



CHILD IMMIGRANT POST-MIGRATION MENTAL HEALTH: A QUALITATIVE INQUIRY INTO CAREGIVERS' PERSPECTIVES

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Résumé de l'article

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Nahal Fakhari, Jessie-Lee D. McIsaac, and Rebecca Spencer

Abstract: Immigrant families and their children experience isolation after migration to Canada. Inadequate income, unemployment, and underemployment have all been identified as primary challenges to the mental health of immigrant families. This study qualitatively explored the perceptions of six Middle Eastern immigrant caregivers regarding their children's post-migration mental health. The research was situated in the constructivist paradigm, and qualitative descriptive design was used to explore participant experiences. Interviews were conducted in English with three Farsi-speaking and three Arabic-speaking caregivers. Reflexive thematic analysis was performed. Three themes were developed: (a) parents feel their children are isolated and lonely; (b) caregivers' limited access to resources impacts their children's mental health; and (c) community connections enhance families' mental health. Findings suggest children's experiences with family separation and exposure to racism contributed to children's loneliness. Children's isolation was exacerbated by caregivers' limited access to resources to support their children's transition into Canada. Caregivers identified social support as an asset to their families' mental health. This research highlights the importance of culturally responsive health, employment, and education policies, together with programs to provide resources for immigrant families to support their children's mental health after migration.

Keywords: immigrant children, immigrant families, mental health, post-migration experiences, discrimination, racism

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Researchers have shown concern for immigrant children's mental health following migration (Islam, 2015; Patterson et al., 2013; Yang, 2019). Children's development is influenced by their environment and experiences, and caregivers and communities are important in shaping those experiences (Bronfenbrenner & Evans, 2000). Immigrant children's mental health is impacted through the isolation and exclusion often experienced following migration (Islam, 2015; Salami et al., 2022; Yang, 2019) due to both their own direct interaction with the new environment and their caregivers' exposure to post-migration challenges.

Research indicates that the unique pre- and post-migration experiences of immigrant children result in poorer mental health than is seen in their non-immigrant peers (Islam, 2015; Patterson et al., 2013; Yang, 2019). For example, immigrant children often experience isolation and exclusion at school, where they face discrimination based on race, culture, religion, and language; they may be bullied, excluded, and physically and verbally abused (Islam, 2015; Jacobson, 2021; Kia-Keating & Ellis, 2007; Patterson et al., 2013; Stewart, 2012; Walker & Zuberi, 2020; Yang, 2019). In a study conducted in Manitoba, teachers and immigrant students expressed concern about the spatial segregation of classrooms into immigrant and non-immigrant students (Stewart, 2012). More recently, African immigrant parents also shared challenges regarding their children's encounters with unequal treatment from teachers and other students at school (Salami et al., 2022).

Many immigrant families face structural discrimination in accessing adequately paid employment, health services, and other necessary resources. Inadequate income, unemployment, and underemployment have all been identified as primary challenges to the mental health of immigrant families (Adler & Rehkopf, 2008; De Maio & Kemp, 2010; Khanlou, 2010; Link & Phelan, 1995; Long, 2010; Salami et al., 2019). While immigrants in Canada do have access to universal health care, lack of income may restrict their budget for transportation, dental and eye exams, medication, and mental health services (De Maio & Kemp, 2010; Khanlou, 2010; Long, 2010; Salami et al., 2019). For example, African immigrant parents in Western Canada believed that unemployment restricted their ability to invest in materials essential for their children's mental and emotional development (Salami et al., 2022). Structural discrimination against immigrant families is a barrier to accessing necessary resources, negatively influencing their mental health.

In particular, systemic discrimination in health systems influences immigrant caregivers' capacity to support their children's mental health as they have limited use of relevant services (Brown et al., 2020; Khanlou, 2010; Long, 2010; Rezazadeh & Hoover, 2018). Structural discrimination within health services can take multiple forms, including cultural and language differences, and lack of diversity among health providers (Khanlou, 2010; Klassen et al., 2012; Long, 2010; Salami et al., 2019). For example, through interviews with service providers in Alberta, Salami et al. (2019) found that immigrants had especially low access to mental health services due to different cultural conceptualizations of mental health. Similarly, Klassen et al. (2012) found that cultural differences between parents and healthcare providers regarding

disclosure of children's diagnoses to children were a source of tension and stress to some immigrant parents.

