status, age, sex, ethnic group, etc.)
- Studies carried out in Québec, Canada, and analogous contexts (United States, Europe, Scandinavian countries, Australia, etc.)
- Some studies carried out in transit countries
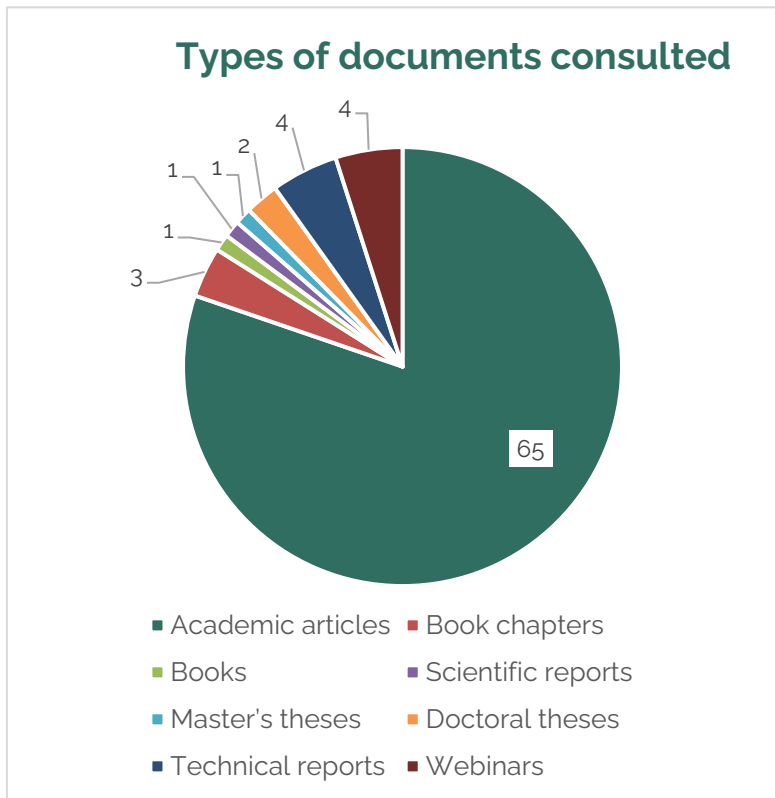- Majority of studies carried out in the past 10 years.

Academic literature
- Academic articles
- Books
- Book chapters
- Academic reports

Grey literature
- Technical reports
- Masters' theses
- Doctoral theses
- Webinars

81 documents consulted and analysed

Types of documents consulted

Pie chart with segments labeled: 65, 3, 1, 1, 1, 2, 4, 4

Legend:
- Academic articles
- Book chapters
- Books
- Scientific reports
- Master's theses
- Doctoral theses
- Technical reports
- Webinars

Contexts studied:

	N
North America (N=62)	
• Canada	33
• Québec	21
• United States	6
• United States and Canada	2
Europe (N=8)	
• United Kingdom	1
• Netherlands	1
• Denmark	2
• Sweden	1
• Finland	1
• Norway	2
Transit countries (N=2)	
• Turkey	1
• Serbia	1
Other (N=9)	
• Australia	2
• South Africa	1
• No specified context	6

4. MAIN MENTAL HEALTH ISSUES AMONG IMMIGRANTS AND REFUGEES

According to the World Health Organisation (WHO 2022), mental health refers to a **state of mental well-being which allows one to cope with daily sources of stress, realise one's full potential, learn and work effectively, all while contributing to life in society**. Mental health is thus a basic condition for us to live, think, interact, and work healthily (Hilario et al. 2018). Mental health is not limited to the absence of psychological illness or disorder, it also depends on the presence of diverse coping skills (Robert and Gilkinson 2012).

The study of immigrant and refugee mental health is fundamentally important, given the particularity of the challenges they face during migration. These challenges may lead to different levels of psychological and emotional pressure. This section explores the mental health issues faced by immigrants and refugees during their establishment in Canada, Québec, and elsewhere in the world.

A. DETERIORATION OF THE MENTAL HEALTH OF IMMIGRANTS

Numerous studies in Canada and Québec have repeatedly shown that immigrants – excluding refugees and non status migrants – generally arrive with better physical health and psychological well-being than people born in Canada.

However, over time, the mental health of immigrants tends to deteriorate and become worse than that of the local population.

In Canadian migration studies, this phenomenon is known as the "healthy immigrant effect" (Thomson et al. 2015; Gyan et al. 2023).

