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Understanding the mental health experiences of west African Canadian immigrants

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Abstract

The mental health of immigrants is a growing concern globally, with limited research focusing on West African immigrants in Canada. The present study aimed to examine mental health experiences among West African immigrants in Canada. The study employed a quantitative approach recruiting 54 West African immigrants completing an online survey and 7 participants engaging in semi-structured interviews. Descriptive statistics, correlation, and regression analysis were utilized to analyze the data. The study found that 92.6% of participants rated their mental health as healthy before migrating to Canada. However, after migration, the proportion of participants reporting positive mental health decreased to 59.3%, with 31.5% at risk and 9.3% unhealthy. Career change, acculturation stress, migration stress, cultural differences, and unavailability of mental health services were reported as factors that affected mental health. The study revealed a decline in mental health status among West African immigrants in Canada after migration, with a need for culturally appropriate mental health services. Mental health service providers need to be aware of the diverse attitudes towards mental health services to improve utilization among West African immigrants. The study shows that the mental health of West African Canadian immigrants declines upon immigrating to Canada and there is a need for culturally appropriate mental health services for the population.

Keywords: West African; Immigrants; Canada; Mental health status; Mental health service utilization

1. Introduction

Amidst the global migration phenomenon, Canada emerges as a model of diversity, as evidenced by the unprecedented level of immigration in 2021, which comprises an estimated 29.1% of the country's population [1]. Canada recorded a population of 40,769,890 on January 1, 2024, reflecting a growth of 1,271,872 individuals in comparison to the same date in 2023 representing its greatest annual population growth rate (+3.2%) since 1957 (+3.3%). According to projections from Statistics Canada (2022), it is anticipated that immigrants might make up around 34.0% of Canada's total population by 2036. This wave is characterized by a heterogeneous and complex mix of immigrants coming from various regions of the world such as Asia, the Middle East, and Africa [1], [2].

West African immigrants are among the fastest-growing groups of immigrants in Canada who come from diverse sociocultural backgrounds and are faced with economic and security challenges, among other reasons that cause them to emigrate into Canada. While immigrants were culturally and socio-politically diverse, they have also been frequently exposed to traumatic pre-migration experiences, which contribute significantly to the risk of developing mental health problems [3],[4]. Migration is considered one of the significant determinants that may influence mental health outcomes due to related stress and cultural adjustments [5]. While most literature focuses on large immigrant groups, little attention has been paid to specific problems and experiences of West African immigrants [6]. The existing research on

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immigrant mental health has mostly concentrated on major immigrant populations, leaving a significant lack in knowledge on the unique challenges and experiences of West African immigrants [7], [8], [9].

Pre-immigration stresses, including depression, post traumatic stress disorder (PTSD), and substance misuse, emanate from the political, economic, and social circumstances that led to migration from their countries of origin [10]. The process of immigrating to Canada itself could enhance the risk of mental health issues because intrinsic stressors have the potential to be involved, adjustment to a new culture, discrimination, and relocation concerns [11]. Postimmigration experiences such as adaptation and integration into the Canadian culture, further complicate this story of mental health. There is an overall lack of research studies that would focus on the mental health of West African immigrants in Canada, drawing from their experiences and the need to study those experiences. Therefore, this study described the complex variables that affect the mental health of West African immigrants and offered guidance toward specific treatments and policy formulation and establishment of support networks to better the well-being of this increasing group in Canada.

2. Methodology

2.1 Study Design

The approach used for this study was a quantitative study design in its examination of the mental health experiences of West African Canadian immigrants. Information sourced and analyzed included demographic data and reported mental health experiences concerning attitudes, orientations post-migration, and accessibility to mental health services.

2.2 Study Participants

Sampling was by convenience targeting West African immigrants living in Canada. The sample size was determined by saturation of data [12]. A sample size of at least 50 participants was gathered to ensure findings and results generalize the study.

2.3 Instrumentation

For this study, a questionnaire was prepared to help gain data regarding the experiences of West African immigrants in Canada that pertain to their mental health. Structurally, the questionnaire had four parts: demographic data, perception of mental health before migration, perception of mental health after migration, and orientations after migration (See supplementary information), with a rating scale ranging from 1 to 10, where 1 meant "not at all" and 10 represented "very much."