Adverse childhood experiences (ACEs) influence children's mental health. While definitions of ACEs vary, they are commonly understood as childhood exposure to events such as violence, abuse, chronic stress, and parental depression, and the negative outcomes associated with them (Boivin & Hertzman, 2012). People exposed to ACEs may experience helplessness, depression, anxiety, and affective disorders in adolescence or adulthood (Flouri & Kallis, 2011; McLaughlin et al., 2012); for instance, depression symptoms among caregivers can decrease family warmth and quality of parenting, and may lead to neglect (Levendosky et al., 2003; Owen et al., 2006). Individuals exposed to ACEs may feel uncertain about their future and experience disruption of their emotional regulation skills (Bucci et al., 2016; Sonu et al., 2019; Thompson et al., 2012). Caregivers' poor mental health is an ACE, and has negative implications for the mental health of their children.

The literature suggests that access to social networks enhances immigrant families' capacity to support their mental health, since social support facilitates their integration into Canada (Immigration, Refugees and Citizenship Canada, 2015; Khanlou, 2010; Stirling Cameron et al., 2022). Some research suggests that the informal support immigrant families receive from social circles helps them gain employment and enhance social and cultural connections (Dastjerdi & Mardukhi, n.d.; Immigration, Refugees and Citizenship Canada, 2015; Khanlou, 2010). In Stirling Cameron et al.'s (2022) study of postnatal experiences of Syrian refugee women in Nova Scotia, social connections proved to be critical as friends provided emotional support after a birth and also provided child care, cleaned house, and cooked food for the mother and her family. In a scoping review, Brown et al. (2020) suggested that social networks help immigrant families access information about programs for their children. The importance immigrant families attach to access to social support is evident in their preference for living in metropolitan cities like Toronto that have larger immigrant communities (Dastjerdi & Mardukhi, 2015; Khanlou, 2010; Statistics Canada, 2017).

In Canada, the number of immigrant children from the Middle East is increasing; 74% of immigrant children under the age of 15 are from mainly non-English speaking countries, including those of the Middle East (Statistics Canada, 2017). Immigrants to Canada have tended to live in metropolitan cities like Toronto, Vancouver, and Calgary; however, in recent years, there has been an increase in the number of immigrants, including those from the Middle East, that have chosen to live in Atlantic Canada (Statistics Canada, 2017). With the increase in Middle Eastern immigrant children, there is a need to understand their mental health post-migration in order to better support their transition into Canada. The purpose of this study was to explore the perspective of immigrant caregivers in Atlantic Canada regarding the impact of their post-migration experiences on their children's mental health.

Method

Conceptual Framework

This research follows the constructivist paradigm. The constructivist ontology is relativism, meaning that there is no single truth or reality, but multiple ones (Allen et al., 1986; Wahyuni, 2012). The paradigm was suitable for this research as participants came from different cultural and language backgrounds that informed their perceptions. The strategy chosen was qualitative description, which is helpful for understudied research topics that require less philosophical interpretation of events (Sandelowski, 2000, 2010; Willis et al., 2016). Interviews were conducted in English, the participants' second language. Using qualitative description, the researchers analyzed participants' experiences with minimal interpretation.

Participants

This study recruited six Middle Eastern caregivers. Participants were invited based on several inclusion criteria. They had to have migrated to Canada as legal non-refugee immigrants. Immigrants with work or student visas were not included, as they have different experiences based on their immigration status. Participants must also have migrated directly from the Middle East region to Atlantic Canada and lived there for at least 3 years, giving them some time to adapt to Canadian conditions. Further, participants must have had at least one child under the age of 11 at the time of migration; in order to reduce recall errors, that child had to be still under 18 at the time of the study. Finally, this study only included participants who had conversational English proficiency. A broad range of methods was used to recruit participants, such as contacting settlement agencies and cultural communities across Atlantic Canada.

Although it was not our intention to exclude participants based on gender, all six caregivers in this study identified as mothers, so the perceptions of fathers are missing from this research. The authors acknowledge that this concept could have been explored more fully by employing feminist theory; however, it was beyond the scope of this research. It would be useful to explore the intersection of this study's findings with gender-based analysis in future projects.

