"Just as Canadian as Anyone Else"? Experiences of Second-Class Citizenship and the Mental Health of Young Immigrant and Refugee Men in Canada

Carla T. Hilario, RN[1], John L. Oliffe, PhD[1], Josephine P. Wong, PhD[2], Annette J. Browne, PhD[1], and Joy L. Johnson, PhD[3]

Abstract

In recent years, the experiences of immigrant and refugee young men have drawn attention worldwide. Human-induced environmental disasters, local and global conflicts, and increasingly inequitable distributions of wealth have shaped transnational migration patterns. Canada is home to a large immigrant and refugee population, particularly in its urban areas, and supporting the mental health and well-being of these communities is of critical importance. The aim of this article is to report findings from a qualitative study on the social context of mental health among immigrant and refugee young men, with a focus on their migration and resettlement experiences. Informed by the conceptual lens of social context, a thematic narrative analysis approach was used to examine qualitative data from individual and group interviews with 33 young men (age 15 to 22 years) self-identified as immigrants or refugees and were living in Greater Vancouver, western Canada. Three thematic narratives were identified: a better life, living the (immigrant) dream, and starting again from way below. The narratives characterized the social context for immigrant and refugee young men and were connected by a central theme of negotiating second-class citizenship. Implications include the need for mental health frameworks that address marginalization and take into account the contexts and discourses that shape the mental health of immigrant and refugee populations in Canada and worldwide.

Keywords

In recent years, the experiences of immigrant and refugee young men have drawn attention worldwide. Human-induced environmental disasters, local and global conflicts, and increasingly inequitable distributions of wealth have shaped transnational migration patterns that require innovative solutions to addressing the health of immigrant and refugee populations. With an estimated 214 million migrants worldwide (World Health Organization, 2016) and nearly 60 million refugees displaced from their homes due to conflict in 2014 (United Nations High Commissioner for Refugees, 2016), the world has been witnessing, in the words of the Director-General of the World Health Organization (WHO), "the largest population displacements seen since the end of the Second World War" (2015).

Mental health promotion has been identified as a key priority in supporting immigrant and refugee populations. According to the WHO, mental health is "a state of

[1]School of Nursing, University of British Columbia, Vancouver, BC, Canada
[2]Daphne Cockwell School of Nursing, Ryerson University, Toronto, ON, Canada
[3]Faculty of Health Sciences, Simon Fraser University, Burnaby, BC, Canada

Corresponding Author:
Carla T. Hilario, School of Nursing, University of British Columbia, Room 125 - 2176 Health Sciences Mall, Vancouver, BC V6T 1Z3, Canada.
Email: carla.hilario@alumni.ubc.ca

well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (2014a). This definition recognizes that mental health is more than the absence of mental illness; rather it is "fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life" (World Health Organization, 2014a).

The aim of this article is to report findings from a qualitative study on the social context of mental health among immigrant and refugee young men in Canada, with a focus on their migration and resettlement experiences. Canada is home to a large immigrant and refugee population, particularly in its urban areas. In 2011, people born outside of Canada represented over 20 percent of the population, the largest proportion among the G8 countries (Statistics Canada, 2013a). The growing population of immigrant and refugee groups in Canada raises a unique set of considerations with regards to designing and implementing effective mental health initiatives and conducting research to inform programs and services (Mental Health Commission of Canada, 2012).

Frameworks for Immigrant and Refugee Health

Increasingly, there has been a call for a broader analysis of immigration that takes into account the social and institutional contexts in which people resettle (Castañeda et al., 2015). Most of the research with immigrant young people has tended to concentrate on familial or cultural values, intergenerational conflicts, and acculturation (Salehi, 2010). In general, there has been an emphasis on individual and family-level factors and less attention to social structures and relations (Hilario, Oliffe, Wong, Browne, & Johnson, 2015). The reliance on cultural and behavioral frameworks, in which culture is narrowly defined and individual health behaviors are the primary unit of analysis, has led to studies that "revert back to an apolitical and ahistorical understanding of differences between populations that eschews social inequalities and social determinants of health" (Castañeda et al., 2015, p. 380).

Researchers have recommended in-depth analysis of how structural factors related to inequalities shape immigrant health outcomes (Viruell-Fuentes, Miranda, & Abdulrahim, 2012). For example, empirical evidence suggests that social support and stable resettlement have protective effects on the mental health of young people (Fazel, Reed, Panter-Brick, & Stein, 2012). Similarly, research in Canada has shown linkages between supportive environments and the health and well-being of refugee youth (Edge, Newbold, & McKeary, 2014). However, virtually no studies have focused on mental health from the perspectives of immigrant and refugee young men in Canada.

Mental Health of Immigrant and Refugee Young Men

Canada is home to a large immigrant and refugee population, particularly in its urban areas. In 2011, people born outside of Canada represented over 20 percent of the population, the largest proportion among the G8 countries (Statistics Canada, 2013a). In recent years, the top three source countries for permanent immigration in Canada have been China, India, and the Philippines (Immigration, Refugees and Citizenship Canada, 2016).

