

**Mental Health Promotion Among
Newcomer Female Youth:
Post-Migration Experiences and Self-Esteem**

by

**Nazilla Khanlou, Morton Beiser, Ester Cole,
Marlinda Freire, Ilene Hyman and Kenise Murphy Kilbride**

The research and publication of this study were funded by Status of Women Canada's Policy Research Fund. This document expresses the views of the authors and does not necessarily represent the official policy of Status of Women Canada or the Government of Canada.

June 2002

Status of Women Canada is committed to ensuring that all research produced through the Policy Research Fund adheres to high methodological, ethical and professional standards. Specialists in the field anonymously review each paper and provide comments on:

- the accuracy, completeness and timeliness of the information presented;
- the extent to which the methodology used and the data collected support the analysis and recommendations; and
- the original contribution the report would make to existing work on this subject, and its usefulness to equality-seeking organizations, advocacy communities, government policy makers, researchers and other target audiences.

Status of Women Canada thanks those who contribute to this peer-review process.

National Library of Canada cataloguing in publication data

Main entry under title: Mental health promotion among newcomer female youth [electronic resource]: post-migration experiences and self-esteem

Issued also in French under title: Promotion de la santé mentale des jeunes immigrantes.

Includes bibliographical references.

Issued also in print format.

ISBN 0-662-32084-0

Cat. No. SW21-93/2002E-IN

1. Women immigrants — Mental health — Canada.
 2. Young women — Mental health — Canada.
 3. Mental health promotion — Canada.
 4. Women immigrants, Services for — Canada.
- I. Khanlou, Nazilla, 1965- .
II. Canada. Status of Women Canada.

HQ1453.M46 2002

305.235'08691

C2002-980123-0

Project Manager: Julie Cool, Status of Women Canada

Publishing Co-ordinator: Cathy Hallessey, Status of Women Canada

Editing and Layout: PMF Editorial Services Inc. / PMF Services de rédaction inc.

Translation: Lexi-tech

Translation Co-ordinator: Jo Anne de Lepper, Status of Women Canada

For more information contact:

Research Directorate

Status of Women Canada

123 Slater Street, 10th Floor

Ottawa, Ontario K1P 1H9

Telephone: (613) 995-7835

Facsimile: (613) 957-3359

TDD: (613) 996-1322

E-mail: research@swc-cfc.gc.ca

ABSTRACT

This report describes the findings of a study that examined mental health promotion issues of newcomer female youth attending secondary school. Particular attention was paid to influences promoting or challenging the youths' self-esteem. The study was conducted in Toronto, Ontario and was influenced by a participatory action research framework. Data were gathered through focus groups with female youth and with school educators, and in interviews with parents, and school and community health centre workers. The emerging picture of the youth participants was of a dynamic self which drew from a rich source of experiences, knowledge and sensitivity to context. The youth identified multiple sources of influence on how they felt about themselves. Relationships with parents and friends played an important supportive role. One major concern of the youth was their belief that they were not proficient in English. Systems issues, which created settlement barriers for youth and their parents in Canadian society, were identified. The youth evaluated their involvement in the study as a positive experience. The report concludes with policy implications and recommendations for various systems. As part of this process, it is suggested that the explication of values underlying policies and initiatives be a necessary component of mental health promotion strategies directed at newcomer female youth.

TABLE OF CONTENTS

LIST OF TABLES iii

ACRONYMS AND ABBREVIATIONS..... iv

PREFACE..... v

EXECUTIVE SUMMARY vi

1. INTRODUCTION..... 1

 Context..... 1

 The Report and Its Concepts..... 2

2. IMMIGRATION AND CANADA 4

 Immigration to Canada 4

 Immigrant Youth in Canada..... 6

3. YOUTH IN CANADA: AN OVERVIEW OF MENTAL HEALTH LITERATURE .. 8

 Mental Health..... 9

 Knowledge Gaps 15

4. RESEARCH METHODOLOGY 17

 Participatory Action Research and Mental Health Promotion..... 17

 Focus Groups and Interviews..... 18

 Questionnaire 21

 Field Log..... 22

 Analysis 22

 Participants..... 23

5. MENTAL HEALTH PROMOTING AND CHALLENGING INFLUENCES 25

 Self-Esteem 25

 Self-Concept 27

 Language..... 35

 Relationships..... 36

 Systems Issues..... 40

 Emerging Issues from Study Findings..... 44

 Youth Participation..... 45

6. POLICY IMPLICATIONS AND RECOMMENDATIONS 48

 Values and Principles 48

 Recommendations 49

7. CONCLUSION 60

APPENDIXES

A. Biographies of Research Team..... 61
B. Youth Focus Group Questionnaire 63
C. Youth Focus Group Evaluation..... 66

REFERENCES 67

ENDNOTES 74

LIST OF TABLES

1	Highest Level of Education, Persons 15 Years and Over, Toronto Metropolitan Area, 1996.....	5
2	Labour Force Participation Rates of Persons 15 to 64 Years, by Age and Gender, Toronto Metropolitan Area, 1996.....	6
3	Focus Groups and Interviews	19
4	Self-Esteem Promoting Influences	26
5	Self-Esteem Challenging Influences.....	26
6	Self-Esteem Promoting Strategies	27

ACRONYMS AND ABBREVIATIONS

ACPH	Federal–Provincial–Territorial Advisory Committee on Population Health
CAMH	Centre for Addiction and Mental Health
CCSD	Canadian Council on Social Development
CCHS	Culture, Community and Health Studies
CERIS	Centre of Excellence for Research on Immigration and Settlement
CIC	Citizenship and Immigration Canada
CSE	Current self-esteem scale
ESL	English as a second language
FG	Focus group
IMSS	Immigrant and Multicultural Services Society
PAR	Participatory action research
SEPT	Settlement Education Partnerships in Toronto
TDSB	Toronto District School Board
YAC	Youth Advisory Council

PREFACE

Good public policy depends on good policy research. In recognition of this, Status of Women Canada instituted the Policy Research Fund in 1996. It supports independent policy research on issues linked to the public policy agenda and in need of gender-based analysis. Our objective is to enhance public debate on gender-equality issues in order to enable individuals, organizations, policy makers and policy analysts to participate more effectively in the development of policy.

The focus of the research may be on long-term, emerging policy issues or short-term, urgent policy issues that require an analysis of their gender implications. Funding is awarded through an open, competitive call for proposals. A non-governmental, external committee plays a key role in identifying policy research priorities, selecting research proposals for funding and evaluating the final reports.

This policy research paper was proposed and developed under a call for proposals in September 1999, on *Young Women at Risk*. In spite of the progress made in recent decades, young women still represent a social group much at risk, especially with respect to their physical and mental health, their professional future and their socio-economic situation. They face a variety of problems that are often interrelated. Researchers were asked: "How can government policies create better conditions for the growth and development of these young women *at risk*, from childhood through the transition years to adulthood?"

Two research projects were funded by Status of Women Canada on this theme. This report, *Mental Health Promotion Among Newcomer Female Youth: Post-Migration Experiences and Self-Esteem*, provides a new examination of mental health promotion strategies for immigrant and refugee female adolescents. The other report under this call for proposals, *On Her Own: Young Women and Homelessness in Canada*, fills a critical gap in Canadian research on homelessness.

We thank all the researchers for their contribution to the public policy debate.

EXECUTIVE SUMMARY

The recommendations emerging from this study address various decision-making levels. As no policy is value free or derived solely from empirical findings, we suggest that the values underlying policies and the principles guiding such initiatives become a necessary part of mental health promotion directed at newcomer female youth. While the following three principles and their underlying values can guide policy initiatives and mental health promotion strategies directed at newcomer female youth, they are not all-inclusive. Rather, policy makers, health promoters, educators and other individuals, groups or organizations working with newcomer female youth can add their own principles. In each case, value clarification becomes a necessary step in the process from research to policy implementation.

Principle 1: Newcomer female youth should be involved in all phases of mental health promotion initiatives directed at them. This includes involvement in research projects and voicing their opinions on the relevance of suggested initiatives. Flexibility in approach will facilitate youth participation. (*Underlying value:* Youth participation in mental health promotion initiatives is necessary, valuable and attainable.)

Principle 2: Mental health promotion policies and strategies for newcomer female youth must be context specific. In addition to youths' developmental stage, the intersection between their gender, migrant and visible minority status, and social resources necessitates non-universal approaches to mental health promotion in Canada's multicultural settings. (*Underlying value:* The universality of knowledge derived from studying mainstream youth and the relevance of resultant strategies to newcomer female youth cannot be assumed. Caution must be exercised to avoid stereotyping that can arise from applying mainstream North American cultural values and embedded assumptions of normal adolescent development to youth of diverse backgrounds.)

Principle 3: Mental health promotion strategies for newcomer female youth must be comprehensive and intersectoral across systems. (*Underlying value:* The development of newcomer female youth is affected by multiple influences; therefore, isolated and non-sustainable approaches are not effective on a long-term basis.)

Recommendations

The recommendations for mental health promotion policies and strategies for newcomer female youth are grouped under those applying to the education system, health and social services systems, and resettlement services and those that apply across systems.

Education System

Recommendation 1: Support and improve English as a second language (ESL) programs throughout the education system. Expand ESL programs in schools that have a high proportion of newcomer youth.

Recommendation 2: Encourage schools to foster multilingual and multicultural environments.

Recommendation 3: Promote inclusive educational curricula encompassing multicultural, anti-sexist and anti-racist values.

Recommendation 4: Increase the presence of teachers, principals and vice-principals from diverse ethnocultural and ethnoracial backgrounds in multicultural schools.

Recommendation 5: Support extra-curricular activities and school-based student groups in secondary schools.

Recommendation 6: Actively seek the participation of immigrant families in the workings of their daughters' school system.

Health and Social Services Systems

Recommendation 7: Educate health and social services professionals working with newcomer female youth in cultural sensitivity.

Recommendation 8: Across the health system, provide appropriate mental health promotion initiatives for newcomer female youth.

Recommendation 9: Focus on the strengths of newcomer female youth as well as their challenges. Foster youth participation in decision-making fora related to health and social services planning.

Resettlement Services

Recommendation 10: Provide comprehensive resettlement services to the entire family unit of newcomer female youth.

Recommendation 11: Provide specialized resettlement programs to newcomer female youth.

Recommendation 12: Provide sustained funding from all levels of government for resettlement services directed at newcomer female youth and their families.

Recommendation 13: Develop and support school-based settlement programs for newcomer female youth.

Across Systems

Recommendation 14: Develop and co-ordinate partnerships (including health, education, social and resettlement services) across systems.

Recommendation 15: Adopt culturally sensitive, anti-discriminatory policies and strategies in institutions that work with newcomer female youth and their families.

The following concluding points are highlighted.

- *Newcomer female youth are a diverse group with similarities in their adjustment issues to life in Canada as well as differences in such areas as interests, resources, circumstances and self-perceptions.* It cannot be assumed that the same policies and strategies would be relevant to all newcomer youth groups across Canada.
- *Caution must be exercised in interpreting the suggested recommendations as an indication that all newcomer female youth to Canada have mental health vulnerabilities and are in need of many services.* Despite the systemic barriers faced by newcomer female youth and their families, they have a strong determination to succeed and achieve education and career goals in their new country of residence.
- *The proposed principles and recommendations can contribute to mental health promotion among all youth attending school in Canada's multicultural cities and communities.* For example, anti-racist and anti-sexist initiatives promote a society that is more just — one in which all youth, whether Canadian born or immigrant, female or male, develop and learn to embrace differences.

1. INTRODUCTION

This report presents the findings of a research project examining mental health promotion issues among newcomer female youth. The report's goals are:

- Contribute to the mental health promotion policies and strategies directed at newcomer female youth attending secondary school in Canada's multicultural cities, which recognize the unique opportunities and challenges experienced by these youth as a function of their gender, migrant and visible minority status, and developmental stage.
- Promote multidisciplinary and intersectoral initiatives (including those within the education system, health and social services systems, resettlement services and by community-based groups) which advance the equality of newcomer female youth in Canadian society while recognizing the diversity in their lives.

The study was conducted in Toronto, Ontario, in 2000 and 2001. The research team consisted of a multidisciplinary group of researchers and practitioners brought together by their mutual interests and experience in mental health promotion among youth. The project's principal investigator was Nazilla Khanlou. The co-investigators were Morton Beiser, Ester Cole, Marlinda Freire, Ilene Hyman and Kenise Murphy Kilbride. The principal research assistant was Daniela Giordano and the research assistant was Alison Low. Appendix A presents brief biographical information on members of the research team. The study was administered at the Centre for Addiction and Mental Health, Clarke Division, in Toronto.

Context

Over a decade ago, the Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees identified youth and women as groups with special needs. Recognizing the erosion of youth self-esteem in the presence of racism, the Task Force (Beiser 1988: 68) reported that "policies have not yet addressed the needs of migrant children as comprehensively as necessary." Recognizing the additional risk factors experienced by immigrant women compared to their male counterparts, the report (Beiser 1988: 76) observed: "Since the factors which create stress for migrants apply particularly strongly to women, policies and programs which address these factors are of even greater importance for women than for men."

To inform mental health promotion policies and program initiatives directed at newcomer female youth, research is required that addresses the unique influences on the mental health of this group of youth and identifies context-specific actions. It is acknowledged at the outset that throughout this report a mental health promotion viewpoint, rather than a disease prevention emphasis, is taken. This view is in concordance with Joubert and Raeburn's (1998: 15) "positive view of mental health promotion" as being distinct "from disease prevention or any pathologizing enterprise." Joubert and Raeburn built on the definition of mental health promotion emerging from an international workshop held in Toronto in 1996 which resulted in the following conception.

Mental health promotion is the process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health. Mental health promotion uses strategies that foster supportive environments and individual resilience, while showing respect for equity, social justice, interconnections and personal dignity (Centre for Health Promotion 1997).

While the challenges facing the participating youth in the study are identified in this report, so are the strengths and capabilities of youth. Particular attention is also paid to the role of systems during the post-migration settlement phase. This viewpoint recognizes the paramount role of supportive environments in youth growth and development.

According to Joubert and Raeburn (1998: 16) mental health promotion practice entails “the fostering of resilience through the provision of both personal and environmental resources.” As one aspect of resilience, this report especially considers self-esteem and the individual and environmental influences on the self-esteem of the participating youth. Self-esteem’s association with other mental health outcomes and its potential to influence the health behaviour patterns of youth make it an important mental health construct (discussed in Chapter 3).

A mental health promotion focus on newcomer female youth will contribute to a positive image of youth in Canadian society and to supportive environments for their ongoing development. It is hoped the findings presented in this report will contribute to informing such initiatives.

The Report and Its Concepts

The report consists of seven chapters. Chapter 2 provides statistical information on Canada’s immigrant population in general, followed by more specific statistics on Toronto’s immigrant population and on immigrant youth in Canada. Chapter 3 presents a synthesis of the literature on mental health and youth, with a focus on self-esteem. Chapter 4 describes the research methods used in the project. As the project was influenced by a participatory action research (PAR) framework, a brief overview of PAR is also provided. The findings from the various sources of data are presented in Chapter 5. Chapter 6 describes the mental health promotion recommendations for policies and strategies arising from the project. This is followed by a concluding chapter, appendixes and the references cited in the report.

In this report, the term “youth” is used interchangeably with the term “adolescent” and relates to middle adolescence (grades 9 and 10 of secondary school) and late adolescence (grades 11 and 12). The secondary school period, instead of chronological age, is suggested to capture the psychosocial developmental tasks associated with this stage of development.

The term “newcomer” includes immigrant and refugee youth. However, given the distinct pre-migration experiences of the two groups, their mental health promotion issues during the resettlement phase in Canada can vary. In a review of the literature for Health Canada, Hyman (2001) observed that while immigrant children did not have worse mental health

outcomes than non-immigrant children, the reviewed studies suggested that certain sub-groups, such as refugee children, were at a higher risk. The literature review in this report addresses Canadian-born, immigrant and refugee youth in three different sub-sections. However, the findings do not have a similar separation as no youth participating in this report identified themselves as refugees. Future research on newcomer youth needs to address the issue of collecting data sensitively on migration status in group participation settings. Due to the negative stigma of the term “refugee,” youth may feel vulnerable in identifying themselves as such in the presence of others. This includes in the presence of researchers and peers. As well, many of the post-migration challenges found in this study, such as language barriers, the lack of friendships with Canadian-born youth, and a sense of being different and not belonging to Canadian culture have relevance to both newcomer immigrant and newcomer refugee female youth.

“Self-esteem” is a general attitude concerning the worth of oneself and consists of the evaluative component of the self. The notion of “value” is embedded in the various definitions of self-esteem. For example, Drier (1984: 395) defined self-esteem as the “pervasive aspect of the self-concept which relates to the worth or value the person holds of the self.” Branden (1994: 27, italics in original) defined self-esteem as “*the disposition to experience oneself as competent to cope with the basic challenges of life and as worthy of happiness.*” The first part of this definition addresses self-efficacy, confidence in one’s ability to “think, understand, learn, choose, and make decisions,” while the second part addresses self-respect, a value for one’s “right to live and be happy” (Branden 1994: 26). Koenig’s (1997) definition recognized the influence of the self and the influence of others on one’s self-esteem. She defined self-esteem as “the sense of pride we experience when we evaluate ourselves positively. We might also experience this pride when we believe others view us the same way, and this too could be a part of self-esteem” (Koenig 1997: 65).

While much of the empirical work conceptualized self-esteem as a stable trait, there is growing recognition of the influence of context on one’s sense of self-worth. Under the latter perspective, self-esteem is a dynamic, context-bound experience. Among newcomer youth, post-migration experiences such as prevailing societal attitudes toward one’s gender, migration status, ethnocultural group and racialized status, can affect their evaluation of self-worth. As well, individual strengths, support from family and from the youth’s ethnic community can influence their sense of self-worth. Previous research supports this argument indicating that although self-esteem promotion can benefit from lifestyle-oriented activities, its growth takes place in the larger context of adolescent relationships, school-related experiences, attitudes toward self and achievements (Khanlou 1999). The interplay between newcomer female youth self-esteem and context signals that mental health promotion policies and strategies are not bound to one system; instead they span systems. (See Chapter 6.)

2. IMMIGRATION AND CANADA

Immigration to Canada

According to Citizenship and Immigration Canada (2000b), 189,816 immigrants were admitted to Canada in 1999, the majority of whom were between the ages of 25 and 44 (49.5% female and 51.8%¹ male). During 1999, the top three immigrant source countries were the People's Republic of China, India and Pakistan. Fifty-six percent of immigrants were admitted under the economic class, followed by 29% under the family class and 13% as refugees. The statistics indicate that immigrants arriving in Canada are, in general, educated and skillful. For example, in 1999, 29.8% of immigrants held a bachelor's degree and 68.2% intended to work. Forty-two percent of immigrants spoke neither English nor French on arrival but of the 43.9% who were able to speak English, 63.8% intended to work. The top three provinces of destination for immigrants arriving in Canada were Ontario (54.8%), British Columbia (19%), and Quebec (15.4%). Of the immigrants in these provinces, 43.9% resided in Toronto, 14.6% in Vancouver and 12.4% in Montréal.

Thirteen percent of all immigrants admitted to Canada in 1999 were refugees. The majority of refugees were between the ages of 25 and 44 (43.3% female and 45.3% male). The top three source countries for refugees during 1999 were Bosnia-Herzegovina, Sri Lanka and Afghanistan. Close to 63% of refugees arriving in 1999 had completed non-university education (32.7% had 10 to 12 years of schooling, 10% had 13 or more years of schooling, 9.8% had a trade certificate, and 10.6% had a non-university diploma). About 10% of refugees had a bachelor's degree. Forty percent of these refugees were able to speak English while 46% spoke neither French nor English. Fifty-one percent of refugees who were able to speak English and 31.5% of refugees who spoke neither official language intended to work in Canada. Among the total population of refugees who arrived in Canada in 1999, 49% sought refugee status in Ontario, followed by 30.1% in Quebec and 7.8% in British Columbia. Of the refugees in these provinces, 32.9% resided in Toronto, 21.1% in Montréal, and 6.4% in Vancouver.

The Immigrant Population in Toronto

The following statistics concerning the immigrant population in Toronto were compiled from Citizenship and Immigration Canada (CIC 2000a,b) documents. "Recent immigrants" refers to those who arrived between 1981 and 1996 and "very recent immigrants" refers to those who arrived between 1991 and 1996.

Based on the 1996 Census, there were 1,773,000 immigrants living in Toronto, accounting for 42% of the city's population. (This includes all immigrants from 1981 to 1996.) This meant Toronto was home to 36% of Canada's five million immigrants. In 1999, 60% of the 83,267 immigrants residing in Toronto were admitted under the economic class, 28% under the family class and 10% under the refugee class. The top three source countries for Toronto immigrants were the People's Republic of China, India and Pakistan.

