

## **Determinants of mental health care utilization and access among immigrants in Canada: A population-based study**

### **Introduction and Background**

Immigrants are more at risk for psychological and emotional stress due to immigration-related issues such as the settlement issues, cultural gaps, and social network from the host country (Chadwick & Collins, 2015; Jafari, Baharlou, & Mathias, 2010; Salami, Salma, & Hegadoren, 2019; Srirangson, Thavorn, Moon, & Noh, 2013). Thus, the immigrant population projected to increase to about 30 percent of the Canadian Population (Morency, 2017), are at increased risk for mental health problems. Consequently, to make appropriately targeted healthcare system improvements, identifying and understanding the mental health-seeking behaviours and determinants of access and use of health care services among immigrants is imperative.

Research has demonstrated that immigrants continue to face postmigration resettlement challenges in their host countries due to the premigration social, cultural and political experiences in their country of birth (Fenta, Hyman, & Noh, 2006). These premigration experiences lend themselves into the complex set of factors that influence their healthcare-seeking behaviour, utilization of health care services and their risk for mental health problem (Beiser, 1990; Beiser, Goodwill, Albanese, McShane, & Nowakowski, 2014; Beiser et al., 2011)

It is documented that immigrants have poor access to health care including facing greater barriers to primary care access compared to the Canadian-born population (Muggah, Dahrouge, & Hogg, 2012). Moreover, studies have investigated the factors which may facilitate or raise barriers to access to health services. Some of these factors include age, race, gender, income, social status, language, ethnicity, geographical location, marital status, sexual orientation, and health status (Giordano, Druyts, Garber, & Cooper, 2009; Khandor et al., 2011; Maddison, Asada, & Urquhart, 2011; Spitzer, 2011). The number of factors that influence access to health care services and utilization highlights the population diversity and the health care needs within the country.

Therefore, in this context, an evaluation of the social, economic, and clinical factors affecting the access and use of mental health services would provide insights into the mental health care needs of immigrants and ways to establish a robust health care strategy for immigrants. Considering the paucity of population-based research on mental health among immigrants in Canada, we aimed to assess the factors affecting appropriate mental health services utilization among immigrants in Canada Canadian using the Community Health Survey.

### **Method**

We analyzed the Canadian Community Health Survey to determine the factors that contribute to self-perceived mental health and self-reported diagnosis of mood disorders. Our sample included 109,659 participants aged 12 years and older. The CCHS sample was weighted to be representative of the target population within the sampling frame. For this paper, we operationalize mental health service utilization as visits to healthcare facilities or health professionals for consultation, diagnosis, or treatments of emotional or mental health problems within the past 12 months. The dependent variable, “mental health services use” was within the past 12 months did you seek the services of a professional for problems with your mental or

emotional health, use of alcohol or drugs. The independent variables for the three constructs of the BM (Andersen, 1995; Andersen & Newman, 1973) included in this study are the predisposing factors, enabling factors, and healthcare need for health service utilization. We analyzed cross-sectional data collected from 2015 to 2016.

Data analysis consists of three steps, i.e., descriptive and multivariate methods of analyses. First, we examined the distribution of sociodemographic, mental health utilization and mental health disorders (i.e., mood disorder, depression, anxiety disorder, or posttraumatic stress disorder) variables across immigrants and non-immigrants. Second, the associations of study variables (predisposing, enabling, and need-related factors) and mental health service utilization were first examined using bivariate analyses (chi-square and t statistics with confidence intervals). Third, using a weighted multivariate framework, variables classified as key factors were reexamined using the multivariate method of analysis. Key factors are variables that showed a statistically significant association with the dependent variable in the bivariate analyses and those identified as critical factors based upon previous studies. For the paper, multivariate logistic regression analysis was employed to investigate factors associated with mental health service utilization for emotional or mental health problems among immigrants and non-immigrants.

## Results

Our initial analysis revealed that Mental health service use was significantly associated with immigration status, as immigrants were more likely to used medical care for mental health (. Mental health service use is significantly associated with all age groups. Further, Female immigrant were more likely to report using mental health services than their male counterpart. Similarly, married couples were less likely to report using medical services for their mental condition within the past 12 months. Mental health service utilization was statistically associated with employment status since individuals with employment at the time of the survey were less likely to use mental health services. Furthermore, having some post-secondary and post-secondary graduation was statistically associated with mental health utilization. Individual with some post-secondary and post-secondary graduation were less likely to report using mental health services.

The table present results of selected variables from multivariate model. Results showed a significant association between immigrant status and utilization of mental health services net of other variables. The finding from the multivariate model showed differential utilization of mental health services for immigrant male and female. For example, immigrant female had higher odd of using mental health services in comparison non-immigrant women. We found a similar pattern for immigrant men and non-immigrant men. Our results showed that these odds were statistically significant even after variables capturing the sociodemographic and socioeconomic characteristics of the respondents were added to model (See models 2 and 3 of table below). However, a different pattern in result were observed when variables were added to the model. For immigrant male and female we found a significant attenuation in the odds mental health service use among immigrants (See model 4 in Table below).

