

**What are the mental health implications of enculturation among immigrant children in  
Western Society?**

by

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## Abstract

This paper is an in-depth analysis of the literature regarding the mental health implications of immigrant children due to enculturation. This project seeks to address the concern of immigrant children's under-resourced mental health services due to many identifying factors. Two questions guide the work: 1) What are the mental health implications of enculturation among immigrant children in Canada? 2) What are the barriers to immigrant children accessing mental health care in Canada? Data collection involved the critiquing of scholarly works from various databases from 2020-2025, while highlighting gaps in the research. Specific search parameters of “immigrant children” paired with several other terms that fit specific subthemes, and the use of thematic analysis was used. Results found that enculturation stress was linked to increased anxiety and depressive symptoms, while systemic discrimination reduced help-seeking (Elkchirid & Motia, 2021). This underutilization of mental health care is also impacted by cultural, linguistic, and religious variables, as well as stigma (Elkchirid & Motia, 2021). The implications for counselling involve raising awareness of the barriers immigrant children face in accessing mental health treatment and exploring how these barriers can be addressed and reframed to reduce negative mental health outcomes.

*Keywords:* immigrant children, mental health, enculturation

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## **Chapter 1: What are the mental health implications of enculturation among immigrant children in Western Society?**

Western Society has become a very multicultural and dynamic culture due to immigration (Dobson, 2022). Multiculturalism was intended to preserve the cultural freedom of all individuals and provide recognition of the cultural contributions of diverse ethnic groups to Western society's life (Osazuwa & Moodley, 2023). For example, in 2024, Canada accepted almost five hundred thousand immigrants from India, China, and the Philippines (Government of Canada, 2025). To fully grasp the concept of enculturation and immigration, defining enculturation is key. Enculturation is defined as the process by which individuals learn the dynamics of their surrounding culture and acquire values and norms necessary to that culture and its worldviews (Shen et al., 2022). Additionally, immigration is defined as coming to live permanently in a foreign country (Moreno et al., 2024). This life transition and the adaptation to a new culture can impact mental health by increasing the chances of depression, anxiety, and stress. By first discussing enculturation and mental health, in Moreno et al.'s (2024) study on immigrant college students, anxiety predicted increased intent to persist, increased anxiety predicted increased depression, and anxiety, depression, and immigration status accounted for a significant variation in intent to persist. The relevance of this study on older youth lies in its ability to highlight mental health trends that influence academic persistence over time, offering valuable insight for developing long-term support strategies for immigrant students.

Yoon et al. (2023) highlight how acculturation and enculturation are distinct but interconnected processes that influence mental health outcomes in culturally diverse populations, with important differences across ethnic groups. Acculturation—the process through which individuals adapt to a new cultural environment by learning the values, behaviors, and norms of

the host society—was found to be associated with both negative mental health outcomes, such as depression, anxiety, and psychological distress, and positive mental health outcomes, including self-esteem and life satisfaction. In contrast, enculturation—the internalization and maintenance of one’s heritage culture—was primarily linked to positive mental health, though it was also unexpectedly associated with increased anxiety. For migrant children, these two processes often occur simultaneously as they navigate the dominant culture while preserving ties to their cultural roots, a dual experience that can significantly affect their identity formation and psychological well-being. Notably, Yoon et al. (2023) found that bilinear models of acculturation were more strongly associated with positive outcomes than unilinear models. They also observed that external aspects of acculturation, such as language use, and internal aspects of enculturation, such as cultural identity, were most beneficial for mental health. Importantly, cultural group differences emerged: acculturation had a stronger impact on Asian Americans, who often face the challenges of adjusting to a new host culture, while enculturation was more strongly associated with African American mental health, due to the protective role of cultural identity in the face of systemic discrimination and historical marginalization.

When considering cultural identity and psychological well-being, developmental studies have consistently argued for consideration of contextual influences on children’s socioemotional well-being. This is particularly true among children of immigrants, who have highly diverse social, cultural, and economic backgrounds and different experiences (Zhang, 2020). Children of immigrants, depending on their country of origin and economic background, often report lower self-concept, weaker internal locus of control, and more internalizing symptoms by eighth grade compared to peers with native-born parents (Zhang, 2020). Additionally, children from Southeast and East Asian backgrounds reported poorer socioemotional well-being than their White peers

from native-born families, particularly when living in chronic low-income conditions. Thus, the importance of country of origin and economic experiences accounts for the variations in socioemotional well-being among immigrant children (Zhang, 2020).

In using developmental psychology as a theory, considering the developmental lifespan of immigrant children in the context of differing economic facets, aids in determining how children develop physically, cognitively, emotionally, and socially throughout their lifespan. Taken together, these studies suggest that while both acculturation and enculturation influence mental health, their impacts vary depending on contextual and demographic factors such as age, ethnicity, and economic status.

Pérez et al. (2021) also illustrated how migrant children demonstrate tremendous capability in adapting across contexts, whereas older immigrant populations may hold firm in their negative beliefs about mental health. Currently, the increasing rates of globalization have changed the range of circumstances that migrant children experience throughout their development (Pérez et al., 2021). Specifically, globalization has affected how migrant children learn new cultures and preserve their own. In a society marked by increasing levels of globalization, understanding the cultural factors, processes, and contexts that shape migrant child development is critical to promote positive adaptation (Pérez et al., 2021). These authors theorize that enculturation is indeed a vital cultural process that supports positive adaptation for immigrants. Researchers have stressed the need to move beyond victim-oriented frameworks that portray migrant children as vulnerable and in a constant crisis (Pérez et al., 2021).

## **Research Problem**

Although immigration rates continue to rise, the significant mental health challenges faced by immigrant children, particularly those related to enculturation, remain poorly

understood. Despite these challenges, substantial barriers continue to prevent many of these children from accessing appropriate mental health care. There is a need to understand the specific mental health issues associated with the enculturation process, as well as to investigate how structural, cultural, and systemic barriers limit access to mental health services for individuals undergoing this process. In many cultures, mental illness is often viewed as a personal weakness or failure, discouraging children from openly acknowledging or addressing their mental health needs. Additionally, immigrant children frequently encounter language barriers, cultural dissonance, and social exclusion in school environments, leading to increased anxiety, depression, identity conflicts, and, in severe cases, suicidal ideation. These outcomes are often rooted in chronic life stressors and mismatched expectations between immigrant children and their Western-born peers. Although existing research addresses aspects of the enculturation process, its specific impact on mental health, particularly through the lens of systemic and racialized structures, remains underexplored.

While existing research acknowledges some challenges in immigrant mental health, it lacks clarity on the specific mental health outcomes tied to enculturation, such as anxiety, depression, or identity struggles. Cultural stigma around mental illness, differences in school experiences, and language barriers are mentioned but not well-explored or quantified. To address these gaps, it is crucial to identify the psychological effects of enculturation, understand how cultural beliefs shape attitudes toward mental health, and examine the specific barriers immigrant children face in accessing care. These complexities highlight the urgent need for culturally competent mental health interventions, approaches that not only recognize but actively integrate cultural context, values, and communication styles into care. Without such tailored strategies,

immigrant youth are likely to remain underserved or misdiagnosed, and efforts to support their mental well-being will fall short.

### **Research Questions**

This study addresses two questions: 1) What are the mental health implications of enculturation of immigrant children in Western Society? 2) What are the barriers to immigrant children accessing mental health care in Western Society?

### **Justification**

Given the significant gap in current understanding of the mental health implications of enculturation among immigrant children, this study is crucial in providing new insights and addressing critical knowledge deficiencies to inform future practices and policy decisions. A deeper understanding of family influences highlights the need for both family-centered clinical practices and broader family engagement initiatives at the policy level. Clinicians may need to adopt more family-inclusive approaches, recognizing that immigrant children's mental health beliefs and help-seeking behaviors are shaped by parental values, cultural norms, and stigma. Interventions that include psychoeducation for parents can reduce stigma, build trust, and increase early support for children's mental health needs. On a larger scale, policies that support family engagement, such as offering interpreters, cultural liaisons, and parent education workshops, can strengthen the relationship between immigrant families and schools or healthcare systems. Together, these strategies ensure that families are not barriers to care, but active partners in promoting immigrant children's mental well-being.

Research has shown that enculturation is negatively associated with mental health help-seeking attitudes among college-aged Filipino immigrant youth, with self-stigma fully mediating this relationship; even when controlling for variables such as age, socioeconomic and

generational status, gender, English fluency, and existing mental health issues (De Luna & Kawabata, 2020). In other words, higher levels of enculturation correlate with greater self-stigma, which in turn diminishes willingness to seek professional help. Likewise, elevated public stigma has been shown to reduce intentions to pursue mental health treatment (Aguon & Kawabata, 2023; Sadek & Awad, 2024). Though these findings provide valuable insight into the mental health attitudes of older immigrant youth, they underscore a notable gap in research on how these same cultural and stigma-related mechanisms operate in younger immigrant children. Little is known about how enculturation, self-stigma, and public stigma influence help-seeking behaviors or mental health perceptions in immigrant children, who may experience these dynamics differently due to developmental stage, family dependence, and limited autonomy in seeking care.