2.4 Recruitment Procedure

In this study, the recruitment procedure was guided by ecological theory, which assumes that mental health is impacted by the different levels of environment. This theory postulates that health outcome results from an interplay among characteristics of an individual, immediate environment (family and community), and larger factors of society such as policies and cultural norms [13]. The recruitment procedure for this study is designed in accordance with the levels of environment given below:

- **Personal Characteristics:** The participants were West African immigrants living in Canada.
- **Immediate Environment:** Participants were recruited through social media platforms, such as WhatsApp. This method was used because of the perceived connection the participants have to their cultural and social network, which is important for their well-being. In this case, the immediate environment refers to the family and community of the West African immigrant participants.
- **Societal Factors:** The participants came from different Canadian provinces to reflect the diversity of the West African immigrant community in Canada.

2.5 Inclusion and Exclusion Criteria

The inclusion criteria are shown in Table 1.

Table 1 Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
First-generation West African immigrants living in Canada	Second or third-generation West African immigrants living in Canada
More than 6 months stay in Canada	Less than 6 months of stay
Consented individuals	Non-consented individuals
Mentally stable individuals	Individuals with severe mental health conditions
Adults above 18 years	Children below 18 years

2.6 Data Collection

The research used a self-administered questionnaire as its primary instrument for the study (see supplementary information), and only Nigerian Canadian migrants participated in the study. The questions were designed and uploaded to a Google Form. The link to the form was generated and disseminated digitally via WhatsApp groups and platforms. Data was collected over a period of 3 weeks. Informed consents were obtained from the participants, and they were provided with an overview of the study which is attached to the questionnaire. Also, the study was approved by the institution's research ethical committee (see supplementary file). The decision to focus on Nigerian Canadian migrants was made to ensure the study's feasibility, the potential for a representative sample, and a more in-depth understanding of the experiences of a specific group of West African immigrants in Canada.

2.7 Data Analysis

Descriptive statistics was used to analyze the demographic data using frequencies and percentages. Descriptive statistics was also employed for the quantitative data related to participants' experiences with mental health services and attitudes toward seeking help for mental health issues. Correlation and regression were used to test hypotheses about the relationships between demographic variables, mental health experiences before and after migration, and orientations after migration among West African immigrants in Canada. Analyses were conducted on IBM SPSS v.25.

3. Results

3.1 Demographic Characteristics

A total of 54 respondents participated and completed the questionnaire provided and their socio-demographic variables as shown in Table 2. The age of the respondents ranged from 18 to 65. Among the total responders, 10 (18.5%) were young adults (18-25 years old), according to the statistics. Twenty-four percent (n=13) were aged between 26 and 35. Twenty respondents (37%) were between the ages of 36 and 50, and eleven (20.4%) were between the ages of 51 and 65. Thirty-six (66.7%) of the responders were female, while just eighteen (33.3%) were male. There were 29 (53.7%) responders from the South-Western region of Nigeria, 9 (16.7%) from the North-Central region, and 7 (13%) from the South-South region. Seven people (5.4%) each responded from the Northeast and Southeast, while one person (1.9%) responded from the Northwest. Thirty-three (61.1%) of the respondents were married, 17 (31.5%) were single, and 2 (3.7%) each were widowed or separated/divorced. See supplementary file for other demographic characteristics of the participants.

About three quarters (n=41) of the respondents were first-generation Canadian immigrants, while 11.1% and 13% were second and third generation immigrants (Figure 1). Similarly, about three-quarters (n=41) of the respondents had a post-graduate study certificate, while 10 (18.5%) had at least an undergraduate level certificate, with only 2 (3.7%) and 1 (1.9%) having secondary and basic education. Eighteen (33.4%) of the respondents arrived in Canada within the last 3 years while 14 (26%) got to Canada about 6 years ago. Four (7.4%) of the respondents have spent close to 10 years while 11 (20.4%) have lived in Canada for more than 10 years (Figure 1). About three-quarters (41) of the respondents live in Ontario 41 (75.9%), followed by Alberta 7 (13%), Quebec 3 (5.6%), Newfoundland and Labrador 2 (3.7%), and Manitoba 1 (1.9%). As to religion, an overwhelming majority of the respondents 49 (90.8%) affiliated themselves to Christianity, while 3 (5.6%) practice Islam and 2 (3.7%) practice other religions.