All participants resided in Nova Scotia except one who resided in New Brunswick. Three of the participants were Farsi speakers from Iran, and the other three were Arabic speakers from Libya, Palestine, and the United Arab Emirates. Two participants had one child, three had two children, and one had five children. Three participants had lived in Atlantic Canada for less than 5 years, two for 7 years, and one for 9 years; ages ranged from 37 to 47 ($M = 42$; $SD = 4.3$). Each caregiver had a postsecondary degree from their home country; however, all but one participant worked or studied in a different field following migration. Semi-structured interviews were conducted in September 2021, during the COVID-19 pandemic. Though data collection occurred between waves of the pandemic, there were concerns about the growing number of cases at that time, and the pandemic had caused disruptions in children's schooling, challenges in accessing services, and isolation due to social distancing.

Context

Atlantic Canada includes the provinces of Nova Scotia, New Brunswick, Prince Edward Island (PEI), and Newfoundland and Labrador. All participants were from Nova Scotia except one who was from New Brunswick. While Nova Scotia is the second smallest province in Canada (The Canadian Encyclopedia, n.d.), in 2021, with the help of a recent influx of immigrants, it attained a population of 1 million (Thevenot, 2021). However, the number of immigrants in the province remains lower than in larger provinces like Ontario, British Columbia, Quebec, and Alberta: with the exception of Canada's three northern territories, the Atlantic provinces have the lowest immigration rates in the country (Statista, 2023). It is therefore likely that the study participants would have met with significantly different experiences in metropolitan cities with populations diverse in spoken language, ethnicity, and religion.

Data Collection

The qualitative description approach can offer insight into an understudied topic — in this case, mental health in immigrant populations — through semi-structured interviews (Willis et al., 2016). Five interviews were conducted using Microsoft Teams; the sixth was conducted in person. Each interview lasted from 70 to 90 minutes. In addition to answering the predetermined questions from our interview guide, interviewees also had the freedom to discuss issues that had not been anticipated (Wahyuni, 2012). Interviews were audio-recorded and transcribed verbatim using Microsoft's ExpressScribe software. All identifying information was removed, and pseudonyms were assigned for presenting participants' quotes. Transcripts were transferred to qualitative analysis software, MAX QDA, for data management, organization, and analysis.

Data Analysis

Researcher's Positionality

I (Nahal Fakhari) identify as an immigrant who has faced post-migration challenges. After migration, I felt helpless and hopeless, especially when my family could not navigate the health, education, and employment systems in Nova Scotia. Further, as an early childhood educator, I empathised with the experiences of immigrant mothers and saw immigrant children's efforts to connect with others. These experiences shaped my interpretation of the data and informed the reflexive thematic analysis employed in this research.

Reflexive Thematic Analysis

This work draws on my master's thesis (Fakhari, 2022). While my co-authors, Jessie-Lee McIsaac and Rebecca Spencer, provided methodological guidance and mentorship, the analysis is primarily presented from my perspective. The reflexive thematic analysis discussed in the subsequent paragraphs was influenced by my subjectivity and positionality, as outlined above.

The researchers used reflexive thematic analysis to describe the participants' experiences (Braun & Clarke, 2006, 2021; Maguire & Delahunt, 2017; Mauthner & Doucet, 2003). The

analysis process was reflexive, ongoing, and iterative. As this research employed qualitative description, the codes and themes remained close to the data and the participants' words; however, some interpretation was required to understand the participants' perspectives (Braun & Clarke, 2021; Mauthner & Doucet, 2003).

In order to generate meaningful codes, the researchers read the transcripts many times to familiarize themselves with the shared meaning of participants' realities. Then, the researchers focused on the relationships between codes to understand how they could combine to form themes representing most of the data. The researchers reflected on the developed themes to decide if they needed to be merged with other themes, broken down into separate themes, or even supplemented with new themes. Coding and theming were ongoing processes as the researchers' insights evolved along with their understanding of the data (Braun & Clarke, 2021).