While considerable research has explored the mental health beliefs and service utilization patterns of Latin American immigrant adults; highlighting a general preference for informal sources of support such as friends, family, coworkers, religious leaders, and faith healers over formal mental health services (Gearing et al., 2024), much less is known about how these patterns and beliefs affect or manifest in immigrant children. Existing studies have documented that adult Latin immigrants often experience poor mental health outcomes, including stress, anxiety, and depression, due to challenges related to cultural adaptation (De Luna & Kawabata, 2020; Gearing et al., 2024). These outcomes are compounded by low rates of formal help-seeking, often attributed to stigma, cultural values, and religiosity. However, this body of research primarily centers on adults, leaving a significant gap in our understanding of how mental health enculturation challenges specifically impact immigrant children. Given that children are uniquely positioned within both their cultural heritage and the host society, further

investigation is needed to determine how these dynamics affect their mental health beliefs, service access, and overall well-being.

While a sense of personal control and optimism can also aid in positive mental health, positive coping mechanisms assist in uplifting self-esteem, which can also lead to a healthy view of mental health and treatment (Dobson, 2022). Within a school setting and around other peers, immigrant children are also influenced by what teachers or other individuals think about mental health. The influx of different sources of information and conflicting views can be a source of stress and anxiety for immigrant children, adding to the mental health implications these children face (Dobson, 2022). Thus, school counselling programs can further focus on self-awareness and indications of bullying in immigrant children, which can further affect the mental health of immigrant children (Lorenzo-Blanco et al., 2023).

More importantly, family and individuals around immigrant children help in shaping how they view mental health. Intergenerational beliefs, particularly those held by parents, can contribute to negative attitudes toward mental health (Dobson, 2022). The cognitions of parents can influence the thoughts of their children and change their perception about the reality of mental health and treatment services, while having strong social support from family fosters resilience. As mental health issues can affect generations, the struggles of immigrant children can influence the mental health of their future children, which can become a continuing cycle if not for early intervention (Cariello et al., 2020).

## **Significance**

### ***Clinical, Systemic, and Policy Importance***

Examining the relationship between the enculturation of immigrant children and mental health is critical for understanding clinical implications, particularly in identifying barriers to accessing mental health services and the systemic resources required to overcome them. Identifying the psychological and social costs associated with enculturation-related mental health challenges enables the development of targeted psychoeducational initiatives, such as community-based outreach programs (Aguon & Kawabata, 2023; Sadek & Awad, 2024). These programs can serve as preventive interventions by increasing mental health literacy and empowering immigrant children to make informed decisions about therapeutic services. Integrating mental health support within settlement services further strengthens this approach by providing culturally responsive entry points for newly arrived families navigating unfamiliar health systems.

Additionally, advocating for a culturally diverse mental health workforce is essential to ensure representation and trust, particularly in therapeutic relationships involving youth from diverse cultural backgrounds. Equally important are school policy shifts that prioritize inclusivity and cultural competence, creating safe and affirming educational environments where the mental health needs of immigrant children are acknowledged and addressed. Together, these strategies support a holistic framework for reducing mental health disparities among immigrant youth.

### **Theoretical Framework**

CRT will be used to guide this project. CRT describes race as a social construct (Elkchirid & Motia, 2021). It recognizes how racism is a normal feature of society and is

embedded within systems and institutions, such as Canadian education and healthcare, which becomes its own barrier to accessing mental health care. CRT argues that embedded societal structures produce and perpetuate racial and ethnic inequities, while also recognizing how intersecting identities, such as ability, gender, religion, and age, shape individuals' distinct experiences (Elkchirid & Motia, 2021). CRT takes these factors and shifts the focus of mental health from individual pathology to the structural and systemic forces that contribute to psychological distress. Rather than viewing immigrant children's mental health challenges as isolated or purely clinical, CRT highlights how racism, xenophobia, cultural erasure, and institutional exclusion shape these experiences.

CRT highlights how systemic racism within a society can significantly impact the process of cultural education for marginalized groups in a foreign country, leading to increased mental health disparities due to the stress and challenges associated with navigating a racially biased environment (Elkchirid & Motia, 2021). Racism and exclusion of marginalized children significantly contribute to mental health stigma, often leading to these individuals being less likely to seek care due to a fear of judgment and discrimination. This in turn affects their psychological growth and identity formation. These factors can create a barrier to accessing necessary treatment and potentially worsen mental health outcomes. CRT critiques this often-Eurocentric practice within mental health systems, which may not adequately address the unique experiences and cultural nuances of immigrant children, potentially leading to misdiagnosis and ineffective treatment.

CRT postulates five major components (Ohio Psychological Association, 2021). First, the notion that racism is ordinary and not aberrational; second, the idea of an interest convergence; third, the social construction of race; fourth, the idea of storytelling and counter-storytelling; and

fifth, the notion that Whites have been recipients of civil rights legislation (Ohio Psychological Association, 2021). Compared to other theories such as Bronfenbrenner's theory of development, which focuses on environmental layers in a child's life, such as the microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Figueredo et al., 2024). These systems all play a part in determining how different environments such as school, family, community, and policy, all interact in a part of development. While Bronfenbrenner's ecological systems theory is often praised as a powerful framework for understanding human development within layered social contexts, it falls short by largely reflecting Eurocentric assumptions and failing to address how power, race, and systemic oppression shape individuals' experiences. By treating environments as neutral systems, the model risks normalizing structural inequities such as underfunded schools, discriminatory curricula, or unequal access to healthcare, rather than interrogating the racialized and institutional forces that produce these conditions. In contrast, critical race theory exposes these hidden failures by centering the lived experiences of marginalized communities and revealing how institutions are often complicit in sustaining inequity, thereby pushing beyond surface-level interactions to critique the deeper, racialized structures embedded within schools and healthcare systems.

Critical Race Theory offers a vital framework for understanding the mental health challenges faced by immigrant children through the lens of systemic racism, cultural marginalization, and power imbalances. By applying CRT to counseling psychology, it becomes clear that immigrant children's mental health struggles cannot be viewed in isolation but must be understood within social and institutional contexts that often invalidate their racial, cultural, and linguistic identities. This perspective is especially relevant to exploring the process of enculturation, as immigrant children navigate maintaining their heritage culture while

confronting systemic inequities in the host society. CRT thus deepens our understanding of how race and power dynamics influence not only the psychological experiences of immigrant youth but also their access to culturally responsive mental health care. Furthermore, CRT highlights how institutional racism and cultural marginalization contribute to the underrepresentation and unmet mental health needs of racialized immigrant children, reinforcing the importance of addressing these systemic barriers in both research and clinical practice.

### **Definitions and Key Words**

**Acculturation:** The process of learning another culture (Shen et al., 2022)

**Adaptation:** The process of adjusting or changing one's behaviour, thoughts, or physical characteristics in response to environmental changes or challenges (Pérez et al., 2021)

**Culture:** The shared values, beliefs, social norms, behaviors, and traditions that are passed down through generations within a specific group of people (Yoon et al., 2023)

**Culture Diversity:** Enriches societies by bringing together a wide range of beliefs, values, traditions, and experiences, shaping how individuals understand and interact with the world around them (Elkchirid & Motia, 2021)

**Enculturation:** The process of learning one's own culture (Shen et al., 2022)

**Identity:** The distinguishing character or personality of an individual (Yoon et al., 2023)

**Immigrant Children:** Individuals under the age of 18 who have moved to a new country, born outside the country and then migrating to it (Elshahat et al., 2021)

**Language:** A structured system of communication consisting of grammar and vocabulary; the primary means by which individuals convey meaning, both in spoken and signed forms, and may also be conveyed through writing (Shen et al., 2022)

**Mental Health:** The emotional, psychological, and social well-being, impacting how one thinks, feels, and acts (Moreno et al., 2024)

**Race:** A social construct used to categorize individuals based on perceived physical characteristics and ancestry, rather than a biological reality (Inman & Tummala-Narra, 2024)

**Tradition:** The transmission of beliefs, customs, and practices from one generation to the next within a social group (So et al., 2023)

**Western Society:** The culture and civilization in North America, specifically Canada and the United States (Yoon et al., 2023)

### **Positionality**

I chose this topic because of how relevant and personal it is to me. Though I was born in Canada, my parents are both immigrants to the country, and even though they adapted well, I still witnessed language barriers in communication, differing perspectives and viewpoints, and the struggle to maintain their culture, heritage, and religion in a new domineering society. And I also struggled with my identity. My experience shows that even Canadian-born children with immigrant parents will experience events differently than native born children without immigrant parents. It was only until I started my Master's education that I fully understood the expansiveness of mental health and stress, anxiety, trauma, depression, diagnoses, and disorders, and that they are real and impactful. I discovered how early intervention is very important in many different scenarios. Since this topic sits closer to my own experiences, ensuring the addition of an unbiased researcher to assist in transcribing data and listening to audio files is of the utmost importance to avoid any potential partiality to the results on my part. Additionally, having another researcher on this topic would help to avoid further bias and to assist in result debriefing.