Table 2 Demographic Data of the Respondents

Variables	N = 54 (100%)
Age range	Frequency (%)
18-25	10 (18.5)
26-35	13 (24.1)
36-50	20 (37)
51-65	11 (20.4)
Gender	
Male	18 (33.3)
Female	36 (66.7)
Region in Nigeria	
North-central	9 (16.7)
North-east	4 (7.4)
North-west	1 (1.9)
South-east	4 (7.4)
South-south	7 (13)
South-west	29 (53.7)
Immigrant-generation	
First generation	41 (75.9)
Second generation	6 (11.1)
Third generation	7 (13.0)
Level of education	
Basic/primary	1 (1.9)
Secondary	2 (3.7)
Tertiary/undergraduate	10 (18.5)
Graduate	41 (75.9)
Length of stay in Canada	
Less than 1 year	7 (13.0)
1-3 years	18 (33.4)
4-6 years	14 (26)
7-10 years	4 (7.4)
Above 10 years	11 (20.4)
Marital status	
Single	17 (31.5)
Married	33 (61.1)
Widowed	2 (3.7)
Separated/divorced	2 (3.7)

Current province of residence	
Alberta	7 (13.0)
Manitoba	1 (1.9)
Newfoundland and Labrador	2 (3.7)
Ontario	41 (75.9)
Quebec	3 (5.6)
Religion	
Christianity	49 (90.8)
Islam	3 (5.6)
Others	2 (3.7)

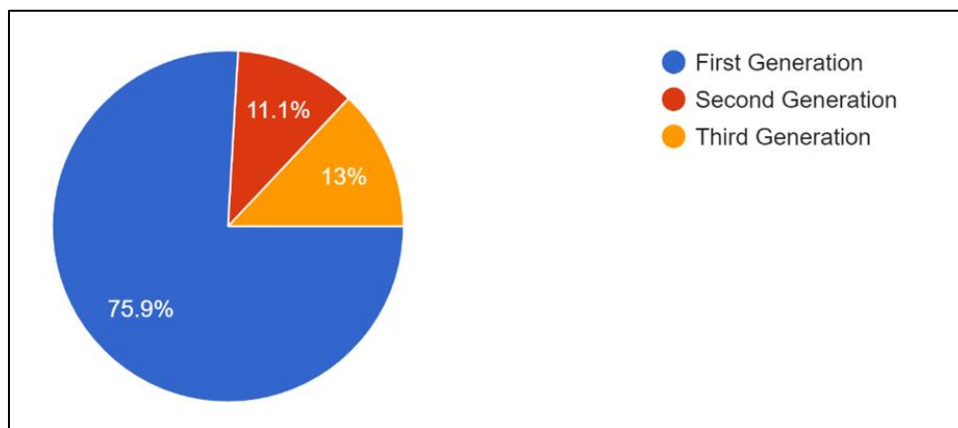


Figure 1 Immigrants' generation status

3.2 Migration-Related Stressors

The effects of pre-migration-related stressors on mental health outcomes are shown in Table 3. The results indicated that premigration-related stressors had a non-significant effect on anxiety ($F(4,49) = 2.32, p = 0.070$). However, a significant effect was observed on depression ($F(4,49) = 3.79, p = 0.009, \eta^2 = .236$), PTSD ($F(4,49) = 3.14, p = 0.023, \eta^2 = .204$), and substance abuse ($F(4,49) = 2.71, p = 0.041, \eta^2 = .181$). Post-hoc analysis revealed that participants reporting physical stressors exhibited significantly higher levels of depression compared to those reporting financial stressors ($p = .002$), emotional stressors ($p = .038$), or behavioral stressors ($p = .001$), but not spiritual stressors ($p = .102$). Similarly, participants reporting physical stressors reported significantly higher levels of PTSD compared to those reporting financial stressors ($p = .002$), emotional stressors ($p = .017$), or behavioral stressors ($p = .003$), but not spiritual stressors ($p = .098$). Notably, participants reporting spiritual stressors reported significantly higher levels of substance abuse compared to those reporting physical stressors ($p = .002$), financial stressors ($p = .002$), emotional stressors ($p = .017$), and behavioral stressors ($p = .003$).