Similarly, variable measuring sociodemographic and socioeconomic characteristics of respondents were all significantly relates with menta health service utilization among immigrants, however, the impact varied between male and females.

## Discussion and Conclusion

The finding from this study indicate a significant mental healthcare needs among immigrants in contrast to their non-immigrant counterpart. Thus, the immigrant is likely to have sought professional help and have a higher rate of mental health service use than their counterpart. Moreover, this finding remained significant after adjusting to a variety of sociodemographic factors and mental health disorders that are equally associated with mental health service utilization. Thus, the higher probability of mental health service utilization among immigrants in Canada cannot be explained by differences in the sociodemographic factors or mental health disorders alone.

Utilization of mental health services is the result of a complex interplay of several predictors. It mostly depends on how sensitive our health system immigrant population. The findings from this paper indicate that factors associated with mental health services utilization are consistent with the literature. The finding from this paper is consistent with the studies in suggesting that middle-aged (45-64) individual are more likely to report higher mental health service use in comparison to their counterpart parts 65 years and older (Crabb & Hunsley, 2006). The finding for this paper suggests that although statistically significant, mental health service use among immigrant was independent on the socioeconomic and demographic variables such as age, education, marital status, and employment status. Thus, there may be other factors which explain health care utilization among immigrants, such as social support and health status (Uiters, Deville, Foets, & Groenewegen, 2006). The finding from this study implies that immigrant female is less likely to utilizes health care services for mental health in comparison to their male counterpart. The finding from the paper shows a strong association between mental health disorders (mood disorder, anxiety disorder, depression, and posttraumatic stress disorder) and mental health services use.

The findings from this paper have a significant impact on the availability and accessibility of mental health services for immigrants to Canada. Mental health services utilization is prevalent among Canadian immigrants in comparison to their non-immigrant counterpart. This immigrant paradox can be explained by healthy immigrant effect—immigrants upon arrival appear to be healthier than their Canadian-born; however, it tends to deterioration as their duration of stay in Canada increases (Hyman, 2007; Vang, Sigouin, Flenon, & Gagnon, 2017). Some rationale for this conundrum includes medical screening by recipient country, admission criteria based on educations, language proficiency, skills and work experience, by recipient country, health-promoting behaviours of immigrant pre-immigration (Hyman, 2004). These predisposing factors (age, gender, and marital status), enabling factors (education, language, employment status), and Need related factors (mental health disorders) were all predictors of mental health service use. The study contributes policy and research gap in immigrant's mental health services utilization pattern (Durbin, Lin, Moineddin, Steele, & Glazier, 2014). For instance, since these predictors of mental health service utilization are modifiable, programs and services targeting them will be advantageous to the immigrant population. We conclude that there is need for culturally sensitive programs and policies focused on the inequalities in mental health services use among immigrants in Canada and highlights the need for culturally sensitive services and programs.

Table 1: Unadjusted odd ratios of selected independent variables by gender

|                           | OR male (N = 54104) | OR female (N = 55555) |
|---------------------------|---------------------|-----------------------|
| <i>Immigration Status</i> |                     |                       |
| No (Reference)            | 1.00                | 1.00                  |
| Yes                       | 1.752 (0.039)***    | 2.167 (0.031)***      |

Note: \*\* p < 0.05; \*\*\* p < 0.01; Stanadard errors in brackets; All results are weighted

Table 2: Adjusted Odd Ratio Factors of Associated with Mental Health Services Use Among Immigrant in Canada, 2015-2016

|                           | Male                |                     |                     |                     | Female              |                    |                     |                     |
|---------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|--------------------|---------------------|---------------------|
|                           | Model 1             | Model 2             | Model 3             | Model 4             | Model 1             | Model 2            | Model 3             | Model 4             |
| <i>Immigration Status</i> |                     |                     |                     |                     |                     |                    |                     |                     |
| No (Ref)                  | 1.00                | 1.00                | 1.00                | 1.00                | 1.00                | 1.00               | 1.00                | 1.00                |
| Yes                       | 1.752<br>(0.039)*** | 1.668<br>(0.041)*** | 1.823<br>(0.043)*** | 1.483<br>(0.048)*** | 2.167<br>(0.031)*** | 2.25<br>(0.033)*** | 2.391<br>(0.034)*** | 1.880<br>(0.038)*** |

Note: \*\* p < 0.05; \*\*\* p < 0.01; Stanadard errors in brackets; All results are weighted; Controlling for age, marital status, time spent in Canada, province of residence and English and French language proficiency.

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