The initial advantage often enjoyed by immigrants is mainly attributed to the meticulous **application selection process**, which privileges individuals with higher economic and cultural capital. In addition, pre-migration medical exams are carried out to ensure that individuals are in good health before they arrive (Oda et al. 2017).

The initial advantage tends to decrease **during the first year after arrival**. The decline in psychological well-being **continues for the next 5 to 10 years**. Only **after about ten years** do people recover physical and mental health comparable or even superior to that of people born in Canada (Kammogne and Marchand 2019). Some immigrants may face mental health issues up to 30 years after their arrival (Yu 2021).

Deterioration of the well-being and mental health of immigrants is often attributed to a **multitude of stress factors and systemic barriers** which limit access to mental health care and services (Boukpessi et al. 2021).

B. PRE- AND PERI-MIGRATION TRAUMA: THE ARRIVAL OF A POPULATION SOMETIMES PRESENTING SYMPTOMS OF POST-TRAUMATIC STRESS DISORDER (PTSD)

This issue mainly relates to the experiences of **refugees**. Refugees are more likely to present mental health problems because of **exposure to potentially traumatic events in their countries of origin and during transit** - the time of temporary displacement before reaching their final destination.

Armed conflicts and forced displacement can cause **multiple losses** (human and material), the breakdown of support networks, and a significant accumulation of **stress** and **emotional distress** (Beiser and Hou 2017)

During transit, refugees commonly experience **numerous adversities** (poverty, forced displacement, life in camps, limited access to services, etc.). Moreover, they can be exposed to higher risks of kidnapping, detention, refoulement, and even physical and sexual abuse (Fuhr et al. 2019; Gagnon et al. 2022; Vukčević et al. 2023). **These experiences are likely to cause significant psychological distress**.

Prolonged transit and spatial immobility can cause a sense of confinement, especially for people living in **extremely precarious conditions** (Castagnone 2011; Bredeloup 2013). People waiting in transit for long periods remain "stuck" in **protracted situations** (Mountz 2011) and are more vulnerable to developing mental health disorders.

Pre- and peri-migration traumatic events are important to consider because they can later undermine the process of adapting to the resettlement society. Several researchers (Wang and Handy 2014; Nihn 2016; Hanley et al. 2018) have shown that refugees who have experienced,

among other things, discrimination or state violence during pre- and peri-migration have a greater tendency to distrust institutional services offered in the resettlement country.

C. Under-utilisation of mental health care and services

The great majority of studies note that, despite the challenges they face and the pre- and peri-migration traumatic events they may have experienced, immigrant and refugee populations in Canada and Québec tend to under-utilise health care resources (Levesque and Rocque 2015; Guruge et al. 2015; Benoit et al. 2020; Nadeau et al. 2020; Laliberté et al. 2021; Gyan et al. 2023). **This under-utilisation plays a role in the deterioration of the psychological well-being of these populations (Thomson et al. 2015).**

The underlying reasons are complex and numerous:

- Language barriers
- Lack of knowledge about how the health care system works
- Mental health services ill-adapted to cultural realities
- Idioms of distress which differ from western concepts of mental health
- Long wait times

- Previous negative experiences
- Distrust of health care institutions and services
- Transportation challenges
- Costs not covered by health insurance
- Prioritization of other needs (mental health relegated to a secondary position)

D. Prevalence of mental health disorders among immigrants and refugee

According to some studies, the **prevalence of mental health disorders among refugees is higher than the general (non-refugee) population**, with an estimated 15% rate of PTSD vs 1% for the general population (WHO, cited by Papazian- Zohrabian et al. 2018). Other studies of refugees report a higher prevalence of **depression** and **anxiety** in comparison to immigrant and local populations - in general, 10 times higher prevalence among refugees than the general population (Bangpan et al 2017).

1/10 One in 10 refugees suffer from post-traumatic stress disorder.
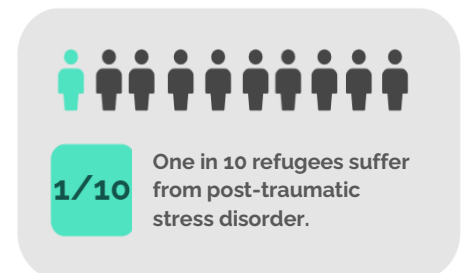
In Europe, North America, and Australia, **it is estimated that 1 in 10 adult refugees suffer PTSD, 1 in 20 suffer depression, and 1 in 25 suffer generalised anxiety disorder** (Beiser and Hou 2017).