Research has shown that first-generation immigrant youth in Canada experience higher psychological distress compared to second- or third-generation immigrant youth (Hamilton, Noh, & Adlaf, 2009). Similarly, a study using population-based survey data found that Southeast Asian youth who have been in Canada for 5 years or less were more likely to report emotional distress (Hilario et al., 2014). Furthermore, research in Australia suggests higher odds of depression among immigrant men from non-English speaking backgrounds compared to their Australian-born counterparts (Straiton, Grant, Winefield, & Taylor, 2014).

Researchers in the field of men's health have noted the need to examine the intersection of gender and diversity in seeking help (Galdas, Cheater, & Marshall, 2005). For example, immigrant men in Canada have been found to under-utilize health services for psychological distress (Kirmayer et al., 2007). Research has also found that mental health services for immigrant youth in Canada have been sidelined and grounded in charity-based rather than rights-based frameworks (Ngo, 2009). Barriers to accessing services for newcomers include limited language proficiency, lack of cultural safety, difficulties in navigating the system, fear of accessing services, and being seen as a burden on the system (Gagnon, 2002). The literature points to a gap in effective, relevant, and accessible mental health-promoting services and programs for immigrant young men.

To the authors' knowledge, the empirical research on men and mental health has yet to focus on the perspectives of immigrant and refugee young men. In Canada, there is scant information about this group (Edge & Newbold, 2013). Therefore, the aim of this article is to report findings from a qualitative study on the social context of mental health among immigrant and refugee young men, with a focus on their migration and resettlement experiences.

Methods

The conceptual lens of social context guided the study. Social context refers to relations "comprising social structures such as class, race, and gender; institutional practices, and collective and individual behaviour, and intersecting

personal biographies" (Poland et al., 2006, p. 60). Within this lens, mental health is shaped by the confluence of social structures, institutional practices, and personal biographies (Frohlich, Poland, & Sareck, 2012). The concept of social context provided an analytical entry point for examining the ways in which the narratives of immigrant and refugee young men, pertaining to their day-to-day experiences, were situated within personal biographies, practices, and social structures linked to power and privilege within specific socio-historical contexts.

Recruitment

The study was conducted in Greater Vancouver, a metropolitan region located in western Canada. Following approval from the University of British Columbia Behavioural Research Ethics Board, recruitment and data collection were conducted between October 2014 and October 2015. Recruitment strategies were diverse to ensure the inclusion of young men who were or were not connected to services. Flyers were distributed at youth and community centers, libraries, and on websites. A project advisory group assisted with posting notices in addition to word-of-mouth recruitment by a team of youth research collaborators who were also immigrant and refugee young men. Those who were interested in participating were instructed to contact the lead author via email, phone, or text message.

Participants

Thirty-three young men, who identified as having immigrant or refugee backgrounds, participated in the study. They ranged in age from 15 to 22 years old. The primary activities of the participants included attending secondary school ($n = 21$), alternative school ($n = 1$), attending college or university ($n = 9$), working full-time ($n = 1$), and being unemployed ($n = 1$). The participants originated from 18 countries and comprised a heterogeneous group, including those who had immigrated through family reunification programs, government-assisted refugees, refugee claimants, and international students temporarily residing in Canada.

Several young men ($n = 4$) identified as second-generation immigrants born in Canada to families who had immigrated. Length of residence among those born outside of Canada ranged from less than 1 year to approximately 14 years (average = 7 years). The majority of the young men were perceived by the interviewer and lead author as visible minorities with the exception of three participants (two young men from South Africa and one young man from the former Yugoslavia). In Canada, the category of visible minority refers to "persons who are non-Caucasian in race or non-white in colour and who do not report being Aboriginal," as defined by Canada's

Table 1. Participant Demographic Data.

Geographic region of origin		
East Asia	China	8
	South Korea	1
	Taiwan	4
Southeast Asia	Philippines	3
	Vietnam	1
South Asia	India	2
	Bangladesh	1
Central/South America	Brazil	1
	Colombia	1
	El Salvador	1
Eastern Europe	Belarus	1
	Bosnia	1
Africa	Congo	1
	Ethiopia	1
	South Africa	2
	Zambia	2
Middle East	Afghanistan	1
	Iran	1

Employment Equity Act of 1986 (Government of Canada, 1995). Additional demographic details are included in Table 1.

Data Collection

Recruitment, data collection, and analysis were led by the lead author who identifies as a cisgender visible minority Filipina woman who immigrated to Canada as a child and racialized settler through the family reunification scheme and was in her 20s at the time of data collection. The coauthors include four people who identify as an Australian immigrant to Canada; a visible minority Chinese woman born in the British colony of Hong Kong and immigrated with family to Canada at age 16; a Euro-Canadian woman; and a white, Canadian-born, lesbian woman. All authors have established strong track records of conducting research with marginalized communities with the goal of promoting health equity.

Data were collected through individual and group interviews. The lead author conducted all of the interviews. Participants were informed of the study procedures, and they provided written consent prior to taking part in the interview. All participants were offered the option of an individual or group interview. As part of the process, participants were able to select the interview location. The interviews were conversationally oriented and the interview guide included broad questions such as, "What is a typical day like for you?" and "Can you tell me about a difficult time in your life?"