Ethical Considerations

Ethical approval was established through Dalhousie University Research Ethics Board (REB File #2021-5721). The risks associated with taking part in this research were expected to be minimal; however, it was deemed possible that participants could experience distress or discomfort when recalling their post-migration experiences. To mitigate this, during the verbal consent participants were made aware that during the interview they could take a break at any point, skip any questions they did not feel comfortable answering, or stop participating in the interview. Questions were open-ended, and so participants did not need to talk about specific events or experiences that they were not comfortable disclosing. In addition, a list of mental health resources was created and shared with participants prior to their interview session in case they needed someone to talk to after participating in the interview.

As part of the informed consent process, participants were also reminded of the procedures to protect their privacy and confidentiality. The verbal consent form, audio recordings, and transcripts were saved in a OneDrive folder and shared only among the research team. To ensure confidentiality, the research team encouraged participants not to use specific names, and all identifying information, such as participants' names, children's names, and locations, was removed from the transcripts and replaced with pseudonyms. All data and information related to the study will be retained in the OneDrive folder shared among the research team for up to 5 years. After 5 years, the folder will be deleted.

Results

Three themes were identified as the product of reflexive thematic analysis (Braun & Clarke, 2006, 2021): (a) parents feel their children are isolated and lonely after migration; (b) caregivers' limited access to resources impacts their children's mental health; and (c) community connections enhance families' mental health. To illuminate participants' perceptions of their children's mental health after migration, this section begins by summarizing our findings regarding participant definitions of mental health. We then go on to describe the three themes.

Parents' Definition of Mental Health

Since our participants came from a variety of cultural backgrounds, to further our understanding of how they perceived their children's mental health post-migration, they were asked to describe mental health in general. For these participants, environment, including their interactions with people, was part of their definition of mental health. For example, Farah said, "[Mental health for me] is the environment [where] people around me [are] supporting and understanding the different [sic], and [they] don't judge [but try] to understand you." In addition, all participants defined mental health in relation to their feelings and emotions in response to their environment. For example, they referred to feelings like disappointment, loneliness, and confusion in relation to their mental health after migration. As her definition of mental health, Tara shared: "[For mental health], I would refer to the feeling and mostly what I felt inside me." Participants agreed that when they live in an environment where differences are respected, and have what they need to care for their families, family mental health is stable.

Theme 1: Parents Feel Their Children Are Isolated and Lonely After Migration

The participants believed their children were isolated, excluded, and lonely following immigration. They described how factors like children's experiences with family loss and racism contributed to their children's mental health challenges by triggering feelings like isolation and loneliness. The following sections describe each of these experiences.

Loss of Pre-Migration Connections

The participants thought that their children's isolation and loneliness was related to their loss of pre-migration connections with relatives who had played significant roles in their children's lives before migration. More than half of the participants explained that, before migration, their children were close to their grandparents, uncles, and aunts. In addition, relatives provided the children with a sense of identity and belonging, which may have been challenged following separation. For example, Farah recalled how much her daughter missed her family back home:

Since I came here, she's always asking me each year, "I need to go back. I need to live there." And, uh, from the beginning, she's all, she was crying. "Why? When we are here in Canada, why you bring us here? Why didn't we then stay with my family? I need to enjoy, especially the good moment: it weddings or Eid and see all the kids and all the family gathering." She's crying. She's lonely.

According to these caregivers, their children have felt lonely in Canada due to missing out on spending time with family during cultural celebrations or participating in significant family gatherings, like birthdays and weddings.

Experiencing Discrimination

Some caregivers were also concerned about their children's exposure to racism. Three caregivers reported that their children have faced discrimination that has provoked feelings of

isolation and exclusion. Two shared that teachers had made false assumptions about their children's language ability, nationality, immigration status, and pre-migration education. For instance, Aliyah recalled that her daughter's school mistakenly thought that she was a Syrian refugee with no education because she spoke Arabic. Thus, they placed her in a math class for lower grades. Aliyah recalled her feelings about visiting her daughter's school and speaking to her teacher:

I was shocked, and I went to camp [the school], I spoke to the counselor. I say, she got 17 because she's only one month here. And she has, she doesn't speak English, like what [do] they expect from her? And a lot of the math problems are word problems. And he was, "Oh my God?" And I said, "Yes, like, what did you expect? My daughter is, she's a genius in math. She's good at math." I was angry.

These participants agreed that their children's exposure to racism led to experiences of stress, isolation, and loneliness.