Immigrants also present a higher prevalence of mental health disorders than the local society. In fact, contemporary research in North America indicates a 15.6% prevalence of depression among immigrants of different nationalities (Aluh et al. 2023).

10X

Refugees report a 10 times higher prevalence of depression and anxiety than local society.

In brief…

The main mental health issues identified are:

- **Deterioration of the mental health of immigrants**

- **Pre- and peri-migration trauma experienced by refugees**

- **Under-utilisation of mental health care and services**

- **Prevalence of mental health disorders among immigrants and refugees.**

The observed issues may be caused and even exacerbated by exposure to various risk factors; that is, conditions or situations which increase the probability that the individual develops mental health problems.

These factors can lead to living conditions becoming precarious and the psychological well-being of immigrants and refugees deteriorating (Pitt et al. 2015; Hynie 2018). Cumulative exposure to these factors not only has a negative impact on mental health but can impede the process of adapting to the host society.

The following sections of this report present risk factors and then protective factors for mental health; that is, circumstances, habits and coping skills which can contribute to protecting the mental health of immigrants and refugees.

5. RISK FACTORS FOR THE MENTAL HEALTH OF IMMIGRANTS AND REFUGEES

Definition

Risk factors for mental health are characteristics, experiences, or conditions likely to increase the probability that an immigrant or refugee will develop mental health problems. **These factors increase the vulnerability of people facing migration-related challenges and can contribute to the appearance of**

symptoms of mental health problems, such as anxiety, depression, and post-traumatic stress (Giacco et al. 2018).

It is essential to identify the specific risk factors which may influence the psychological well-being of immigrants and refugees. These risk factors, arising from a range of circumstances and experiences, can play a key role in predisposing an individual to certain mental health problems.

A. PREPARATION AND ARRIVAL: A STRESSFUL PROCESS

Departure	• The period preceding migration is marked by preparation, expectation, and "pre-migration stress" which significantly influence the individual's emotional and psychological state (Van Coller 2002). • Before leaving their country of origin, people undergo a psychologically taxing and demanding time requiring considerable capacity for preparation and adaptation (Jasinskaja-Lahti and Yijälä 2011). • Leaving one's country in a hurry or without adequate preparation can make immigrants more likely to face stressful situations on arrival (Sayegh and Lasry 1993).

Arrival	• Arrival is characterised by a major transformation of social life and the emergence of new daily obstacles which can be significant sources of stress and frustration. • Administrative steps that have to be undertaken on arrival (for example, getting health insurance, having diplomas recognised) can be demanding in terms of time and energy (Pitt et al. 2015; Chireh et al. 2022). Lack of knowledge about how to navigate the new bureaucratic system adds an additional layer of stress (Pitt et al. 2015; Mianji et al. 2020). • For refugees, arrival in the resettlement country may be rendered more difficult because of trauma experienced before arrival. Past traumatic experiences can be reawakened by the challenges of confronting a new environment (Agic et al. 2016; Giacco et al. 2018).

B. UNEMPLOYMENT, PRECARIOUS EMPLOYMENT, AND PROFESSIONAL DOWNGRADING

Experiences of unemployment, professional downgrading, and precarious employment are major risk factors for the mental and physical health of immigrants in Canada.

While refugees are not spared from such trials (Beiser and Hou 2016; Hynie 2018), the literature shows that **economic immigrants, selected through a skilled worker programme, appear to be more psychologically affected by these factors** (Dean and Wilson 2009; Hilario et al. 2018).

According to Statistics Canada (2022b), more than half of new immigrants to Canada in 2021 were admitted in the economic class. More than one third of these (34.5%) were selected through a skilled worker programme.

However, reality may differ greatly from initial expectations. Feelings of distress can be attributed to the gap between pre-migration expectations and the concrete reality experienced in Canada (Simich et al. 2006; Hilario et al., 2018).

An in-depth study shows that immigrants face considerable challenges in the labour market; including a **higher rate of unemployment, lower pay, limited access to skilled jobs, and a tendency to occupy lower quality jobs** (Boulet and Boudarbat 2015).

This situation is particularly striking for skilled workers selected through a points system. **Despite their expertise and high cultural capital, a large number encounter considerable difficulty finding full-time work corresponding to their skills**.

54% Dean and Wilson (2009) showed that between 2 and 4 years after their arrival in Canada, **more than half of economic migrants are still seeking employment in their field of expertise.**

The income of immigrants and refugees approaches the Canadian average about **12 years after their arrival** (Boulet and Boudarbat 2015)

People in such situations face **increased emotional pressure**. The consequences for mental health are considerable. People can experience a **loss of their socio-professional identity**; that is, alteration or loss of a feeling of worth connected to their professional role in society (Pitt et al. 2015; Hilario et al. 2018; Moztarzadeh and O'Rourke 2015), which can generate frustration.