Interviews were digitally recorded and transcribed verbatim. The interviews ranged from 30 to 90 min in

length and were conducted in various locations as per participants' preference: community and recreation centers, libraries, public parks, malls, and cafes. Debriefing between the interviewer and interviewee took place following each interview to allow for additional thoughts or questions from participants. This step was documented in field notes but not recorded as part of the interview. Participants were provided with copies of the study consent forms, a letter of information for their parent(s) or guardian(s), and a list of relevant mental health resources. A $20 CAD honorarium for each interview was offered to participants to acknowledge their time and contribution to the study.

Data Analysis

The software program, NVivo10, was used to organize and re-aggregate transcribed interview data with broad codes that were inductively derived from repeated readings of the transcribed interviews. Thematic narrative analysis was used to examine the coded data (Riessman, 2008). Data were examined not as exact representations but rather to elicit the young men's interpretations of their experiences and their social worlds. The focus of the narrative analysis was on the connections between mental health, social context, and experiences linked to migration and settlement.

Drawing on the concept of social context as an analytical entry point, thematic narratives were identified through dialogue and building consensus among the authors. Throughout the analysis, the authors engaged in dialogue on the convergent and divergent interpretations and the collective intellectual contribution stemming from their epistemological perspectives as well as scholarship standpoints. All names that appear in the findings are pseudonyms; where possible, the research participants selected their own pseudonyms.

Findings

Within a study focused on the social context of mental health, the participants described their everyday experiences as immigrant and refugee young men in Canada. The analysis revealed three prevailing narratives: a better life, living the (immigrant) dream, and starting again from way below. These narratives were interconnected and underpinned by a central theme of negotiating second-class citizenship.

A Better Life

In describing their experiences, there were many references made by the participants to a narrative of searching for a better life. Their pre-migration aspiration for a better life was often framed in terms of physical, political, economic and social safety, and security in Canada. During one group interview, several participants echoed similar reasons for migrating: the possibility of "a new life," "more security," and "better opportunities."

Daniel, who moved to Canada to study as an international student, highlighted the stress he experienced on a daily basis in his home country,

> Everything is so dangerous… I was robbed twice – people would just take a knife or a gun and just, you know, "Give me your wallet," – that's pretty common, you know? (Age 20, Brazil, international student)

He recounted how he avoided particular neighborhoods and exercised vigilance to avoid being robbed and/or assaulted. He perceived that community violence and crime only occurred in his pre-migration country, and was likely not aware that Canadian youth in marginalized neighborhoods also experience similar violence.

In addition to physical safety, participants referred to a better life as the hope for political stability and security as an impetus for migrating. For some young men, moving to Canada came with the promise of refuge from war. As one participant explained, "Here [in Canada] there's more security, some countries have war." Nabhan, a young refugee, recounted some of his experiences growing up in Afghanistan:

> That time the Taliban – they just came to Afghanistan and attacked the entire country. So, they had really strict rules – like, really strict, like woman shouldn't go outside from house, not at all, they have to put the cover… and I respect my religion, and it was really strict, like we are human, everyone does mistake… but back in the day – you have to do it or you have to die. Killing humans for them was like killing – not even killing, it's just cutting the bread, you know? Like pieces of bread… (18, Afghanistan, refugee)

Nabhan recalled the physical danger as well as human rights infringements that he and his family experienced. He shared that his parents experienced ongoing struggles in ensuring the safety of all their children and that when he reached the age of 16, his family sent him to Canada alone to seek asylum.

For other participants, a better life meant economic security and prosperity in Canada, which was often portrayed as "a land of opportunity". One participant who immigrated with his family explained his parents' reasons for moving to Canada:

> They thought that moving to Canada would be a better option for me 'cause it's just a better country overall you know what I mean with all the corruption going on in Russia

and the president and stuff and… 'cause like if I'm being honest Russia is not that much of a wealthy country. (Ivan, 17, Belarus, immigrant)

Ivan's dissatisfaction with perceived social and political corruptions in Russia shaped his perspectives of hope for a more prosperous life in Canada.

A better life also signified social safety and the freedom of movement. Luke, an international university student, described,

Being on a South African passport, travelling is impossible, like I need a visa for everywhere… This is really kind of like my ticket out of all of that. (19, South Africa, international student)

In this regard, moving to Canada and the possibility of becoming Canadian citizens provided a way to navigate a global class system that allows or restricts the mobility of some groups based on citizenship to specific nation-states. A South African passport, for example, did not afford Luke the same right to travel to different countries as a Canadian passport. This aspiration constructed their expectation of Canada as "a better country overall."

The pre-migration construction of a better life influenced the range of stories the young men shared regarding the places they knew as home or where they were living before they moved to Canada. Despite the diversity of national and regional contexts from which the participants and their families migrated from, the narrative of a better life was pervasive across the young men's accounts and intertwined with the hope for safety, security, rights, and prosperity. At the same time, this narrative reinforces a broader discourse in Canadian society whereby low-income and middle-income countries are often constructed as problematic or inferior societies, but the complicities of Canadian foreign policies remain invisible.

Living the (Immigrant) Dream

In the second narrative, social context was linked to living the (immigrant) dream in Canada. The young men described aspects of their new home that positively influence their mental health, including the proximity of the city to mountains and forests, better air quality compared to their pre-migration countries, and the relative accessibility of public transportation. Living the (immigrant) dream also referred to the prevailing portrayal of Canada as an economically prosperous, inclusive, and fair nation where everyone has an equal opportunity to achieve upward class mobility.