Some participants also felt other children at school seemed hesitant to socialize with their children. Three participants shared that their children faced challenges building relationships at school due to language or cultural differences. For example, Aliyah recalled how lonely her daughter felt at school when she could not connect with her peers:

My daughter is very sociable and she's very ... She wants to be engaged in everything. And she had higher expectations. She thought, once we come ... when she comes here, she will be friends with everyone, no matter what their colour or background or race. But she felt that she was rejected because of the fact that her English was imperfect and she's an immigrant.

Finding friends was also difficult for children with adequate English. Shima had come to Canada with her one-year-old daughter, who was able to speak English by the time she started school. Shima was upset that her child felt lonely: "[My child's] alone. Finding friend here is too hard. I cannot become so close to the Canadian because they don't want to be so close. I have to find somebody for her, and she's always coming to home and crying." According to these participants, unfair treatment from teachers and difficulty developing friendships led to children's exclusion and loneliness.

Theme 2: Caregivers' Limited Access to Resources Impacts Their Children's Mental Health

All participants felt that the accessibility of resources influenced their capacity to support their children's mental health following migration. Income, the health system, and social networks were the primary resources discussed by these caregivers. Participants emphasized the critical role that their cultural networks play in their families' settlement. Accessing social support as a necessary resource for families' mental health therefore warrants its own theme and is presented separately

as Theme 3. The participants' accounts of how challenges in finding income and using the health system impacted their children's mental health are discussed below.

Participants believed their financial situations influenced their ability to support their children's mental well-being. Two of the participants reported that their children either became anxious about their family's financial difficulties or felt different from their peers because of their families' low income. For example, Farah explained, "[My child] is not finding herself like the other kids Sometimes, she's asking for program that her friend go, and I can't offer that money." Further, participants felt that they did not have the emotional and physical capacity to support their children while navigating employment. For example, Aliyah shared, "I remembered myself crying all the time ... at the same time, I had to care for my kids who were new to the school, and they were facing challenges." Some participants also were not able to be physically present to support their children as they had to either go to English classes or go back to school to gain Canadian accreditation to find employment. For example, Shima shared: "The association asked for a Canadian certificate, so I go [sic] back to school and I was forced to leave my daughter with my mom, I had to study ... I couldn't spend much time with my child." Addressing the barriers they faced in earning an income limited the financial, physical, and emotional capacity of immigrant caregivers to support their children's mental health.

Participants outlined challenges they had faced when attempting to access mental health care in Canada to support their children's and their own mental health. One of those challenges was a lack of language and cultural diversity. For example, Aliyah shared:

About mental health, I feel I need to talk to someone who speaks my language and understands where I'm coming from. I've never thought about services here cause I know there's no one that I could talk to in my language.

Sara and Shima also decided to connect with virtual services from their home countries to address their difficulties in interfacing with the Canadian mental health system. For example, Sara stated: "[My son] after my separation ... spoke a bit [to] a counsellor in my country through online ... because this counsellor already know about everything about us." High fees related to counselling was another issue for participants. Farah said: "[Therapists are] very expensive. I can't afford it. So, I called and then I found it expensive. So, I said, no, it's too much on me." Overall, participants saw value in counselling services for them and their children, but felt that the system's unfamiliarity with their cultures and languages, along with high fees, limited their access to these services.

Caregivers' exposure to overt racism at work or in their daily lives was another factor that influenced their emotional capacity to support their children's mental health after migration. Three participants shared that their direct experiences with overt racism caused fear, stress, and low self-esteem. For example, Aliyah, who worked as a school settlement worker, felt that her qualifications as an immigrant with post-secondary education were not appreciated by the school

counsellor: “There’s a hierarchy here.... You are an immigrant, you have a lot of experiences to help but because you are a support worker, they don’t consider me as valuable.” Moreover, Farah, who identified as an immigrant single mother, recalled that her director did not treat her equitably and was inconsiderate of her immigration status, asking her to work long shifts:

Sometimes they ask us to work late. I said, “I can’t, I have to take my kids.” [The director said,] “Don’t put excuse as single mom”, but I am an immigrant, single mom is common but they [single moms who are not immigrants] have people that help.

It is possible that the negative feelings highlighted in the above comments limited the caregivers’ emotional and mental capacity to support their children’s mental health after immigration.