According to 1996 Census data, most of Toronto's recent immigrants speak a language other than English in their homes. In 1999, on arrival in Toronto, 56.4% of immigrants spoke English while 41% spoke neither English nor French. In general, 67.3% of immigrants intended to work, with 74% of the immigrants who could speak English also intending to work.

The 1996 Census data indicate the education level of Toronto's recent immigrants is similar but somewhat lower than that of Toronto's Canadian-born population. As indicated in Table 1, the education level of both female and male immigrants who arrived in Canada between 1991 and 1996 is comparable to that of Canadian-born residents, with the greatest difference between these two groups being among those with less than a Grade 9 level of education.

Table 1: Highest Level of Education, Persons 15 Years and Over, Toronto Metropolitan Area, 1996

	Less than Grade 9	Some High School	High School Diploma	College or Trade Diploma	University Degree
	%	%	%	%	%
Women					
Canadian born	4	24	27	25	20
Immigrated before 1981	23	18	20	25	13
Immigrated 1981-1990	15	21	24	25	16
Immigrated 1991-1996	14	22	25	22	17
Men					
Canadian born	4	25	25	24	22
Immigrated before 1981	19	17	16	30	18
Immigrated 1981-1990	10	22	23	25	20
Immigrated 1991-1996	9	24	24	21	22

Source: CIC 2000a: 20.

In the first few years after arriving in Canada, immigrants participate in the labour market at lower rates than Canadian-born residents. As indicated in Table 2, for both females and males across age groups, labour force participation rates of individuals who immigrated before 1981 (and thus have lived in Canada for a longer period) are close to those of Canadian-born individuals, suggesting it takes time for the rates among immigrants to become similar to those of Canadian-born residents. In general, immigrants with higher educational levels and those who speak English are more active in the labour market. Unfortunately, the education of recent immigrants is often not fully utilized. For example, Citizenship and Immigration Canada (2000a) reported that while two thirds of employed Canadian-born women with a university degree have a job requiring that skill level, only one third of employed immigrant women with a university degree (who immigrated to Canada in the 1990s) have a job requiring that skill level. As well, while approximately three quarters of Canadian-born men with a university degree have a job requiring a degree, less than half of the jobs of recent immigrant men with a university degree require that skill level. It is, therefore, not surprising that 40% of very recent immigrant women and 38% of very recent immigrant men live in a low-income situation.

Among recent immigrants reporting an income during 1995, Citizenship and Immigration Canada reported that the average income was lower than that of Canadian-born residents, with the wages and salaries earned by immigrants who worked mostly full time being well below the Toronto average. Immigrants who have been in Canada for less than 10 years were more likely than those living in Canada for 10 years or more to live in lower-income families. The 1996 National Population Health Survey (CCSD 2001) found that more than one third of immigrants living in Canada for less than 10 years report a household income below \$20,000. In comparison, 16% of immigrants who have lived in Canada for more than 10 years and 17% of Canadian-born residents report an income of that amount.

Table 2: Labour Force Participation Rates of Persons 15 to 64 by Age and Gender, Toronto Metropolitan Area, 1996

	15-24 %	25-44 %	45-64 %
Women			
Canadian born	64	84	70
Immigrated before 1981	73	82	64
Immigrated 1981-1990	51	76	60
Immigrated 1991-1996	40	65	41
Men			
Canadian born	63	93	82
Immigrated before 1981	71	91	82
Immigrated 1981-1990	51	89	81
Immigrated 1991-1996	42	85	66

Source: CIC 2000a: 40.

According to Citizenship and Immigration Canada (2000a), slightly more than 10% of immigrants who landed in Toronto between 1981 and 1996 were refugees. There is insufficient specific information about refugees in Toronto (e.g., education, participation in the economy, etc.). The 1996 Census did not ask immigrants to specify the category under which they had been admitted into Canada. Thus, while Citizenship and Immigration Canada's (2000a) document provides extensive information about recent immigrants in Toronto, there is no specific information about sub-populations based on the categories of entry. Instead, refugees are included under the broad category of recent immigrants.

Immigrant Youth in Canada

A significant number of children and youth immigrate to Canada each year. According to Citizenship and Immigration Canada (2000b), in 1999, 16.5% of female and 13% of male immigrants were youth between the ages of 15 and 24. As well, 21.5% of female and 23.4% of male immigrants were children between the ages of 0 and 14. While many children and youth arrive as dependants accompanied by family, some also come on their own to pursue employment or education (CCSD 2000).

The Canadian Council on Social Development (CCSD) (2001) reported that between 1996 and 1998, about 230,000 immigrant children and youth arrived in Canada. Half came from Asia and the Pacific region and one fifth came from Africa and the Middle East. More than

half the immigrant children and youth who arrived between 1996 and 1998 were unable to speak English or French. Those under the age of 15 were less likely to understand English or French than those between the ages of 15 and 24, with 71% speaking neither official language. The CCSD (2001) also reported that among all the immigrant children and youth who arrived in 1998, 5 in 10 live in Ontario, 2 in 10 live in British Columbia and about 1 in 10 live in Quebec. It is not surprising that most young immigrants plan to reside in Toronto, Vancouver and Montréal, given that these culturally diverse urban cities provide social and economic support networks and opportunities for work.

According to Citizenship and Immigration Canada (2000b), in 1999, 18.7% of female and 19.8% of male refugees admitted to Canada were between the ages of 15 and 24. As well, 28.5% of female and 26.7% of male refugees were between the ages of 0 and 14. Among refugee children between the ages of 0 and 14, 26.3% spoke English on arrival in Canada while 62.9% spoke neither French nor English. As in the case of all immigrant youth, specific statistics on refugee youth in Canada are limited.

3. YOUTH IN CANADA: AN OVERVIEW OF MENTAL HEALTH LITERATURE

The overall scope of the project's literature review was to examine influences on the mental health of Canadian-born and newcomer youth (including immigrant and refugee youth). Because the focus was on mental health promotion instead of mental illness, empirical literature that considered community-based instead of clinical-based samples of youth was selected. As the goal was to propose policy recommendations, in addition to locating literature through academic search engines, government publications were identified. As well, literature accumulated by the project investigators was considered, including their publications related to youth, mental health and immigration.

Government and policy-oriented literature was identified through a search of related Canadian publications and Web sites. This included the Canadian Council on Social Development, the Canadian Race Relations Foundation, Citizenship and Immigration Canada, Health Canada, the Joint Centre of Excellence for Research on Immigration and Settlement - Toronto, and the Toronto District School Board.

The electronic databases through which research articles were identified consisted of PsycINFO (1993-2000/06, 1984-2001/03), Sociological Abstracts (1986-2000/03), Cambridge Scientific Database, 2000-2001/03), Social Sciences Index (1983-2000/05), Cumulative Index of Nursing and Allied Health Literature (CINAHL), HealthSTAR (HSTR), Sociological Abstracts (Silver Platter Database), Medline (1993-1996, 1997-2001/06), PsycLIT (1998-2000/06) and PubMed (1996-2001/06). Initially, general terms, such as "adolescence," "adolescent," "teenager," "youth" and "gender," were entered. This was followed by more specific keywords, such as "female," "self-esteem," "mental health," "immigrant," "immigration," "refugee," "Canada" and "secondary school." The order of entry of keywords was for the most part the same in all databases, starting with general terms and then specific terms.

The search results from the various databases indicate a limited number of published articles related to female adolescent self-esteem development among migrant youth. For instance, using the Sociological Abstracts database (2000-2001/03), the pool of 503 records related to immigrant went down to zero records when combined with adolescen*/teenage*/female/ and self-esteem. Using the Medline database (1997-2001/06), the pool of 141,134 records related to adolescence went down to eight records when combined with self-concept/emigration and immigration or refugees. Using the PubMed database, the 2,096 records related to self-esteem went down to four records when combined with immigrants/adolescent and girls.

It is notable that, across the various databases, when Canada was combined, as one of the specific terms, with female youth, the number of retrieved articles declined dramatically. For example, in PsycINFO (1993-2000/06), the pool of 314 records related to refugee/immigrants in Canada went down to five records when combined with female youth. Using the PubMed database, the 16,087 records related to Canada went down to two records when

combined with refugee and youth and girl*. These search results indicate a lack of research focussing on mental health promotion among newcomer female youth in Canada.

Mental Health

Canadian-Born Youth

The healthy development of youth includes their physical and mental health. Most Canadian youth between the ages 11 and 15 were deemed well adjusted in terms of physical and mental health, relationships with parents, peers and school, and health behaviours according to King et al.'s (1999) report, *The Trends in the Health of Canadian Youth*, which is based on a World Health Organization collaborative cross-national study — Health Behaviour in School-aged Children. However, Gottlieb (2000) reported that Canada's 1.8 million youth between the ages of 15 and 19 face an increased risk of death and injury related to motor vehicle accidents, suicide, unwanted pregnancy and sexually transmitted disease. Stress, loneliness and depression were also cited as prevalent, especially among young females. In 1994, 25% of youth between the ages of 15 and 24 met the criteria for a mental health problem, and 22% of Canadian youth 12 years or older were either depressed, distressed or both (ACPH 2000). Such a view is further supported by a federal-provincial study, *Toward a Healthy Future*, which reported that Canada's youth suffer from stress, manifested in a number of unhealthy practices such as smoking, dropping out of school, depression and suicide (as cited in Anisef and Kilbride 2000).

Various systems, such as education, health and social services, and the home environment, influence the healthy development of adolescents. For example, King et al. (1999) and the Federal-Provincial-Territorial Advisory Committee on Population Health (ACPH 2000) cited the home and the peer group as having a significant influence on healthy adolescent development. Youth who lived in supportive families and who had positive relationships with their parents had better mental and physical health outcomes. The social integration of adolescents was also deemed a fundamental component of good health in adolescence. Adolescents with supportive and responsible friends were more likely to be confident, feel good about school and get along with their parents (ACPH 2000). Given that youth spend a large portion of their time in school, the Federal-Provincial-Territorial Advisory Committee on Population Health also recognized the education sector as playing a key role in the healthy development of adolescents.

More research on youth that addresses issues of gender and ethnocultural diversity, as well as qualitative and participatory research that allows for the voices of youth to be heard, is needed (ACPH 2000). King et al. (1999) suggested that collaborative efforts between the school, the family and peer groups are required to make decisions that allow for positive health outcomes among adolescents. Intersectoral collaboration emphasizing a link between the various sectors that influence adolescent development (education, health and social services) was also recommended by the Federal-Provincial-Territorial Advisory Committee on Population Health.

Self-esteem and gender

As an important mental health construct, self-esteem is associated with other mental health outcomes among youth. The Centre for Addiction and Mental Health (2001) reported that in Ontario, 10% of students have low self-esteem, with 5% at high risk for depression, 30% reporting an increased level of psychological distress and 13% visiting a health professional for mental health reasons during the last 12 months. Studies conducted outside Canada have considered the relationship between self-esteem and adolescent mental health or health behaviours (Bolognini et al. 1996; Kidder 1998; McGee and Williams 2000; Torres et al. 1995). Self-esteem is found to be associated with such mental health-compromising outcomes as depression and suicidal ideation. In their longitudinal study conducted in New Zealand, McGee and Williams (2000) examined the predictive association between global and academic self-esteem at ages 9 to 13 and health-compromising behaviours at age 15. Global self-esteem was found to be predictive of later health-compromising behaviours such as problem eating, suicidal ideation and multiple other unhealthy behaviours. Torres et al. (1995: 409) found that self-esteem was significantly correlated with mental health and safety aspects among older adolescents in Spain, which “confirms the findings of numerous previous studies that positive self-esteem has enormous influence on mental health, especially during the critical period of adolescence, when a whole series of physical and psychic changes generates doubts and insecurities which may have marked effects on the individual’s self-concept.”

Studies conducted in a Western context find the relationship between gender and self-esteem is in favour of male adolescents, with females having lower self-esteem levels (Block and Robins 1993; Chubb et al. 1997; Harper and Marshall 1991; Klein 1995; Rumbaut 1994). Two studies conducted in a non-Western context have not found gender differences in self-esteem (Mwamwenda 1991; Watkins and Yu 1993). Their findings are particularly interesting in light of the observation by the researchers that in South African culture (Mwamwenda 1991) and in Chinese society (Watkins and Yu 1993) there is a bias in favour of males. Both studies referred to the effect of the educational environment in explaining this finding. Referring to the influence of the classroom environment on gender-specific self-esteem, Watkins and Yu (1993: 348) observed that “in Chinese society there has traditionally been a distinct bias in favor of male children, but observers have reported no evidence in the Chinese classroom of the differential treatment favoring boys that is so often noted in American classrooms.”

According to Gottlieb (2000), youth that demonstrate resilience and are able to overcome adversity have a cohesive and stable family, external support and protective personal resources. Personal resources of resilient children include personal characteristics, such as self-esteem, autonomy, intellectual skills and social skills. King et al.’s (1999) report indicated that students with a higher score on self-esteem were more likely to have a good relationship with their parents, to be well adjusted and successful at school and to feel happy and healthy. In turn, happy young people were said to have higher self-esteem. Overall, boys tended to be happier than girls and were less subject to other stressors. A relationship was reported between parents’ socio-economic status and the extent of youth happiness where students, who perceived their parents as better off, were more likely to be happy.

In comparison to girls, the boys in King et al.'s (1999) report consistently scored higher on self-esteem, with little variation across the age groups (grades 6, 8 and 10). Youth confidence was related to the level of peer integration and feelings about appearance. For girls, feelings about appearance strongly determined their confidence, with boys tending to be more confident than girls. Girls were more likely to agree with the statements: "I wish I were someone else" and "I have trouble making decisions." Girls were also more likely to have felt depressed once a week or more during the last six months (especially among Grade 10 girls) and were far more likely than boys to feel lonely. Last, in regards to body image, girls were reported as struggling more than boys with the issue of body image; girls were far more likely to indicate there was something about their body they wanted to change.

Immigrant Youth

Much of the research concerning immigrant health considers adults and focusses either on the immigrant population as a whole or on the racial/regional origin of sub-populations (Health Canada 1999a). Longitudinal studies examining the mental health outcomes of immigrant youth have been scant (Hyman 2001). To fill the knowledge gap on the health outcomes over time of newcomer youth, the New Canadian Children and Youth Study is examining the health of immigrant and refugee youth in Canada through a longitudinal design.²

In their review of literature for their study on newcomer youth, Anisef and Kilbride (2000) reported that little attention is paid to the needs of newcomer youth between the ages of 16 and 20. As well, system services have not been identified. Based on their review, the authors found the major issues confronting immigrant youth were identity development, language issues, a lack of recognition of prior learning experiences (for older youth) and conflict in values (i.e., between the home and school, the home and peers, etc.). Differences between gender groups were also reported in the literature, where differences were said to be particular to some cultures and, thus, were not necessarily reported by all youth. In their own focus groups conducted with male and female immigrant youth, Anisef and Kilbride (2000) reported the following issues: success in the education system, racism, language difficulties and difficulties on arrival based on the family situation (e.g., whether youth immigrated as a family unit or whether parents arrived first). Gender differences in the experiences of youth immigrants were also addressed. For example, these researchers stated that, in general, males in their focus groups reported racism more so than females. As well, while females reported more difficulty within the home in dealing with conflicting home–society cultural values, males experienced more difficulty outside the home (e.g., school, employment). Overall, for the youth in these focus groups, school-related issues were primary.

Acknowledging Toronto as one of the most cosmopolitan cities in the world and, consequently, the need for service providers and policy makers to improve settlement practices for immigrants and refugees in general, and newcomer youth specifically, Kilbride et al.'s (2000: 5) report summarized the findings of six organizations involved in a collaborative project. The objective was to "identify the needs, experiences, and concerns of immigrant youth from different cultural and racial backgrounds and to ascertain the gaps between their perceived needs and existing services." Although the major issues confronting these youth were documented in the literature, in accordance with other researchers, extensive

literature searches surrounding immigrant youth carried out by each of the six organizations revealed the paucity of research which systematically documents and identifies the needs of, and services for, this immigrant sub-group. A synthesis of all the findings revealed that language proficiency was one of the major struggles faced by newcomer youth attempting to adapt and integrate into Canadian society. Newcomer youth are confronted with various challenges as they struggle to fit in (e.g., personal factors, age, gender, family tensions); supportive friends, family and institutions facilitate successful integration into Canada, while cultural differences and discrimination are linked to isolation and alienation; and the already complex transitions of adolescents to new adult identities, especially as it relates to employment, can be hindered by the immigration experience.

In youth focus groups conducted by the Canadian Council on Social Development (2001), similar issues as those discussed by Anisef and Kilbride (2000) were addressed by immigrant youth. Main issues that emerged during the research included the challenge of learning a new language; a weak sense of belonging to Canada or feeling Canadian; difficulty for parents to integrate/difference in acculturation rates (i.e., receiving accreditation for their training/degrees, finding employment); integration issues (i.e., support of friends and family); racism; and the role of school in the integration process (i.e., ESL classes).

Goodenow and Espin's (1993) study, conducted with five Latin American females, some of whom had been living in the United States for as long as 10 years, specifically addressed issues faced by adolescent immigrant females: balancing the old cultural expectations of parents with those of the new country and adapting to new sex roles in the new culture where Latin American females were said to embrace the personal freedom (i.e., career choices) but not the sexual freedom of new sex roles. These females also identified language learning (i.e., English) as a barrier in their adjustment to the new country. Overall, Goodenow and Espin suggested that adolescent youth could adjust to their new country if communities were welcoming, social services were available and schools had bilingual classes and counsellors.

New immigrants and refugees were recognized by Health Canada (1999b) as likely to experience acculturative stress from various sources, such as economic circumstances, negative attitudes and social and personal isolation that, consequently, could affect physical and mental health. For instance, Shek's (1998) longitudinal study considered the relationship between family functioning and the psychological well-being of adolescents in Hong Kong and found that more negative family functioning was predictive of poorer adolescent psychological well-being across time. Not only was family functioning associated with adolescent positive mental health, but adolescent psychological well-being also predicted family functioning, suggesting the relationship between family functioning and adolescent well-being is a bi-directional one. Although this study was not conducted in a North American context nor with immigrant youth, findings reinforce the notion of the importance of family support in the lives of adolescents.

Family systems do not exist in isolation from the larger social context. For example, Anisef and Kilbride's (2000) review of the literature on newcomer youth indicated that socio-economic status affects the healthy emotional and social development of both adolescents

and children. However, as previously mentioned, Citizenship and Immigration Canada (2000a) reported that 40% of very recent immigrant women and 38% of very recent immigrant men live in a low-income situation. As well, 56% of Canadian-born children and youth, compared to 36% of immigrant children and youth live in households with an income of \$40,000 or greater (CCSD 2001). When conducting focus groups with immigrant youth, the CCSD (2001) reported that the frustration felt by parents who were either trying to receive accreditation for their training/degree or obtain employment in the new country also affected young people. Thus, it is important that the well-being of newcomer youth not be viewed solely within the context of familial and personal resources as such factors are often linked to broader opportunities and challenges within the larger social systems of the host country (e.g., immigration policy, employment opportunities and recognition of previous education).

Self-esteem and gender

A review of the empirical literature on mental health points toward insufficient gender-specific research regarding the self-esteem of newcomer youth. While little attention has been given to studying the mental health issues of newcomer adolescent females, less is known about influences that promote or challenge their self-esteem. The paucity of information on this segment of society persists despite the increasing recognition of self-esteem as an important aspect of mental well-being.

In one study dealing specifically with immigrant youth and self-esteem (although not specific to female immigrant youth) conducted in the United States, Yu and Berryman (1996) considered the association between the levels of acculturation and self-esteem, and the recreation participation levels of recent Chinese immigrant adolescents in New York's Chinatown. The researchers addressed the fact that recreation is often used in the United States as an effective tool to help immigrant children assimilate. However, they also recognized that the notion of recreation is often defined differently for Chinese than for Westerners (e.g., in recreational activities Chinese are passive as opposed to active). Findings revealed recreation participation by Chinese immigrant youth was influenced by certain perceived recreational barriers: a lack of English proficiency, no opportunity, partner or money, a lack of information. As well, both self-esteem and acculturation were related to the level of perceived recreation barriers. For instance, students with higher levels of self-esteem participated significantly more often in recreation activities.