Table 3 Effect of Premigration-Related Stressors on Mental Health Outcomes

Mental health outcome	Migration-related stressor	n = 54	ANOVA			
			Between Group (df)	Within Group (df)	F	p-value ¹
Anxiety	Physical factors	4	4	49	2.320	0.070
	Financial factors	24				
	Spiritual factors	4				

	Emotional factors	12				
	Behavioral factors (substance abuse)	10				
Depression	Physical factors	4	4	49	3.792	0.009
	Financial factors	24				
	Spiritual factors	4				
	Emotional factors	12				
	Behavioral factors (substance abuse)	10				
PTSD	Physical factors	4	4	49	3.136	0.023
	Financial factors	24				
	Spiritual factors	4				
	Emotional factors	12				
	Behavioral factors (substance abuse)	10				
Substance misuse	Physical factors	4	4	49	2.708	0.041
	Financial factors	24				
	Spiritual factors	4				
	Emotional factors	12				
	Behavioral factors (substance abuse)	10				

¹One-way ANOVA

3.3 Change in Mental Health Status Post Migration

Result depicted that before migrating to Canada, 92.6% ($n=50$) rated their mental health to be healthy, while 3.7% ($n=2$) each rated their mental health as being at risk or unhealthy before immigrating as shown in Figure 2. Conversely, the examination of mental health status after migration showed that healthy mental health reduced to 59.3% of the respondents, while those at risk and unhealthy mental health rose to 31.5% and 9.3% respectively as shown in Figure 3. Further examination revealed that majority (33.3%) of the respondents noted that their mental health slightly declined after migrating to Canada. About 22.2% each showed that their mental health slightly and massively improved after immigrating to Canada, 16.7% noted that their mental health remained the same, while 5.6% of the respondents noted that their mental health declined massively after immigrating to Canada as shown in Figure 4. Further examination revealed that respondents reported career change (16.7%), acculturation stress (16.7%), migration stress/immigrant status (13.0%), cultural difference (13.0%), change in socio-economic status (11.1%), living condition (11.1%), and unavailability, inaccessibility of mental health services (9.3%), and separation from family (7.4%) were the major factors that affected their mental health after immigrating to Canada (Figure 5).