The lack of stable income is a significant source of stress and anxiety (Dean and Wilson 2009). Many people are forced to take **survival jobs** (badly paid, precarious, lacking security). This can result in discontent and disillusionment (Pitt et al. 2015). Moreover, physical health problems can result from poor working conditions in this kind of job (Boulet and Boudarbat 2015).

Unemployment and underemployment have repercussions **for the entire family** and can jeopardise migration goals such as family reunification (Dean and Wilson 2009).

C. ACCULTURATIVE STRESS

Acculturative stress is a phenomenon which arises from the **interaction** between the immigrant or refugee's **culture of origin** and the **host country's culture**. It results from individual cultural changes induced by acculturation, including the adoption of new values, beliefs, practices, and behaviours.

These changes, while essential for adapting to a new environment, can create hardship and stress which put the mental health of immigrants and refugees at risk (Robert and Gilkinson 2012; Drouin 2020).

The impact of acculturation stress is often more significant when **the differences between the original culture and the host culture is greater**.

In Québec, immigrants and refugees coming from **collectivist cultures** (where the importance of community and shared values is primordial) can be **more sensitive to acculturative stress and suffer more from mental health disorders** in comparison to immigrants coming from individualist cultures or western contexts (Sayegh and Lasry 1993; Levesque and Roque 2015; Drouin 2020).

D. FAMILY SEPARATION, LACK OF SUPPORT NETWORKS, AND SOCIAL ISOLATION

Immigrants and refugees often face family separation, lack of support network, and social isolation.
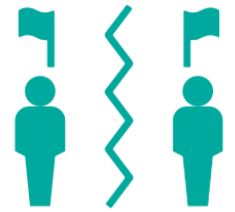
These risk factors can contribute to the deterioration of the mental health of immigrants and refugees (Hynie 2018; Delgado et al. 2021).

Family separation is particularly difficult for refugees because it often involves uncertainty about the fate of loved ones in the country of origin (Volkan 2019) or in transit countries. This can have significant consequences on mental health, exacerbating symptoms of depression and anxiety in particular (Vukčević et al. 2023).

Communication with loved ones in other places can be emotionally taxing and lead to feelings of distress and powerlessness.

In some cases, immigrants and refugees do not share the distress they are experiencing in the resettlement country with their families elsewhere, because they know their loved ones are going through hard times in the country of origin or transit (Pottie et al. 2005; Hynie et al. 2011; Eysenbach et al. 2019).

Linguistic, cultural and economic barriers often hinder the formation of relations of trust with the local population. **Consequently, immigrants and refugees tend to socialise mainly with individuals from their own ethnic or religious group** (Hynie et al. 2011).

This can increase the difficulty of integrating into the local community (Portes 2003), reduce their ability to adapt (Portes and Manning 2013), and limit their employment opportunities (Chicha 2009). These outcomes can have direct consequences on their mental health.

E. PRECARIOUS IMMIGRATION STATUS

Vulnerability linked to precarious immigration status is particularly prevalent among **temporary immigrants** such as international students and temporary workers.

Temporary immigration status can cause significant levels of stress, fed by worries about visa renewals, concern about the outcome of applications, and fear of deportation in the event of a negative response (Aluh et al. 2023). Stress relating to immigration status can greatly disturb mental and emotional stability. This stress can be a main source of anxiety (Hynie 2018).

In the Canadian context, especially in Québec, **temporary status can determine access to mental health care and services**. Temporary residents are not systematically covered by public health insurance and their access to mental health care is consequently limited (Ourhou et al 2022). In general, precarious immigration status is a major barrier to accessing health care (Mianji et al. 2020).

F. LANGUAGE BARRIERS

Language barriers can exacerbate the impact of other risk factors, increasing their negative effects on the mental health of immigrants and refugees. Language barriers can also impede the entire process of social and economic integration into the host country (Su and Hynie 2011; Pitt et al. 2015; Hynie 2018; Hilario et al. 2018).

In Québec, language poses a **significant structural barrier limiting the access of immigrants and refugees to mental health services** (Mianji et al. 2020).