Within this narrative, the young men saw themselves as agents for fulfilling their dreams, as well as the aspirations of their families. Education was recognized as requisite for securing jobs, and therefore depicted as the key

to a hopeful future. In this vein, academic achievements, such as a good mark on an exam, were often featured in accounts of positive emotions such as excitement and feeling "pumped up." Conversely, failures related to academic performance were described in accounts of significant distress:

A really bad day for me is when some of my teachers got mad at me when I forget to do homework or I couldn't answer the questions… And, even though they might not notice it, it will make me depressed for the whole day. (Peter, 16, Taiwan, immigrant)

In this and other stories, the young men alluded to self-blame, disappointment, and shame. As another participant shared, "I got [my] report card like yesterday and [was] very upset… I feel like how should I explain it to my parents?" (James, 17, Taiwan, immigrant). Within these accounts, self-talk was interjected as if to reveal that the young men knew that they were expected to work harder and "be better."

The fear of failure was aggravated by the young men's worries over disappointing their parents together with the desire to realize the collective family aspirations. One young man who immigrated with his family explained:

Well like it was kind of the whole thing of we came to this country and… it's like, "Are you just going to go to [college]? You could've made it to [university]. But you were just too lazy." (Nicholas, 19, Philippines, immigrant)

He alluded to a sense of shame in his perceived inability to exert the effort and focus required during a window of opportunity for upward social mobility.

For several participants, the amount of effort required of them at times exceeded their physical and mental capacity to juggle multiple responsibilities:

I'm just overloaded, just boom. Sometimes I gotta work like 16 hours… the homework, the school, a pretty tight schedule every day, just got to manage it and… there are chores around the house, homework, and all that kind of just piles up on you, weight on your shoulders, you know. (Ivan, 17, Belarus, immigrant)

These participants emphasized the stress and emotional toll of financial hardship on their families and the significant pressure it generated for the young men to succeed in school. The constant stress and pressure to achieve was a trigger for negative thoughts. For Aaron, this led to several years of suicidal ideation:

I'm not forced by my parents to do anything, but I know I'm obligated to them just 'cause I feel like I owe them that much at least - so when I do poorly… it really stresses me out and um it kind of just gets all the bad thoughts coming…you just want it to end and how else is it going to end, right? There

just doesn't seem like any… other solution… 'cause you can't just put a pause on everything, right? (18, Bosnia, immigrant)

When the young men observed the difficulties faced by their parents during resettlement, they felt a sense of responsibility and obligation that weighed heavily on them. Their attempts to meeting family expectations were often accomplished at the expense of not being able to explore or focus on what they truly wanted for themselves.

At the same time, more tensions and internal struggles unfolded within a context whereby a good education no longer translated into secure employment. In Hedayat's words:

Coming towards the latter half of my university degree, it's like, "Hey, what am I going to do?" I started to get that malaise where, you know, I just stay at home and I start to fuse with my bed and become not a person anymore… where you're just wandering around, you have no idea what the f— you're doing or what the f— anything is. (20, Bangladesh, immigrant)

For Hedayat and his peers, the portrayal of Canada as essentially egalitarian was seen as a benchmark or starting point against which achievements and their families' struggles were evaluated. As a result, the young men who framed their struggles through this narrative spoke about failures of individuals rather than the failure of institutions, systems, and policies that were supposed to support them.

Starting Again From Way Below

In the third narrative, the young men focused on nuanced stories about mental health and what it was like for them and their families to leave their home countries and resettle in Canada as immigrants or refugees. The theme of *starting again from way below* grappled with the mental health implications of the distress the young men experienced in striving to integrate. These experiences included learning a new language, trying to understand mainstream "Canadian" culture and humor, and navigating the education system. For some participants, this narrative also referred to resisting stereotypes about their people, countries, and cultures and negotiating systemic discrimination vis-à-vis institutionalized deskilling practices and unconscious biases, which produce and perpetuate barriers to advancement for members of minority groups.

Limited ability to communicate in Canada's official languages of English and French was a recurring feature of accounts of distress. As language and culture are intricately intertwined, many of the young men experienced the phenomenon of knowing the English words but not the contextual meaning that was culture-bound. This

challenge came up often regarding experiences of distress as well as difficulties around establishing social connections. Joseph, who immigrated with his family, shared:

What caused the stress was when I was communicating with my classmates. Now I still couldn't really understand what they said to me back then … sometimes it felt like they were joking but sometimes it didn't quite feel like it and I didn't really know where to go. (17, China, immigrant)

The challenge of understanding the contexts specific to everyday conversations with others rendered a sense of social isolation.

When confronted with experiences of marginalization, the young men shared that at times they were forced to respond in ways that were considered to be antisocial. In Kavan's words, "I didn't really understand how to make friends in Canada so… I was just getting into fights with the other kids in elementary school and… just not really understanding their humour" (18, India, immigrant).