Theme 3: Community Connections Enhance Families’ Mental Health

Participants believed their connections with others in the community enhanced their capacity to support their children. Participants considered these connections to be an asset to their families’ mental health, a source of emotional, informational, and caregiving support that facilitated their transition into Canada.

The caregivers believed new relationships enhanced their emotional capacity to support their children’s transition. For example, Tara said: “When I feel bad I prefer to spend some time with immigrant friends. It really help me a lot.” Caregivers also encouraged their children to build friendships to overcome their loneliness. Aisha shared: “I usually take my kids to a program [for immigrant children] that takes care of the leadership skills and personal skills.... It also helps them to build new friendships [with] people in the community.”

Connecting with people from the same cultural backgrounds was a positive experience that enhanced the sense of belonging among some families. Participants who valued connecting with people from the same cultural backgrounds identified the small size of Middle Eastern immigrant populations in Atlantic Canada and the COVID-19 pandemic as barriers to enhancing their social connections. For example, as Shima stated, “I never get a chance to make any friendship relation with a person because, we have a very limited population of Iranian [people here].” In terms of the pandemic, Farah said, “Due to COVID-19, we lost a lot of connections; we couldn’t travel to Halifax, and we didn’t visit them [our friends], we were affected.”

The caregivers also highlighted the role other Middle Eastern immigrants played in accessing resources like income and information that contributed to their capacity to support their families’ mental health. Farah, Aliyah, and Aisha discussed how their new friends helped them to find employment. For example, Aliyah, who struggled to find employment upon arrival, found a job through her friend’s connections: “I applied for many places, but no one gets back to me until I met a friend, this friend so she told one of the managers about me and this supervisor accepted me.” Some caregivers also discussed how their friends provided information regarding navigating

Canadian systems. For example, Farah said, "... [my Egyptian friend] was translating to me because I came no English. She was translating [for] me at court [and] at hospitals, and I got the PR [permanent residency] through her too." These caregivers highlighted the role played by their new friends in providing the knowledge they needed to take care of their families following migration.

On some occasions, participants also received child care support from their friends while working or attending classes. Farah and Tara shared that their friends provided child care for their children and offered emotional support during pregnancy and during challenging situations like divorce. Tara, who had a difficult pregnancy, said that her friends helped her as a family member would: "[My friends] had a baby shower for me, they visited me at hospitals. Uh, they took care of my daughter when I was not at home." Farah also stated, "When I was studying English as a second language, [my friend] was babysitting my son, so we became as a family, they are very close to me, supporting me." Accessing informal child care enhanced these caregivers' ability to address their families' post-migration needs and increased their capacity to support their children post-migration.

Discussion

This study aimed to explore the perspectives of Middle Eastern immigrant caregivers in Atlantic Canada regarding the impact of their post-migration experiences on their children's mental health. The study participants believed that mental health providers' lack of familiarity with their cultures and languages, and the high cost of counselling services, were the primary barriers to accessing mental health services. The participants also discussed the fact that their difficulty in securing employment negatively impacted their financial and psychological capacity to support their children's mental health after migration.

Studies have suggested that immigrant populations in Canada may have negative attitudes toward mental health services due to stigma, making it more difficult for them to access to mental health support (Livingston et al., 2018; Salami et al., 2022; Salami et al., 2019). Livingston et al. (2018), for example, blamed low use of mental health supports among Asian immigrants in British Columbia on stigma toward mental illness. O'Mahony et al. (2013) reported that the stigma held by migrant women in Canada toward mental illness negatively influenced their use of mental health supports after giving birth. In contrast, the findings of this study suggest that stigma was not a barrier, as these participants demonstrated awareness and willingness to support their families' mental health after migration. Moreover, some caregivers tried to cope with the high fees and the lack of compatible professionals by finding free-of-charge counselling services or connecting with therapists from their home countries.

As noted, although some previous research has suggested that low engagement with mental health programs among immigrant populations is due to the stigma they associate with mental illnesses, this was not a finding of our study. One possible explanation for this difference could be

related to our participants' demographic homogeneity — in their ages, countries of origin, levels of education, and employment situations. The participants were all from the Middle East, and it is possible that mental illnesses are less stigmatized in this region than in regions covered in other studies; for instance, Salami et al. (2022) and Salami et al. (2019) focused on immigrants from Africa. Our participants also differed from those in other studies in that they were all in early middle age, had post-secondary education, and were either employed or studying at the time of their interviews; significantly, in Livingston et al.'s (2018) study of Asian immigrants in Vancouver, stigma varied with age and employment status. It is also possible that views may be shifting due to improved public discourse regarding mental health, especially during the COVID-19 pandemic. Finally, it is possible that caregivers with negative views of mental illnesses did not choose to participate in this project.