It can be complicated for people who do not master one of the country's official languages to **express emotions and concerns**. This directly effects the quality of needed mental health services (Islam et al. 2017). Language barriers can also **complicate the evaluation of psychological symptoms**; affecting the accuracy of diagnoses, comprehension of the service user's story, and the services offered (Giacco et al. 2018). Language barriers can also restrict access to vital resources and keep people from knowing their rights (Hynie 2018).

The use of **interpreters** can resolve these problems. However, access to professional interpretation services covered by the health care system is often limited and concerns about confidentiality pose challenges (Mianji et al. 2020).

In Québec, the government is currently pursuing a political strategy to preserve the French language. As part of this strategy, public institutions are required to communicate exclusively in French with immigrants and refugees after their first six months of residence in Québec (PL-96). **This can discourage immigrants who do not speak French from using public health care services** (Cleveland and Vipond Butler 2022). A recent study carried out in Montreal (Nadeau et al. 2020) showed that **some immigrants tended to underutilise mental health care services for youth, for fear that these resources would only be accessible to French-speakers**.

G. DISCRIMINATION, RACISM AND STIGMATISATION

The great majority of studies consulted showed the harmful effects of discrimination and "anti-migration" and "anti-refugee" discourses on the mental and physical health of immigrants and refugees. While ethnocultural diversity is a fundamental pillar of the Canadian national identity, discrimination and racism undeniably persist (Beiser and Hou 2016; Gyan et al. 2023).

Repeated exposure to these risk factors can weaken the physical and mental health of immigrants and refugees, since they are directly linked to increased rates of stress, anxiety, and depression (Hynie 2018).
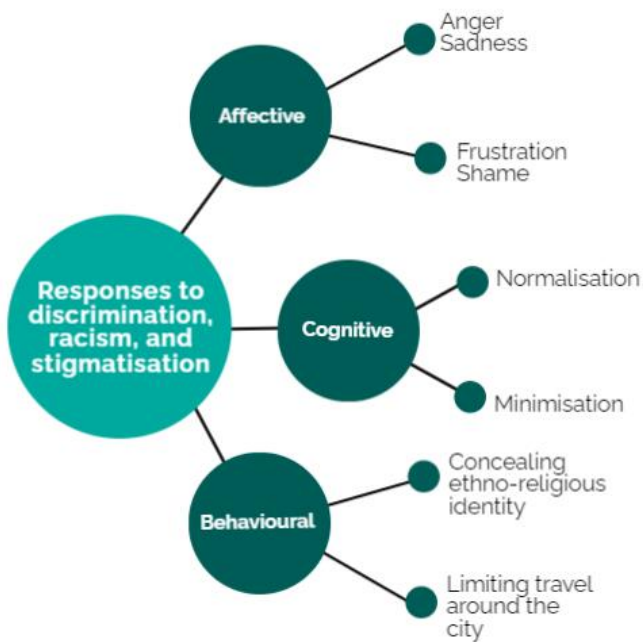
Such experiences can:

- Exacerbate traumatic reactions
- Lead to the internalisation of negative stereotypes (Nazisch et al. 2021)
- Induce harmful substance use (alcohol, tobacco, etc.)
- Cause aggressive behaviour (Beiser et Hou 2016)
- Trigger physiological responses
- Limit the socialization of immigrants and refugees (Hynie et al. 2011)
- Impede quitable access to essential services such as health care and education (Papazian-Zohrabian et al. 2018; Ziersch et al. 2020).

A quantitative study carried out with refugees in Australia (Ziersch et al. 2020) showed that nearly a quarter of participants had experienced at least one **episode of discrimination** touching various aspects of their daily life. **Among those who had faced discrimination, 90% reported negative consequences for their mental health**. The study also showed that **people from the Middle East and Africa were particularly vulnerable to discriminatory experiences**. These experiences were not limited to specific contexts but extended to public services such as health care, education, the police, and access to housing.

H. WINTER: A DIFFICULT CLIMATE

Winter seasonal affective disorder (SAD), also known in Canada as the "winter blues" (Canadian Mental Health Association 2020), is manifested by depressive behaviour and increased sleepiness and appetite. Generally, **winter SAD is an under-diagnosed mood disorder, particularly among immigrants and refugees**.

According to a study of immigrants and refugees in Norway (Saheer et al. 2013), the **origin of immigrants and refugees can determine the prevalence of winter SAD**: people from lower latitudes (tropical and arid climates) who migrate to the higher latitudes (continental or quasi-polar climates) present a higher prevalence of winter SAD.

It is stunning to note that, despite Canada's harsh winters, there is little to no research on the effects of seasonal affective disorders (SAD) on immigrant and refugee populations.