Rumbaut's (1994) large-scale U.S. study of children of immigrants from Asia, Latin America and the Caribbean (half the sample of 5,127 participants were immigrants and half were born in the United States) found gender to be the second strongest predictor of psychological well-being (after parent-child conflict). Females had lower levels of self-esteem and higher levels of depressive symptoms. Black self-identity was positively related to higher self-esteem, which, according to Rumbaut (1994: 785, italics in original) "debunks the enduring but erroneous folk wisdom that minority groups or lower-SES [socio-economic status] children *ipso facto* must have lower self-esteem."

In her review of literature on cultural identity and self-esteem, Khanlou (1999) considered individual factors (age and gender) and environmental factors (acculturating group, cultural

background, family circumstances/socio-economic status, perception of family and peer support). In almost all the areas addressed, there were inconsistent findings across the studies. Differences in the demographic attributes of the samples, measurement instruments, conceptualization of constructs, and the studies' contexts contributed to the inconsistencies. Often, the studies were conducted in the United States along cultural or racial groups particular to that context. To plan and implement appropriate mental health promotion policies and strategies for newcomer youth in Canada, research is needed that examines the development of self-esteem among newcomer youth, considers the role of gender, as well as the multiple influences on self-esteem development in a Canadian context.

Refugee Youth

The issues confronting immigrant and refugee youth may be similar in some regards (e.g., language barriers, social isolation); however, it must be recognized that refugee youth comprise a unique sub-population among immigrants. As suggested by the Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees (Beiser 1988), immigrants and refugees may share many of the same problems, but there are differences that have implications for their mental health. For instance, in reviewing the literature on the "healthy immigrant effect" in Canada, Hyman (2001) found that refugee children were at greater risk for mental health problems than immigrant children. Among refugees, traumatic events such as forced migration, war and famine elevated the risk of mental health problems, such as suicide, post-traumatic stress disorder and lasting depression. The "healthy immigrant effect" is related to the "observation that immigrants are often in superior health to the native-born population when they first arrive in a new country, but lose this health advantage over time (Hyman 2001: 1).

Several studies dealing specifically with refugee youth have been conducted in Canada. Tousignant et al.'s (1999) research was based on the results of a psychiatric epidemiological survey conducted with both female and male adolescent refugees from refugee families representing 35 nations. It was found that as a group, refugee adolescents had a higher rate of psychopathology compared to others of a similar age (i.e., 21% for refugee adolescents vs. an 11% province-wide rate for adolescents). Refugee youth from different countries shared similar rates of psychopathology (i.e., 23.1% Southeast Asia, 26.7% South America, 25% El Salvador and 28% Cambodia). The age of arrival in Canada was not associated with psychopathology and no difference was found between the rate of diagnosis of psychopathology between metropolitan and non-metropolitan areas. Gender differences were reported, where female refugees were at greater risk than males (except in the case of conduct disorders), with one in four females reported as suffering from simple phobia. The mental health of male refugee youth was found to be associated with parental separation (i.e., the rate of psychopathology for males was five times lower if they were living with both parents). Notably, for both females and males, a period of six months or greater of unemployment for the father was associated with psychopathology, indicating that parental circumstances can have consequences for the entire family during the period of settlement and adjustment in the new country.

Hyman et al. (2000) conducted a qualitative study looking at the experiences of Southeast Asian refugee youth in Canada. The issues that emerged during the interviews for this study included school adjustment, which dealt with the two main themes of marginalization and

cultural conflict; parent–child relationships, which dealt with the two main themes of communication difficulties and parental expectations; and intra-personal conflict, which dealt with the two main themes of acculturation, and values and ethnicity. The emerging themes were similar to those identified in the literature regarding difficulties faced by immigrant and refugee youth when adapting to the new country. The study focussed on refugee youth, giving voice to the issues as they exist for this specific sub-population of migrant youth.

Other studies conducted in Canada have considered mental health issues among specific ethnic refugee groups. For example, Rousseau et al. (1997) compared the pre-migration (trauma and separation) and the post-migration (family and social network) context of refugee children from Central America and Southeast Asia who were attending Montréal schools. It was suggested that the effect of pre- and post-migration experiences could not be predicted without accounting for contextual and cultural factors. In a longitudinal study, Rousseau et al. (1999) examined how war-related trauma affected the later social adjustment and functioning of Cambodian refugee youth living in Montréal. It was reported that responses to trauma were complex, depending on the timing of trauma as well as on developmental factors. For example, the Cambodian youth in this study were said to differ from populations in other studies because having left Cambodia at a young age they had a low level of exposure to the Pol Pot regime.

Knowledge Gaps

The literature review indicates knowledge gaps in relation to mental health promotion among newcomer female youth in Canada. Studies that address the mental health of adult newcomers or youth in other immigrant-receiving countries cannot be generalized to newcomer female youth in Canada's multicultural, urban settings. The influence of intersections of gender with developmental stage, migrant and visible minority status, and available systems resources on mental health promotion among newcomer female youth needs to be considered. Specifically, there is insufficient theoretical and empirical focus on self-esteem, an important aspect of mental health, of newcomer female youth.

Studies that are not gender specific cannot adequately address the unique circumstances of newcomer female youth. Research conducted in a Western context has consistently reported that female youth score lower on measures of self-esteem (Block and Robbins 1993; Chubb et al. 1997; Harper and Marshall 1991; Klein 1995; Rumbaut 1994; King et al. 1999). However, little is known about the influences that promote or challenge the self-esteem of newcomer female youth in Canada during the post-migration period. Although newcomer female youth face many of the same developmental and societal influences as their Canadian-born counterparts, the interplay between their gender, life stage and minority status can result in distinctive challenges to their self-esteem. For example, previous research with female adolescents who were immigrants or descendants of immigrants of East Indian origin found the youth experienced a dual transition (Khanlou and Hajdukowski-Ahmed 1997). In addition to going through psychosocial developmental changes, the adolescents faced the challenging

task of balancing the cultural expectations of their family and cultural community with the differing cultural expectations of their peers, school and Canadian society.

The presence of conceptual disparities in studies of youth as well as the varying socio-economic and geopolitical contexts limits the generalizability of findings from one immigrant-receiving country to another. Results of studies conducted on immigrant youth's mental health outcomes are not necessarily comparable across countries and in light of their resettlement experiences. As an illustration of varying conceptions of these constructs, Klimidis et al. (1994) considered whether immigration status was associated with greater psychological morbidity in a group of native-born Australian adolescents and immigrant youth. Results indicated that immigrant status did not affect the four measures of psychopathology (i.e., social anxiety, anxiety state, depressive state and general psychopathology). Thus, immigrants were deemed not to be at a higher risk for psychological morbidity when compared to native-born groups. In this particular case, results cannot be generalized to immigrant youth who are newcomers to another country because of the manner in which immigrant status was defined. (Immigrant status was used to refer to second-generation immigrants, that is, Australian-born children of immigrant parents.)

Finally, increasing attention needs to be directed to mental health promotion. Often, studies conducted on mental health issues of newcomer youth deal with mental illness or psychopathology. Research is also needed which focusses on mental health promotion, such as the promotion of self-esteem, among newcomer female youth during the post-migration period. Although studies of Canadian-born youth (King et al. 1999) have identified determinants of positive self-esteem (e.g., good relationship with parents), these findings cannot be generalized to newcomer female youth because of the unique experiences they face as adolescents in a new country. This study specifically explored issues related to the self-esteem development of female newcomer youth attending school in a large urban, multicultural city in Canada. As described in Chapter 4, given the epistemological parallels between mental health promotion and participatory action research, it was influenced by a participatory action research framework.

4. RESEARCH METHODOLOGY

The study described in the following chapters of this report examined mental health promotion issues among newcomer female students attending secondary school in Toronto. Ethical approval for the study was obtained from the Toronto District School Board's (TDSB's) Research Review Committee and the Centre for Addiction and Mental Health's (CAMH's) Research Ethics Board. Data collection was achieved through focus groups, interviews, questionnaire administration and youth focus group evaluation. In addition, notes were taken during the meetings and an ongoing field log was maintained through the study, the details of which are explained in subsequent sections.

Participatory Action Research and Mental Health Promotion

The study's research design and methods were influenced by a participatory action research (PAR) approach. Originating from the fields of adult education, international development and social sciences (Denton et al. 1994; Maguire 1987; Smith et al. 1993), PAR is often practised in cross-cultural contexts (McTaggart 1991). As a research framework, PAR arises from participatory research and action research. See Brown and Tandon (1983), for a detailed comparison of the two approaches.

There are many parallels between the evolving conceptualization of mental health promotion in Canada and the tenets of PAR. Both address improvement in the lives of people involved. For example, mental health promotion is recognized as "the process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health" (Centre for Health Promotion 1997). In her work, *Doing participatory research: A feminist approach*, Maguire (1987: 29) pointed at the types of change aimed for by participatory research:

- development of critical consciousness of both researcher and participants;
- improvement of the lives of those in the research process;
- transformation of fundamental societal structures and relationships.

Mental health promotion and PAR both recognize the capacities of people and the potential for action. For example, mental health promotion enhances the population's competencies (Willinsky and Pape 1997) and "uses strategies that foster supportive environments and individual resilience, while showing respect for equity, social justice, interconnections and personal dignity" (Centre for Health Promotion 1997). A characteristic of participatory research is that it strengthens "the awareness in people of their own abilities and resources" and supports them to mobilize or organize (Hall 1981: 7-8).

The ideological parallels between mental health promotion and PAR can lead to simultaneous health promoting, participatory and action outcomes in studies that examine mental health promotion and are influenced by PAR. For example, application of the PAR framework in research with a group of female high school students who were immigrants or descendants of immigrants contributed simultaneously to mental health research and mental health promotion

of the youth participants (Khanlou and Hajdukowski-Ahmed 1997). In a study of the Toronto Latin American Parent Support Group, the action research approach led to the call for policy changes to promote the genuine collaboration of parents in the education system (Bernhard and Freire 1999).

The degree to which the research process is influenced by a PAR framework can vary across studies. How the research focus originated, the existing relationships between researchers and participants, the time span for the study and the available resources are some of the issues that influence the degree to which a PAR approach permeates a study. Despite the practical and process challenges, the participatory and action features of PAR and its ideological parallels with health promotion should encourage mental health promotion researchers to consider its application, especially in community-based studies, albeit to varying degrees.

This research project had several participatory features and one action component. For example, as described in subsequent sections, the participants were involved in identifying their areas of interest during focus groups or meetings. Following the suggestion arising from the youth participants' ESL head teacher and with support of the youth, an action component entailed the youth selecting books for their ESL program. The youth provided feedback on the experience of participating in the research project, the results of which are described in Chapter 5.

Focus Groups and Interviews

The goal of the study was to include two public, Toronto-based, secondary schools with the Toronto District School Board. Through the facilitation of M. Freire, one of the study co-investigators, contact was initiated with potential participating schools. Schools with high cultural diversity among their student population were considered. Two secondary schools with the TDSB, referred to in this report as School A and School B, agreed to participate in the study.

The TDSB School Profile 2000 (TDSB 2001d) indicated that both schools have been in existence for over a century. In 2000, School A had a student population of close to 600. Over 60% of the students' primary language was other than English. Close to 20% of the students had lived in Canada for two years or less and a similar proportion had lived in Canada for three to five years. School B had a student population of over 1,000. Over 60% of the students' primary language was other than English. The proportion of students living in Canada for two years or less was just over 6% and for those living in Canada for three to five years was close to 10%. Both schools had ESL programs.

Table 3 presents the sequence of meetings, including the type of meeting, the participants and the facilitators present, in chronological order of occurrence.

Table 3: Focus Groups and Interviews

Type	Participants*	Facilitators**
Pre-focus group (School A, Meeting 1)	Principal	N, M
Pre-focus group (School B)	ESL head teacher	N
Pre-focus group (School A, Meeting 2)	Principal, ESL head teacher	N, D
Educators focus group (School A)	Principal, vice-principal, ESL head teacher, 4 ESL teachers, 2 SEPT workers	N, D
Interview (School A)	2 SEPT workers	N
Interview (community)	1 social worker	N
Youth focus group 1 (School B)	P1, P2, P3, P4, P5, P6	N, D
Youth focus group 2 (School B)	P7, P8, P9, P10	N, A
Youth focus group 3 (School B)	P7, P8, P9, P10	N, A
Youth focus group 4 (School B)	P1, P2, P3, P4, P5, P6,	N, D
Youth pre-focus group (School A)	12 potential youth participants	N
Parent interview 1 (community)	PA1, PA2	N
Parent interview 2 (community)	PA3	N
Field trip to bookstore (School B)	Youth and ESL head teacher	N

Notes:

* The names of youth participants are substituted with P1-P10 to maintain confidentiality. The same name designation is assigned to the same participant during each group meeting. PA1-PA3 are the parent interviewees.

** N is the abbreviation for Nazilla Khanlou, M is for Marlinda Freire, D is for Daniela Giordano and A is for Alison Low.

Pre-Focus Group Meetings

Information on the study was provided to the school principals. In the case of School A, two meetings were held, referred to in Table 3 as “Pre-focus group (School A, Meeting 1)” and “Pre-focus group (School A, Meeting 2).” It was suggested that contact be made with the two Settlement and Education Partnerships in Toronto (SEPT) school settlement workers at School A and a social worker who had conducted a support education group with female students of Caribbean background at the same school. In the case of School B, N. Khanlou communicated via telephone with the school principal and, on the principal’s request, met with the Head of the ESL program to describe the study further, referred to as “Pre-focus group (School B).” In both cases, school participants were enthusiastic about the project and had helpful suggestions regarding administration of the focus groups at their school.

Educators Focus Group

The first focus group took place in September 2000 and consisted of the educators focus group at School A, identified as “Educators focus group (School A)” in Table 3. The 11 participants included two facilitators, the school principal and vice-principal, the ESL head teacher and four other ESL teachers, and two SEPT settlement workers. In line with the participatory framework of the research project, feedback was obtained regarding the issues to be addressed with newcomer youth. To this end, the facilitators distributed copies of the general outline of questions for the focus groups and the research questionnaire. The face

validity and relevance of the consent form and demographic information of the questionnaire were discussed. Revisions were made to make the questionnaire more appropriate for ESL students in terms of language level and vocabulary use. School A later approved the revised questionnaire.

School and Community Health Centre Interviews

In October 2000, a meeting took place with the two SEPT settlement workers at School A, identified as “Interview (School A)” in Table 3. The SEPT program is a partnership between the TDSB and 43 agencies involved in settlement and is funded by Citizenship and Immigration Canada. Its objective is, through “connecting newcomer families to settlement services in the community and the TDSB”, to “help families settle and thereby promote student performance” (S.E.P.T. nd). The role of the school settlement workers is to “help build bridges between parents, students, schools and the community.” During this meeting, information was obtained regarding mental health stressors affecting immigrant and refugee adolescents in general, and issues faced by migrant youth within the school system in specific. Also in October, a meeting was held with the social worker at a community health centre located near School A, identified as “Interview (Community)” in Table 3. This social worker had conducted a support education group for Caribbean young women at School A. The experiences of female immigrant youth who were visible minorities within the school system were discussed.

Youth Focus Groups

Four focus groups were held with female newcomer youth in October and November at School B. These meetings are identified as “Youth focus group 1 - 4 (School B)” in Table 3. One pre-focus group meeting was held in December at School A, identified as “Youth pre-focus group (School A).” At this meeting, the study purpose was described and consent forms were distributed to potential youth participants. Despite interest in the study by the school and potential youth participants, no subsequent youth focus groups were held at School A in January 2001. This was partly due to the significant pressures (such as ongoing changes at the TDSB) faced by the school system during the time of the study, making it difficult for school staff to find time and arrange for youth focus groups.

During prior communication with the head of the ESL program at School B, it was suggested that two meetings, instead of one focus group, with the same group of youth would allow for collection of more detailed information. As per the participatory framework of the study, the suggestion was incorporated into the study. Thus, two focus groups were held with each of the two different groups of youth. As indicated in Table 3, six participants (P1 to P6) comprised one group and four participants (P7 to P10) comprised the other group. The participants were adolescent immigrant females who were students in ESL classes. The two groups had different ESL teachers. One teacher was the head of the ESL program at School B. Consent forms were distributed to the youth by their teachers. The forms were signed by the youth and their parents before the focus group meetings.

Approval for the audiotaping of the sessions was sought from, and granted by, the group during each focus group meeting. In the first meeting, the facilitators introduced themselves and the purpose of the study. The youth participants were encouraged to introduce themselves and to

ask questions regarding the study. The female students completed the study questionnaire consisting of the current self-esteem instrument and demographic information. Discussion then ensued on relevant self-esteem issues for the participants. Before ending the meeting, participants were asked to identify what they would like to discuss in the next meeting and a list was compiled. The second focus group meeting consisted of a follow-up discussion concerning the relevant issues identified in the first meeting. The facilitators also guided the discussion in connection with the objectives of the study. At the end of this meeting, the participants completed a focus group evaluation form. The above process was duplicated with both groups of youth.

Under a PAR model, the participants decide how their mental health issues are to be studied. This decision is influenced by how useful the attained knowledge is in coping with their daily lives. Therefore, during the meeting with the adolescents, while identifying their research interests, the researchers were also sensitive to the areas of interest for discussion proposed by the adolescents. Exchange of knowledge, confidentiality and group ownership of the process were emphasized. However, given the limited number of contacts with the youth (i.e., two focus group meetings), the facilitation of the process was primarily conducted by the researchers. In previous work with female youth using a PAR framework, because of more extended contact with the same group of youth (i.e., 10 meetings), youth control over the process developed over several months and benefited from the consistent leadership of a student peer (Khanlou and Hajdukowski-Ahmed 1997).

Parent Interviews

Two parent interviews were held in January 2001 at an ethnocultural community association in Toronto. Present at the “Parent interview 1 (Community)” were two mothers (identified in Table 3 as PA1 and PA2). “Parent interview 2 (Community)” was conducted with one mother (PA3). All three women had immigrated to Canada and, in addition to their personal experiences as mothers, worked with immigrant visible minority youth. The interviews provided a rich source of information and a complementary perspective to the information gained through the youth and educator focus groups.

Setting the Atmosphere for the Focus Groups

Participants wore a name tag indicating their first name, so the facilitators could learn their names and refer to them during the discussion. As well, two facilitators were present at each focus group. One had the primary responsibility for facilitating the group discussions and the other assumed responsibility for note taking and audiotaping. Following each focus group, the two met to discuss and record field notes of their experiences. These notes contained data on the researchers’ impressions, insights, experiences, interpretations and observations on the process and structure of the study (Willms and Johnson 1993). The learning gained was used to improve the following focus groups.

Questionnaire

The research questionnaire (Appendix B) was completed by the youth participants during the first focus group meeting. The first part of the questionnaire contained the current self-esteem

(CSE) scale. The CSE consists of a visual analogue scale, through which respondents are asked to assess their feelings toward the self over the course of the previous week, and three open-ended items. The first two open-ended items ask the respondents to identify self-esteem promoting or challenging influences. The last item assesses self-esteem promoting strategies as identified by the respondents. The CSE was first used among East Indian-Canadian female adolescents (Khanlou and Hajdukowski-Ahmed 1997) and, subsequently, with minor changes, among Canadian-born and immigrant youth (Khanlou 1999). The open-ended items of the CSE allow respondents to identify self-esteem promoting or challenging influences that arise from their individual context and to suggest strategies which they believe would promote their self-esteem. The second part of the questionnaire gathered demographic information on the respondents and on the cultural, educational and professional background of their parents.

Field Log

An ongoing field log was maintained throughout the study. Chronological entries into the field log included communication related to the study conducted outside the focus groups (e.g., during meetings between the principal investigator and other co-investigators and research assistants), pre- and post-focus group preparations (e.g., communication/meetings with school administrators, focus group agendas) and personal reflections and reactions arising from the fieldwork experience (e.g., post-focus group meetings and reflections among facilitators).

Analysis

Sources of data for the qualitative analysis included transcription notes from the focus group meetings and interviews, as well as the study's field log. Both the transcription notes and the field log were entered in word processor text files. The taped meetings were transcribed verbatim. For the meetings which were not taped (the pre-focus group meetings and the community health centre meeting), summary notes taken during the meeting were later expanded and entered into word processor text files. The qualitative analysis of data was influenced by Willms and Johnson's (1993) guidelines for developing a coding scheme. Our qualitative analysis involved the following steps.

1. The text files containing transcripts from the youth focus groups were read for a general understanding of the data. Data from the youth focus groups were selected as the starting point to ensure the centrality of their voices in presenting the findings of the study. The principal investigator and research assistants coded the text. Phrases or words describing the content of the data were written on the margin of the transcripts, resulting in preliminary sub-themes and pointing to emerging themes. This process was conducted separately by the coders.
2. Triangulation of identified themes and sub-themes was achieved through a face-to-face meeting. The coders compared their lists of sub-themes and discussed how these grouped together under themes. Hierarchical positioning of the sub-themes was considered through various diagrams. To achieve a context-specific understanding of the findings, references were continuously made through the discussions to the setting (secondary school system) and the participants.