The young men also spoke about their frequent encounters with stereotypes about people from their countries of origin, and misinformed presumptions about their cultures. Nabhan, a refugee from Afghanistan, described the discomfort he felt whenever his fellow students at school asked him or spoke about "his people":

My friends were just kind of – "Oh, you guys just wanna –," like in Afghanistan and Iraq, and Gaza and those places, there was lots of fighting and he was like then, "Why you guys don't want peace in your country?" – I was like, "Well, you can't just describe the whole country by one or couple people" (18, Afghanistan, refugee)

Underpinning Nabhan's experiences are practices of stereotyping, profiling, and discrimination in Canada based on generalizations about the people in specific regions in the world. Hedayat described similar experiences outside of school:

"The most overt kinds of racism that I've gotten is generally because of my last name – when we go through borders or airports or whatever security like that, just because it always sets off the flags" (20, Bangladesh, immigrant).

These "flags" referred to increasing state surveillance of particular groups who fit a hypothesized profile of danger, which functions to sustain the mainstream discourses in Canada about national identity.

Within the school system, the young men described feelings of distress in experiencing or witnessing particular circumstances that seemed unfair to them. For example, Joey, a high school student (16, China, immigrant), described how he saw his friend being held back in a class: "…the teacher was being biased… it's just that the way he talks or like the tone of voice, it changes when he

speaks to different people." Prompted to clarify, Joey offered, "Perhaps um race? I don't know. Race or gender." Immediately following this, he scanned the café in which the interview was taking place and continued:

> I don't know if I'm supposed to say this but he [the teacher] is nicer to girls in general and he's nicer to non-Asian, I mean non-Chinese people. I don't know why. Like other students told me about this too - I'm not the only one who thinks that. But then he's not the only teacher who does that. (16, China, immigrant)

What began as Joey's response to an interview question about a difficult day and his distress in seeing his friend being unfairly treated in class led to guarded disclosure of instantiations of discrimination, in which the work of immigrant or refugee students were discounted. The only recourse for Joey was to "just put up with him [the teacher], not argue with him … just study hard, prove that I spent a lot of effort."

Despite being a second-generation immigrant young man, Henry (22, China) expressed concern or worries about his future based on his parents' experiences,

> It was really hard to find jobs, especially when you were Asian at that time, because… they were more or less really focused on Caucasian people… [and] because [my parents'] credentials from their birthplace weren't really transferable to here.

Other participants described their parents' experiences of downward mobility vis-à-vis practices and policies that shape the recognition of international credentials, a process often referred to as deskilling. In the words of Matthew, an international student in Canada: "[My parents] lost most of their degrees and reputations– so they were reduced pretty far down and had to start over again with their lives basically" (19, South Africa). These accounts illuminate the realities faced by immigrant and refugee families who experience deskilling, difficulties finding adequate and equitable employment, and financial hardship. These experiences also reflect institutionalized devaluation of education and professional credentials from particular countries.

The challenges faced by their families once moving to Canada exacerbated the pressures experienced by the young men to fulfill the dreams of academic success and financial security. In Henry's words (22, China, immigrant), "It used to be like, do we have enough next month to pay for everything and to eat… so that led to more pressure growing up." Aaron's experiences were similar (18, Bosnia, immigrant):

> It was hard, we didn't have a lot of money – we never really had a lot of money. My dad always worked as a truck driver

so he was always away for long amounts of time. So he was never really present. My mom's always had a pretty hard time just managing money and everything.

Aaron described his mother's recent diagnosis of cancer and the resulting financial and emotional impact on the family. He emphasized a strong sense of responsibility for his ill mother and younger brother, and how he strived to fill the shoes of an absent father while also longing for his mother's support. For the young men, financial support for the family was understood and accepted as a collective undertaking by both parents and children, which was particularly challenging when their parents took ill.

However, illnesses in the family were often tied to complex social determinants that posed challenges that were not easily resolved. Henry shared,

> A long time ago, my mom told me – my dad – he has, like, a depression disorder kind of thing, so he was basically on meds for a few years until he secured a job… Maybe the reason why he felt that way was he thought that when he came here with his previous degree and work experience, he could be really prospering in a new country – but maybe when he found out it doesn't work that way, then that might have been the point where he couldn't handle that – he couldn't face that he needed to start over and basically re-do everything and start from way below. (22, China, immigrant)

Henry's account of his father's depression illustrated the potential impact of "broken" immigrant dreams, which shape the experiences of immigrant and refugee fathers in Canada. When immigrant fathers were not able to meet the ideal of prosperity and success, the pressures to alleviate the family's economic and social hardship were passed down to their children. Henry recalled his mother saying, "If you want things to get better, you and your brother will have to do well in school and get a degree and not be like us."

For Nabhan, education meant much more than personal gain; the survival of his family was intricately connected to his achievements:

> I kept telling [my lawyer] that I want to bring my family… I know their life is in danger. He told me, all you have to do is focus on yourself. Just stay away from trouble, always try to get a good education, be a nice citizen – if you do all those rules, then you might possibly, there is more chances to bring your family… you have to be good citizen, you have to have a good income, support them – because the government, they don't want to take care of other people, you know? (18, Afghanistan, refugee)

The young men encountered an implicit but strong directive to be 'good' citizens by earning a good income and being self-reliant. In Nabhan's words, "they [the Canadian government] don't want to waste their money

on you if you're just a useless person." Through this account, the ability to demonstrate being a 'useful' person in Canada was rendered a priority by the young men in the context of a neoliberal society. At the same time, the participants experienced a hyper-awareness that they were viewed as "different." As Raymond, a second-generation immigrant from Taiwan explained,

> Even though I grew up here I always knew that I was different because of my race and I think a lot of times Asians were viewed as foreigners even though we've been here for a really long time. And I think there's sometimes a glass ceiling for Asians in terms of opportunities. Which is difficult because we're just as Canadian as anyone else here but we're not treated like one… And that's frustrating because you know we're here and yet we don't have the opportunities sometimes. (17, Taiwan, immigrant)

Raymond used the metaphor of the glass ceiling to refer to institutional practices that prevent those who are perceived as foreigners in Canada from full inclusion and access to opportunities.