I also chose this topic because in my internship, all of my clients are children, and only one of them is of immigrant descent. And I can see in my practice how one immigrant child is affected differently by enculturation than their Western peers. I wonder how stigmatized mental health and therapy are in their home culture, and the views of their parents, that they want their child in therapy once a month. Though I encourage the parents to start mental health therapy at weekly sessions and then begin to phase out, understanding the effects of stigma and the mental health implications of immigrant children and enculturation would help identify the resources immigrants and their children could utilize. This paper and the research would allow for that knowledge. Again, having a peer to assist in the research would enable me to phenomenology bracket, where I would suspend my own personal beliefs to objectively study the results. Furthermore, a bias, but also a hope, is for the scope of the importance of this topic to be realized, and perhaps knowledge of mental health to be integrated into the curriculum of early school education.

## **Overview**

In this chapter, the topic and research problem/question are presented, and the significance is discussed. Background is given, as well as justification for the relevance and need for this research. The writer also makes note of her positionality with the research and its personal relevance. In Chapter 2, the methodology and article search details will be analyzed. All information that was collected to format this project will be presented, including search engines, search terms, databases, and inclusion and exclusion criteria. Chapter 3 will follow, providing an in-depth literature review on the topic, broken into themes, as well as a critical analysis and discussion. The three themes presented will be language, family dynamics, and cultural diversity. The fourth chapter will highlight the clinical and non-clinical significance of understanding

immigrant children's enculturation challenges. The need to better understand immigrant children's mental health will be discussed in hopes of providing education and foundations for future research. Finally, Chapter 5 will conclude the research project with a conclusion of the entire study, provide recommendations and personal reflections.

## Chapter 2: Methods of Literature Search

### Databases and Search Engines

The City University Library webpage, as well as Google Scholar, were the primary search engines to gather research and articles on a larger scale for this literature review paper. Within these search engines, the search terms always began with “immigrant children” and an additional search term separated by the word “AND”. The additional search terms entered depended on the area of focus and the direction the paper would take. The additional search terms were “language”, “gender”, “culture”, “family”, “dynamics”, “stigma”, “mental health”, and “barriers”. Some specific databases that were used were ProQuest, SAGE journals, PubMed Central, and Springer Link. All articles used were found within the past five years, from 2020 to the present.

Studies were decoded to ensure no researcher bias was included and were found to fit into the topic of this paper as they all held relevant and similar themes and had similar research designs, namely interviews and surveys. This type of research design was found useful for immigrant children as open and closed questions could gather information, and participants could share their experiences. Thematic analysis was also used and is well-suited for exploring the complex, context-dependent experiences of immigrant children, as it offers a flexible yet rigorous framework for identifying and interpreting patterns of meaning within qualitative data. Unlike more rigid analytic approaches, thematic analysis allows researchers to remain close to participants’ own language, cultural expressions, and lived realities, making it particularly effective in capturing culturally embedded experiences that may not align with Western psychological frameworks. Having similar themes ensures that all the articles included in this analysis are appropriate and applicable to the topic.

## **Methodological Orientation of Reviewed Studies**

The literature's focus was phenomenology, as it highlighted the narratives and findings that were based on the experiences of individuals. Software such as Zotero, as well as an annotated bibliography, was utilized to assist in collecting and organizing relevant information regarding the research problem and question. Both qualitative and quantitative research were used to offer an encompassing scope of both narrative aspects of the research as well as their statistical significance and potential to draw concrete data. The literature included was primarily quantitative research that was analyzed and synthesized as it related to the chosen topic; many articles utilized qualitative approaches as they analyzed findings through thematic means and narrative recounts.

## **Inclusion Criteria**

The primary inclusion criteria were research studies that classified immigrants between the ages of 6 to 13. Research studies included in the literature analysis involved both girls and boys in the selection. With interest in cultural influence, immigrant children from all diversities and backgrounds were included in the research. Only peer-reviewed articles from the past 5 years were included.

## **Exclusion Criteria**

As children were the primary age demographic being researched, any research regarding adults was not included. Populations who are not of immigrant origin were not considered. Participants identifying as queer, transgender, and non-binary were also not included. As the purpose of this study was to examine the mental health challenges of immigrant children due to the enculturation process, children with self-diagnosed or parent-diagnosed mental health

concerns were not included in the findings. While it was not excluded, immigrant children with no mental health concerns were given less attention than immigrant children with mental health challenges. Research participants who did not speak English were excluded, as well as participants outside of Western societies. However, with the exclusion of these populations, the study becomes limited regarding generalizability, as the scope becomes narrower. Finally, peer-reviewed articles and sources from more than 10 years ago were not included to preserve the integrity of the new and emerging research studies and their implications.

### **Key Studies**

The following three of 13 studies were chosen because they are the most relevant research available on this topic. They help explain how different enculturation factors such as, school, support, and family, affect immigrant children's mental health. Including them here gives context for the themes explored in the literature review.

#### ***Patel et al., 2023***

Patel et al., 2023 determined that positive school experiences in the United States of America, can help mitigate migration-related trauma and promote socio-emotional resilience, while negative experiences can worsen mental health challenges. Schools also offer a valuable platform for accessible mental health services, and school staff can support adaptation by fostering emotional connections and linking students to resources.

#### ***Shen et al., 2022***

Shen et al. (2022) found that frequent language brokering was negatively associated with immigrant youths' family relationships and socioemotional adjustment. However, their subjective feelings about the brokering experience were a stronger predictor of well-being. When

immigrant youth feel supported in their role as language brokers, they tend to face fewer mental health challenges.

### ***So et al., 2023***

So et al., 2023 implemented a regression analysis involving 131 Filipino American families, to explore how different areas of enculturation among Filipino American caregivers relate to parenting practices and youth internalizing and externalizing behaviors. The results indicated that interpersonal norms were positively associated with harsh/inconsistent discipline, while conservatism was positively associated with appropriate discipline and praise.

### **Challenges**

The first challenge encountered with the literature was the lack of research on immigrant children, as much of the available research is on adults and college-age adolescents. Thus, refining and narrowing key terms was crucial to discovering accurate research. Secondly, most articles discussed the effect of enculturation and acculturation on the mental health of the immigrant children, rather than the sole effect of enculturation. With respect to enculturation, there was significant research on internalizing culture, but not much on the mental health effects of this experience. Additionally, because many of the mental health diagnoses look the same in young children, there was no definitive diagnosis of immigrant children due to enculturation. Finally, considerations with immigrant children solely in Canada were difficult to find, and so the resulting study design had to be adapted to include immigrant children in both Canada and the United States.

As diagnoses in young children can be difficult to determine, the mental health effects that can often arise from diagnoses such as difficulty coping, self-changes, or isolation are not discussed in this paper. This means that the findings from this analysis are not generalizable to

older immigrant youth, such as adolescents, where other diagnoses can be determined at a later age. The bias of not including perspectives outside of Western society leads to a limited understanding of other points of view. There could also arise cultural bias wherein Western norms, values, and diagnostic criteria may be presented as universal, and ignore the cultural variability in how mental health is experienced, expressed, and treated. Additionally, Eurocentrism surfaces where Western knowledge systems and perspectives are privileged while other cultures are marginalized. This perpetuates the notion that Western psychology is the default or most legitimate framework, overshadowing Indigenous, spiritual, or community-based models of mental health. In a paper considering mental health being shaped by culture, excluding non-Western views leads to incomplete theories, misdiagnosis, and ineffective treatment recommendations for global populations.

### **Methodological Approaches in the Literature**

Interviews and questionnaires were the primary instruments used in the key studies reviewed (Chang et al., 2024; Elkchirid & Motia, 2021; Quan et al., 2022; Shen et al., 2022; So et al., 2023; Yoon et al., 2023; Zhang, 2020). Semi-structured interviews and self-report questionnaires enabled researchers to gather targeted data while allowing participants to share personal experiences. However, the reliance on self-report tools presents limitations, as responses may be influenced by social desirability bias or difficulties in articulating complex emotional states—particularly among immigrant children navigating cultural and linguistic transitions. While some researchers used observations to better understand participants who struggled to verbalize their feelings (Elshahat et al., 2021; Inman & Tummala-Narra, 2024; Patel et al., 2023; Pérez et al., 2021; Snyder & Mohammed, 2023; Yoon et al., 2023), this method was less commonly employed, despite its potential value in capturing nonverbal expressions of stress

or identity conflict. More extensive use of observational methods could have enriched the data and reduced reliance on verbal expression, which may not fully capture the emotional realities of immigrant youth. Thematic analysis was widely used to examine enculturation in various settings (Inman & Tummala-Narra, 2024; Patel et al., 2023; Quan et al., 2022; Yoon et al., 2023; Zhang, 2020), but variation in themes and study contexts limited cross-study comparability. Additionally, the overrepresentation of immigrant children of Asian descent restricts the generalizability of findings, leaving out important perspectives from underrepresented cultural groups. These methodological constraints highlight the need for more diverse sampling and multimodal data collection approaches in future research.