3. Following consensus on the emerging themes and sub-themes, the coding system was applied to the remainder of the transcripts, including data from the interviews and field notes.

The quantitative analysis, based on questionnaire data, consisted of descriptive statistics and identified the study participants' demographic background and their CSE level on the visual analogue scale.

Participants

Youth Participants

Ten female adolescents participated in the focus groups. Their average age was 17 and all lived in the downtown Toronto area. Eight participants were in Grade 12, and two were in Grade 10. Four participants had marks in the A range, three had marks in the A/B range, and two had B/C marks. (One participant did not respond to this item.)

Three participants were born in Korea, four in China, one in Russia, one in Taiwan and one in Macao. Nine of the youth participants were from visible minority backgrounds. The average age at immigration to Canada among the group was 13.9 years (ranging from 10 to 17 years old). Four participants came to Canada with family, two with both parents, one with parents and siblings, one with her mother, one with her mother and siblings and one with an extended family member (cousin). Participants were asked about the language(s) they spoke at home. Three spoke Korean (one also reported English), three spoke Mandarin, two spoke Cantonese, one spoke Russian and one spoke Chinese. All participants spoke a language other than English at home. Four participants reported living with both parents, two with both parents and siblings, one with her family, one with her family except for the father, one with an extended family member (cousin) and one with her mother, stepfather and sibling. (P1, P7 and P8 were from the same family, that is, they were sisters).

Information was gathered on the participants' parents. Among mothers, five were born in China, three in Korea, one in Taiwan and one in Moscow. The youth were asked to identify the original ethnic or cultural background of their mother. The responses provided were parallel to place of birth responses (five mothers were identified as Chinese, three as Korean, one as Taiwanese and one as Russian). In terms of the mothers' education, all 10 participants had mothers who had attended school. On average, mothers had about 11.7 years of schooling (based on nine participants, one was not sure). Six mothers had worked in their home country. In response to what work the mothers did, types of work identified included housekeeper, coroner, elementary school teacher, factory, restaurant and variety workers, and an engineer. In Canada, five of the mothers worked, including working in a beauty salon, a factory, a business and a supermarket.

Among the fathers, five were born in China, three in Korea, one in Taiwan and one in Russia. As with responses related to mothers, the identified original ethnic or cultural backgrounds of fathers were parallel to place of birth responses. Nine participants had fathers who had attended school (one did not go to school). On average, fathers had about 14.7 years of schooling (based

on eight participants, one was not sure). All 10 fathers had worked in their home country in such areas as a clergyman, newsman/teacher/film shooter, civil engineer, open business, car repairer, restaurant/variety worker and engineer (based on eight responses). In Canada, eight of the fathers worked, including working in such areas as a minister of a church, factory worker, open businessman, machine repairer, engineer and supermarket clerk.

When asked who they would go to for help if they had a problem, responses made reference either to family (parents, mother, father, sister, cousin), friends or significant others (boyfriend). One participant mentioned a professional (teacher).

Educator Participants

Nine participants were in the educators focus group, consisting of School A's principal, vice-principal, two SEPT workers and five teachers. In terms of gender, four were female and five were male. During the focus group meeting, the participants identified their immigration and cultural background. Three were immigrants (from Guyana, Japan, Sri Lanka) and six were born in Canada (with such backgrounds as Ukranian, Finnish or Polish).

Interviewees

As described previously, interviews were held with SEPT workers, a social worker at a community health centre and with three parents. The SEPT workers were the same two who participated in the educators focus group. Both were from a visible minority background. The social worker was a female from a visible minority background. The parent interviews were held with three mothers who were also from a visible minority background. All three were immigrants from Africa. Before immigrating to Canada, two had lived in Europe and another had lived in the Middle East and Europe. Among them, one was a mother of three of which two were females, one was a mother of two, and one was a mother of three of which all were females (this mother was also a grandmother). One mother was married, one was separated and one was a single mother. Two participants had a nursing background. Because their credentials were not recognized in Canada, one worked as a community mental health crisis counsellor and the other was completing a college degree in counselling. The third participant worked at a day care affiliated with the ethnocultural community association and had early childhood education training.

5. MENTAL HEALTH PROMOTION AND CHALLENGING INFLUENCES

The findings reported here draw from the analysis of data from the focus groups (youth and educators), interviews and responses to the study questionnaire. Questionnaire findings on self-esteem are presented first. Next, analysis of qualitative data from the focus groups and interviews are considered. Each subsequent section corresponds to an emerging theme and its related sub-themes: self-concept, language, relationships and systems issues. An overall discussion of emerging issues from study findings follows. Finally, the evaluation of the participatory aspect of the study is presented.

Self-Esteem

All 10 youth participants completed the current self-esteem component of the questionnaire. Using the visual analogue scale, respondents were asked to indicate how they had felt about themselves over the course of the last week, with number 1 indicating “didn’t feel good about myself” and number 10 representing “felt great about myself.” The average score for the group was 7.9, which was in the feeling good half of the scale. Three respondents had circled the high score of 9, three had selected 8 and four had circled 7. This finding is similar to the average score of 7.2 for a group of East Indian-Canadian female adolescents (Khanlou and Hajdukowski-Ahmed 1997). In that study, five respondents were first-generation Canadian and one was an immigrant youth. In another study of 550 Canadian-born and immigrant secondary school students (Khanlou 1999) the average CSE value for females was 6.8; for males, it was 7.5, resulting in a statistically significant gender difference. No statistically significant difference was found between Canadian-born youth (435 respondents) and migrant youth (99 immigrants and 14 visa students).³

The first open-ended item after the CSE visual analogue scale asked respondents to identify influences that made them feel good about themselves. As presented in Table 4, in decreasing order of occurrence the identified influences were related to Self, School, Relationships, Achievements and Lifestyle. The responses grouping follows the coding scheme used in the earlier study of 550 Canadian-born and immigrant secondary school students (Khanlou 1999). The Self theme emerged from responses that deal with some aspect of the youth’s views of themselves, such as their appearance, personality attributes, work ethics and knowledge. The School theme dealt with their school-related experiences, such as studying and getting good marks. The Relationships theme contained responses related to the respondents’ relationships with various people, such as family and friends. Responses related to success or failure in different areas of the youth’s lives were categorized under the achievements theme and included musical accomplishments. Responses related to lifestyle habits or attitudes were classified under the Lifestyle theme. In one respondent’s case, having fun on the weekend had been a source of feeling good about herself.

The second open-ended item of the CSE asked respondents to identify influences that did not make them feel good about themselves. As presented in Table 5, most responses were related to School, followed by Self and Lifestyle and Relationships. In relation to School, receiving low marks and difficulty in learning English were among the influences that did

not make the female youth feel good about themselves. In relation to Self, these included concern about an aspect of their personality or cognitive ability. Losing time through various activities, such as through watching television, was a Lifestyle behaviour that negatively influenced the youth's sense of self-worth. Other people's hurtful talk, and in one case pressure from parents to succeed academically, were among the Relationship influences.

Table 4: Self-Esteem Promoting Influences

Influence	Examples
Self	"appearance," "to look good," "my kindness," "my honesty," "know more knowledge than others," "sense of fashion," "when I am thinking about my future," "I felt good about I am the one that make other people happy," "the want to be educated," "organized (when test comes)," "hard work."
School	"my study, 'cause I always study very hard," "after I solved a difficult math question," "get good marks on test," "answering questions in the class and is correct," "high mark on math," "got good mark on music and math," "studying," "no a bad student," "no get lower mark."
Relationships	"my friends, 'cause I have many good friends," "have a lot of friends," "my grandparents, 'cause they always buying stuff to me," "listening good things about me," "when people appraise me," "being with my family."
Achievements	"practising singing," "accomplish my goal," "I can play violin," "I got appointment from Toronto's education board for playing piano," "I can research easily from Internet."
Lifestyle	"having fun in the weekend."

Table 5: Self-Esteem Challenging Influences

Influence	Examples
School	"mark," "when I did very bad on a test," "failed the test," "forget to do homework or prepare test," "go to school late," "sometime I always feel that English is hard to learn," "when I didn't fit with the regular students," "when I get low mark at the specific subject," "got bad mark in English," "didn't study hard."
Self	"I feel stupid," "some of my personalities always made me feel bad about myself. Sometimes I'll hurt somebody's feeling that I don't even realize because of my words, or behaviour," "I like to make comparison between me and the others who always seem better than me in everything. At that moment, I'll feel ashamed and don't like myself," "I feel that sometime I was very dumb to do something or learn something," "being lazy when I have to study," "lazy."
Lifestyle	"didn't get enough sleep," "wasting time after coming home from school; watching television; listening to music; talking on the phone and/ or chatting on icq [Internet]," "always watch TV."
Relationships	"heard someone talk about me at behind me," "people say something that hurts me," "others laugh at me," "my parents, they alway give so many pressure to me, like I should attend university and if I not attend university, don't call them parent."
Achievements	"do something wrong."

The last open-ended item of the CSE asked respondents to identify what they could do to feel good about themselves. Table 6 presents examples of responses. Most were related to Lifestyle, Self and School. In relation to Lifestyle, playing or listening to music, having a hobby and

reading were among the identified activities that could help youth feel good about themselves. In relation to Self, dressing well, improving an aspect of the personality, doing what needed to be done and thinking well of oneself were identified. Studying more and getting better marks were the School-related activities identified. Under the Other theme, one respondent identified going back to her country of origin as a way to feel good about herself.

Table 6: Self-Esteem Promoting Strategies

Influence	Examples
Lifestyle	“have a special hobby,” “sing, sleep or do the computer,” “listening the music,” “talk to the friend in Internet,” “play piano,” “read some fiction,” “look at my favourite singer’s picture.”
Self	“dress nice, maybe a little different from other people,” “wear neat, clean, comfortable,” “practise,” “do things that I have to do,” “be efficient,” “I would like to cover up myself in some ways when I’m not feeling good about myself. Then maybe I’ll feel better,” “to change some of the bad personality of mine,” “think good things about myself.”
School	“do better at my school stuff,” “study harder,” “get good marks in school/on report card,” “spend more time with studying OACs [Ontario academic credits].”
Achievements	“finish every job, work on time,” “do everything accurately.”
Relationships	“to listen more what teacher and parent idea.”
Other	“went back to China.”

The pattern of responses to the CSE found in this study has similarities to those found in the Canadian-born and immigrant youth study (Khanlou 1999), in which relationships, school, self and achievements played an important role in promoting or challenging the youth’s self-esteem. Lifestyle-oriented activities (which is the prevailing health promotion focus directed at youth within the secondary school system) were often identified among the strategies.

Academic success was an important influence on the newcomer female youth’s sense of self-worth. As demonstrated in tables 4 to 6, getting good marks and studying hard played an important role in how the youth felt about themselves. These responses were not limited to the School theme and also surfaced in relation to the Self theme, such as “the want to be educated” (under self-esteem promoting influences). The youth were cognizant of the link between success in high school and future higher education goals and career plans. In addition to the high expectations of the youth themselves, their parents relayed similar expectations. At times, the high expectations regarding academic success coupled with learning a new language (English) and secondary school curriculum in their new country of residence, resulted in pressure for the newcomer female youth and influenced self-esteem.

Self-Concept

The emerging picture of the participants’ self-concept points to a dynamic and multi-layered experience of the self. While labels such as “immigrant,” “ESL student,” “refugee,” “Canadian born” can be useful as a preliminary step to identify which particular group of youth are being considered, as the findings reveal, such labels cannot provide an adequate

understanding of the uniqueness and diversity of youth. Although youth may be cognizant of the various labels, their experience of their “self” is a dynamic process that draws from a rich source of experiences, knowledge and sensitivity to context. The sub-themes related to various aspects of the female youth’s self-concept consist of dynamic self, silenced self, cultural identity, female role models and future aspirations.

Dynamic Self

Findings on the contextual nature of negotiations related to the newcomer female youth’s cultural, gender and youth identity are considered here.

Self-identification

In introducing themselves at the focus group meetings, the youth included references to their cultural background, languages they speak and interests. For example, in addition to referring to an aspect of cultural identity in her conception of self through her identification with Korea and the Korean language, P1 referred to her interests in vocal music. P4 referred to her future aspirations and to herself as a creative person, reinforcing the notion that the participants are not only “immigrants” but like all other youth, have other aspects of self that go beyond those of being in a new country, including future aspirations and creativity:

I’m from Korea, and I’m 17 now. I’m learning the vocal music, the vocal music. I’m speaking Korean at home, and I’ve lived here for three years (P1, FG1).

I’m 17 turning to 18, and I’m from Macau.... And I’m interested in psychology, I want to go to learn psychology. And I am creative and, you know, person (P4, FG1).

At one point, the participants talked about changing their names or having two names and choosing new names that are less difficult for “Canadians” to pronounce. The activity of anglicizing one’s name and its impact on one’s self-concept merits further discussion. The action is a means of making one’s assimilation into, and possibly one’s acceptance by, the mainstream culture easier. Given the cues the newcomer female youth receive from the environment, they engage in an activity that is closer to assimilation than integration. According to Berry (1990; Berry et al. 1989), assimilation or integration has different consequences. Under his two-dimensional model of acculturation, there are four modes of acculturation (integration, assimilation, separation and marginalization) for individuals and groups living in culturally plural societies. The integration mode “implies the maintenance of the cultural integrity of the group, as well as the movement by the group to become an integral part of a larger societal framework” (Berry et al. 1989: 188). When maintenance of cultural identity is abandoned and relationships with the larger society are deemed important, assimilation has taken place. Assimilation can occur “by way of absorption of a non-dominant group into an established dominant group, or it can be by way of the merging of many groups to form a new society, as in the ‘melting pot’ concept” (Berry et al. 1989: 187). The youth change their names to make belonging easier, which, paradoxically, affirms their difference and the feeling that their names, an aspect of their self-identity, do not

“belong” in Canadian culture. However, changing one’s name to fit in, raises the question of its impact on the self, specifically on one’s identity and self-esteem.

It is interesting to note that during the teacher focus group, a teacher mentioned her own embarrassment regarding her “ethnic” name, similar to the issue raised during the youth focus group regarding changing one’s name and adopting a Canadian name.

I’m first generation Canadian, Finnish, Finland, have you ever heard of it? (Giggle). And, um, I grew up in “_____” when it was still a small town. Um, that was in the ’50s, and I remember we had a thing there one time about names, people’s names and pronunciations, and I told people at the time that I really hated my name, “_____”, but half the teachers couldn’t pronounce even that (T5, ESL FG).

A youth participant (P8, FG3) pointed out that she feels better about herself when called by her original name, and that being called by her English name prompts her to speak English. This suggests that youth negotiate between an identity linked with the new culture and one linked with their original culture.

Comparisons with Canadian female youth

The newcomer female youth were asked whether there were any differences between immigrant and Canadian-born girls. One participant felt Canadian girls are more confident because they are in their own country and can speak English with ease. She also referred to Canadian girls feeling proud and better than immigrant girls, which may arise from the immigrant youth feeling prejudicial attitudes directed at her.

First, it’s in Canada, right. So, Canadian girls, if Canadian girls see the other countries’ girls they are proud of themselves because they can speak English. And they think that she’s better than the other girl [immigrant girl] because they immigrate (P8, FG3).

When asked if they thought Canadian-born females had the same issues as themselves, one participant made the important point that it depends on what they deem important. Another participant stated it was difficult to know, but that it could be different because of the difference in cultural norms.

’Cause it’s different culture, grow up in a different place, affected by different people. So, should be still, should be different (P2, FG4).

A few participants voiced the opinion that Canadian-born females had the same fears and issues as them, indicating that, in certain aspects, the newcomer female youth felt connected with their Canadian-born cohort and their experiences as female youth. Similarities in experience also emerged when asked what made female youth feel good about themselves. For example, several participants mentioned the influence of appearance (including clothing) on self-confidence.

It will make you feel confident, you feel good that you, you are able to talk to people with like, you think yourself as good enough to do things, you won't be scared, I mean (P4, FG4).

The last quote came from a participant whose dress and make-up indicated a greater degree of assimilation into mainstream Canadian youth culture. Responses to the study questionnaire also indicated “appearance” and “sense of fashion” among the self-esteem promoting influences. By experiencing the female teenage pre-occupation with self-appearance, an aspect of North American youth culture influenced by Western popular culture and the media, newcomer female youth faced, in this regard, similar societal pressures as their peer group.

Comparisons with newcomer male youth

The newcomer female youth were asked if young females and males faced similar experiences following their migration to Canada. Some participants believed they did because they were both new immigrants, thus making a connection between their resettlement experiences and those of males based on the newly acquired immigrant identity. For example, immigrant boys were believed to have similar experiences as immigrant girls in Canada concerning language and making friends.

They don't know English like us, right, and they are afraid of speaking English, so they could be afraid of saying something (P7, FG3).

As making friends same as girls. The Canadian boys may be not make friends with immigration boys (P10, FG3).

A parent interviewee held the opinion that there were similarities between female and male youth with regards to self-esteem and body image.

Issues will be the same. Because every human being needs a good self-esteem, you know, I have to have good self-esteem as a human being, I have to feel good about myself, and then, so, I think it's the same issue. I wouldn't be surprised if there are a lot of boys nowadays who want to look good, who want to dress up good, who want to fit in, because of the culture, it is material (PA3, PI2).

However, perceived gender differences also emerged in discussions. While one youth participant spoke to the fears of boys by acknowledging that they might also fear insects and ghosts, another made the comment that boys are stronger.

Even though they [boys] are afraid of stage or something, they just do it because they are more strong about things (P8, FG3).

P8's view of boys points toward her belief that male youth are more self-confident. The same participant went on to suggest that boys are more focussed, making goals and following through while girls gave up if they thought it was “really hard to do.” Another participant,

however, pointed out that although males seem to be greater risk takers, females are more detail oriented and careful, which has positive outcomes.

I think we are more careful than boys. Cause when I'm doing computer graphic, and my friend who is teaching me, he's a man right, he usually can't find the mistake, but women can find mistake easily (P7, FG3).

When asked about gender differences between newcomer female and male youth, one parent said she did not treat her daughter differently from her son but, in other families, expectations were often different for females. She reported that, in some cases, young females faced restricted mobility, such as having to go straight home from school. As well, they were expected to help in the home.

And she was expected to take her, small daughter, sister to day care to drop, but not her brother. And, um, this was, and then in the evening when she comes, her mom is working during the evening so she has to, to give the lunch, or prepare lunch and give it to her dad and then to her brother and clean the dishes and so on, and finally she was really tired of it, and her grade was not good at school and then the school counsellor contact them. So there is this kind of problem (PA1, PI1).

The issue of multiple roles for daughters, for example through responsibilities related to household duties which are often linked to more traditional notions of gender roles (and which could be in contradiction to those of the new host country) was a source of difference between newcomer female and male youth.

Silenced Self

During the discussions in one youth focus group, participants commented on how, because of difficulties with speaking English well, as a coping strategy, at times they pretend not to be present to deal with being in a situation where they are unable to communicate well in English with others and to have others respond to them in a positive way.

We pretend to be quiet or not there, nobody knows us, something like that. We don't speak English very well at first, right, so nobody wants to talk to us. Actually, though they don't even want to talk to us, we don't want to answer. Because we make wrong answer, and they're going to laugh, so we just pretend to be quiet (P7, FG2).

An ESL teacher indirectly touched on newcomer female youth silencing the self. When in a situation where they do not understand, some girls will be very reluctant to speak.

It isn't just a matter of understanding what the vocabulary concepts are, it's a matter of what are the consequences of my answering this question? What's going to happen when I open my mouth (T1, ESL FG)?

The silencing of the self as a coping strategy, even if on a situational basis, raises the question of its effectiveness in the long term and its influence on the newcomer female youth's sense of self and self-esteem. One participant in particular offered a hopeful outlook. She did not resort to the strategy of silencing the self and felt confident to initiate conversations, ask questions and make her voice heard.

I just talk...to other people. Even if I don't understand, I ask them. Then they explain to more easier words or something...so that I can understand (P8, FG2).

It is of note that the above quote was from one of the youngest youth participants (15 years of age) who, throughout the two focus group meetings, demonstrated self-assurance across various discussions. In the above context of discussion, her confidence in herself may have been influenced by her ability to speak English better than other participants. The issue of language was a dominant one in the discussions and is addressed below.

Cultural Identity

The notion of cultural identity manifested itself across discussions related to ethnic pride, a sense of belonging to one's country of origin, and the lack of belonging to Canadian culture. For example, the following statements by the youth participants reveal a sense of belonging to their country of origin and a preference for that country.