Hedayat, who referred to himself as "Brown" several times during his interview, drew on superheroes to describe how difference can at times operate through mainstream popular culture:

> Super heroes…are meant to be our role models. That's how kids learn their lessons better than they ever will from school… but then what if there's just the kids that can't take these lessons from them because of that disconnect – that you have to turn yourself White to be able to learn these lessons. (20, Bangladesh, immigrant)

He explained how media and other discourses shape the experiences of racial minority young men in Canada by telling them that, "to be heroic or to be cool or to be attractive or to be any of these things that you aspire to from the media was also simultaneously to be White."

Starting again from way below positioned the young men in relation to a benchmark of institutional practices and discourses that often rendered them and their families as second-class citizens. In this social context, immigrant and refugee young men were also marginalized from engaging in conversations about mental health. As Hedayat explained,

> For immigrants and people of color there's specific issues, just specific emotions that are hard to deal with… anger and pain and things that you're not really allowed to show in the context of being vulnerable. (20, Bangladesh, immigrant)

While the young men strived to be "just as Canadian as anyone else," they also recognized the glass ceiling that held back visible minority communities from realizing their dreams of a better life. The narrative of starting again from way below characterizes the realities faced by some immigrant and refugee young men in Canada. Within a context of marginalization and vulnerability, the distress of immigrant and refugee young men is disallowed.

Discussion

Informed by the concept of social context as an analytical entry point, the analysis revealed three thematic narratives: a better life, living the (immigrant) dream, and starting again from way below. The narratives characterized the social context for immigrant and refugee young men and were connected by a central theme of negotiating second-class citizenship.

The first narrative provides insights into the migration and resettlement experiences of the participants and the search for a better life. Despite experiences of loss and trauma, the stories were largely underpinned by a strong sense of hope, which was often constructed in juxtaposition to negative portrayals of their countries of origin. Perhaps it was this strong sense of hope for a better life that influenced some of the young men to paint a picture of dire situations in their pre-migration countries. The narrative of a better life also implicated the young men in the production of a broader discourse of Canada as a morally superior society, which makes invisible the ways in which the actions, practices, and policies of Canada are intertwined with the actions, practices, and policies of other nation-states to impact the lives of people within and across nations. It may also be that the young men deployed these portrayals in order to adhere to the expectation for newcomers and second-class citizens to perform public gratitude to Canada through speech acts.

The second narrative focuses on living the (immigrant) dream. Within this narrative, Canada is portrayed as an economically prosperous, inclusive, and fair nation where everyone is given an equal opportunity to excel and succeed. The narrative imposed a persuasion for the young men to recognize immigration as a benefit, if not a reward. Despite the dominant discourses of multiculturalism and social inclusion in Canada, the everyday realities of the young men reflected a mixed narrative of hopefulness as well as a broken dream.

The third narrative, starting again from way below, refers to the ways in which immigrant and refugee young men respond to difficulties after moving to Canada and the impacts on their mental health. This narrative suggests a social context in which immigrant and refugee groups, particularly those who are visible minorities, experience marginalization and discrimination through institutional practices and mainstream discourses. It sheds light on the connections between the immigrant dream and the neoliberal ideologies in which resilience and failure are individualized. Furthermore, the notion of

citizenship as tied to nation-states is troubled in accounts of institutional discrimination. Canadian practices of deskilling and denial of international credentials are shaped by structural racism, which is intertwined with visible minority status.

Across the three narratives, the findings from this study highlight the diverse experiences of immigrant and refugee young men in Canada. The authors acknowledge the strengths as well as potential limitations of including a diverse group of participants who identified as immigrants or refugees in one study. In doing so, the intent was not to conflate the experiences of these young men or to claim an exhaustive analysis of all experiences shared in the interviews. Instead, the aim was to provide a focused and nuanced analysis of their social context through detailing patterns and diversity in their narratives.

Although the young men's everyday experiences were different based on their ethnic backgrounds and current life circumstances, many shared the common experiences of marginalization. For example, the accounts of the young men who were from the Middle East and/or were Muslim suggested instances of Islamophobia, whereas the accounts of several Asian young men referred to anti-Chinese sentiments in Canada. A study with refugee youth in Canada reported similar findings regarding intersecting forms of discrimination related to language proficiency, newcomer status, and being part of a visible minority or racialized group (Edge, Newbold, & McKeary, 2014).

Among immigrant youth in Canada, research has shown that inclusion is linked to exclusionary factors such as "us/them" constructs, aversive and color-blind racism, racialized habitus, and notions of "worthiness" (Naffi, 2016). A recent article reported a public discourse in Canada of racial minority immigrants and refugees being so rich that they are contributing to the affordability crisis and so poor that they are draining the system of services, supports, and resources (Ball, 2017). This discourse demonstrates the biases in Canadian society that construct and justify the exclusionary practice of placing White Canadians into the category of true, first-class citizens and placing racial minority immigrants and refugees into the category of not-quite-Canadian second-class citizens.