6. PROTECTIVE FACTORS FOR THE MENTAL HEALTH OF IMMIGRANTS AND REFUGEES

Definition

Protective factors in mental health are **assets, skills, resources, and circumstances which act as sources of support or coping mechanisms**. These factors can reduce the negative effects of risk factors and protect and encourage the psychological well-being of immigrants and refugees.

Protective factors play an essential role in **reducing mental health problems and promoting positive mental health within immigrant and refugee populations** (CERDA 2012a, 2021b; Lincoln et al. 2021). This translates into their ability to think, feel and act in ways which improve their lives and address the challenges they face (Public Health Agency of Canada 2020).

The importance of protective factors in maintaining mental health should not be under-estimated. These elements act as **fundamental shields**, working to reduce vulnerability to the inherent challenges of migration and the potential for adverse repercussions on mental health. By strengthening resilience and reducing risk, these factors play a key role in maintaining emotional balance and general well-being).

Protective factors operate on diverse levels: individual, micro- (e.g., family), meso- (e.g. neighbourhood or organisations), and macro-social (e.g. society, country).

A. PREPARING FOR MIGRATION

The impact of careful preparation for migration cannot be underestimated; it represents a significant protective factor.

This preliminary step enables emigrants to **anticipate and manage the inherent upheavals of migration**. Preparation is a fundamental pillar of successful transition, facilitating adaptation to the new environment (Van Coller 2002; Jasinskaja-Lahti and Yijälä 2011).

Pre-migration contact

Pre-migration contact can broadly influence expectations about post-migration adaptation.

- Pre-migration visits and trips
- Employment opportunities before arrival
- Websites, embassy, etc.

Pre-migration networks

These networks provide practical information, social support, and perspectives on adaptation.

- Family, friend networks
- Compatriots settled in the country of immigration

Preparing for migration can also reduce acculturative stress (Van Coller 2002). Cognitive familiarity with the host environment helps reduce uncertainty and manage the expectations of potential migrants.

Appropriate preparation can reduce the level of stress related to migration, creating a solid basis for a less abrupt transition (Jasinskaja-Lahti and Yijälä, 2011).

Sociologist Alejandro Portes (2000; 2003) defines social networks as the **interweaving of social relations which can be mobilised in specific contexts**.

Three types of social ties (Putnam 2000; Hynie et al. 2011; Hanley et al. 2018):

- Bonding social ties: linking sociologically similar individuals (family, friends, ethnic and religious group, etc.)
- Bridging social ties: bringing together individuals from different groups (neighbourhood, colleagues, inter-community networks)
- Linking social ties: ties arising from involvement in associations, organisations, or institutions (i.e., community participation).

In the case of immigrants, and particularly refugees, bonding social ties and linking social ties have greater importance as sources of social and emotional support.

Close-knit networks

- Family
- Friends
- Ethnic or religious group

- Promote economic incorporation (Kayayan 2020)

- Important sources of social and emotional support. They can offer practical and strategic information (Lamba and Krahn 2003; Beiser and Hou 2017)

- Sources of emotional encouragement and distraction from migration-related challenges (Hynie et al. 2011)

Close-knit networks can also serve as a guide to navigating the health care system and, through referral, counter distrust of health institutions in the host country (Nadeau et al. 2020).

The strength and size of ethnic networks can influence where immigrants and refugees settle.

In some cases, people settle and work in urban areas where their community of origin is most strongly represented. These areas, commonly known as "**migrant enclaves**" or "**ethnic enclaves**" are often defined by space (a neighbourhood) and precise economic sectors (Portes and Böröcz 1989).

In the case of newcomers who do not yet master the language of the host country, the choice of settling in a migrant enclave could be considered a **protective factor** (Lincoln et al. 2021).

| **Intercultural networks** | Intercultural networks (bridging social ties) play a crucial role as a **protective factor for the mental health of immigrants and refugees**.

These relationships with **people from the local society, or different ethnic, religious, or social groups**, are an important source of social support, providing significant benefits beyond the immediate circle.

Intercultural networks confer significant benefits in employment, socialisation, navigating the new system, and informational and practical support (Chicha 2009; Hynie et al. 2011; Glick-Schiller and Çaglar 2015). |
|---|---|
| **Transnational networks** | **Transnational networks also play a crucial role in safeguarding the mental health of immigrants and refugees.**

Although these populations settle and rebuild their lives in a new country, they maintain social, cultural, economic and political ties with their homeland and other countries where their fellow nationals have settled (Basch et al. 2005). These transnational ties, which transcend the borders of nation-states, enable them to develop a "bifocalized" or "multifocalized" lifestyle (Vertovec 2004).