But I like China more than here (lots of laughter) (P10, FG2).

Same thing for me. I like Russia more. Lots of friends, family still there (P9, FG2).

This preference, however, appears to be linked to the youth's feelings about themselves in Canada. That is, certain barriers (such as difficulty with speaking English) led to a yearning to be in the home country where they felt they fitted in, were more comfortable with themselves and, therefore, felt better about themselves and their lives.

I think it is more easier to live. [All the girls in the focus group agree.] Because it is their own language and personality you are you know — thinking is similar — that's why (P8, FG2).

Lacking a sense of belonging, in part due to the inability to communicate to the degree they wanted to in English, the newcomer female youth felt they did not belong to their new country of residence. Feelings of nostalgia for the home country were also related to positive memories of, and continuing friendships with, other youth in their country of origin and to the lack of the same in Canada. In their work with newcomer youth in schools, the settlement workers were aware of the youths' longing for their home country and a sense of not belonging to Canada, especially during the first few months as students adjust to many changes.

Many of them within the first few months or so, that's all they think of, they want to go back (S2, Meeting with SEPT workers).

They are marginalized, they need to be integrated into the whole school (S1, Meeting with SEPT workers).

Among the female youth participants in the study, there were different levels of integration into Canadian culture. This reinforces the argument that immigrant youth are a diverse group with similarities in their issues as they adjust to life in Canada as well as differences in such areas as their interests, resources and circumstances. For example, in discussions around dance, while one participant (P7) expressed being interested in both Korean and European dance, another (P10) adamantly disassociated herself from dance that originated from her cultural background.

Despite the challenges they face (such as new language acquisition, feelings of nostalgia for country of origin), the newcomer female wanted to learn more about Canada and its way of life. For example a youth participant, whose dress and make-up indicated more assimilation into mainstream Canadian youth norms, observed one was no longer a newcomer when one was used to living in Canada. In response to what could be done to help newcomer female youth feel good about themselves, another participant suggested increasing school-based opportunities to learn more about Canada.

We should have more field trips.... That give us chance to ask, so we learn more about Canada (P6, FG1).

This suggestion is related to empowerment through information and knowledge. Expanding programs that teach newcomer youth English and supporting extra-curricular activities outside the school (such as field trips) that expose them to various facets of Canada and the Canadian way of life can facilitate their sense of “fitting in” in their new country of residence.

Female Role Models

During the parent interviews, reference was made to the influence of female role models on female youth’s self-esteem development. As a parent, PA3 was cognizant of the influence of other strong women in her life, including a teacher at her boarding school when PA3 was a child and her own mother.

But the role model was a lady she had two sons and she was African American...she was a very strong lady.... And some things from my mom, we didn't spend much time but when we have that time, my mother is a very strong women, very, very firm, very strong, and she would tell, you have to be tough when something happens. She would always say, even if you are sick, she says okay you take whatever is needed when you're sick, but be strong, if you are weak it will make you down, you know, I always say to my kids (PA3, PI2).

Through discussions with PA3, it became evident she was a role model for her daughters, emphasizing daily parent–child communication and fostering their self-development. For

example, when speaking to one of her daughters about establishing new friendships following their immigration to Canada, PA3 had asked her daughter to think about whether she wanted to be a follower or a leader. PA3 believed that discussing issues with one's children was a necessary and an important part of parenting. As a single mother who had experienced several migrations to various parts of the globe, including Asia, Europe and Canada, PA3 was proud of her role as the parent of three daughters. Throughout the interview with the researcher, she enthusiastically provided her insights on healthy self-esteem development of female youth. To this end, she emphasized the importance of communication between parents and their daughters from an early age. PA3 believed parenting was a skill which, like other skills, must be practised, altered and learned throughout the process of raising children, and in which the development of self-esteem in children was also part of parenting.

You see the most important thing, in any issues, the most important thing is how close are you with your children, how much do you know your children really, how was their day passing by, you know.... [As a parent,] it doesn't matter which culture you come from, you have to have that self-esteem on your dictionary.... You know, we have in every culture in every dictionary, that's what I say, it doesn't matter whether it's this way or that way, there must be a way to make your child feel good and strong (PA3, PI2).

Mothers being role models for their daughters emerged in discussions with PA2 as well. When discussing how speaking with an accent can serve as a barrier because it causes individuals to stand out as being different, PA2 reported that she was proud of her accent and felt no need to change it.

I think a lot of people have that feeling so that why they are afraid of speaking because of their accent. But for me I look at it in a different way.... There was some big people who have the accent, and I say, you know what is a very good quality to have so I am very comfortable, and I do not like try to change, I want to have an accent (PA2, PI1).

A positive sense of self among mothers can undoubtedly send a strong message to their daughters. In a context where feeling different from other youth (e.g., due to one's racialized status, speaking English in a certain way, migrant status) can influence the self-esteem of youth, parents can be positive role models. Parents need the support systems to spend sufficient time with their daughters and, through ongoing communication, to help their children question the stereotypical and prejudicial attitudes youth may be subject to because of their experience of difference.

Future Aspirations

As with responses to the study questionnaire, during the focus group discussions, the female youth referred to doing well in their secondary school studies. Succeeding in high school studies was important for the youth and tied to future career plans and further education. One participant summed it up:

Hard work, future achievements (P9, FG2).

Expectations regarding future academic and career aspirations were transmitted through the parents as well as the prevailing cultural context of their country of origin, where the participants had lived before immigrating to Canada. For example, when speaking about the school system in Korea, a female participant made reference to expectations regarding university studies.

We study 'cause we need to go to university. Korea they think of university as very important, they need to go there (P7, FG2).

Most of the newcomer female youth participants had a positive outlook on their future in terms of their career and educational aspirations. Their interests varied and included such fields as business, computer graphics, music, medicine and psychology. Often, the female youth had taken steps (e.g., taking specific courses in school and private lessons) to prepare for and move in the direction of their future aspirations. The youngest participant, in particular, was confident that through further education at a world-renowned arts college she would be in high demand as a pianist.

Language

The theme of language was persistent across the discussions. As described in the preceding section on self-concept, the ability to speak English well, or with difficulty, was not experienced as an isolated part of the youth's abilities nor limited to their school-based accomplishments. It influenced how they felt about themselves given a societal context in which English is the mainstream language and a requirement for success in educational and career goals, for making friends and for feeling a sense of belonging to their new country of residence. One youth participant observed that in the new country, one does not feel as good as in one's own country, because of the language barrier, being unable to communicate one's thoughts and feelings, and being unable to make connections with others which may lead to isolation of self.

So nobody knows what you, what you feel (P4, FG1).

Language ability was also seen to affect school outcomes which, in turn, influenced the self-esteem of young females. Getting low marks, due to the English level, caused them to feel bad about themselves. During a period in their development in which peer groups are important, language barriers also limited the possibility of creating friendships with Canadian-born youth.

I think they're happy to talk with us, but we cannot answer properly, right. So they just forget about their questions, or something like that. I think "_____" said that people they don't want to talk to us because those bad people (?) not even 10% of the school. I think if you understand the word and you could answer it, they'll happily talk to us, I think (P7, FG2).

Two participants talked about their fear of having to speak English in front of a group, for example, during class presentations. They were afraid of not speaking English correctly. They would feel more confident if presenting in their native language or to a class of friends. Given their fluency level in English and the context, they were unable to feel confident during presentations — a setting in which peers actively listened and focussed their attention on them. They were afraid of being wrong and making mistakes.

Yeah. That's first one, and second is we don't know much of people. Like, if I say Korean, then I know every people in our class, right. But if I'm in English class, I don't know most of the people. And, I don't know most of the people then what if I say wrong. Then those make me more than fearful (P7, FG3).

Given the difficulty with speaking English and feeling as if they did not belong to their new country of residence, the participants were asked what would help newcomer female youth feel better about themselves. Two participants noted that ESL classes were important. One participant, who was Russian and attended a school which did not have many students of her own background, suggested that students be separated from peers of the same language background, thus, encouraging them to speak English.

Right, ESL classes. Except that we should separate people, so that they speak English than their own language. It's better. Then you can learn faster. Surely (P9, FG3).

However, as discussed in the subsequent section on relationships and friends, youth of the same language background were identified as an important source of support, especially on immediate arrival to Canada. In addition, the youth participants, who often spoke several other languages, felt pride in their multilingual ability. When sharing information about their cultural background, the participants relayed their ability to read in their mother tongue. The ability to speak their native language was a source of cultural pride and was perceived as their strength.

I speak Russian, Ukrainian, English and some French (P9, FG2).

I speak Mandarin, Cantonese, English and Fukienese (P10, FG2).

We speak more languages than other people (P8, FG2).

The newcomer female youth's belief that they were not proficient in English was a major concern. Given that newcomer youth speak one or more languages other than English, they can benefit from a context that focusses on their multilingual abilities and does not singularly focus on their limited English ability, thus, promoting their confidence.

Relationships

As described in the section on self-esteem, and in response to the questionnaire, relationships were a source of self-esteem promotion and, at times, posed challenges. The sense of

connection with others contributed to a positive sense of self as observed in the following quote from a participant.

I am the one who can make other people happy (P8, FG2).

In focus group discussions, relationships with parents and with friends also emerged as important influences on the lives of newcomer female youth.

Parents

The youth participants recognized effective communication with parents as a source of support. One participant reported on improved communication patterns with her father. She found the ability to be open with her parent a positive influence and valued her father's advice.

And because I live with my dad for a long time, so, for him, I'm just like a, he's like my friend, I can talk to him anything, so I don't care. My friends, they tell me that don't tell your parents everything, like you go out with a boy, or anything, something else, you can't talk to your parents about those 'cause they always say something bad to you, but for my dad he knows everything about me. 'Cause I think that they got more experience and they can help me, those things are better than teenagers, than my friend can give me. Maybe, sometimes I still talk to my friend first. I'm not afraid to talk to him, that's what (P2, FG4).

Another participant reaffirmed P2's point of view on valuing communication with parents and respecting their advice.

So I think that when I talk to my parents I feel good about myself (P1, FG4).

Even for the most newly arrived female in the group (P3 had been in Canada for close to a month when the youth focus groups were held), communication with her parents was an important element in her adjustment process. This was despite the fact that her parents were not in Canada.

I am, compared to other students I am very free here because, I don't have my, my parents can't control me. But, um, I think I can control myself quite very well. And, I, um, even though I here and, my, even though my parents are so far from me, but I still need their, need their support and their encouragement. And so, um, I call, I call back home every week and after talking to my parents I always feel better, 'cause, um, um, because this is just the first month I came here (P3, FG4).

The youth participants also talked about challenges to effective communication with their parents. Conflict with parents often arose from cross-generational differences, and in relation

to cultural clashes between the cultural norms and expectations of their country of origin and those of mainstream Canadian culture.

I think the teenagers...like us very young and we come here, but our parents are old, like not old but they grew up in their culture for many years they can't really change. But when we come here we are affected by the culture here, but they didn't affect as much as us so sometimes there is conflict between us.... They don't change at all (P2, FG1).

Issues pertaining to cultural differences between the country of origin and the new country also emerged in parent interviews. PA3 believed parents must call on their own cultural values and attempt to explain these to their children. For example, as was explained in one case when her daughter posed many questions about dress, PA3 discussed the issue with her daughter.

And so I have to bring, I have to raise up my cultural values and the culture, those cultures that we came through.... I have to do a lot of work in discussing all those issues (PA3, PI2).

When describing her involvement in parent workshops in Vancouver, PA3 observed that parents must be willing to improve their parenting skills and, while maintaining their own cultural values, they must also realize that they are raising their children in a new environment. They must, therefore, acknowledge some of the stronger values of both cultures, the old and the new.

I cannot raise my children the way I've been raised back home because I'm in a totally different environment. That's what parents should understand (PA3, PI2).

Changing parental attitudes was recognized by a youth participant, P2, who referred to the source of cross-generational conflict (i.e., dating) and to her parents' changing attitudes toward it.

Because they think that when you're dating, you can't go to school, like you can't do well in school, your not going to focus on school. So they won't let you, like, too young to be, to date, they think. So, when I like, I was, when I was young, and I was dating and they knew it, but they were, they didn't allow me to do it. But after a few years ago when I grew older they were just accept it, 'cause they think I'm old enough to handle it, and I'm doing, I'm doing well in school so they just, ya, they didn't have a problem with it (P2, FG4).

Dating norms in North American culture can conflict with immigrant parents' original cultural norms and values. It is interesting to note that in the preceding case this arose from the parents' concern that dating would influence school performance. Among some ethnocultural groups, female adolescents can face stricter dating freedom compared to their

male siblings or peers. This can be a source of persistent conflict between female youth and their families, as the female youth straddle the cultural expectations of their parents and community with those of mainstream Canadian culture. In other cases, despite having lived in a North American culture for years, and being exposed to its embedded attitudes toward dating, immigrant youth or children of immigrants can freely embrace the cultural values of their parents' original culture. Thus, youth can choose various pathways to ascertain their identity. At times, these can be closer to the prevailing mainstream cultural values; at other times, they can be closer to the cultural values of the country of origin. Caution, therefore, must be taken to avoid stereotyping which arises from applying mainstream North American cultural values, with embedded assumptions of what entails normal adolescent development, to youth from diverse backgrounds.

Friends

Relationships with friends comprised another important source of influence on the newcomer female youth. Discussions took place in connection with the continuation of friendships, making friends with youth from similar cultural and migration backgrounds and the lack of Canadian friends. The lack of friendships with Canadian-born students overlapped with the issue of language barrier. Fluency level in English was seen as affecting the ability to make connections with Canadian peers.

Ya, because we are still ESL students, sometimes we can't speak English very well, and then, maybe Canadian born or those English speakers don't really talk to us, sometimes, but they do but not much (P2, FG1).

School-organized outings, such as field trips, were identified as fora through which mutual learning can take place, leading to connections and friendships. Such outings can consist of newcomer youth, allowing students to share similar experiences, or they can include both Canadian-born and newcomer youth, providing opportunities for friendships between the youth.

Friends from the same background were recognized as an important source of help in the new country of residence, especially during the initial period when faced with language barriers. Development of friendships contributed to feeling more comfortable. A student, who had arrived recently in Canada, observed that the presence of students who spoke her first language within the school was helpful for her.

Actually, I don't have much experience because I come here just now. Yes, actually, the first day I come here I was very nervous, and didn't know anything. But fortunately, in this school there are many, many people that speak Mandarin, so, um, they really help me (P3, FG1).

Thus, the presence of students/friends of the same background at one's school can positively impact the self-esteem of newcomer female youth. Because they speak the same language and can hold a two-way conversation, the newly arrived youth have someone to turn to for help. They feel less isolated. School-based student groups can provide links among newly

arrived students with students who are more fluent in English or who are Canadian born, facilitating the exchange of knowledge and fostering new friendships.

Systems Issues

The notion of difference emerged across many areas of discussion and as addressed in previous sections on self-concept, language and relationships. Within the context of systems issues, the experience of difference was connected to cultural differences and to feeling different within the school context. The newcomer female youth participants addressed the experience of being different from Canadian-born peers in their way of thinking, their values, customs and overall cultural beliefs which, beyond language barriers, could be a challenge to establishing friendships with Canadian-born students.

It's like there's a difference between thinking. Like in Korean, in Korea, they think like students mostly have to respect their teachers and stuff like that, we cannot just (P1, FG1).

I don't think this is a bad or good, 'cause it's just different culture, 'cause in China or Korea or Japanese or Japan, they respect older people and teachers, but here, everyone has same right, they all go for their right, so you can just sit here and talk to your teacher and you don't have to stand up and still respect them (P2, FG1).

Some participants felt that in being perceived as different, they were also looked down upon which created a barrier to making connections with the Canadian-born individuals.

Like they never talk, Canadian people never talk to us actually (P9, FG2).

The parents were aware of the discriminatory attitudes toward immigrants and encouraged their children to work harder and succeed despite such attitudes.

Okay, my mom told me once that like, we are immigrants here and we are from the third world, like, sort of, so we have to do, like, do much more work than the Canadian-born or White people, than they do. We're gonna prove ourselves to them, that, like, we can do better than them, so we have to work much harder, and, um, maybe, like most of people they want to doctor, lawyer, they'll find like, the good job (P2, FG4).

In addition to believing that they had to succeed, the youth dealt with racism by recognizing that, fundamentally, there are no differences between people.

And you also need to trust yourself, like, that we can do it, like, we are, we are, we are the same people as like the others and we can do what, what they doing, like there's no difference between the Black, White and Yellow (P1, FG4).

However, discriminatory attitudes and racial prejudice have psychological tolls. P2, noted that such attitudes made her feel sad.

I'll be sad for a little (P2, FG4).

Friends played a supportive role for her.

Usually, I care when he just did it and then after maybe a few hours I'll forget. 'Cause friends around me they are comforting me, so, 'cause they are telling me stories like, to make forget about it (P2, FG4).

Along with the problem of making friends and being accepted, cultural difference was addressed by one mother as an issue faced by her daughter on arriving to Canada.

The main issue was the cultural difference and the way children dress up, the way children act, the way children, what they eat (PA3, PI2).

As a parent, PA3 was aware of the influence of context (including other youth and the school environment) on her daughter's experience of difference.

She feels different because in certain occasion children make her feel different. You know, her hair is different of course, her colour is different than other children, and she had an accent, but she doesn't have the accent now, ya, but she had an accent. And you know, and always being asked where do you come from (PA3, PI2)?

Recognition of systems issues in relation to mental health promotion among female youth often arose in discussions held with parents and other adults. In discussing barriers faced by their daughters on their initial arrival in Canada, specifically the difficulty they faced making friends, one parent referred to class difference. PA1's daughter had found it difficult to maintain friendships with peers in the first school she attended, following immigration to Canada, because of class differences. PA1 and her family subsequently relocated to another part of Toronto with fewer ethnocultural and class differences.

The issue of class difference, therefore, must be recognized among the barriers for some newcomers as they adjust to life in Canada. The difference can be a result of underemployment of newcomer parents and family members whose educational and professional qualifications are not recognized. When speaking of the difficulty parents face on arriving in Canada and in circumstances where their professional credentials are not recognized and they must settle for any job, a settlement worker observed that the situation takes a toll on the children as well.

Because, I mean if you, you think if kids come with parents who are doctors and nurses and they come here. Parents have to end up in factory, they're frustrated, that frustration is passed on to the children as well (S2, Meeting with SEPT workers).

Unlike their younger siblings, newcomer female youth are at an age when they have more awareness of family settlement barriers. In addition to their own issues and concerns, they are affected by their parents' struggles.

So for me, that also is very important for the student, because now, it's just the mom and the daughter, and the daughter is worrying all the time about the mother. Mom is home, can't find work, this that, the other. So she doesn't only have the burden of adjusting and settling into school and making new friends and everything like that, she's carrying all the mother's burdens, at the same time (S2, Meeting with SEPT workers).

Thus, the self-esteem development of newcomer female youth has to be considered in the context of the family situation and the barriers the family unit faces as it settles in Canada. Comprehensive services must consider the entire family unit, extending beyond the traditional educational goals of the school system, and providing a wide range of support services to families of newcomer immigrant and refugee youth.

School curriculum was among systems issues discussed as well as the culturally bound knowledge (i.e., North American values) that was entailed. During one parent interview, the role of the school system in addressing the needs of newcomers was addressed. One parent suggested a need for curriculum that recognized and fostered multicultural acceptance (PA1). Another parent spoke about her own experience in the Canadian education system at the college level, raising important points regarding the cultural sensitivity of curriculum content and teaching objectives. She compared her experiences in two very different programs. One program welcomed and attempted to address issues of diversity, anti-racism and community development. The other presented knowledge that was culturally bound to North American values.

Maintaining the system the way it is (PA2).

Therefore, as the demographic characteristics of Canada and its youth population continue to change, educational curricula are needed that are inclusive and address multicultural, multi-class, anti-oppression and anti-racist values.

When the researcher raised the issue of having role models, such as teachers in the school, a parent agreed on the importance of having role models from various cultural groups across systems, including school and health systems. Due to their cultural knowledge, she spoke about the value that could be added to the health system if multicultural workers were present because:

The way we explain something and, the way the nurse explains, have a different way of approach (PA1).

She referred to the important role that social support services, such as settlement services, can play in the lives of newcomers. Speaking of a young female who came on her own to

Toronto, PA1 spoke about how she was helped when faced with circumstances that could have ultimately and gravely affected her physical and mental well-being.

I have seen one clear picture, she had adaptation problem, she could not eat, she could not sleep... Yes, very young, 23.... Came alone, the first time to leave her house.... And she almost completely lost her mind. But with all the support that we gave her and some friends that she knew here, really, ya helped her to get out of the [house] (PA1, PI1).