The findings from this study contribute to the literature on the mental health of immigrant and refugee young men. There is a paucity of research focused on the perspectives of young immigrant and refugee men, particularly regarding their everyday experiences of mental health. The findings point to the importance of mental health promotion initiatives that address the social determinants of mental health inequities by using frameworks that go beyond a focus on culture to examine the social contexts, exclusionary processes, and everyday discrimination that shape the mental health experiences of immigrant and refugee populations in Canada and worldwide.

This study makes important contributions to the literature on men's and health by offering nuanced narratives regarding mental health from the perspectives of young men who identify as immigrants and refugees in Canada.

Fostering the mental health of immigrant, refugee and racialized populations (Mental Health Commission of Canada, 2012) can be tied in with committed efforts to allocate financial and human resources to address social determinants of mental health (World Health Organization, 2014b). Networks and knowledge-sharing platforms offer a way to exchange promising practices. Promising practices include collaborations between mental health services and resettlement programs, local community centers, and school systems wherein many immigrant and refugee young men pass through. Evidence-informed resources such as the Canadian Pediatric Society Caring for Kids New to Canada (Hilario, Vo, & Pottie, 2015) provide guidance for service providers working with immigrant and refugee young men.

Implications for Future Research

The findings from this study indicate the viability of social context as a conceptual lens in studies with immigrant and refugee young men. Future research in this area may also draw on an intersectional approach as a way to focus on the social determinants of mental health and to provide nuanced insights into the experiences of immigrant and refugee young men at the intersection of gender, immigration, and race (Griffith, Ellis, & Allen, 2013; Viruell-Fuentes, Miranda, & Abdulrahim, 2012). The results of this study also suggest that the concept of minority stress (Meyer, 1995) may provide further analytical insights in future research with immigrant and refugee young men. Drawing on the minority stress model, future research could explore the impacts of racism—in the forms of interpersonal violence, socioeconomic marginalization, and institutional discrimination—on mental health indicators (Karlsen & Nazroo, 2002).

Lastly, future research could further explicate the relationship between mental health and social citizenship. Social citizenship can be understood as a space in which different actors negotiate individual and collective rights within the context of intersecting social divisions and relations (Koopmans, Statham, Giugni, & Passy, 2005). According to Young (1989), the dominant ideal of citizenship, based on universality as equality, has led to "laws and rules that are blind to individual and group difference…[in which] some groups still find themselves treated as second-class citizens" (p. 250).

Addressing health and social inequities in relation to global migration and citizenship therefore requires transforming not only exclusionary discourses and structures that contribute to inequities but also interrogating

dominant understandings of citizenship. Dominelli (2014) proposes a re-negotiation of the relationship between the nation-state and individuals that would allow for "new citizenship practices that transcend the nation-state by being collectively guaranteed, inalienable, globally portable and attached to the person" (p. 15). This view would advance initiatives and policies that re-define citizenship based on inalienable rights and respect for human dignity.

As the WHO Director-General recently acknowledged, "The world is experiencing the largest population displacements seen since the end of the Second World War. The scale of anti-migrant sentiment is equally unprecedented" (World Health Organization, 2015). Innovative solutions, therefore, are needed to effectively address the mental health needs of immigrant and refugee men within the current social climate worldwide. Health and social policies that are informed by a view of citizenship as "institutionalized fairness" (Young, 1989) may contribute to shaping the types of practices that will strengthen the fabric of Canadian society by supporting members to live to their fullest potential and, ultimately, foster better mental health for all.

Declaration of Conflicting Interests

Funding

References

Ball, D. (2017). Vancouver Sun column's 'alarming' race rhetoric is 'dangerous': Experts. *Vancouver Metro.* Retrieved from http://www.metronews.ca/news/vancouver/2017/06/16/experts-question-columnists-dangerous-immigration-rhetoric.html

Castañeda, H., Holmes, S. M., Madrigal, D. S., Young, M. -E. D., Beyeler, N., & Quesada, J. (2015). Immigration as a social determinant of health. *Annual Review of Public Health, 36*(1), 375–392.

Dominelli, L. (2014). Problematising concepts of citizenship and citizenship practices. In L. Dominelli & M. Moosa-Mitha (Eds.), *Reconfiguring citizenship* (pp. 13–22). Surrey: Ashgate Publishing.

Edge, S., & Newbold, B. (2013). Discrimination and the health of immigrants and refugees: Exploring Canada's evidence base and directions for future research in newcomer receiving countries. *Journal of Immigrant and Minority Health, 15*(1), 141–148.

Edge, S., Newbold, K. B., & McKeary, M. (2014). Exploring socio-cultural factors that mediate, facilitate, & constrain the health and empowerment of refugee youth. *Social Science and Medicine, 117*, 34–41.

Fazel, M., Reed, R. V., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in high-income countries: Risk and protective factors. *The Lancet, 379*(9812), 266–282.