### **Designs, Scales, and Models**

While some studies gave no mention to the design used, most of them utilized cross-sectional designs to focus primarily on observations and experiences of the individuals (Chang et al., 2024; Elshahat et al., 2021; Inman & Tummala-Narra, 2024; Quan et al., 2022; Patel et al., 2023; Pérez et al., 2021; Shen et al., 2022; So et al., 2023; Yoon et al., 2023; Zhang, 2020). Measures used in many studies exploring the enculturation and mental health effects of Asian children used the Chinese and Canadian Identity (Quan et al., 2022), and Asian Values Scales and Enculturation/Acculturation scales (Chang et al., 2024; So et al., 2023; Yoon et al., 2023). Studies also addressing racism used CRT to fully understand this concept for immigrant children (Inman & Tummala-Narra, 2024; Snyder & Mohammed, 2023).

### Chapter 3: Literature Review

The study aims to understand the mental health challenges faced by immigrant children in Western Society. The discussion of this chapter will focus on addressing the research questions, specifically, 1. What are the mental health implications of enculturation of immigrant children in Western Society? and 2. What are the barriers to immigrant children accessing mental health care in Western Society? This review is significant as there are many immigrant children in Canada and the United States, and this number increases every year. This becomes even more important when the mental health challenges of these immigrant children are not effectively understood, and the barriers are not adequately addressed. To discuss the question of the mental health implications of immigrant children, the theme of language will define mental health according to enculturation concepts for children, with the subthemes of school and social relationships taken into consideration. To answer the second part of the question of barriers affecting mental health access for immigrant children, the two themes of family dynamics and cultural diversity will analyze the effects of gender and emotional support, as well as religion and cultural considerations, respectively, as they relate to mental health. A paragraph addressing ethical considerations of the research practices will follow, with a concluding statement tying the chapter together as a summary of findings across the research.

#### Thematic Analysis

Table 1

*Thematic Analysis of 13 Core Research Articles*

<u>Themes</u>	<u>Language</u>	<u>Family Dynamics</u>	<u>Cultural Diversity</u>

<b>Author</b>	<b>School</b>	<b>Social Relationship</b>	<b>Gender</b>	<b>Emotional Support</b>	<b>Religion</b>	<b>Mental health</b>
(Shen et al., 2022)		Y	Y	Y		
(Quan et al., 2022)	Y	Y	Y	Y		Y
(Inman & Tummala-Narra, 2024)	Y	Y	Y	Y	Y	Y
(Zhang, 2020)	Y	Y	Y	Y		Y
(Pérez et al., 2021)		Y		Y		Y
(Elkchirid & Motia, 2021)	Y			Y	Y	Y
(So et al., 2023)		Y		Y	Y	Y
(Chang et al., 2024)		Y		Y		Y
(Yoon et al., 2023)	Y		Y	Y		Y
(Yoon et al., 2023)	Y	Y		Y		Y

(Patel et al., 2023)	Y	Y		Y		Y
(Snyder & Mohammed, 2023)		Y	Y	Y		Y
(Elshahat et al., 2021)		Y	Y			Y

### **Impact of Language as it Affects Mental Health**

Language plays a critical role in shaping the mental health experiences of immigrant children, functioning not only as a tool of communication but as a central mechanism of both enculturation and structural inclusion or exclusion. As children navigate their cultural identity, language becomes a defining factor in how they relate to peers, engage in school settings, and position themselves within their families and communities. A particularly salient example is the role of language brokering, where immigrant youth mediate between their family and the dominant culture when parents lack language proficiency (Shen et al., 2022). While this role may initially appear to cultivate competence and maturity, research shows it is more often associated with socioemotional distress, depressive symptoms, and strained family relationships, especially when brokering becomes frequent or burdensome (Shen et al., 2022). These effects are not uniform: gender significantly moderates the experience, with girls often reporting higher emotional stress as they navigate the competing demands of two cultural worlds. Crucially, youths' subjective interpretations of brokering—whether they view it as empowering or burdensome—have been shown to predict psychological adjustment more strongly than the act of brokering itself, linking emotional meaning-making to developmental outcomes (Shen et al.,

2022). This underscores the need to move beyond simplistic measures of acculturation frequency and toward more nuanced models that account for internal experiences and identity negotiation.

More broadly, the pressure to adopt the dominant language can intensify identity conflict, particularly when youth feel compelled to suppress their heritage language or cultural expression to succeed socially or academically. This process reflects a deeper tension between cultural assimilation and self-preservation, often contributing to emotional distress. At the structural level, language barriers also create critical obstacles to mental health care: limited access to bilingual providers, culturally competent services, and interpreters increases the risk of misdiagnosis, inadequate treatment, and long-term disengagement from support systems. These challenges reveal that language is not simply a personal or relational factor but a key structural determinant of mental health equity. By shaping both the subjective experiences of enculturation and the objective conditions of care access, language operates at the intersection of psychological development and systemic inequality—highlighting the need for integrated approaches that consider cultural, emotional, and institutional dimensions together.

### ***Impact of Educational Settings***

Schools play a pivotal role in the language-related experiences of immigrant children, directly impacting their mental health and access to care. As primary sites of enculturation, schools require immigrant children to navigate and often master the dominant language, which can create significant stress and identity challenges. Difficulties in academic language proficiency may lead to feelings of inadequacy, social exclusion, and low self-esteem, contributing to anxiety and depression (Zhang, 2020). Moreover, peer interactions heavily depend on language fluency, and limited skills can result in isolation or bullying, exacerbating emotional distress. Immigrant children often face the added pressure of balancing assimilation

demands at school with maintaining their heritage language and culture at home, leading to cultural dissonance and identity conflict. While high academic motivation can serve as a protective factor for some students, particularly those of East Asian descent, it frequently coexists with social exclusion and intense academic pressure, which may undermine emotional well-being (Zhang, 2020).

The mesosystem, or the interface between home and school, can either buffer or exacerbate stress, depending on how well familial cultural values align with institutional expectations (Zhang, 2020). Exosystem influences, including school funding, teacher diversity, and neighborhood safety, further shape children's socioemotional development, with those in under-resourced or high-risk environments often reporting lower self-concept and diminished feelings of control (Zhang, 2020). At the macrosystem level, systemic racism and socioeconomic marginalization create additional stressors, which many immigrant youth are forced to manage in isolation due to a lack of institutional recognition and support (Inman & Tummala-Narra, 2024). Despite these challenges, some children benefit from protective factors such as strong family cohesion, community ties, and access to culturally affirming spaces that promote resilience (Inman & Tummala-Narra, 2024).

However, persistent policy-level failures to expand culturally and linguistically responsive mental health and educational services—particularly in racialized and under-resourced communities—continue to reinforce disparities (Elkchirid & Motia, 2021). Addressing these inequities requires coordinated, ecologically informed, and culturally competent interventions, including professional development for educators and school staff to better understand and respond to immigrant-specific stressors (Elkchirid & Motia, 2021; Inman & Tummala-Narra, 2024; Patel et al., 2023). Additionally, language barriers and stigma associated

with language support programs often discourage immigrant children from seeking help or expressing their struggles, making school environments a critical site for culturally and linguistically competent mental health support.

### **School-Based Mental Health Supports.**

Given that schools often serve as the primary environments where immigrant children navigate the complexities of enculturation, examining school-based mental health supports is essential for understanding both the psychological impacts of enculturation and the barriers these children face in accessing appropriate care. School-based mental health supports play a critical role in addressing the unique psychosocial challenges faced by immigrant children, particularly in under-resourced educational environments. Arts-based interventions have emerged as especially impactful, transforming often rigid and exclusionary school settings into supportive, healing spaces that promote mental well-being (Elkchirid & Motia, 2021; Patel et al., 2023). Through visual arts, music, literature, and multimedia, these programs offer immigrant students alternative avenues for expressing complex emotions related to trauma, migration, and cultural identity. Such creative engagement has been shown to enhance emotional regulation, self-esteem, conflict resolution skills, and foster a sense of agency and belonging (Elkchirid & Motia, 2021; Patel et al., 2023). Because schools are widely accessible, they provide a powerful platform to deliver these interventions, reducing many of the structural barriers that otherwise prevent immigrant youth from accessing traditional mental health services.

However, the sustainability and equity of these programs are often undermined in underfunded schools, where arts-based and culturally sustaining initiatives are frequently the first to be eliminated in favor of standardized testing and narrow academic priorities. From a Critical Race Theory (CRT) perspective, these funding decisions reflect systemic and historical patterns

of structural racism that disproportionately impact racialized and immigrant students (Elkchirid & Motia, 2021). In such contexts, low-cost, scalable interventions—such as storytelling, group creative expression, or peer-led initiatives—offer practical alternatives that can be embedded into existing school structures without requiring specialized clinical staff (Patel et al., 2023). This adaptability enhances both reach and cultural relevance, particularly when facilitated by educators, social workers, or community artists.

