



BC ASSOCIATION of
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Jane Thornthwaite, MLA for North Vancouver-Seymour
Parliamentary Secretary for Child & Youth Mental Health, and
Chair, Select Standing Committee on Children and Youth
East Annex, Parliament Buildings
Victoria, BC V8V 1X4

E: jane.thornwaite.mla@leg.bc.ca

Dear Ms. Thornthwaite;

As members of the Multicultural and Antiracism Committee of the BC Association of Social Workers, we write to express our concerns in regards to the recent Report issued by your Committee; *Final Report-Child and Youth Mental Health in British Columbia-Concrete Actions for Systemic Change*.

We applaud the Committee's Recommendation 20 regarding making culturally appropriate services for Aboriginal children, youth, and young adults a priority for child and youth mental health services. We note with concern that the Report makes no mention of the special needs of immigrant, refugee, ethnocultural and racialized children, and youth. Given the racially and culturally diverse nature of our province, we wish to ensure that this oversight by the Committee is addressed.

A 2009 seminal study on this topic undertaken by the Mental Health Commission of Canada entitled *Improving Mental Health Services for Immigrant, Refugee, Ethnocultural and Racialized Groups*, noted that while healthy child development depends on time, money, and community resources, over one-third of immigrant children live in poverty. As a result, immigrant children are exposed to a host of social and environmental risk factors that can affect their mental health. These risks are often worsened by anxiety when the child or youth is separated from their parents during the process of migration. The report cites an association between mental health illness and problems among immigrant youth living in disadvantaged neighbourhoods and with marginal community attachment.

In a 2010 paper by Shakya, Khahlou, and Gonsalves entitled *Determinants of Mental Health for Newcomer Youth: Policy and Service Implications*, youth reported settlement stressors related to linguistic barriers, adjusting to the Canadian educational system, barriers to entering the labour market, discrimination, and exclusion. These stressors resulted in mental health issues including stress, low self-esteem, anxiety, worry, sadness, and depression. The authors recommended proactively addressing the specific determinants of newcomer mental health, making mental health services more sensitive and accessible to the needs of immigrant communities, developing innovative mental health promotion programs for these communities, promoting greater collaboration between settlement services and mental health services, and implementing youth community empowerment programs that meaningfully involve immigrant youth.

The papers cited above are only some of the research which deals with the issues facing youth from immigrant, refugee, ethnocultural, and racialized communities. We would therefore urge the Standing Committee to undertake further research and consult with other stakeholders to define and address the needs of these youth.

Sincerely,

Dave Sangha, MSW, RSW and Marisa Tuzi, MSW, RSW
Co-Chairs, Multicultural and Antiracism Committee