During this discussion, the need for cultural sensitivity, specifically in the health system, was addressed by PA1.

Even in mental health, sometimes I do escort my clients to a hospital of... and they are not mental health clients but they do have problems. And you know, maybe they're very quiet by nature and so on. And then the questions, um, do you, can you see any vision? Do you feel like throwing yourself.... No, no, no, no. Some of the questions that you know. And sometimes they really, the doctor or the nurse they couldn't.... He looks like the way he act because of the, from the cut from the social, from the support, the social support group that he has earlier, because of that sometimes his character is changed, but he doesn't have the sign or symptom of mental health (PA1, PI1).

In this example what originated from the lack of social support in the new country of settlement was misinterpreted by the health care system as mental illness. In addition, mental health problems can originate from system inefficiencies and not necessarily from individual weaknesses. Cultural sensitivity is a necessary part of effective and accountable health care and social service delivery systems. Health and social services professionals require training that sensitizes them to the unique circumstances of different immigrant and refugee populations.

In addition to specific systems issues, such as those related to the education, health, social and settlement services systems, attitudes prevailing at the societal level in the host country toward immigrant and refugee populations can affect one's sense of well-being, specifically one's self-esteem in the new country. A parent spoke of her experiences as an immigrant in Greece, which she found accepting of her difference (in terms of visible minority status) and a country that looked on her immigrant status as an asset, something to be valued.

I think my attitude would have been different if came straight from "_____" to Canada. I'm sure my, you know, my mind structure would be a lot different. But I went from "_____" to Greece, when I was younger and you know the treatment I received was, you know, I'm unique, and you know, something that they protect and that they are curious, so that really make me to be who I am. Because being me was like, you know, something different, so I liked it being me (PA2, PI1).

Another parent observed that the system itself had allowed for the creation of a positive sense of self for the newcomer in the new country.

The system has built her self-esteem, you know, to be what she is.... The system really plays a very big role (PA1, PI1).

Emerging Issues from Study Findings

Each year, many new immigrants arrive in Canada, a large number of whom are youth between the ages of 15 and 24. The period of adolescence has been long recognized as a critical time in human development. For youth who are newcomers, this is a period when they must confront similar experiences as those faced by their Canadian-born adolescent counterparts (e.g., physical growth, preoccupation with appearance) as well as the unique challenges posed by the settlement, adaptation and integration process (e.g., lack of fluency in English). As a result, there is a growing consensus among researchers regarding the need to document the unique needs of, and the services required for, this immigrant sub-group to assist service providers and policy makers in decisions related to effective strategies and policies (Kilbride et al. 2000).

The findings of this study indicate the necessity for considering the important role of gender in the settlement experiences of youth who are newcomers to Canada. The female youth participating in the study recognized that, while newcomer male youth face similar issues, based on their new immigrant status (e.g., making friends, language barriers), there are differences in experiences on the basis of gender. For example, males were perceived to have more self-confidence, were thought to be stronger and to experience different family expectations based on gender roles.

In the area of youth development, the findings support existing research (for e.g., Anisef and Kilbride 2000; Kilbride et al. 2000; CCSD 2001) documenting the major issues faced by newcomer youth (e.g., identity development, language, relationships). For example, female youth participants spoke of a lack of sense of belonging to Canadian culture due to language barriers and the loss of old friendships, or lack of new friendships with Canadian youth. Language barriers were identified by the female youth as significantly affecting various aspects of their lives (e.g., school outcomes, their ability to establish friendships with Canadian-born youth). Relationships with parents and friends served as a promoting influence (e.g., positive communications with parents helped females feel good about themselves, and having friends contributed to a positive sense of self) or a challenging influence (e.g., the lack of friends, cross-generational differences and cultural clashes with parents) to their self-esteem.

An important finding was related to the newcomer female youth adopting coping strategies that, in the long run, may negatively affect their self-concept and self-esteem. These included the practice of anglicizing their names, despite feeling better about themselves when addressed by their ethnic name, or silencing of the self (where one chooses to remain quiet, pretending not to exist, in order to avoid speaking English). The coping strategies were responses to the sense of difference which permeated their experiences as newcomer youth and resulted, in part, from an experienced and perceived sense of prejudicial attitudes toward youth who are the “different

other.” As identified in other research (Kilbride et al. 2000), discrimination and cultural differences impede integration and adaptation into Canada. This view was supported by female youth reporting feeling different in Canada on both personal (e.g., language issues, relationship issues) and systemic levels (e.g., cultural differences related to customs, values and beliefs). Discriminatory and racist attitudes were experienced as barriers to integration into the mainstream culture as well as affecting the self-esteem of newcomer female youth. Thus, attitudes prevailing at the societal level in the host country toward immigrants and refugee populations can impact one’s sense of well-being and lead to a psychological toll for youth exposed to them.

Mothers of female immigrant youth reported being aware of the discriminatory and racist attitudes toward newcomers and the difficulties experienced by their children because of their “difference.” In addition, newcomer female youth become increasingly cognizant of the settlement barriers their family faces in Canada (e.g., underemployment of parents due to educational and professional qualifications not being recognized). Beyond personal concerns, family settlement barriers also affect female youth, suggesting that the self-esteem development of newcomer female youth must be considered within the context of the family situation.

The newcomer female youth participating in the study possessed a dynamic self. Like other youth, they had aspects of self-concept that went beyond labels, such as “immigrant,” “ESL student,” “teenager.” They negotiated an identity that was linked both to their new country of residence and its prevailing cultural norms, and to their original cultural heritage. In negotiating their unique cultural identities, the newcomer female youth varied in their integration into Canadian culture. This reinforces the argument that newcomer female youth are a diverse group with similarities in their experiences as they adapt to their new life in Canada, as well as differences in their interests, resources, circumstances and self-perceptions. Finally, despite the post-migration challenges they faced, the newcomer female youth participants in the study demonstrated a positive outlook on their future and had educational and career aspirations linked with the prospect of a better future.

Youth Participation

As described in Chapter 4, the project was influenced by a PAR approach. In addition to the participatory features described in Chapter 4 and through various stages of the research process, the study concluded with an action component. As presented in Table 3, a field trip was taken to a bookstore in February 2001. The suggestion to be acknowledged for participation in the study through a selection of books, instead of financial reimbursement, came from the youth participants’ ESL head teacher and was supported by the youth.

The principal investigator met the students and ESL head teacher at a local bookstore one afternoon. The youth selected books of interest, which they would be reading in conjunction with their ESL class activities. This was an occasion for the ESL male students to feel included. Earlier on, while the female focus groups were being organized and conducted, ESL male students had felt curious about what their female peers were involved in and possibly felt excluded from the process. During the bookstore activity, the youth seemed

interested and happy to be there. Boys and girls formed into dyads or triads of same-sex groups as they searched for books of interest.

The participatory features of the study enhanced the establishment of connections and the exchange of knowledge. For example, after parent interviewees expressed interest in previous research conducted by the principal investigator, a related research publication was sent to these participants. As well, during one youth focus group session, a participant asked the facilitators about differences between university and high school and the grades required to be admitted into university. The co-facilitator, a graduate student during the time of the study, described her experiences and reflections on the differences between the two levels of learning. Another example is the ongoing communication between one of the SEPT workers with the principal investigator, both of whom have an interest in newcomer female youth issues.

During the second focus group session with each group of female participants, the youth were asked to provide written feedback on their experience of participating in the research project. Appendix C contains the one-page evaluation form distributed to the youth. A similar evaluation form was used in the earlier study of East Indian-Canadian female adolescents (Khanlou and Hajdukowski-Ahmed 1997), which also was influenced by a PAR approach. The responses to each evaluation question are summarized below.

1. What are some of the things you have learned about yourself through these focus groups?

Many respondents indicated that participation in the focus groups led to a greater understanding and learning about themselves and others.

We could know other people's opinion, could find my strength, could find my fear, know more about myself, career planning (P8, FG3).

Some youth alluded to aspects related to self-respect while for others participation also had practical outcomes, such as talking with one's parents or speaking English throughout the meetings.

I learned to communicate with others, to talk more in English, how to make decision (P5, FG4).

Is good to talk with your parents because they have better experience than us (P6, FG4).

2. How will you use that knowledge?

Most of the youth indicated that the knowledge gained through participating in the focus groups influenced their communication skills with friends, family and others. In turn, this knowledge would be used to enhance their relationships as well as face future situations.

I will try to communicate more with other people so it could improve my social groups (P4, FG4).

3. How useful have these focus groups been in contributing toward your self-esteem?

Participation in the focus groups may have enhanced some participants' self-esteem by allowing them to recognize their own resources and strengths in confronting their issues as adolescents in a new country.

Get others' experience or advice and then I'll have more knowledge to face problems (P3, FG4).

That we are immigrant people so we are weak that is not true. We have to feel proud of our selves. We could feel better our selves (P8, FG3).

It must be noted that half the respondents had not provided a response to this item and one had "no idea." The number of blanks in response to the item may indicate the question was not clear for some of the youth.

4. What are some of the things that you liked and did not like about these focus groups?

The overall feedback regarding the focus groups was positive. The participants' responses indicate that knowledge and a sense of empowerment can be gained when youth are provided with a forum in which their voices are heard and acknowledged, not merely by adults but also by their peers.

Nothing that I don't like about these focus groups. I think that was okay. It help me with lots of stuff that I feel shy to say (P5, FG4).

When we talking about racial discrimination, I don't like some people treat people differently (P6, FG4).

I liked it because it helped me to plan my career and could know more about other people's opinion. We could find out what is my strongest point (P8, FG3).

The participants' replies to the last item of the evaluation form indicate they felt this was a positive experience for them, one which entailed learning from others. It is of note that, in response to all four items, at least one reply was related to, either directly or indirectly, discrimination and racism. This observation reinforces the notion that a written evaluation at the end of the research process provides some participants with the opportunity to voice ideas they may otherwise not have expressed verbally in the presence of their peers. A written evaluation also provides the researchers with an understanding of whether the research process was of any benefit to the participants and how future studies can be improved.

6. POLICY IMPLICATIONS AND RECOMMENDATIONS

The statistics on immigration rates to Canada highlight the considerable size of its immigrant population, a large number of whom are youth, thus pointing to the potential significance of benefiting from research on the mental well-being of migrant populations. What is known to date about the use of mental health services by migrant populations points to the necessity for research which informs policies and strategies that better meet this segment of Canada's population. For example, migrant groups tend to use fewer mental health services (Beiser et al. 1993) and rely more on service agencies and organizations outside the formal mental health system for their emotional problems (Beiser 1988). Less is known about the barriers faced by newcomer female youth and the best strategies and services that promote their self-esteem, a crucial aspect of their mental health.

The school setting is where most newcomer youth come into contact with their peers, educators and new experiences as they enter Canadian society. It is a setting with the potential to foster the self-esteem of young women from diverse backgrounds and to prepare them for making important decisions related to their post-secondary education and career choices. To work toward this objective, multi-sectoral strategies and policies are required as "the education, health and mental health services needs of immigrants and refugees are too complex to be addressed by one profession or by one system at a time" (Cole 1998: 46).

The recommendations emerging from this study's findings address various decision-making levels. As no policy is value free or derived solely from empirical findings, explication of the values underlying policies and the principles guiding such initiatives becomes a necessary part of mental health promotion initiatives directed at newcomer female youth.

Values and Principles

The following principles and their underlying values can guide policy initiatives and mental health promotion strategies directed at newcomer female youth. These principles and values are not all-inclusive. Rather, policy makers, health promoters, educators and other individuals, groups or organizations working with newcomer female youth can add their own principles. What is called for here is that in each case value clarification becomes a necessary step in the process from research to policy implementation.

Principle 1: Newcomer female youth should be involved in all phases of mental health promotion initiatives directed at them. This includes involvement in research projects (e.g., through research designs that are participatory) and voicing their opinions on the relevance of suggested initiatives (e.g., through support of their active role on policy making and program development committees and activities). Flexibility in approach will facilitate youth participation. (*Underlying value:* Youth participation in mental health promotion initiatives is necessary, valuable and attainable.)

Principle 2: Mental health promotion policies and strategies for newcomer female youth must be context specific. In addition to youths' developmental stage, the intersection between their

gender, migrant and visible minority status, and social resources necessitates non-universal approaches to mental health promotion in Canada's multicultural settings. (*Underlying value:* The universality of knowledge derived from studying mainstream youth and the relevance of resultant strategies to newcomer female youth cannot be assumed. Caution must be exercised to avoid stereotyping that can arise from applying mainstream North American cultural values and embedded assumptions of normal adolescent development to youth of diverse backgrounds. The value attributed to one's gender and one's place in Canadian society, in terms of prevailing attitudes toward immigrants or refugees, racialized minorities, ethnocultural groups and differing social classes, has a powerful influence on promoting or challenging youths' mental health.)

Principle 3: Mental health promotion strategies for newcomer female youth must be comprehensive (e.g., include the family) and intersectoral across systems (such as education, health and social services, and immigrant resettlement services). (*Underlying value:* The development of newcomer female youth is affected by multiple influences; therefore, isolated and non-sustainable approaches are not effective on a long-term basis.)

Recommendations

The recommendations for mental health promotion policies and strategies for newcomer female youth are grouped under those applying to the education system, health and social services systems, resettlement services and those that apply across systems.

Education System

Many of the issues emerging in this study were linked to the education sector. This is because a substantial portion of the data were collected in school settings and because the education system remains the greatest point of contact for youth who are newcomers. At present, the Toronto District School Board considers itself the most multilingual and multicultural school board in the world; over 50% of its students arrive in Toronto as learners of English (TDSB 2001b). Research suggests the educational sector is key to enabling youth who are newcomers to integrate successfully into Canadian culture (Kilbride et al. 2000; Anisef and Kilbride 2000). The following recommendations inform educational policy and suggest mental health promotion strategies for the growing number of newcomer female youth in Canada's multicultural schools.

Recommendation 1: Support and improve English as a second language programs throughout the education system. Expand ESL programs in schools that have a high proportion of newcomer youth.

The female youth participants identified language issues as significantly affecting several aspects of their lives, notably their educational outcomes and their ability to establish friendships with Canadian-born youth. When newcomer female youth were asked to indicate how they felt about themselves over the course of the last week, school-related concerns, the majority of which were in connection with academic success in English or other subject areas, emerged first among the self-esteem challenging issues (e.g., "got bad mark in

English”). School experiences related to academic success emerged second among self-esteem promoting influences (e.g., “got good mark on music and math”).

In English-speaking provinces where English is the mainstream language and a requirement for success in educational and career goals, for making friends and for feeling a sense of belonging to their new country, the ability to speak English well has a powerful influence on newcomer youth. Among the newcomer female youth participating in this study, ESL classes were identified as an important tool for the development of English skills as well as for making connections with Canadian-born peers. The TDSB offers a variety of programs and services to support these students, including ESL programs designed by levels of proficiency in English and not by grade level (TDSB 2001b). However, Anisef and Kilbride (2000) made reference to the fact that on completion of language classes (the most prevalent of services provided by school boards to immigrant youth), students often acquire a superficial level of oral fluency that is not sufficient to allow them to meet the academic, social and emotional skills needed for successful integration. Assessment and placement into these programs is also an issue. Given the key role ESL programs can play in developing the self-esteem of newcomer female youth, mechanisms for ongoing monitoring of the quality of the programs and placement into them should be considered by school boards and schools.

Recommendation 2: Encourage schools to foster multilingual and multicultural environments.

Given that newcomer youth speak one or more languages other than English, they can benefit from a context that focusses on their multilingual capabilities and does not singularly focus on their limited English ability. All female youth participants in this study identified speaking a language other than English at home. Newcomer female youth face various challenges during the post-migration period which affect their self-esteem (e.g., learning English, facing racism and discrimination). Research with ethnic minority children suggests disjunctures between home and school values may jeopardize self-esteem, and restoration of a secure ethnic identity may enhance compromised self-concepts (Beiser et al.1999). By encouraging maintenance and respect for one’s language and culture, and respect for diversity within the school system (i.e., by teachers and fellow peers), as suggested by these authors, personal resiliency can be fostered, improving the likelihood of healthy development and integration.

In conjunction with supporting and expanding ESL programs, within the education system attention must also be given to assisting newcomer students in maintaining their cultural heritage and fostering their sense of cultural identity. For example, through cross-cultural events and initiatives at school, the youth can learn about each other’s cultural heritage and multilingual abilities. Access to heritage language classes can also be beneficial.

Recommendation 3: Promote inclusive educational curricula encompassing multicultural, anti-sexist and anti-racist values.

As the demographic characteristics of Canada and its youth population continue to change, educational curricula need to highlight inclusiveness and address multicultural, anti-sexist and anti-racist values. Beyond ESL classes to help learn English, issues related to

educational curriculum also emerged in this study. Mothers of immigrant female youth referred to embedded assumptions and culturally bound knowledge of school curriculum.

The Media Awareness Network conducted a study, with funding from the Canadian Race Relations Foundation, in 1998. It found that although most ministries of education included broad support for anti-racism education, multicultural education and media education, professional development and teaching resources to support the new learning outcomes were inadequate. Individual teachers were left to decide the extent to which these topics are covered in the classroom (Media Awareness Network 2001). The Media Awareness Network's analysis of anti-racism educational curriculum across Canada consisted of a review and analysis of the curriculum documents from grades 1 to 8 that were implemented in the fall of 1998. At the time of the study, information on curricula from grades 9 to 12 was not available because these documents were being revised. Acknowledging that Ontario was an early leader in multicultural and anti-racist education in the 1980s and early 1990s, the report by the Media Awareness Network suggests this early activity has been dealt a blow by curriculum reform (e.g., the Anti-Racism and Ethno-Cultural Equity Branch was disbanded). A review of the curriculum documents from grades 1 to 8 indicated that there were only eight references to Canada's multicultural fabric for curriculum in arts, health and physical education, and language.

The Toronto District School Board is following the document, *Equity Foundation Statement and Commitments to Equity Policy Implementation* (TDSB 2001a), which includes anti-racism and ethnocultural equity statements said to be reflected in all aspects of organizational structures, policies, guidelines, procedures, classroom practices, day-to-day operations and communication practices. An equity department is also in place working with schools and the system as a whole to implement the Toronto board's policy programs on equity issues. (It provides curriculum resources for teachers, workshops for teachers and community members on equity issues.) However, as reported in the Canadian Race Relations Foundation (2000) document *Racism in our Schools: What to know about it; how to fight it*, as the diversity of Canadian student populations increases, there is a need for true understanding of anti-racism issues, since racism continues to prevail in the education system, as it does in other Canadian institutions.

As stated by Anisef and Kilbride (2000), students who are immigrants should find themselves in what they are taught (multicultural curriculum). As well, curriculum content should address women's issues, thus contributing to anti-sexist initiatives. In addition, by addressing issues of justice and equality for all Canadians, school curricula can raise youth awareness of inclusiveness (i.e., gender, race, class). In this manner, the mental health and self-esteem of youth can be fostered in Canadian schools.

Recommendation 4: Increase the presence of teachers, principals and vice-principals from diverse ethnocultural and ethnoracial backgrounds in multicultural schools.

As newcomer youth experience the transition to their new country of residence, the presence of adult role models from diverse backgrounds can contribute to a welcoming school environment. In this study, a SEPT counsellor working with newcomer students within the

school system expressed concern regarding the lack of visible minority teachers and other school staff in the schools, a reality which may hinder youth integration into Canadian society. According to the Canadian Race Relations Foundation (2000), none of the 47 superintendents in Toronto's new amalgamated school board and less than 2% of board executives are visible minorities. Thus, if schools are to enhance the mental health of newcomer female youth and youth who are visible minorities, they must recognize the important role inclusive policies, especially policies reflected in everyday practices and strategies, such as hiring and curriculum development, can play in the lives of youth.

Recommendation 5: Support extra-curricular activities and school-based student groups in secondary schools.

Students have acknowledged the key role extra-curricular activities play in providing quality education (TDSB 2001c). The newcomer female youth participants in this study referred to the importance of extra-curricular activities and school-based student groups as they attended school and settled into their new country of residence. They found that while it was easier to form friendships with other newcomer youth, especially from one's own cultural background, it was difficult to establish friendships with Canadian-born youth, including those from one's own cultural background. School-based extra-curricular activities must be supported as they provide links for newly arrived students with students who are more fluent in English or who are Canadian born, facilitating the exchange of knowledge and fostering new friendships. They also expose newcomer youth to various facets of Canada and the Canadian way of life, facilitating their sense of fitting in, in their new country of residence.

Recommendation 6: Actively seek the participation of immigrant families in the workings of their daughters' school system.