Yet, effectiveness requires more than surface-level cultural inclusion. Simply translating interventions or adding cultural symbols does not address the underlying power structures contributing to mental health distress. CRT reframes these supports by challenging institutional racism and positioning students' emotional struggles within broader systems of exclusion and oppression. This approach promotes critical consciousness, enabling students to interrogate how social hierarchies shape their lived experiences and mental health. Moreover, it centers student agency by incorporating narrative and creative methods through which youth can reclaim their identities. The goals of such interventions extend beyond coping, emphasizing empowerment, resistance, and collective belonging. In this way, CBT and other school-based mental health supports can become liberatory practices, not merely therapeutic tools (Elkchirid & Motia, 2021; Patel et al., 2023).

Consequently, these school-based interventions and their limitations illuminate key mental health challenges related to enculturation and reveal systemic barriers—such as underfunding and inadequate cultural adaptation—that directly influence immigrant children's access to mental health services, thereby addressing both of the study's central research questions.

### ***Impact of Social Relationships on Mental Health***

Social relationships within school settings are pivotal to the socioemotional adjustment and cultural development of immigrant children, influencing both their mental health and the enculturation process. Language proficiency and communication abilities play a crucial role in forming these relationships, as immigrant children often face challenges in connecting with peers and teachers due to language barriers. These barriers can contribute to social isolation, misunderstandings, and feelings of exclusion, which may increase anxiety, depression, and identity conflicts during the complex process of enculturation (Patel et al., 2023; Zhang, 2020). Enculturation itself is generally linked to positive psychological outcomes like increased self-esteem and resilience. However, its effects can be complex and contradictory. For example, ethnic identity may enhance self-worth but simultaneously heighten anxiety, especially among younger children still navigating identity development (Yoon et al., 2023).

Supportive school climates that foster inclusive peer relationships and culturally affirming environments are essential in mitigating these tensions. By promoting a sense of belonging and buffering against discrimination, these environments improve both academic and emotional well-being (Pérez et al., 2021; Yoon et al., 2023). Beyond the immediate school context, enculturation also occurs through transnational media, digital communication, and self-guided engagement with heritage culture, particularly among older youth (Pérez et al., 2021). This highlights the evolving and globalized nature of identity development for immigrant children, but it also introduces challenges such as migratory grief—the emotional pain associated with loss of social ties from home countries. This grief reflects the complex emotional landscape of dual belonging, where strong ethnic connectedness both preserves cultural continuity and can deepen feelings of loss (Chang et al., 2024).

These dynamics around language and social relationships directly relate to the research questions. They illustrate how the mental health implications of enculturation (Research Question 1) are shaped by the ability to form and maintain supportive social networks amid language barriers and shifting cultural identities. Moreover, these language-related challenges in social relationships also contribute to barriers immigrant children face in accessing mental health care (Research Question 2), as strained communication and isolation reduce the likelihood of seeking and receiving culturally sensitive support. Understanding these social and linguistic dimensions is crucial for developing effective interventions that address the unique mental health needs of immigrant youth within Western societies.

### **Impact of Family Dynamics on Accessing Mental Health Care**

Family dynamics refer to the patterns of interactions and relationships among family members that shape how immigrant children communicate, solve problems, and form emotional connections. Within Bronfenbrenner's Ecological Systems Theory, the family operates as part of the microsystem, the most immediate and influential environment in a child's development. These dynamics are shaped not only by internal factors like family structure, cultural background, and life experiences, but also by interactions with broader systems such as schools, community settings, and societal norms. A healthy family microsystem fosters a supportive environment where immigrant children feel valued and understood, promoting positive developmental outcomes. Conversely, dysfunctional family dynamics—often shaped or exacerbated by stressors in the exosystem, such as parental work conditions or immigration status, or in the macrosystem, such as cultural stigma or systemic discrimination—can lead to miscommunication, conflict, and emotional distress.

These dynamics are central to understanding both the mental health implications of enculturation and the barriers immigrant children face in accessing mental health care. Cultural dissonance between home and societal norms may contribute to identity confusion, internalized stress, and heightened anxiety or depression, especially when children feel torn between preserving heritage values and adapting to Western expectations. Generational gaps in acculturation can strain parent-child relationships, reducing emotional support at home. Furthermore, cultural stigma around mental health within families may prevent children from seeking or receiving appropriate care. Language barriers and parental mistrust of Western systems can further complicate access, especially when children are expected to act as language brokers during medical or therapeutic encounters. Understanding family dynamics through an ecological and cultural lens is essential, as it reveals how emotional development and access to care are shaped not just by individual experiences, but by the complex, intersecting systems that immigrant families navigate daily.

Additionally, immigrant children often face emotional and psychological challenges as they adapt to new cultures and family dynamics, with parental emotional support playing a key role in building resilience and a sense of belonging (Chang et al., 2024). When emotional support is limited or misaligned with Western cultural norms—such as in families where failure is seen as dishonor—children may experience increased stress, anxiety, and depression (So et al., 2023). These family dynamics directly affect mental health outcomes and influence whether immigrant children feel comfortable seeking help. Strong parental ties to cultural heritage can provide protective social support, reducing reliance on harsh discipline and fostering stability (So et al., 2023). Parenting practices often adapt over time, blending traditional and Western approaches to

create more consistent and supportive environments. Emotional support within the family also affects how children express distress and impacts their access to mental health services.

Parental beliefs about achievement and social mobility also affect immigrant youth mental health. High expectations can motivate but also increase psychological distress, especially when parents internalize stereotypes like the Model Minority Myth (Yoon et al., 2023). These dynamics shape identity development and mental well-being, highlighting the importance of emotional support in helping children manage these pressures and barriers to care. So, while positive family support can enhance resilience, gaps remain in understanding how digital communication and transnational ties affect immigrant family support systems. More research is needed to capture these evolving influences on immigrant children's mental health and access to services.

### ***Gender Differences on the Impact of Accessing Mental Health Care***

Gender plays a critical role in shaping the mental health outcomes of immigrant children and their experiences of enculturation. Cultural expectations tied to gender influence how children internalize family roles, express emotion, and navigate identity. For instance, girls are often expected to take on caregiving and language brokering roles, which can increase emotional strain and heighten risks for anxiety and depression (Quan et al., 2022; Shen et al., 2022). Boys, conversely, may face pressure to suppress vulnerability, limiting their willingness or ability to seek help. These gendered expectations, shaped within family dynamics, affect both psychological well-being and access to care.

Among Asian immigrant youth in Canada, gender differences in cultural identity development are well-documented. Girls tend to report stronger connections to their heritage

culture, often reinforced by stricter parental monitoring, while boys show greater autonomy and alignment with dominant cultural norms (Quan et al., 2022). While cultural belonging can protect against psychological distress, these dynamics may also create internal conflict, particularly for girls, as they negotiate dual cultural expectations. These tensions often unfold within the family microsystem, where traditional gender roles intersect with broader societal values, contributing to stress, identity confusion, and limited emotional support.

Access to mental health care is similarly affected by gender norms. Girls may be discouraged from disclosing distress to preserve family reputation, while boys may lack emotional validation altogether. These patterns contribute to underutilization of services and further entrench mental health disparities. Despite the importance of these gendered dynamics, most research relies on self-report data and lacks representation of non-binary or gender-diverse youth. Additionally, the focus remains heavily centered on East Asian populations, limiting generalizability across immigrant communities.

### **The Impact of Cultural Diversity on Accessibility due to Enculturation**

Cultural diversity plays a crucial role in shaping immigrant children's mental health experiences and their ability to access appropriate support. Varied cultural backgrounds influence how children and their families perceive, express, and respond to mental health challenges associated with enculturation (Inman & Tummala-Narra, 2024). For many immigrant families, religion and spiritual practices provide a strong sense of belonging, community, and resilience, acting as protective factors that buffer against acculturative stress. However, culturally rooted stigma and differing beliefs about the causes and appropriate responses to mental illness can also discourage help-seeking and limit engagement with formal mental health services (Elkchirid & Motia, 2021).

These intersections between cultural, religious, and psychological perspectives highlight both the protective potential of cultural identity and its capacity to create barriers within Western mental health systems. Importantly, cultural diversity is not experienced uniformly; children from different ethnic, linguistic, or religious backgrounds may face distinct challenges depending on how their cultural frameworks align—or clash—with dominant norms in the host society. Existing research often acknowledges these dynamics but tends to oversimplify cultural variables, failing to account for the intersections of culture, stigma, and systemic inequities that shape accessibility. This lack of nuance can result in culturally insensitive interventions, thereby perpetuating disparities rather than addressing them. A critical understanding of these complexities is therefore essential to developing equitable and culturally responsive mental health services for immigrant children.

### ***Enculturation Impact on Societal Norms and Values***

Immigrant children in Canada frequently experience a decline in mental health over time compared to their native-born peers, a disparity influenced by systemic shortcomings within Western healthcare systems. These inadequacies include the overmedicalization of mental health concerns, insufficient culturally sensitive care, and a shortage of culturally competent providers (Elshahat et al., 2021). Cultural diversity significantly shapes these challenges, as stigma surrounding mental illness in many immigrant communities often delays or prevents timely help-seeking. Additionally, the scarcity of ethnically concordant clinicians further limits access to appropriate care, contributing to underdiagnosis and less intensive treatment for immigrant youth (Snyder & Mohammed, 2023). These barriers result in persistent unmet mental health needs, highlighting the critical role of culturally informed approaches in addressing disparities.