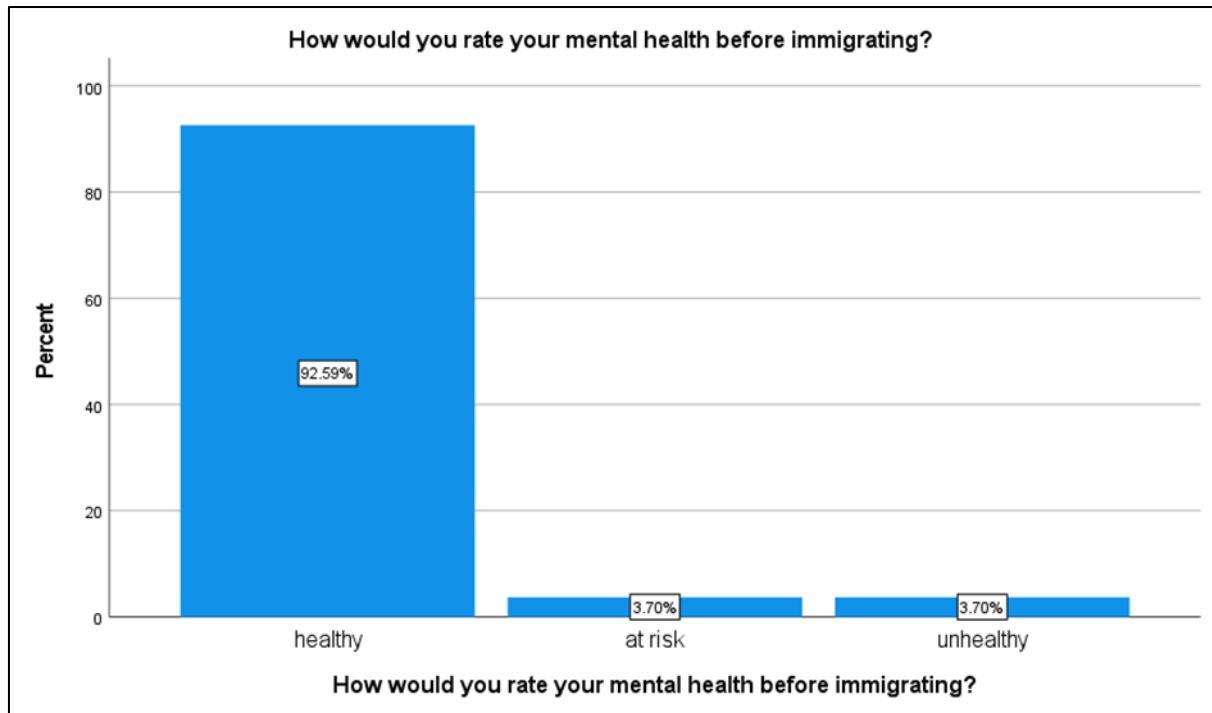


Figure 2 Mental Health Rating before Immigrating to Canada

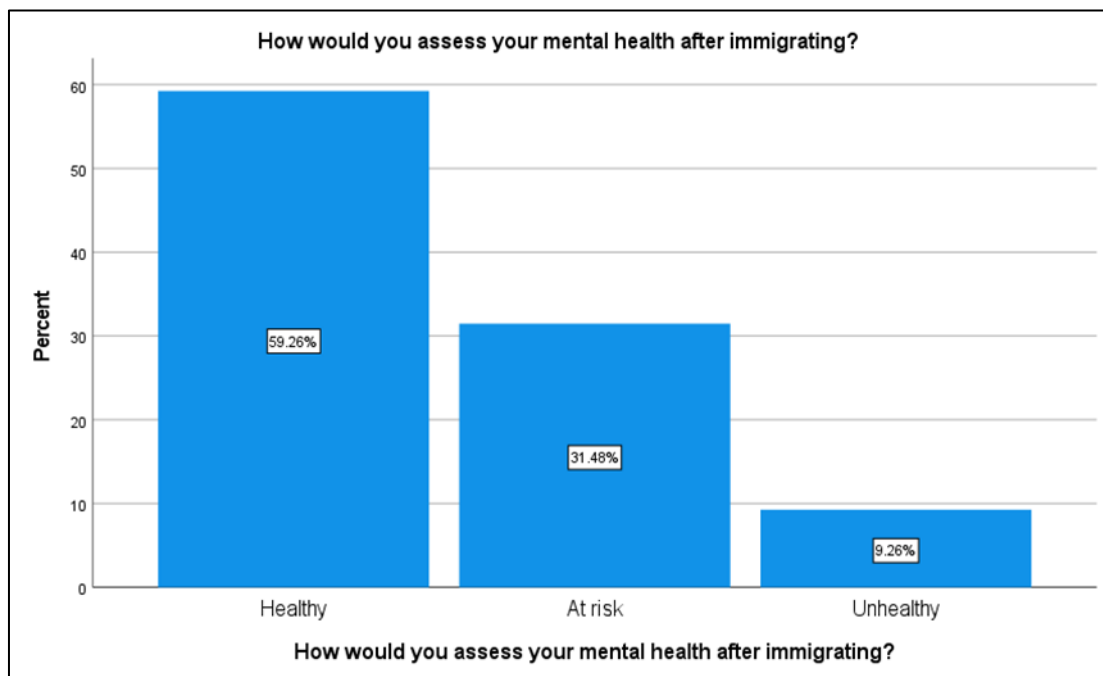


Figure 3 Mental Health Rating after Immigrating to Canada

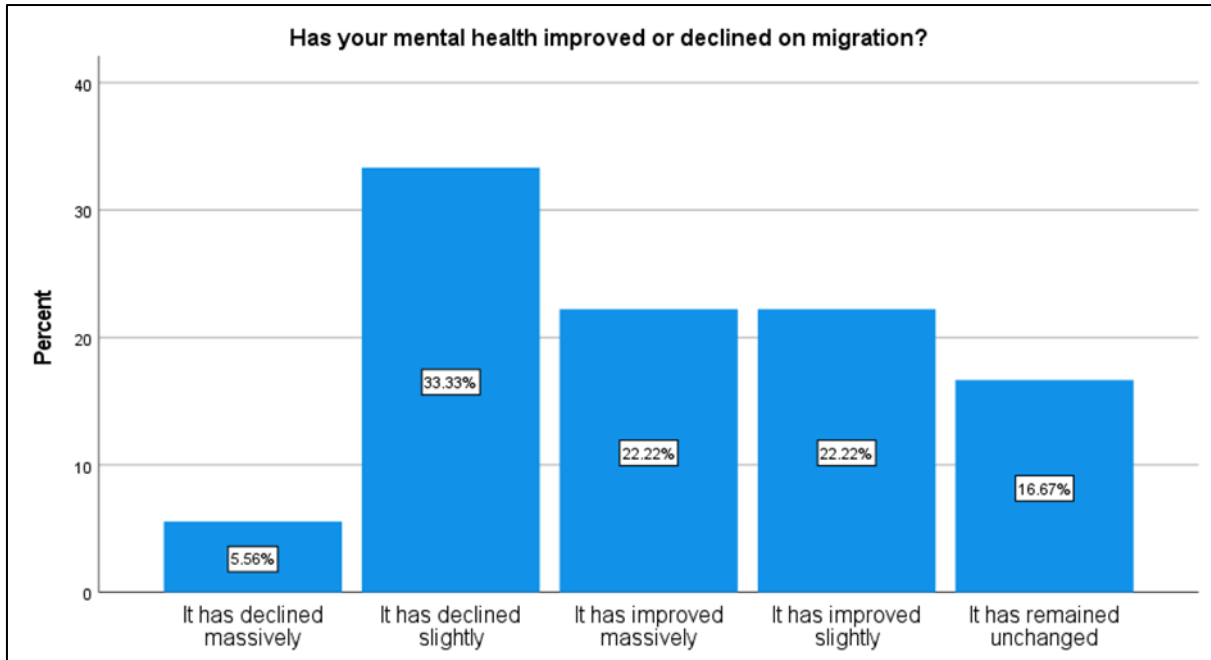


Figure 4 Mental Health Status changed (Improved or declined) since Immigrating

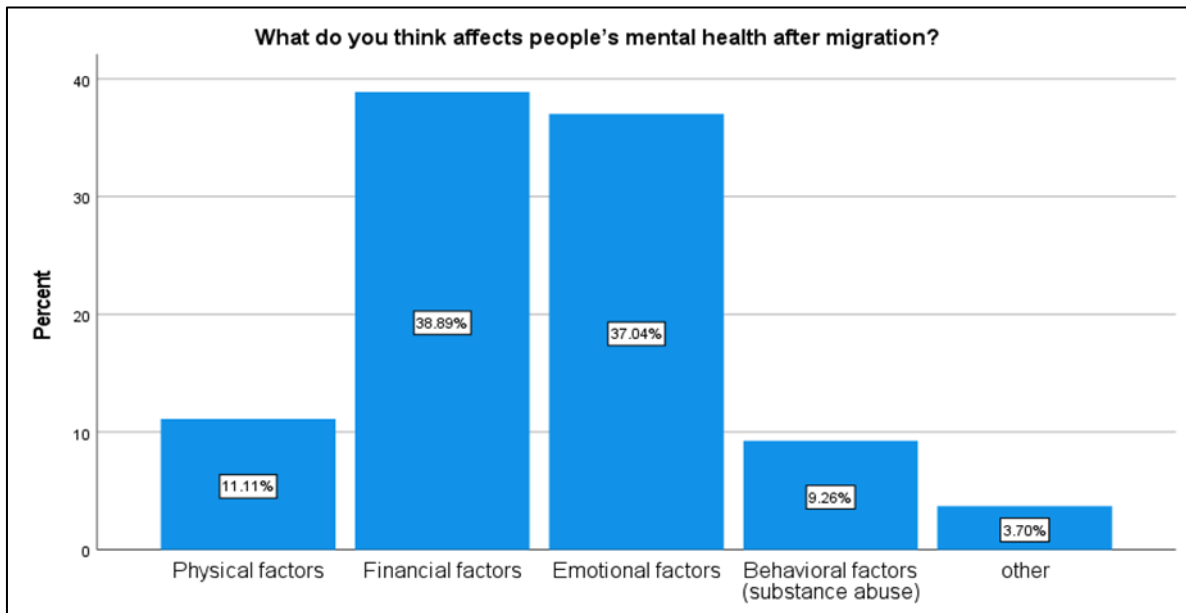


Figure 5 Perception of Factors that affect Mental Health Post Immigrating to Canada

3.4 Barriers to Accessing Mental Health Services

This aspect investigated the barriers that may affect how West African Canadian immigrants' access mental health services. Most of the respondents (40.7%) answered that financial cost of attending mental health service and stigma (31.5%) were the major factors that might prevent them from using mental health service. Other factors that may prevent the utilization of mental