Increased involvement of newcomer parents and immigrant families in educational institutions to which their daughters are connected must be facilitated. Anisef and Kilbride (2000) suggested that schools must make a genuine effort to welcome and link parents with the work of the school, especially with what their children are doing in school, to facilitate both children and parents' integration into Canadian culture. In this study, interviews conducted with mothers of immigrant female youth revealed they were aware of the challenges faced by their daughters during the post-migration period. Female youth participants also discussed both the positive and negative effect that parental relationships can have on their self-esteem. Involvement of immigrant families in the school system can empower them to be contributors to the educational environment of their daughters and lead to an improved understanding of cross-generational and cross-cultural differences.

Health and Social Services Systems

Newcomer female youth are a unique immigrant sub-group whose healthy development requires the availability of supportive systems that are sensitive to the intersection between their gender, life stage and post-migration experiences. The health and social services systems are among the sectors that play an important role in contributing to the mental health promotion of youth. Emerging issues from this study that have policy implications for the health and social services systems are addressed in the following recommendations.

Recommendation 7: Educate health and social services professionals working with newcomer female youth in cultural sensitivity.

In multicultural settings, cultural sensitivity is a necessary part of effective and accountable health care and social services delivery. Health and social services professionals require training that exposes them to the unique circumstances of different immigrant and refugee populations. Cultural insensitivity, and the consequences of cultural misunderstanding, emerged in the interviews with mothers. One informant, who was a health care professional before immigrating to Canada, relayed her experience of accompanying a young person from her own ethnocultural background to a hospital. Due to a lack of knowledge of cultural variations and needs of newcomers, misinterpretations were made by health professionals about the client's mental health status. This interviewee attributed the changes in the client's mental health to a loss of social support, an experience particularly faced by newcomers who arrive in Canada alone without any accompanying family members. In addition, the lack of knowledge of personal and cultural norms for social behaviour (e.g., may be quiet and doesn't ask very many questions within the health care interaction context) may lead professionals to assume mental health problems. Thus, signs and symptoms resulting from stress associated with a lack of social support in the new country of settlement may be misinterpreted by professionals as mental illness originating from biological causes. In this context, mental health problems may reflect responses to post-migration system deficiencies and not necessarily be manifestations of individual weaknesses or psychopathology. Health and social services professionals coming in contact with newcomer youth must be sensitive to the complexity of such issues and their intersection with gender roles.

Recommendation 8: Across the health system, provide appropriate mental health promotion initiatives for newcomer female youth.

The health system is recognized here as encompassing more than health care services. It includes primary health care and community-based health promotion activities. Such initiatives must be free of charge and be offered, as feasible, in the first language of the newcomer youth receiving the services. Mental health promotion activities offered to newcomer female youth by the health system must consider the issues specific to these youth. For example, in this study, as newcomers, the female youth faced particular challenges pertaining to adaptation and integration into Canada (e.g., language barriers, intergenerational conflict, establishing friendships). This was in addition to facing similar societal pressures as their Canadian-born female peers (e.g., pre-occupation with self-appearance) and to experiencing distinct roles and responsibilities compared to their newcomer male peers (e.g., household duties linked to traditional notions of gender roles). Given the complexity of experiences faced by newcomer female youth, innovative approaches are needed to best support and promote their mental health. For example, in their synthesis of recommendations found across sources, Anisef and Kilbride (2000) reported the need for youth-oriented health services to be located in schools and local community centres in order to deliver health programs to the immigrant youth population as well as disseminate information specifically for youth.

The Women's Health in Women's Hands Community Health Centre in Toronto is an example of a community-based health centre that focusses on women's health. Its mandate is to provide "community and clinical health promotion support from an inclusive feminist, pro-choice, anti-

racist, anti-oppression and multilingual participatory framework” (Women’s Health In Women’s Hands 2000: 6). Immigrant and refugee women, women with disabilities, girls, young and older women comprise their priority population, among which “the centre prioritizes low income women of colour.”

Recommendation 9: Focus on the strengths of newcomer female youth as well as their challenges. Foster youth participation in decision-making fora related to health and social services planning.

Mental health promotion initiatives in the health and social services sectors must consider the strengths and challenges of newcomer female youth as they settle into their new country of residence. The female participants in this study had strong academic aspirations and a positive outlook on their future education and career goals. Thus, while experiencing post-migration challenges as they settled into Canada, they were highly motivated to attain success.

One way to recognize the strength and potential of Canada’s youth is to foster youth participation in decision-making fora related to the planning and delivery of programs geared to youth mental health promotion. With the funding of the federal government, Health Canada has established five Centres of Excellence geared at understanding and responding to the physical and mental health needs of children, and the factors associated with healthy child development (Health Canada 2001a). The Centre of Excellence for Youth Engagement is focussed on finding, describing and building models of effective strategies for meaningful youth participation as it pertains to issues of health (Health Canada 2001b). This centre can provide models of how youth participation initiatives can be achieved in the delivery of mental health promotion services for newcomer female youth. For instance, in striving to create opportunities for empowerment, TG Magazine/The Students Commission (TG/SC), an organization run by youth for youth across Canada, implements such initiatives as youth-driven conferences and creates learning resources and partnerships in youth, government, business and educational communities (Health Canada 2001c). Such an organization, which allows young people to put their ideas into action, could be equally beneficial for newcomer youth.

The McCreary Centre Society, a small non-profit organization concerned with the health of young people in British Columbia (McCreary Centre Society 2001a), offers another example. The Society’s Youth Advisory Council (YAC) makes possible the centre’s mission by including youth in the decision-making process. YAC (which participates in its own projects as well as other McCreary programs) provides youth with a forum to develop skills for effective participation as well as meaningful opportunities to make contributions in ensuring their health needs are addressed (McCreary Centre Society 2001b). To date, close to 1,000 youth and 200 adults have discussed and proposed solutions to priority youth issues through participation in Next Step workshops across British Columbia. Health and social services sectors can learn from such models in developing mental health promotion programs for newcomer youth. Through meaningful participation of youth in decision making, in addition to addressing the unique challenges of newcomer female youth, mental health promotion strategies can also foster their strengths.

Resettlement Services

For newcomer female youth, in addition to the education, health and social services systems, important supportive functions are provided by resettlement services.

Recommendation 10: Provide comprehensive resettlement services to the entire family unit of newcomer female youth.

Beyond the recognition that resettlement agencies require programs and services that specifically address the unique circumstances of newcomer female youth, findings from this study reveal their mental health must be considered within the context of the family. Unlike their younger siblings, adolescent youth are increasingly aware of the challenges and struggles faced by family members (e.g., underemployment of immigrant and refugee parents whose educational and professional qualifications are not recognized and the ensuing economic hardships during resettlement). At the same time, given their stage of development, a period of transition from childhood to adulthood in a North American context, adolescents can experience increasing communication barriers with their parents. For instance, female youth participants in this study identified effective communication with parents as both a promoting and challenging influence to self-esteem. As well, intergenerational conflict was cited as a challenging influence.

Kilbride et al., (2000) observed that youth who are newcomers view themselves in the context of their families and believe there should be programs that assist and support newcomer families during the integration process, both in the community at large and within their ethnic community. This could include family-centred programs such as family counselling to address intergenerational conflict. Support services are required for both newcomer youth and their families. For example, social services that allow newcomer parents to spend sufficient time with their daughters are needed to allow for communication and familial support in facing resettlement challenges during the post-migration period (e.g., supports that ensure adequate housing and provision of basic needs during initial stages of resettlement, adequate language and job training for parents). The issue of recognition of past education or job credentials was raised by the SEPT worker interviewed and the mothers. Current policies pertaining to the recognition of foreign education and work credentials need to be re-examined.

Immigration policies concerning family reunification also play an important role and must be supported. According to Citizenship and Immigration Canada (CIC 1999a), new directions for immigration which acknowledge the importance of reuniting families have been proposed. For example, CIC recommended an increase in the age limit from 19 years to 22 years for sponsoring a dependent child, “(i)n order to allow the reunification of more families and better reflect the realities of longer child dependency” (CIC 1999b). In sum, the healthy development of newcomer female youth must be considered in the context of the family situation and the barriers the family unit faces as it migrates and settles in Canada.

Recommendation 11: Provide specialized resettlement programs to newcomer female youth.

Specialized programs (e.g., educational and employment counselling programs, culturally sensitive life skills and recreational programs) can help foster the self-esteem of newcomer

female youth. Culturally sensitive and youth-oriented resettlement services can contribute to ensuring the successful adaptation and integration of this immigrant sub-group. Anisef and Kilbride's (2000) study included a telephone survey with 145 agencies responsible for providing services to newcomers. The report indicated that 94% of these agencies had programs and services available to newcomer youth between the ages of 16 and 20. However, as a norm, the programs did not exclusively focus on youth or immigrant youth (where one fourth of agencies reported 5% and one fourth of agencies reported 20% of their newcomer clientele to be between the ages of 16 and 20). Programs and practices identified by Anisef and Kilbride as adequately meeting the needs of newcomer youth address issues of content (where the need for programs specifically geared toward newcomer youth was a dominant theme) and process (addressing the strength of youth involvement in the planning and delivery of such services). Suggestions for improving newcomer youth services also included recommendations for increased funding, more programs for newcomer youth, better interagency co-ordination, better access to services, and greater outreach and marketing to increase awareness of available services.

Recommendation 12: Provide sustained funding from all levels of government for resettlement services directed at newcomer female youth and their families.

Since 1996, various policy and legislative changes initiated by federal and provincial governments (i.e., cutbacks to social transfers, investment in the public/partnership/competitive marketplace) have redefined the manner in which settlement services are delivered in Ontario (Mwarigha 1997a). The 1996 resettlement renewal initiative of the federal government brought about both federal devolution (the withdrawal of federal responsibility for the provision of settlement services and subsequent responsibilities passed on to the provincial and municipal governments) and provincial devolution and amalgamation. (For example, the City of Toronto has had to assume significant new funding and management responsibilities with regards to social services for newcomers.) Evolution and amalgamation have also affected the funding of settlement services for new immigrants (Mwarigha 1997b).

In his report on the effects of cutbacks on immigrant service agencies, issues pertaining to program reductions or elimination, the threatened closure of social and health service agencies (immigrant-serving or otherwise), and staffing reductions emerged at the forefront (Richmond 1996). Acknowledging a peak in funding for immigrant service agencies in Ontario around 1994 (\$70 million), Richmond noted that this level of funding made it possible to provide more specialized activities (e.g., family counselling or mental health services for particular ethnoracial communities, skills training for refugee women). However, cutbacks threatened the existence of many programs, with informants expressing views that settlement renewal would see many specialized services for immigrants and refugees, as well as smaller agencies, eliminated.

As recommended by service agencies (Richmond 1996), there is a need to develop stronger advocacy efforts in the area of settlement services, where the creation of umbrella organizations and coalitions could help develop recognition of immigrant service providers as a distinct sector of social services (as in the case of health and education). Advocacy efforts are particularly pressing in an overall climate of budget cutbacks to services and programs in

large multicultural, immigrant-receiving cities such as Toronto. Toronto's youth cabinet recently reported that the councillors "are ignoring Toronto's 300,000 youth, and budget cuts to services and programming, including recreation centres and counselling, and escalating user fees are taking their toll" (Metro Today 2001: 1).

In a context where funding has remained an issue across various service systems throughout the past years (e.g., health, education), providing specialized and adequate mental health promotion services for newcomer female youth and their families requires the new commitment of funding from all levels of government.

Recommendation 13: Develop and support school-based settlement programs for newcomer female youth.

School-based settlement initiatives are integral in helping to foster positive mental health among newcomer female youth. Schools, as community institutions, should be able to offer support to both students and families that are newcomers (e.g., linking both students and parents with other community resources, providing information). For example, funded by Citizenship and Immigration Canada, the Settlement and Education Partnerships in Toronto (SEPT) program is a partnership between the TDSB and settlement agencies in Toronto. SEPT workers interviewed in this study were part of school-based programs and services that can be highly valuable to newcomer youth. The newcomer youth in the school had the advantage of turning to settlement workers within their school who were knowledgeable and provided important links to the community. Anisef and Kilbride's (2000) synthesis of recommendations for the education sector included a recognition of the key role school-based programs can play for youth who are newcomers, including such initiatives as counselling and support services, welcoming and reception centres, mentoring and peer tutoring programs to prevent isolation and dropping out, and assessment services to determine appropriate placement. Sustained funding and organizational support for school-based initiatives, such as the SEPT program, are needed to contribute to the mental health promotion of newcomer female youth in Canada's multicultural and immigrant-receiving settings.

Across Systems

There are many overlaps between the emerging issues and the recommendations identified in the preceding sections. This is expected since, in society, no system operates in isolation, and the healthy development of youth requires the co-ordination of programs across various sectors.

Recommendation 14: Develop and co-ordinate partnerships (including health, education, social and resettlement services) across systems.

To promote the mental health of newcomer female youth, co-ordinated initiatives across systems are needed. Partnerships need to be developed between mainstream institutions, ethnocultural community organizations and the school system. The SEPT program is an example of an across-systems initiative. The education sector and settlement agencies play a crucial role in bridging services in the initial years of settlement of youth and their families into Canadian society. As large cities in Canada are hosts to new immigrants each year, sustained funding by governments is required for across-system programs, to help promote

the successful resettlement of newcomer youth and foster their future contribution to Canadian society.

For example, the Hong Fook Mental Health Association's service delivery model in Metropolitan Toronto is dedicated to addressing the mental health needs of Chinese and Southeast Asian populations. The incorporated non-profit organization offers mental health services to individuals, groups and the community at large, while also providing professional development activities for mainstream professionals (Lo and Lee 1992). To improve the quality of care for Chinese and Southeast Asians, Lo and Lee noted how Hong Fook links, on a systems level, with various services and organizations, including hospitals, community mental health programs, boards of education, multicultural organizations and advocacy bodies. Joint projects are developed to better meet the needs of Chinese and Southeast Asians. For example, an innovative group program evolved out of the ESL class operated jointly with the TDSB that offers classes for psychiatrically impaired students that could not keep up with their regular ESL classes. Although this organization is not specifically concerned with newcomer youth, it serves as a useful model in establishing a framework for the across-systems initiatives required to address adequately the issue of mental health promotion among newcomer female youth.

Recommendation 15: Adopt culturally sensitive, anti-discriminatory policies and strategies in institutions that work with newcomer female youth and their families.

For the newcomer female youth participating in this study, their sense of being different from other Canadian youth, and the feeling that they were perceived as being different, was a pervasive experience. Feelings of difference arose from difficulties with speaking English fluently, discriminatory attitudes and racial prejudice, and cross-generational, socio-economic, cultural and gender role differences. The experience of difference had such consequences for the youth as silencing the self, feeling they did not belong in their new country of residence, anglicizing their names to make belonging easier, and feeling they were looked down upon. A specific barrier across systems, which must be addressed when considering the needs of newcomer female youth, remains that of discrimination and racism toward newcomers, both at the societal and systemic levels. Attitudes prevailing at the societal level in the host country toward immigrant and refugee populations affect one's sense of well-being and self-esteem.

The Canadian Council on Social Development's (1997) report, *Inclusive Social Policy Development: Ideas for Practitioners*, offers suggestions for helping organizations become more inclusive of all forms of diversity. For instance, it is suggested that one way in which organizations can become more inclusive is by providing anti-racism training for their staff and volunteers. Cultural competency training fosters understanding, knowledge and skills in working with culturally diverse groups, while anti-racism training helps develop practices that are free of racism, harassment and discrimination. Individuals, groups and organizations working with newcomer female youth must be provided with ongoing educational training in such areas. At present, as highlighted by the Canadian Race Relations Foundation (2001), the many organizations committed to combatting racism can serve as a model for organizations and institutions (both those specifically serving immigrants and mainstream institutions across sectors) for adopting anti-racist practices. Three examples, Across

Boundaries, Collectif des femmes immigrantes du Québec, and Immigrant and Multicultural Services Society of Prince George are considered below.

Across Boundaries, “an ethnoracial community health centre which provides a range of supports and services to people of colour who are experiencing mental health problems” (CRRF 2001), is located in Toronto. This organization stands out because of the anti-racist framework in which it operates, including its commitment to anti-racism training and education and anti-racism service delivery.

The non-profit Collectif des femmes immigrantes du Québec (Immigrant Women’s Collective of Quebec) promotes closer ties between immigrants and Canadian populations by developing intercultural relations and supporting immigrant women during the integration process (CRRF 2001). Program initiatives have included a conference on racial inequality in education and training institutions and a book, *I’m not a racist, but...*, used for intercultural training workshops. Since 1993, the collective has worked with over 200 businesses to offer an employment service adapted to the needs of immigrants.

The Immigrant and Multicultural Services Society (IMSS) of Prince George, British Columbia has long promoted racial harmony and the elimination of racism by focussing on youth (e.g., establishing youth groups, organizing local and regional youth conferences) and working with various organizations (e.g., ethnocultural groups, school districts, the media) (CRRF 2001). The IMSS has succeeded in getting the school board to adopt a multicultural policy while also forming a committee on racism in collaboration with the IMSS. Program initiatives include the IMSS Youth Group which started a drama group called Diversity in Action, and which, in efforts to eliminate racism, performed more than 25 times in the community during the 1997-98 year.

Further initiatives, such as the largest anti-racism campaign of its kind in Canadian history (Unite Against Racism) being launched by the Canadian Race Relations Foundation can, at the societal level, help educate the public about anti-racism.

7. CONCLUSION

For newcomer female youth to achieve their aspirations and develop a positive sense of self, multi-sectoral and context-specific mental health promotion programs and policies are needed. The female youth identified multiple sources of influence on their self-esteem including their relationships, school experiences, achievements, lifestyle and their attitudes toward themselves. While in some regards the newcomer female youth experienced similar societal pressures as their Canadian-born peers (e.g., the female teenage pre-occupation with self-appearance), in others their experiences differed even among themselves.

Newcomer female youth are a diverse group with similarities in their adjustment issues to life in Canada as well as differences in such areas as their interests, resources, circumstances and self-perceptions. It cannot be assumed that the same policies and strategies would be relevant to all newcomer female youth across Canada. In mental health promotion work with the youth, as much attention needs to be given to their parallel challenges (e.g., difficulties with English), as to their distinct circumstances (e.g., degree of cross-generational differences between daughters and their parents). Furthermore, caution must be exercised in interpreting the suggested recommendations as indicating that all youth who are newcomers to Canada comprise a group with mental health vulnerabilities in need of many services during the post-migration period. The findings from this study indicate that despite the systemic barriers faced by newcomer female youth and their families, they have a strong determination to succeed and achieve their education and career goals in their new country of residence.

The focus of this report has been on newcomer female youth; however, the proposed principles and recommendations can contribute to mental health promotion among all youth attending school in Canada's multicultural cities and communities. For example, anti-racist and anti-sexist initiatives promote a society that is more just, one in which all youth, whether Canadian born or immigrant, female or male, develop and learn to embrace differences. The consequences of how differences are viewed in society are significant for youth. If differences are looked down upon or feared, the youth can experience their difference as a vulnerability. If differences are celebrated, youth will experience their uniqueness as a source of strength and pride.

APPENDIX A: BIOGRAPHIES OF RESEARCH TEAM MEMBERS

Nazilla Khanlou (Principal Investigator)

Nazilla Khanlou, RN, PhD (Clinical Health Sciences – Nursing), is an assistant professor in the Faculty of Nursing at the University of Toronto and at the Culture, Community and Health Studies (CCHS) program, Department of Psychiatry, the Centre for Addiction and Mental Health. Her clinical background is in psychiatric nursing. She is multilingual and speaks Azari, English and Farsi. She has recently been appointed as the health domain leader of the Centre of Excellence for Research on Immigration and Settlement (CERIS).

Morton Beiser (Co-Investigator)

Morton Beiser, MD, FRCP(C), is the David Crombie Professor of Cultural Pluralism and Health at the Clarke Institute and the University of Toronto. He heads the CCHS program and is the Director of CERIS – Toronto. He was appointed in 1986, by Canada Health and Welfare together with the Secretary of State-Multiculturalism, to chair the Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees.

Ester Cole (Co-Investigator)

Ester Cole, PhD (Psychology), a registered psychologist, is in private practice. She was a supervising psychologist at the Toronto Board of Education from 1984 to 2000. Her work has focussed on the development of multicultural, clinical and school psychology services. She has taught at the Ontario Institute for Studies in Education for two decades.

Marlinda Freire (Co-Investigator)

Marlinda Freire, MD, FRCP(C), is an assistant professor in the Faculty of Medicine, Department of Psychiatry, University of Toronto; a staff psychiatrist at the Hospital for Sick Children; and Chief of Psychiatric Services at the Toronto District School Board. Her primary areas of expertise include mental health and trauma-related issues affecting immigrants, refugees and victims of human rights violations; learning disabilities in the school population (particularly immigrant and refugee students); and effects of poverty on mental health.