Beyond healthcare access, immigrant children face unique societal stressors that exacerbate mental health vulnerabilities. Many immigrant families arrive with high expectations for socioeconomic mobility, yet systemic discrimination in labor markets often obstructs these goals, fostering feelings of alienation and failure (Elshahat et al., 2021). These structural inequities intersect with parental enculturation experiences, which can either buffer or compound mental health risks depending on how cultural values align with host society norms (So et al., 2023). The intersectionality of racial, ethnic, and cultural factors is central to understanding immigrant mental health disparities, as systemic racism within healthcare and social systems disproportionately affects psychological well-being (Snyder & Mohammed, 2023).

Moreover, the complex relationship between mental and physical health further underscores the need for integrated, culturally responsive care. Psychological distress among immigrant youth influences health behaviors such as diet and exercise, while chronic physical illnesses frequently co-occur with mental health conditions like anxiety and depression (Snyder & Mohammed, 2023). Addressing these interconnected health domains within culturally diverse populations demands holistic intervention strategies that consider cultural attitudes toward mental illness and the broader social determinants impacting immigrant families.

While these findings highlight significant systemic and cultural factors affecting immigrant children's mental health, research gaps remain. Longitudinal studies are needed to explore how resilience and vulnerability evolve across individual, familial, and community levels over time. Additionally, much of the existing research focuses on clinical populations, potentially overlooking those who do not access formal mental health services, thereby limiting the broader applicability of current knowledge.

### *Impact of Religious Beliefs on Accessing Mental Health Care*

Religious institutions and faith-based communities serve as vital sources of cultural continuity and emotional support for immigrant children. These spaces provide more than just spiritual guidance—they offer social networks and a sense of belonging that help youth cope with the psychological challenges of migration, including feelings of cultural dislocation and loss (Inman & Tummala-Narra, 2024). Participating in religious practices and cultural events allows immigrant children to maintain a connection to their heritage, which supports their identity development and resilience in the face of external pressures to assimilate. This connection is especially important in understanding how enculturation affects mental health, as it highlights protective factors within immigrant communities. Despite these benefits, many immigrant youth remain aware of ongoing racial, cultural, and religious exclusion within Western societies, which complicates their adjustment and well-being (Inman & Tummala-Narra, 2024).

Discrimination that intersects with religion, language, and cultural identity further impacts immigrant children's mental health. Critical Race Theory (CRT) frames these experiences as systemic and normalized rather than isolated incidents. Parents often encourage cultural pride but simultaneously advise their children to avoid standing out due to fears of racial or religious discrimination (Inman & Tummala-Narra, 2024). This balancing act can create internal conflicts, contributing to feelings of cultural dissonance and emotional distress. Additionally, stigma around mental health within religious and cultural communities, combined with institutional barriers like lack of culturally sensitive care and systemic racism, leads many immigrant families to underutilize mental health services (Elkchirid & Motia, 2021; So et al., 2023). These challenges highlight how immigrant children's mental health is deeply intertwined

with structural inequalities, emphasizing the urgent need for culturally responsive and accessible mental health interventions.

### **Summary**

The key themes analyzed in this chapter—language, family dynamics, and cultural diversity—were explored in relation to immigrant children’s mental health and their experiences of enculturation. These themes were situated within broader environments, such as schools and healthcare systems, to highlight the complex factors influencing both psychological well-being and access to care. Mental health implications included increased stress, internalized behaviors, identity conflict, and, in some cases, heightened risk of depression or suicidal ideation (Chang et al., 2024; Yoon et al., 2023; Snyder & Mohammed, 2023). Gender also emerged as a significant variable, with research suggesting that female children may experience more enculturation-related stress than males (Shen et al., 2022).

The second half of the chapter addressed systemic and cultural barriers to mental health care, such as stigma, lack of awareness, and the shortage of culturally responsive services (Elshahat et al., 2021). Importantly, Critical Race Theory (CRT) served as a guiding lens throughout the analysis, revealing that these outcomes are not simply personal or cultural challenges, but are deeply rooted in structural racism, cultural marginalization, and institutional neglect. For example, CRT highlights how dominant norms in schools and mental health systems can invalidate immigrant children’s cultural identities, while language and religion—rather than being neutral aspects of diversity—often become grounds for exclusion or invisibility.

Taken together, the themes directly address the study’s research questions by demonstrating both the mental health impacts of enculturation and the systemic barriers

immigrant children face in accessing care. CRT underscores the importance of addressing not only individual or family-level concerns but also the broader systems that produce inequality. If left unaddressed, these challenges risk becoming entrenched sources of distress for immigrant youth. With these findings in view, the next chapter will explore how this knowledge can inform culturally competent clinical practices and interventions aimed at reducing stigma and improving mental health outcomes for immigrant children.

### **Ethical Considerations**

Before conducting research, parents and participants should be made fully aware of what the research entails, including its purpose and methods, in accordance with the TCPS2 principle of Respect for Persons (Panel on Research Ethics, 2023; Tri-Council Policy Statement [TCPS2], 2022). This involves obtaining informed consent from all parents and assent from children in writing, clearly outlining potential risks and benefits, limits of confidentiality, and participants' rights to withdraw, privacy, and anonymity as applicable (Canadian Psychological Association [CPA], 2017; Panel on Research Ethics, 2023). To uphold Respect for Persons and ensure ethical practice, consent must be ongoing and voluntary, free from coercion (Panel on Research Ethics, 2023). Researchers must also ensure that consent and study information are communicated in a language participants fully understand, and that participants are mentally capable of providing informed consent, which aligns with the principle of Concern for Welfare by protecting participants from potential harm due to misunderstandings or cognitive limitations (CPA, 2017; Panel on Research Ethics, 2023).

To minimize harm and uphold Concern for Welfare, researchers should conduct debriefings with participants after data collection, allowing for clarification, knowledge sharing, and an opportunity to evaluate the risks and benefits of the study (CPA, 2017; Panel on Research

Ethics, 2023; TCPS2, 2022). Maintaining confidentiality is essential under this principle, so researchers often code or anonymize data and only collect information directly relevant to the research question, safeguarding participant privacy throughout the study (CPA, 2017; Panel on Research Ethics, 2023; TCPS2, 2022). Consistent protective measures should be implemented to maximize data security and privacy at every stage (Panel on Research Ethics, 2023).

The principle of Justice requires that inclusion and exclusion criteria be clearly justified and based solely on relevant research considerations, ensuring fair and equitable treatment of participants (Panel on Research Ethics, 2023). Transparent communication about conflicts of interest is also necessary to maintain trust and fairness throughout the research process, and policies should remain accessible to participants before, during, and after the study (Panel on Research Ethics, 2023). All cited research has received ethical approval and undergone peer review, reflecting adherence to these ethical standards.

Moreover, in line with the Responsibility to Society articulated by the Canadian Psychological Association (CPA, 2017), researchers must ensure that findings are not misused or misinterpreted in ways that could stigmatize or disadvantage immigrant communities. This research contributes to counselling psychology knowledge while also highlighting the need for societal change to better support a growing population (CPA, 2017). Given the societal context, researchers should stay well-informed about social, cultural, historical, economic, institutional, legal, and political factors through ongoing education and peer consultation (CPA, 2017). Respect for society requires acquiring adequate knowledge of the culture, social structure, customs, laws, and policies of immigrant peoples before starting research to ensure culturally sensitive and ethical engagement (CPA, 2017).



## **Chapter 4: Application to Clinical Implications**

In this chapter, the implications of enculturation of immigrant children's mental health will be discussed as it applies to counselling psychology. In clinical practice, understanding the nuanced interplay of language, family dynamics, and cultural diversity is essential for providing effective, empathetic care. Language, particularly in the context of school environments and social relationships, shapes identity and communication patterns that influence both diagnosis and treatment outcomes (Shen et al., 2022). Equally, family dynamics, informed by gender roles and levels of emotional support, significantly affect a client's mental health journey, especially in shaping resilience or vulnerability (Chang et al., 2024; Zhang, 2020). Additionally, cultural diversity, including variations in religious beliefs and attitudes toward mental health, profoundly impacts help-seeking behavior and therapeutic engagement (Elshahat et al., 2021; Inman & Tummala-Narra, 2024; Snyder & Mohammed, 2023). For mental health practitioners, this highlights the need for culturally sensitive approaches, adaptive communication strategies, and an awareness of systemic influences. Recommendations include integrating culturally competent assessments, promoting inclusive language practices, and fostering therapeutic alliances that respect family roles and cultural values.

### **Clinical Application of Trauma-Focused CBT**

Cognitive Behavioral Therapy (CBT), particularly Trauma-Focused CBT (TF-CBT), can be highly effective for immigrant children experiencing anxiety, depression, and PTSD, often resulting from trauma, loss, or displacement (Patel et al., 2024). TF-CBT supports these children in processing traumatic experiences, regulating emotions, and developing healthy coping skills, while also enhancing social functioning, academic engagement, and overall well-being. Its clinical application is most impactful when guided by a deep understanding of the child's broader

context. For instance, language barriers in school and peer interactions may hinder emotional expression and therapeutic communication. Family dynamics—shaped by shifting gender roles and varying levels of emotional support—also influence the child’s recovery process (Chang et al., 2024). Furthermore, cultural and religious beliefs, along with stigma surrounding mental health, can affect how trauma is perceived and whether therapy is embraced. Integrating these contextual factors into TF-CBT enables practitioners to create a culturally sensitive, family-informed, and developmentally appropriate approach to healing.