health services reported by the respondents include religious/cultural beliefs (9.3%), low quality of services (3.7%), unpleasant experience (7.4%) and others (7.4%) as shown in Figure 6.

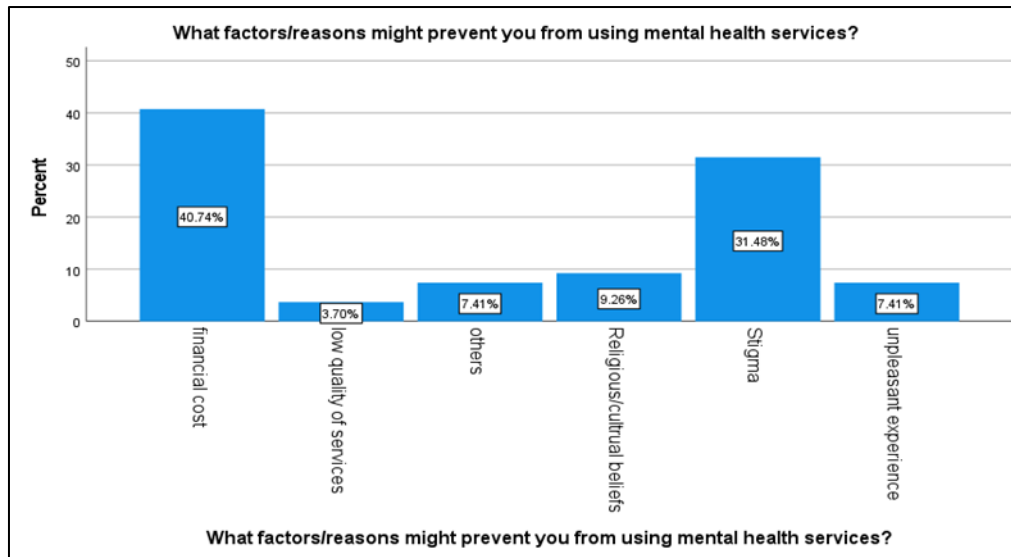


Figure 6 Barriers/Factors to Accessing Mental Health Services among West African Immigrants in Canada

4. Discussion

This study examined the pre- and post-immigration stressors that influence mental health experiences of the West African Canadian immigrants living in Canada. The demographic data showed a trend of increased female immigrants, young, first generation, married, and educated individuals immigrate to Canada from West African immigration especially from Nigeria. The high proportion of female immigrants may be due to changing gender roles and possibilities, with women engaging in international migration for economic, educational, and familial purposes [14]. Similarly, youthful immigrants are more inclined to pursue foreign possibilities due to being in the first phases of their employment or studies and the presence of high level of energy that stimulate them to hustle for a better living in a foreign country like Canada [15]. Also, the increased first-generation immigrants align with the general pattern of immigration where most immigrants are first-generation immigrants who travelled abroad for personal and economic growth [16]. Meanwhile, the increased presence of married people may be associated with family reunification reasons, in which individuals move to Canada to be with their wives or family members who are already there [6], [15]. Furthermore, the focus on highly educated persons mirrors a worldwide pattern of educated migrants pursuing chances in economically advanced nations [16].