Ilene Hyman (Co-Investigator)

Ilene Hyman, PhD (Public Health), is a research scientist at the Centre for Research in Women's Health, Sunnybrook and Women's College Health Sciences and an assistant professor in the Department of Public Health Sciences at the University of Toronto. She recently completed a report for Health Canada on immigration and health that reviewed the literature on determinants of health for immigrants in Canada.

Kenise Murphy Kilbride (Co-Investigator)

Kenise Murphy Kilbride, PhD (Sociology), is a professor in the School of Early Childhood Education at Ryerson University and Associate Director of CERIS. Her recent published research on immigrant youth includes *Between Two Worlds: The Experiences and Concerns of Immigrant Youth in Ontario* (with Paul Anisef, Etta Baichman-Anisef and Randa Kattar); *The Needs of Newcomer Youth and Emerging "Best Practices" to Meet Those Needs* (with Paul Anisef); and "Enhancing the likelihood of academic success of immigrant and refugee

children: Empowering their families, building social capital” in *The Institute of Guidance Counsellors Journal*.

Daniela Giordano (Principal Research Assistant)

Daniela Giordano completed her undergraduate degree in early childhood education at Ryerson University and is a graduate student at the University of Toronto, where she is completing a master of arts in child study and education at the Institute of Child Study. She speaks both English and Italian.

Alison Low (Research Assistant)

Alison Low is a graduate of the University of Toronto and has worked at CCHS as a research assistant since 1998 with a number of researchers. She is pursuing a master of arts in child study and education at the University of Toronto’s Institute of Child Study.

APPENDIX B: YOUTH FOCUS GROUP QUESTIONNAIRE

1. On the following scale, please **circle** the number that shows how you have felt about yourself over the course of the **past week**. The bigger the number, the more positive you have felt about yourself. **1** means you **didn't feel good about yourself**. **10** means you **felt great** about yourself.

1 **2** **3** **4** **5** **6** **7** **8** **9** **10**
Didn't feel good Felt great
about myself about myself

2. What things made you feel **GOOD** about yourself?

3. What things made you feel **NOT GOOD** about yourself?

4. What things can you **DO TO FEEL GOOD** about yourself?

This section asks questions about your background. The information you provide is confidential and will help us understand the general backgrounds of the youth.

1. When were you born? Month _____ Year _____

2. What Grade are you in? _____

3. What marks do you usually get?

1 You usually get As

2 You usually get Bs

3 You usually get Cs

4 You usually get Ds or Fs

4. Where do **you** live? _____ (e.g., Downtown Toronto)

5. Where were **you** born? _____

6. How old were **you** when you came to Canada? _____ years old

7. Who did **you** come with to Canada? _____

8a. Where was your **mother** born? _____

8b. Did your **mother** go to school? ____ yes ____ no

8c. For how many years did your **mother** go to school? _____ years

8d. Did your **mother** work in your home country? ____ yes ____ no

8e. What work did your **mother** do in your home country? _____

8f. Does your mother work now in Canada? ____ yes ____ no

8g. What work does your **mother** do now in Canada? _____

8h. What is the original ethnic or cultural background of your **mother**? _____

9a. Where was your **father** born? _____

9b. Did your **father** go to school? ____ yes ____ no

9c. For how many years did your **father** go to school? _____ years

9d. Did your **father** work in your home country? ____ yes ____ no

- 9e. What work did your **father** do in your home country? _____
- 9f. Does your **father** work now in Canada? ____ yes ____ no
- 9g. What work does your **father** do now in Canada? _____
- 9h. What is the original ethnic or cultural background of your **father**? _____
10. With whom do **you** live? _____
11. If you had a problem, who would you go to for help? _____
12. What **language(s)** do you speak at home? _____
13. Please share any other thoughts you may have below.

THANK YOU VERY MUCH FOR YOUR HELP!

APPENDIX C: YOUTH FOCUS GROUP EVALUATION

Today's date: _____

1) What are some of the things you have learned about yourself through these focus groups?

2) How will you use that knowledge?

3) How useful have these focus groups been in contributing toward your self-esteem?

4) What are some of the things that you liked and did not like about these focus groups?

THANK YOU!

REFERENCES

- ACPH (Federal-Provincial-Territorial Advisory Committee on Population Health). 2000. *The opportunity of adolescence: The health sector contribution*. Minister of Public Works and Government Services Canada, October.
- Anisef, P. and K.M. Kilbride. 2000. *The needs of newcomer youth and emerging "best practices" to meet those needs: Final report*. <<http://www.ceris.metropolis.net/Virtual%20Library/other/anisef1.html>>. Accessed September 29, 2000.
- Beiser, M. 1988. *After the door has been opened: Mental health issues affecting immigrants and refugees in Canada - Report of the Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees*. Ottawa: Minister of Supply and Services Canada.
- Beiser, M., K. Gill and R.G. Edwards. 1993. "Mental health care in Canada: Is it accessible and equal?" *Canada's Mental Health*. 41(2): 2-7.
- Beiser, M., A. Shik and M. Curyk. 1999. *New Canadian children and youth study literature review*. <<http://www.ceris.metropolis.net/Virtual%20Library/other/beiser1.html>>. Accessed July 2, 2001.
- Bernhard, J. K. and M. Freire. 1999. *Supporting parental involvement in schools: An ethnographic study of the Toronto Latin American Parent Support Group*. <<http://www.ceris.metropolis.net/v1/education/bernhardj1.html>>. Accessed November 22, 1999.
- Berry, J.W. 1990. "Psychology of acculturation." In *Cross-cultural perspectives - Nebraska Symposium on Motivation, 1989*. Edited by J.J. Berman. Nebraska: University of Nebraska Press, pp. 201-234.
- Berry, J.W., U. Kim, S. Power, M. Young and M. Bukaji. 1989. "Acculturation attitudes in plural societies." *Applied Psychology: An International Review*. 38(2): 185-206.
- Block, J., and R.W. Robins. 1993. "A longitudinal study of consistency and change in self-esteem from early adolescence to early adulthood." *Child Development*. 64: 909-923.
- Bolognini, M., B. Plancherel, W. Bettschart and O. Halfon. 1996. "Self-esteem and mental health in early adolescence: Development and gender differences." *Journal of Adolescence*. 19: 233-245.
- Branden, N. 1994. *The six pillars of self-esteem*. New York: Bantam.
- Brown, L.D. and R. Tandon. 1983. "Ideology and political economy in inquiry: Action research and participatory research." *Journal of Applied Behavioral Science*. 19(3): 277-294.

Canada, CIC (Citizenship and Immigration Canada). 1999a. *Report on plans and priorities 1999-2000: Section III: Plans, priorities and strategies*. <<http://www.cic.gc.ca/english/pub/rpp99e/rpp%2D3ae.html>>. Accessed July 13, 2001.

———. 1999b. “Strengthening family reunification.” News release. <<http://www.cic.gc.ca/english/press/99/9902%2Dpre.html>>. Accessed July 13, 2001.

———. 2000a. *Recent immigrants in the Toronto metropolitan area: A comparative portrait based on the 1996 census*. Minister of Public Works and Government Services Canada, May.

———. 2000b. *Facts and figures 1999: Immigration overview*. Minister of Public Works and Government Services Canada.

Canada, Health Canada. 1999a. *Canadian research on immigration and health*. Minister of Public Works and Government Services Canada.

———. 1999b. *Healthy development of children and youth: The role of the determinants of health*. <http://www.hc-sc.gc.ca/hppb/childhood-youth/spsc/e_healthy.html>. Accessed January 18, 2001.

———. 2001a*. “Centres of Excellence for Children’s Well-Being: Vision, mandate and guiding principles.” <http://www.hc-sc.gc.ca/hppb/childhood-youth/centres/_vision.html>. Accessed June 18, 2001.

———. 2001b*. “The Centre of Excellence for Youth Engagement.” <http://www.tgmag.ca/centres/index_e.html>. Accessed June 18, 2001.

———. 2001c*. “About the Student Commission.” <http://www.tgmag.ca/centres/about_e.htm>. Accessed June 18, 2001.

Canada, Statistics Canada. 1997. “1996 Census: Immigration and citizenship.” *The Daily*. <<http://www.statcan.ca/Daily/English/971104/d971104.htm>>. Accessed June 12, 1998.

CCSD (Canadian Council on Social Development). 1997. *Inclusive social policy development: Ideas for practitioners*. <http://www.ccsd.ca/diver_e.htm>. Accessed June 18, 2001.

———. 2001. *Immigrant youth in Canada*. <<http://www.ccsd.ca/subsites/cd/docs/iy/>>. Accessed January 12, 2001.

Centre for Addiction and Mental Health. 2001. “The mental health and well-being of Ontario Students: Findings from the OSDUS 1991-1999 - Report Highlights.” *CAMH Population Studies eBulletin*. May, No.8. Toronto, Ontario: CAMH.

- Centre for Health Promotion. 1997. "Proceedings from the International Workshop on Mental Health Promotion, University of Toronto." In *Mental health promotion*. Edited by C. Willinsky and B. Pape. Social Action Series. Toronto: Canadian Mental Health Association National Office.
- Chubb, N.H., C.I. Fertman and J.L. Ross. 1997. "Adolescent self-esteem and locus of control: A longitudinal study of gender and age differences." *Adolescence*. 32(125): 113-129.
- Cole, E. 1998. "Immigrant and refugee children: Challenges and opportunities for education and mental health services." *Canadian Journal of School Psychology*. 14(1): 36-50.
- CRRF (Canadian Race Relations Foundation). 2000. *Racism in our schools: What to know about it; how to fight it*. <<http://www.crr.ca>>. Accessed June 18, 2001.
- . 2001*. "Summary of anti-racism practices: 1999 Award of Excellence Program, introduction and table of contents." <http://www.crr.ca/EN/Publications/Bibliography/ePub_BiblioAntiRacPracConts.htm>. Accessed June 18, 2001.
- Denton, M., M. Hajdukowski-Ahmed, M. O'Connor, K. Williams and I.U. Zeytinoglu. 1994. *A theoretical and methodological framework for research on women, work and health*. McMaster Research Centre for the Promotion of Women's Health (MRCPOWH) Working Paper Series #1. Hamilton, Ontario: MRCPOWH, McMaster University, June.
- Driever, M.J. 1984. "Self-esteem." In *Introduction to nursing: An adaptation model*. Edited by S.C. Roy. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., pp. 304-404.
- Goodenow, C. and O.M. Espin. 1993. "Identity choices in immigrant adolescent females." *Adolescence*. 28(109): 173-184.
- Gottlieb, B.H. 2000*. *Summary of strategies to promote the optimal development of Canada's youth*. National Forum on Health. <<http://www.nfh.hc-sc.gc.ca/publicat/execsumm/gottlie1.htm>>. Accessed December 6, 2000.
- Hall, B.L. 1981. "Participatory research, popular knowledge and power: A personal reflection." *Convergence*. XIV(3): 6-17.
- Harper, J.F., and E. Marshall. 1991. "Adolescents' problems and their relationship to self-esteem." *Adolescence*. 26(104): 799-808.
- Hyman, I. 2001. *Immigration and health*. Health policy working paper series. Ottawa: Health Canada.
- Hyman, I., N. Vu and M. Beiser. 2000. "Post-migration stresses among Southeast Asian refugee youth in Canada: A research note introduction." *Journal of Comparative Family Studies*. 31(2): 281-293.

- Joubert, N., and J. Raeburn. 1998. "Mental health promotion: People, power and passion." *International Journal of Mental Health Promotion*. Inaugural issue: 15-22.
- Khanlou, N. 1999. "Adolescent cultural identity and self-esteem in a multicultural society." Hamilton, Ontario: Clinical Health Sciences (Nursing) Programme, McMaster University, PhD thesis.
- Khanlou, N. and M. Hajdukowski-Ahmed. 1997. *Mental health promotion among female adolescents living within a cross-cultural context: Participatory action research with South Asian-Canadian high school students*. Hamilton, Ontario: McMaster Research Centre for the Promotion of Women's Health Technical Report Series #4.
- . 1999. "Chapter 11: Adolescent self-concept and mental health promotion in a cross-cultural context." In *Women's voices in health promotion*. Edited by M. Denton, M. Hajdukowski-Ahmed, M. O'Connor and I. Zeytinogly. Toronto: Canadian Scholars' Press, pp. 138-151.
- Kidder, S. 1998. "A review of the current literature regarding global self-esteem and specific self-esteem in adolescent development." Dissertations/Theses. (ERIC Document Reproduction Service No. ED 427 271).
- Kilbride, K.M., P. Anisef, E. Baichman-Anisef and R. Khattar. 2000. *Between two worlds: The experiences and concerns of immigrant youth in Ontario*. <<http://www.ceris.metropolis.net/Virtual%20Library/other/kilbride2.html>>. Accessed June 18, 2001.
- King, A.J.C., W.F. Boyce and M.A. King. 1999. *Trends in the health of Canadian youth*. Ottawa: Health Canada.
- Klein, H.A. 1995. "Self-perception in late adolescence: An interactive perspective." *Adolescence*. 30(119): 579-589.
- Klimidis, S., G. Stuart, I.H. Minas and A.W. Ata. 1994. "Immigrant status and gender effects on psychopathology and self-concept in adolescents: A test of the migration-morbidity hypothesis." *Comprehensive Psychiatry*. 35(5): 393-404.
- Koenig, L.J. 1997. "Depression and the cultural context of the self-serving bias." In *The conceptual self in context: Culture, experience, self-understanding*. Edited by U. Neisser and D.A. Jopling. Cambridge: Cambridge University Press, pp. 62-74.
- Lo, H. and R. Lee. 1992. *Community mental health: The Hong Fook model*. <http://www.ceris.metropolis.net/Virtual%20Library/health/lo_lee1.html>. Accessed July 2, 2001.
- Maguire, P. 1987. *Doing participatory research: A feminist approach*. Amherst: Centre for International Education, University of Massachusetts.

- McCreary Centre Society. 2001a*. "About McCreary." <<http://www.mcs.bc.ca/aboutmcs.htm>>. Accessed June 18, 2001.
- . 2001b*. "The McCreary Youth Advisory Council." <<http://www.mcs.bc.ca/ya-yac.htm>>. Accessed June 18, 2001.
- McGee, R. and S. Williams. 2000. "Does low self-esteem predict health compromising behaviours among adolescents?" *Journal of Adolescence*. 23: 569-582.
- McTaggart, R. 1991. "Principles for participatory action research." *Adult Education Quarterly*. 41(3): 168-187.
- Media Awareness Network. 1998. *Curricula and special programs appropriate for the study of portrayal of diversity in the media: Final report*. <http://www.crr.ca/EN/MediaCentre/NewsReleases/eMedCen_NewsRelDivInMediaRepPg4.htm>. Accessed June 18, 2001.
- Metro Today*. 2001. "Cuts take toll on youth: Report." July 13, p.1.
- Morgan, D.L. 1988. *Focus groups as qualitative research*. Newbury Park: Sage Publications.
- Mwamwenda, T.S. 1991. "Sex differences in self-concept among African adolescents." *Perceptual and Motor Skills*. 73(1): 191-194.
- Mwarigha, M.S. 1997a. *The impact of cutbacks and restructuring on the NGO sector and the delivery of immigrant services*. <<http://www.ceris.metropolis.net/Virtual%20Library/community/Mwarigha29sep97.html>>. Accessed June 18, 2001.
- . 1997b. *Issues and prospects. The funding and delivery of immigrant services in the context of cutbacks, devolution, and amalgamation*. <<http://www.ceris.metropolis.net/Virtual%20Library/community/Mwarigha29sep97.html>>. Accessed June 18, 2001.
- Richmond, T. 1996. *Effects of cutbacks on immigrant service agencies: Results of an action research project*. <<http://www.ceris.metropolis.net/Virtual%20Library/other/richmond2.html>>. Accessed June 18, 2001.
- Rosenberg, M. 1965. *Society and the adolescent self-image*. Princeton, New Jersey: Princeton University Press.
- Rousseau, C., A. Drapeau and E. Corin. 1997. "The influence of culture and context on the pre- and post-migration experience of school aged refugees from Central America and Southeast Asia in Canada." *Social Science and Medicine*. 44(8): 1115-1127.
- Rousseau, C., A. Drapeau and R. Platt. 1999. "Family trauma and its association with emotional and behavioural problems and social adjustment in adolescent Cambodian Refugees." *Child Abuse & Neglect*. 23(12): 1263-1273.

- Rumbaut, R.G. 1994. "The crucible within: Ethnic identity, self-esteem, and segmented assimilation among children of immigrants." *International Migration Review*. 28(4): 748-794.
- S.E.P.T. News*. nd. Volume 1. Newsletter of the Settlement and Education Partnerships in Toronto.
- Shek, D.T.L. 1998. "A longitudinal study of the relationship between family functioning and adolescent psychological well being." *Journal of Youth Studies*. 1(2): 195-209.
- Smith, S.E., T. Pynch and A.O. Lizardi. 1993. "Participatory action research for health." *World Health Forum*. 14: 319-324.
- TDSB (Toronto District School Board). 1999. "Provincial government funding cuts to Toronto's public schools." <<http://www.tdsb.on.ca/budget/budget5.htm>>. Accessed February 12, 1999.
- . 2001a*. "Equity foundation statement and commitments to equity policy implementation." <<http://www.tdsb.on.ca/instruction/areasofstudy/pdfs/equity%5Ffoundation%5Fstatement.pdf>>. Accessed June 18, 2001.
- . 2001b*. "Helping newly arrived students." <<http://www.tdsb.on.ca/instruction/areasofstudy/esl/htm>>. Accessed June 18, 2001.
- . 2001c*. "TDSB student supercouncil letter on extra-curricular activities." <<http://www.tdsb.on.ca/students/supercouncil2/supercouncil%5Fletter.htm>>. Accessed June 18, 2001.
- . 2001d. "School Profile 2000." <http://www.tdsb.on.ca/schools/school_profiles.htm>.
- Torres, R., Fernandez, F. and D. Maceira. 1995. "Self-esteem and value of health as correlates of adolescent health behaviour." *Adolescence*. 30(118): 403-412.
- Tousignant, M., E. Habimana, C. Biron, C. Malo, E. Sidoli-LeBlanc and N. Bendris. 1999. "The Quebec adolescent refugee project: Psychopathology and family variables in a sample from 35 nations." *Journal of American Academy of Child and Adolescent Psychiatry*. 38(11): 1426-1431.
- Watkins, D. and J. Yu. 1993. "Gender differences in the source and level of self-esteem of Chinese college students." *Journal of Social Psychology*. 133(3): 347-352.
- Willinsky, C. and P. Pape. 1997. *Mental health promotion*. Social Action Series. Canadian Mental Health Association: National Office.

Willms, D.G. and N.A. Johnson. 1993. *Qualitative research methods in health: A notebook for the field*. Hamilton, Ontario: Department of Clinical Epidemiology and Biostatistics, McMaster University.

Willms, D.G., J.A. Best, D.W. Taylor, J.R. Gilbert, D.M.C. Wilson, E.A. Lindsay and J. Singer. 1990. "A systematic approach for using qualitative methods for primary prevention research." *Medical Anthropology Quarterly*. 4:4 (NS): 391-409.

Women's Health in Women's Hands. 2000. *Women's Health in Women's Hands Community Health Centre, 10th anniversary*. Toronto: Women's Health in Women's Hands.

Yu, P. and D.L. Berryman. 1996. "The relationship among self-esteem, acculturation, and recreation participation of recently arrived Chinese immigrant adolescents." *Journal of Leisure Research*. 28(4): 251-273.

*In this reference list, the year of citation is referred to as (2000) or (2001) for electronic publications for which no date of publication is identified on the Web site.

ENDNOTES

¹ Percentages have been rounded to the nearest decimal point.

² M. Beiser, principal investigator of a multidisciplinary team of co-investigators from Toronto, the Prairies, Vancouver and Montréal. New Canadian Children and Youth Study, 2001-2005. N. Khanlou, co-investigator from the Toronto team. Study funded by the Canadian Institutes of Health Research.

³ A statistically significant difference was found between Canadian-born and migrant youth when using Rosenberg's Self-Esteem Scale (Rosenberg 1965), a scale which measures global self-esteem. More Canadian-born (56.1%) than migrant respondents (44.2%) were in the high global self-esteem level. A smaller proportion of migrant (4.4%) than Canadian-born respondents (7.6%) were in the low level. More migrant (44.2%) than Canadian born respondents (32.2%) were in the medium level. Although no statistically significant difference was found using the CSE, the pattern of responses between the two groups was similar to that of the global self-esteem findings (Khanlou 1999).