By relying on these transnational networks, immigrants and refugees can not only counter social isolation, but also access useful resources and information. These networks offer them vital social and emotional support, reinforcing their sense of security and belonging to a wider community (Glick-Schiller and Fouron 1999). |

C. COMMUNITY INVOLVEMENT

Relationships formed within community organisations and ethnic and immigrant associations, religious groups, clubs, and other types of social activities constitute a vital source of social and emotional support in the context of immigration (Putnam 2000; Wang and Handy 2014; Chambers 2017).

Community participation

- Counter feelings of loss and solitude

- Reconnect with culture of origin

- Share similar experiences

- Strengthen resilience of members

Regular participation in **religious activities**, whether daily or weekly, has also been shown to have **beneficial effects on the mental health of immigrants and refugees** (Yu 2021).

Community involvement plays just as important a role for young immigrants and refugees. **Involvement in sports or extracurricular activities, for example, is particularly effective in improving the well-being of this population** (Bergstrom-Wuolo et al. 2018).

These kinds of involvement provide a **healthy environment** for youth to **develop social skills, make friends, and construct their identity** in a new and sometimes difficult context.

D. ACCESS AND USE OF HEALTH CARE SERVICES ADAPTED TO THE REALITIES OF IMMIGRANTS AND REFUGEES

While the under-utilisation of mental health care and services can be a risk factor for immigrants and refugees, recourse to formal services adapted to their particular realities and cultures is an essential source of protection (Gyan et al. 2023).

Mental health professionals from diverse ethnic communities can help make services accessible and adapted to immigrants and refugees.

Translating guides and booklets about the mental health services available can also improve access to these resources).

- The experience of Iranian immigrants in Montreal shows that translated materials and the involvement of mental health professionals with the same background can play a significant role in improving access to services (Mianji et al. 2020).

E. ACCESS AND USE OF SOCIAL AND ECONOMIC INTEGRATION SUPPORT SERVICES FOR IMMIGRANTS AND REFUGEES

Recent studies conducted in Canada (Islam et al. 2017; Gyan et al. 2023) have highlighted that access and use of reception, guidance and support services for social and economic integration are crucial protective factors for immigrants and refugees. **These services play a vital role as support systems for newcomers, making it considerably easier for them to adapt to their new environment**.

In fact, these services often provide resources and tools to help individuals find employment that matches their skills, access physical and mental health care, understand the local legal and education systems, and develop their language skills. This assistance helps build self-confidence and promotes mental well-being.

- When these services are adapted to the cultural and social realities of immigrants and refugees, they become essential in the adaptation process, serving as resources and guidance for learning to navigate a new system, culture and language (Gyan et al. 2023).

F. VALUING WORK

While it can be a source of stress for immigrants and refugees, **work can also function as a significant protective factor for their mental health**. In fact, work can act as both risk and protective factor.

Some Canadian studies have shown that **immigrants working in jobs matching their field of expertise generally present good mental health** (Kammogne et al. 2019).

Moreover, the links between quality of work and mental health seem more pronounced among refugees and immigrants than people born in Canada. Better quality of work is often associated with decreased mental health problems among immigrants and refugees (Boulet and Boudarbat 2015).

G. SCHOOL

School plays a crucial role as a protective factor for the mental health of immigrants and refugees, particularly youth. **School can provide a warm welcome and positively shape the beginning of a new life for young immigrants and refugees** (Papazian-Zohrabian et al. 2018).

Schools can also play a **major part in promoting the mental health of youth and families with immigrant backgrounds** (Nazish et al. 2021). Schools can serve as entry or starting points for referrals to mental health services offered by health care centres (Nadeau et al. 2020).

Adult immigrants and refugees who attend language schools also benefit from this protective factor. In Québec, **French language courses were identified as safe spaces** in which Syrian refugee women found significant support and established ties beyond their ethnic group. These language learning and socialisation experiences are valued for their contributions to psychological adjustment and well-being (Hanley et al. 2018).

H. ETHNIC IDENTITY AND THE FEELING OF BELONGING

Keeping up cultural and religious practices is associated with the well-being of people with immigrant backgrounds (Moztarzadeh and O'Rourke 2015; Gyan et al. 2023).

- **Preserving cultural values, religion, and ethnic identity significantly influences the mental health of immigrants and refugees;** among other things, it can mitigate the negative impact of discrimination on psychological well-being (Garcini et al. 2021).