### ***Cultural Considerations***

Though therapists must tailor CBT to the specific cultural background and needs of the child, there may be challenges in delivering CBT to immigrant children, such as language barriers, cultural differences, and limited access to services (Patel et al., 2024); these factors are enculturation difficulties that migrant children face when accessing mental health care. It is thus important for therapists to be culturally sensitive and aware of the unique experiences of immigrant children. TF-CBT also involves educating parents on trauma and its effects, helping children process their traumatic memories, teaching them coping skills, and preventing the development of long-term mental health problems. Early intervention is crucial for immigrant children, as trauma can have long-lasting effects on their mental health and development (Patel et al., 2024).

### **Clinical Application of Family Systems Therapy**

While TF-CBT is beneficial for this population, Family Systems Therapy (FST) offers a valuable framework for counseling psychologists addressing the complex enculturation processes experienced by immigrant children. Immigrant families often face intergenerational and intercultural tensions, as children adapt to host society norms at a different pace than their

parents, potentially leading to conflicts and identity challenges (Quan et al., 2022). FST enables clinicians to assess and intervene within family roles, boundaries, and hierarchies that are culturally informed, recognizing the diverse values of collectivism or autonomy across cultural groups. Promoting family cohesion and emotional support within the therapeutic process is critical, as these factors serve as protective mechanisms against acculturative stress and mental health difficulties. Moreover, FST facilitates exploration of acculturative stress and identity conflicts as they manifest relationally, supporting families in constructing bicultural identities that integrate heritage and host cultures (Quan et al., 2022). This requires culturally sensitive practice grounded in cultural humility and an understanding of migration-related stressors.

### **Barriers to Accessing Mental Health Services**

While it is increasingly difficult to access effective counseling services in modern times, immigrant children populations have additional barriers and challenges compared to native born Canadians (Zhang, 2020). These barriers include the lack of awareness of mental health supports, stigma of these services, and a lack of culturally understanding or aware counsellors (Elshahat et al., 2021). If not addressed, these barriers may lead to increased distress from immigrant children clients, which deepens the difficulty they experience and worsens the counselling experience.

A major barrier for immigrant children in accessing mental health resources is the lack of awareness of these services (Miller et al., 2024). Immigrant children may struggle to understand the mental health system and its services, particularly if they are not fluent in the dominant language or have cultural beliefs that differ from the prevailing views on mental health. Additionally, the cost of mental health services, including therapy and medication, can be a major obstacle for immigrant families, especially those with limited income or who are new to the country and may be navigating a complex system of benefits and support (Miller et al.,

2024). These barriers can be largely mitigated if mental health services were covered by governmental insurance. Though the government covers portions of mental health services in Alberta, private therapy is not covered, and this can be financially hefty for immigrant families (Miller et al., 2024).

### ***Legislation and Policy Considerations***

If mental health services were fully covered by Alberta Health Services (AHS), it would mean all medically necessary mental health care would be free to eligible Albertans, regardless of their ability to pay (Miller et al., 2024). This would likely increase access to mental health care for many Albertans, particularly those who are financially vulnerable, and potentially lead to earlier intervention and better outcomes. However, there is the possibility of straining the healthcare system if demand for services were to increase significantly. Fully covering mental health services would remove this financial barrier, making it easier for individuals to access the care they need; with increased access to mental health services, individuals may be more likely to seek help sooner rather than waiting until their mental health situation becomes a crisis (Miller et al., 2024). This could lead to earlier diagnosis and treatment, potentially improving outcomes and preventing long-term issues. Additionally, by making mental health services free and more accessible, it could help to reduce the stigma associated with mental illness and encourage more people to seek help. Addressing mental health needs earlier and more effectively could contribute to a healthier and more productive population overall.

### ***Racism-Conscious Practice and Critical Race Theory***

Snyder and Mohammed (2023) argue that efforts to address mental health disparities have too often focused on changing individual behavior rather than transforming the systems that perpetuate inequities. While initiatives like reducing stigma and improving resource access in

communities of color are important, they rarely address how systemic and institutional racism alienates these communities. Structural barriers—such as a lack of culturally responsive providers, few clinicians of color, and residential segregation—contribute significantly to persistent disparities. A racism-conscious approach, informed by Critical Race Theory (CRT), shifts the focus to identifying and dismantling these systemic issues. CRT rejects colorblind ideologies that obscure the realities of racial oppression and instead emphasizes counter-storytelling to validate the lived experiences of marginalized groups. In mental health care, this perspective is especially vital for immigrant children, whose unique challenges are often ignored or pathologized. By centering their voices and recognizing the structural barriers they face, practitioners can more effectively advocate for systemic change and advance mental health equity.

### **School-Based Mental Health Interventions**

As mentioned above, early intervention for immigrant children can have many benefits. Viewed through Bronfenbrenner's Ecological Systems Theory, schools and teachers function as a critical part of the microsystem, where children have direct and daily interactions that significantly shape their development. As such, school-based services provide a powerful and accessible platform for delivering mental health interventions like CBT to immigrant children, while also raising awareness about mental health and available supports (Patel et al., 2024). These interventions, whether implemented through individual therapy, group sessions, or classroom-based programs, operate within a child's immediate environment, making them particularly impactful. Teaching CBT techniques such as problem-solving and coping skills in the classroom not only promotes emotional regulation but also enhances children's sense of agency and self-efficacy, which are vital for developing a healthy self-concept. These outcomes

are particularly meaningful for immigrant children, who may be navigating challenges across multiple systems, including family, school, and broader societal contexts. By embedding support within the school microsystem, practitioners can help buffer against stressors found in the exosystem, such as parental work stress, limited access to external mental health services, and the macrosystem, such as cultural stigma and systemic discrimination, fostering long-term resilience and well-being.

### ***Training and Teacher Involvement***

Teachers and social workers should be trained in CBT as it can be a cost-effective and sustainable way to support this population (Patel et al., 2024). Teachers can integrate CBT principles into their instruction by teaching students about the connection between thoughts, emotions, and behaviors. This can be done through activities like cognitive restructuring, where students learn to identify and challenge negative thoughts. School administrators should also implement CBT-based staff wellness programs to address teacher stress and burnout in the school environment (Patel et al., 2024).

### **Recommendations for Clinical Practice**

A culturally modified TF-CBT model for immigrant children can be widely implemented by therapists as it addresses the unique experiences, stressors, and cultural strengths of immigrant youth and families. Adapting TF-CBT to immigrant children and families by integrating cultural values, migration narratives, and responses to acculturative stress, while honoring family systems and community context, helps to create the safe space needed for an effective therapeutic alliance and change factor (Inman & Tummala-Narra, 2024). The TF-CBT model for immigrant children utilizes a migration-aware practice where clinicians recognize trauma before, during, and after migration, including violence faced, separation from family,

detentions, and resettlement stress, while also understanding transnational family dynamics and disrupted attachments (Inman & Tummala-Narra, 2024). In line with the enculturation dynamic of this paper, therapists would also address conflicts between the heritage culture and the host culture, normalize acculturative stress, language barriers, and intergenerational cultural gaps. By respecting cultural and family values and emphasizing collectivism, family honor, spirituality, and community-based healing, psychologists work together with immigrant children and families to build strong rapport, normalize mental health by using culturally and linguistically appropriate language, ensure confidentiality, and provide collective healing (Inman & Tummala-Narra, 2024).

Another recommendation to better support immigrant children is to hold a therapeutic group support model in schools. A therapeutic group support can play a vital role in promoting emotional healing, identity development, social integration, and building resilience. The goal of this developmentally aged group is to foster emotional resilience, social connection, and trauma healing among immigrant children in schools, while addressing acculturative stress, identity conflict, and adjustment challenges. A school psychologist can facilitate a twelve-week program based on TF-CBT principles where activities exploring bicultural identity, cultural pride, family heritage, and belonging are implemented. The use of art, storytelling, flags, and family maps affirms diverse cultural backgrounds and addresses negative feelings of belonging. The therapeutic support group can also teach basic affect labeling and coping skills using visuals and culturally relevant metaphors while normalizing emotional expression across cultures and incorporating breathing, grounding, and mindfulness with cultural adaptations. The group is also an opportunity to provide a safe space for children to process their journeys, losses, and changes

if they feel comfortable enough to do so, using drawing, timelines, storybooks, or symbolic play to avoid re-traumatization.