In this study, a variety of stressors and traumatic events were reported before and after migration by West African Canadian immigrants. It was also found that depression, PTSD, and substance misuse were each strongly correlated with the migration-related stressors among West African immigrants in Canada. These findings support previous studies showing higher rates of mental health problems among immigrant populations, especially the ones who experienced a variety of migration-related stressors, such as social isolation, financial strain, and discrimination [17], [18]. These findings suggest that some significant migration-related stressors like financial problems, discrimination, and social isolation may account for considerable differences in the outcomes of mental health within this population. This may be because of the small sample size of this study; therefore, future studies with a larger sample size should be conducted to test the relationship of migration-related stressors, especially anxiety and mental health outcomes.

We further assessed changes in mental health after migration; the results indicated a significant decline in self-reported mental health among participants. Available evidence has constantly shown that immigrants are faced with increased psychological and physical burdens, including but not limited to discrimination, racial abuse, isolation, and mental health problems in their attempt to acclimate themselves to the new environment [10], [19], [20]. Thus, working in line with the acculturative stress hypothesis, which postulates that the process of acculturation may lead to stress and subsequent mental health issues [21], [22]. These factors including occupation change, acculturation stress, and separation from family associated with these changes in mental health are commensurate with previous literature on immigrant mental health [22]. The consistency of findings across the different studies suggests that there is indeed a significant decline in mental health for West African Canadian immigrants following immigration, therefore justifying specialized mental health services to help deal with issues particular to the acculturation process.

Lastly, we have explored the barriers to the access and utilisation of mental health services for West African Canadian immigrants. Financial cost, stigma, and cultural belief are the factors that took prominence in what prevents them from accessing and utilising mental health services for most of the participants. Financial challenges and stigma are very influential in the quest by immigrants to get mental health care, an indication of the interplay between economic situations and cultural beliefs [23], [24]. On the other side, immigrants might be financially limited due to unfamiliarity with the new environment. Thus, difficulties in accessing and paying for mental healthcare due to inadequate income can lead to health inequities [25], [26]. Since most immigrants face economic difficulties while trying to settle in a new country, their focus would be on fundamentals and not on mental health services' payment [27]. Immigrants usually avoid mental health services because of the stigma originating from cultural beliefs and social attitudes. The social stigma of mental health problems can make an individual, especially in many societies, even more loath to help-seeking because of the fear of societal judgment and discrimination [28]. This may be understood from the perspective of cultural factors, which may make individuals view mental illness either as a shameful condition or as a weakness and therefore avoid seeking treatment [28].

5. Conclusion

This study deepens our understanding of the complex variables that influence the mental health and well-being of West African Canadian immigrants. The interplay of immigration-related variables, challenges in mental health care, and demographic variables underlines the complexity in their acculturation process. These pre-migratory stresses are significantly connected to adverse outcomes in mental health, such as depression, PTSD, and substance abuse. It therefore calls for awareness of how their mental well-being is influenced by environmental and cultural factors. Declining mental well-being after immigration, with the known stressors making a change in careers and acculturative stress, further underlines the development of specific mental health support systems to help in the mitigation of such challenges. The most important barriers to mental health care relate to both financial issues and stigma. As such, multi-dimensional approaches that address both the financial and cultural dimensions are warranted. With these findings, policymakers, practitioners of mental health, and community organizations can create evidence-based programs that put front and center the need for cultural competency and financial accessibility. This research provides the ground for further studies and interventions aimed at making Canada a more friendly and supportive environment for immigrant communities.

Compliance with ethical standards

Disclosure of conflict of interest.

All authors have no conflict of interest

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