A **feeling of belonging** to the host country is also linked to better mental health among immigrants and refugees (Beiser and Hou 2017; Gyan et al. 2023**). Involvement in the local community plays a crucial role** because it develops a sense of emotional attachment to other members of society and opens access to various resources promoting mental health (Chireh et al. 2022).

- For refugees in particular, a feeling of belonging to the host country may help them detach from past oppression and develop positive links to their new environment (Beiser and Hou 2017).

I. A HEALTHY LIFESTYLE

Lifestyle can have a significant impact on the mental health of immigrants and refugees (Chireh et al. 2022). Adopting a healthy lifestyle involves diverse elements such as a balanced diet, regular physical activities, quality sleep, and avoiding use of tobacco and alcohol.

A diet rich in fruit, vegetables and cereals can play a protective role for mental health. A Canadian study on the diet of immigrants found a strong correlation between balanced diet and reduced risk of mental health disorders such as depression and bipolar disorders (Emerson and Carbert 2019).

Quality sleep is another essential element for mental health and should be considered as a protective factor for immigrants and refugees (Sano et al. 2019; Kyeremeh et al. 2020; Ansbjerg et al. 2023).

Sports and physical activities also play a vital role in promoting psychological well-being. Participating in sports teams or physical activities can strengthen feelings of social inclusion and create positive social ties, which can have significant benefits for mental health (Bergstrom-Wuolo et al. 2018).

Some specificities

These risk and protective factors can have varied impacts on immigrants and refugees (Hansson et al. 2012).

These risk and protective factors do not have uniform effects across diverse immigrant (permanent and temporary) and refugee populations.

Different social groups have specific risk and protective factors; e.g., youth, women, men, elderly people, and LGBTQIA+.

By adopting a differentiated approach, we can better understand how these factors interact with the characteristics of each group, influencing their mental health in distinct ways.

7. CONCLUSION

This report is based on an exhaustive review of the academic and grey literature concerning the mental health of immigrants and refugees. A total of 81 documents were analysed for the study.

This in-depth analysis was undertaken in order to guide the development of a mental health toolkit, specifically designed for diverse groups of immigrants.

This report was carried out with two major objectives:

- Identify the main mental health issues for immigrants and refugees
- Identify and analyse risk and protective factors for the mental health of immigrants and refugees.

In brief...

Deterioration of immigrants' mental health

Pre- and peri-migration trauma among refugees

Main mental health issues

Under-utilisation of mental health care and services

Prevalence of mental health disorders
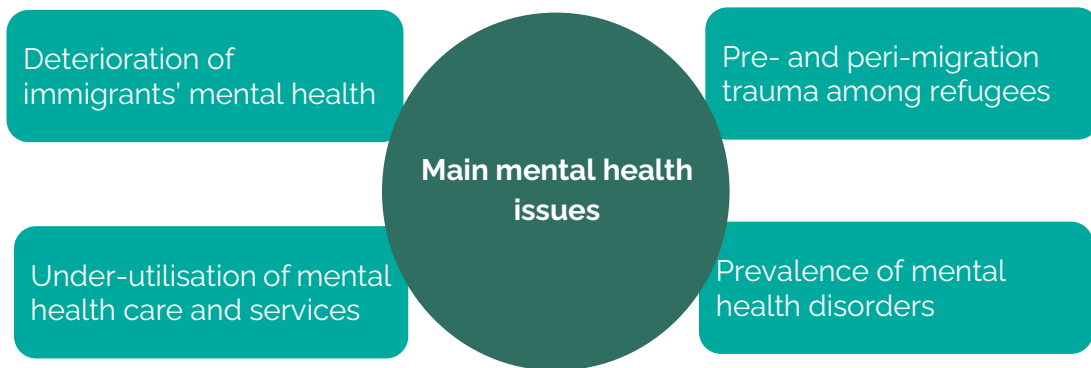
Risk Factors

- Lack of preparation and stress experienced on arrival

- Unemployment, precarious employment, and professional downgrading

- Acculturative stress

- Family separation, lack of support networks, and social isolation

- Precarious immigration status

- Language barriers

- Discrimination, racism, and stigmatisation

- Difficult winter climate

Protective Factors

- Preparation for immigration

- Close-knit social networks

- Intercultural networks

- Transnational networks

- Community involvement

- Accessing and using mental health services adapted to specific needs

- Accessing and using social and economic integration support services

- Valuing work

- School

- Preserving ethnic identity and a feeling of belonging

- Maintaining a healthy lifestyle

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