Frohlich, K. L., Poland, B., & Sareck, M. (2012). Contrasting entry points for intervention in health promotion practice: Situating and working with context. In I. Rootman, S. Dupéré, A. Pederson & M. O'Neill (Eds.), *Health promotion in Canada: Critical perspectives on practice* (3rd ed., pp. 102–116). Toronto, CA: Canadian Scholars' Press.

Gagnon, A. J. (2002). *Responsiveness of the Canadian health care system towards newcomers* (Vol. 17). Ottawa: Royal Commission on the Future of Health Care in Canada. Retrieved from http://publications.gc.ca/collections/Collection/CP32-79-40-2002E.pdf

Galdas, P. M., Cheater, F., & Marshall, P. (2005). Men and health help-seeking behaviour: Literature review. *Journal of Advanced Nursing, 49*(6), 616–623.

Government of Canada. (1995). *Employment Equity Act.* Retrieved from http://laws-lois.justice.gc.ca/eng/acts/e-5.401/page-1.html

Griffith, D. M., Ellis, K. R., & Allen, J. O. (2013). An intersectional approach to social determinants of stress for African American men: Men's and women's perspectives. *American Journal of Men's Health, 7*(4 Suppl), 19S–30S.

Hamilton, H. A., Noh, S., & Adlaf, E. M. (2009). Adolescent risk behaviours and psychological distress across immigrant generations. *Canadian Journal of Public Health/ Revue Canadienne de Sante'e Publique, 100*(3), 221–225.

Hilario, C. T., Oliffe, J. L., Wong, J. P.-H., Browne, A. J., & Johnson, J. L. (2015). Migration and young people's mental health in Canada: A scoping review. *Journal of Mental Health, 24*(6), 414–422.

Hilario, C. T., Vo, D. X., Johnson, J. L., & Saewyc, E. M. (2014). Acculturation, gender, and mental health of Southeast Asian immigrant youth in Canada. *Journal of Immigrant and Minority Health, 16*(6), 1121–1129.

Hilario, C. T., Vo, D., & Pottie, K. (2015). Immigrant adolescent health: Background and context. *Caring for Kids New to Canada.* Retrieved from http://www.kidsnewtocanada.ca/culture/adolescent-health-background

Immigration, Refugees and Citizenship Canada. (2016). *2016 Annual report to parliament on immigration.* Retrieved from http://www.cic.gc.ca/english/resources/publications/annual-report-2016/index.asp#s4.3

Karlsen, S., & Nazroo, J. Y. (2002). Relation between racial discrimination, social class, and health among ethnic minority groups. *American Journal of Public Health, 92*(4), 624–631.

Kirmayer, L. J., Weinfeld, M., Burgos, G., du Fort, G. G., Lasry, J. C., & Young, A. (2007). Use of health care services for psychological distress by immigrants in an urban multicultural milieu. *The Canadian Journal of Psychiatry*, *52*(5), 295–304.

Koopmans, R., Statham, P., Giugni, M., & Passy, F. (2005). *Contested citizenship: Immigration and cultural diversity in Europe*. Minneapolis, MN: University of Minnesota Press.

Mental Health Commission of Canada. (2012). *Changing directions, changing lives: The mental health strategy for Canada*. Alberta: Author.

Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, *36*(1), 38–56.

Ngo, H. V. (2009). Patchwork, sidelining and marginalization: Services for immigrant youth. *Journal of Immigrant & Refugee Studies*, *7*(1), 82–100.

Poland, B., Frohlich, K., Haines, R. J., Mykhalovskiy, E., Rock, M., & Sparks, R. (2006). The social context of smoking: The next frontier in tobacco control? *Tobacco Control*, *15*(1), 59–63.

Riessman, C. K. (2008). *Narrative methods for the human sciences*. Thousand Oaks, CA: Sage.

Salehi, R. (2010). Intersection of health, immigration, and youth: A systematic literature review. *Journal of Immigrant and Minority Health*, *12*(5), 788–797.

Statistics Canada. (2013a). *Facts and figures*. Retrieved from http://www.cic.gc.ca/english/resources/statistics/menu-fact.asp

Straiton, M., Grant, J. F., Winefield, H. R., & Taylor, A. (2014). Mental health in immigrant men and women in Australia: the North West Adelaide Health Study. *BMC Public Health*, *14*, 1111.

United Nations High Commissioner for Refugees. (2016). *Figures at a glance*. Retrieved from http://www.unhcr.org/pages/49c3646c11.html

Viruell-fuentes, E. A., Miranda, P. Y., & Abdulrahim, S. (2012). More than culture: Structural racism, intersectionality theory, and immigrant health. *Social Science & Medicine*, *75*(12), 2099–2106.

World Health Organization. (2014a). *Mental health: Strengthening our response*. Retrieved from http://www.who.int/mediacentre/factsheets/fs220/en/

World Health Organization. (2014b). *Social determinants of mental health*. Retrieved from http://www.who.int/mental_health/publications/gulbenkian_paper_social_determinants_of_mental_health/en/

World Health Organization. (2015, November 26). *WHO Director-General addresses panel on migration and health*. Retrieved from http://www.who.int/dg/speeches/2015/migration-and-health/en/

World Health Organization. (2016). *Migrant health*. Retrieved from http://www.who.int/hac/techguidance/health_of_migrants/en/

Young, I. M. (1989). Polity and group difference: A critique of the ideal of universal citizenship. *Ethics*, *99*(2), 250–274.