Some studies have discussed poverty and lack of access to secure income, which are social determinants of health, as major post-migration issues for children's mental health (Chang, 2019; Choi et al., 2014). Beiser (2005) also identified poverty as a significant factor for depression among immigrant children in Canada. Similarly, African immigrant parents in Western Canada believed that unemployment restricted their ability to invest in materials essential for their children's mental and emotional development (Salami et al., 2022; Salami et al., 2020). Our study also found that families' poverty and lack of access to secure income were also an issue for immigrant children in Nova Scotia and New Brunswick. Some participants thought their children had become concerned about their families' financial needs, while others felt their low income contributed to their children's isolation and exclusion as they could not afford to register their children in activities that required fees or materials.

The 2020 report card on child and family poverty in Nova Scotia showed that the highest child poverty rate was among recent immigrant children (Frank et al., 2020). In contrast, study participants did not talk in their interviews about their experiences with extreme poverty. The reason for this difference could be that these participants were highly educated, were employed at the time of the interview, and had immigrated voluntarily; it is possible that they had some knowledge and resources to help navigate Canadian systems and were able to find employment faster than, for example, refugee populations who were forced to migrate. Nevertheless, the participants agreed that their challenges in securing adequate income limited their capacity to support their children's mental well-being after migration.

Implications

Interventions that enhance immigrant children's experiences at school and facilitate immigrant families' integration into Canadian society will support immigrant children's mental health after migration. Schools, as one of the first services that immigrant children access in Canada, can play an important role in supporting their mental well-being. Trauma-informed practices within the school system have been found helpful in addressing the unique needs of immigrant children, who often experience social, emotional, educational, and behavioural issues after migration (Cole et al.,

2013; Jacobson, 2021; Stewart, 2012; Walker & Zuberi, 2020). Immigrant families' access to mental health counselling services may be increased if services are free and offered by counsellors who are familiar with families' cultural and language backgrounds (Hynie, 2018; Rezazadeh & Hoover, 2018; Salami et al., 2022). This study gave voices to families to reflect on their own post-migration challenges and examined their perceptions of the impact of migration on their children's mental health; nevertheless, more research needs to be done to understand the first-voice experiences of immigrant children in Atlantic Canada schools where the majority of students, teachers, and administrators are White.

Study Strengths and Limitations

This study provided space for an underrepresented group to share their understandings of mental health, and their perspectives on the understudied topic of mental health among children from marginalized populations. Nevertheless, a limitation of the study is that it examined the mental health of children from their caregivers' perspectives only. Considering that children are capable and experts in their own lives, this research could have better understood their realities if children themselves had been interviewed. As well, some participants might have had more than one child who met the inclusion criteria, so it is possible that participants mixed up their children's experiences. This research is strengthened by the first author's insider voice in this project: as an immigrant, she also felt and experienced many of the challenges that the participants faced after migration. However, budget restrictions precluded hiring interpreters, and thus only participants who had English proficiency for day-to-day conversation were selected. Therefore, the voices of caregivers with more limited English proficiency were missed. Finally, this study employed constructivism and qualitative description as the theory and the strategy of inquiry, whereas employing feminist theory or critical theory would have been helpful to further analyze the intersection of gender with research findings by exploring caretaking roles, traditional gender norms, and the relationship between separation and maternal responsibilities. Such analysis should be considered for future research.

Conclusion

This qualitative study explored the perceptions of six Middle Eastern immigrant caregivers on their children's mental health post-migration. These caregivers felt that their children's direct experiences with family separation and exposure to racism at school contributed to their feelings of loneliness and isolation. Further, these participants believed that their children's isolation was increased by their families' limited capacity to access resources to support their transition into Canada. Nevertheless, the participants considered social support to be an asset to their families' mental health. This research indicates the importance of culturally responsive programs and policies in various government systems like education, health, and employment in supporting immigrant children's mental health after migration.

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