### *Advocacy*

Establishing rapport with immigrant children and their families is a foundational component of effective therapeutic and educational support. Building trust requires cultural humility, consistency, and attentiveness to each family's unique migration narrative and worldview. When language barriers exist, the use of professional interpreters becomes essential, not only to ensure accurate communication but also to uphold dignity and respect across linguistic and cultural differences (Shen et al., 2022). Training bilingual counselors is also beneficial as these therapists will be able to counsel clients in their native tongue, further enhancing the safe space of therapy. Additionally, psychologists can play a vital role in advocating for immigration policy reform at the government level by leveraging their expertise in trauma, child development, and mental health to influence more humane and equitable policies (Snyder & Mohammed, 2023). This includes pushing for trauma-informed procedures in asylum processes and detention settings, particularly for children and families fleeing violence or instability. Psychologists can advocate for stronger legal protections for unaccompanied minors and support expanded access to mental health and social services for immigrant families, regardless of legal status. By contributing research and clinical evidence on the psychological harm caused by family separation, detention, and deportation threats, psychologists can inform policies that prioritize the developmental needs and well-being of children (Snyder & Mohammed, 2023). Psychologists' voices are crucial in shaping immigration systems that recognize the long-term emotional and cognitive impacts of systemic instability, while promoting policies that center safety, dignity, and belonging for immigrant youth.

## Summary

There are several barriers to immigrant children accessing mental health care, including the lack of awareness of mental health supports, stigma of these services, and a lack of culturally understanding or aware counsellors. Due to these issues, immigrant children might prolong seeking treatment, which can have detrimental effects. Part of offering effective services to immigrant children lies in therapists being culturally competent and using trauma-focused CBT as one method, as it helps in addressing mental health concerns while realizing migration trauma that may have been faced. Lastly, an advocacy for a change in the system has been discussed, as there are aspects of racism seen, which can further inhibit immigrant children from seeking help. Legislation within schools has also been discussed as implementing CBT as part of the curriculum, with teachers enforcing the basics can be significantly helpful in helping immigrant children understand the supports available to them. Lastly, chapter 5 will complete this paper with future recommendations for this topic and a conclusion of what has been learned from the research.

## Chapter 5: Conclusions and Recommendations

### Conclusions

Language plays a significant role in the mental health of immigrant youth, who are often the primary English speakers in their families. Acting as both translators and spokespersons can lead to enculturation stress, anxiety, and depression (Shen et al., 2022), directly addressing Research Question 1: “What are the mental health implications of enculturation for immigrant children in Western society?” Given the dominance of English in schools and society, the school environment is a key setting for introducing mental health education. School-based arts programs have been shown to support positive mental health outcomes and help normalize therapeutic interventions (Elkchirid & Motia, 2021). By increasing awareness and reducing stigma, these programs help address a major barrier to care, contributing to Research Question 2: “What are the barriers to immigrant children accessing mental health care in Western society?”

The project then discussed family dynamics, focusing on gender and cultural identity. A strong sense of Chinese heritage was shown to foster a stable cultural identity among both male and female immigrant youth (Quan et al., 2022). Emotional support from family further promoted mental well-being and resilience during cultural adjustment (Chang et al., 2024). Together, cultural pride and family support help reduce enculturation challenges such as identity confusion and academic or social stress, directly addressing Research Question 1: “What are the mental health implications of enculturation for immigrant children in Western society.”

Lastly, the project discussed cultural diversity, highlighting the important role of religion in supporting immigrant children. A strong connection to a religious community can ease enculturation challenges and reduce isolation (Inman & Tummala-Narra, 2024). Given that immigrant children’s mental health may decline over time compared to their native-born peers,

therapists must recognize these risks and create safe, supportive counseling environments. This builds trust and encourages engagement, directly addressing Research Question 2: “What are the barriers to immigrant children accessing mental health care in Western society?”

From a CRT perspective, the additional stress immigrant children experience due to English language barriers reflects systemic racial and linguistic marginalization that disproportionately impacts immigrant communities. The role of family dynamics and religion must be understood within these intersecting identities and the power structures that create barriers to culturally responsive mental health care. Using Ecological Systems Theory, these findings emphasize the need to consider the multiple, interacting systems surrounding the child, from immediate family and religious environments to school and broader societal attitudes, that collectively influence mental health outcomes and treatment accessibility. Based on these findings and the limitations of current research, the following recommendations are proposed to inform future studies and clinical practice.

### **Recommendations for Future Research**

To further address the first research question regarding the mental health effects of enculturation, future research should 1) focus on a specific cultural group. 2) explore the longitudinal impact of bicultural identity development on psychological outcomes such as self-esteem, resilience, emotional regulation, and academic success. And, to further discover the research question about barriers to mental health treatment, future research should 3) study how school-based interventions mediate mental health outcomes across enculturation types.

#### ***Recommendation 1: Culture-Specific Studies***

This paper presented mental health challenges due to enculturation of immigrant children, but due to the available literature, it encompassed immigrant children from different cultural

backgrounds. Focusing future research on a single culture could deepen our understanding of immigrant children's mental health in Western societies. Comparing themes like religion and family dynamics would support culturally sensitive care and clarify how enculturation shapes outcomes such as anxiety, identity, and resilience. A mixed-methods approach, combining qualitative interviews or focus groups with culturally validated quantitative measures, can explore how these children cope with mental health challenges within Western societies. Findings would inform culturally sensitive interventions, guide mental health professional training, support community outreach, and influence policy to better address the unique needs of this population. This research would ultimately enhance culturally tailored care and provide a foundation for comparative studies across different cultural groups. A relevant future research question is: “How do immigrant children from specific cultural backgrounds cope with mental health challenges?”

### ***Recommendation 2: Bicultural Identity Studies***

This paper discussed immigrant children’s mental health due to enculturation, with a salient focus on monocultural children who migrated to Western Society. Thus, more empirical research is needed to explore how enculturation pathways—such as integration, separation, assimilation, and marginalization—interact with factors like age at migration, generational status, socioeconomic context, and family cohesion to shape immigrant children’s mental health. A mixed-methods approach, combining quantitative surveys with qualitative interviews, is recommended to capture both measurable outcomes and lived experiences. Culturally validated, developmentally appropriate tools and community-based participatory research methods are essential to ensure the research is rigorous, relevant, and centered on immigrant voices. Longitudinal sampling designs can help track developmental changes and reflect the diversity

within immigrant populations. Findings will inform the development of culturally tailored equity-driven mental health interventions that promote bicultural competence, family cohesion, and positive identity development. This research has practical applications across schools, clinical settings, and policy, enhancing professional understanding and response to the unique mental health needs of immigrant children. A key guiding question for future work is: “How does biculturalism impact immigrant children’s mental health through enculturation processes?”

### ***Recommendation 3: School-Based Interventions***

This literature review mentions the value of school based interventions, such as art based programs, but future research should adopt a mixed-methods, longitudinal design to effectively explore how school-based mental health interventions can support students from diverse enculturation backgrounds. This includes developing and evaluating culturally responsive programs that reflect the values, identities, and migration experiences of different cultural groups, with particular attention to bicultural and marginalized youth. Additionally, research should assess the impact of culturally competent staff training and use stratified sampling across enculturation pathways to reveal differential intervention effects. Cross-cultural comparisons can further identify specific protective and risk factors influencing mental health outcomes. Data collection should integrate validated mental health measures with qualitative insights from students, families, and educators to capture comprehensive perspectives. Such work is critical to understanding and addressing barriers immigrant children face in accessing mental health care. Findings can inform the creation of inclusive, equity-driven interventions that reduce access barriers, foster cultural belonging, and improve mental health outcomes in educational settings. A key research question guiding this work is: “How do school-based mental health interventions reduce access barriers for immigrant children across different cultural communities?”

## Recommendations for Clinical Practice

1. **Adopt a Culturally Responsive Framework:** Psychologists should integrate cultural values, language, and traditions into assessment and treatment. Understanding the child's cultural background, including beliefs about mental health, family roles, and coping, can enhance therapeutic alliance and treatment effectiveness.
2. **Assess Enculturation and Acculturation Dynamics:** Evaluate how the child navigates their heritage culture and the host culture, including experiences of biculturalism, marginalization, or cultural conflict. Use culturally validated tools that consider developmental stage and family context.
3. **Engage Families and Caregivers:** Family involvement is essential. Psychologists should collaborate with caregivers, respecting cultural parenting norms while supporting family cohesion and communication. Psychoeducation can help families understand and manage the stressors of migration and enculturation.
4. **Collaborate with Schools and Community Programs:** Partner with educators and community organizations to ensure holistic support. School-based services, cultural liaisons, and community outreach can enhance continuity of care and address social determinants of mental health. School curriculum can be developed to include mental health awareness.
5. **Build Cultural Competence and Humility:** Psychologists should engage in ongoing training, self-reflection, culturally adapted therapy, and supervision to recognize their own cultural assumptions and biases. Culturally humble practice acknowledges the expertise immigrant families bring to the therapeutic relationship.

## Take Home Message

Immigrant children face both seen and unforeseen challenges upon migrating to Western society, all of which can impact their mental health. As practitioners and allies, we don't necessarily need to know exactly how these children cope with their challenges to provide a safe therapeutic space where they can express their needs and receive support. The therapeutic alliance is one of the most important factors in therapy, and it becomes especially crucial for immigrant children in establishing trust throughout the therapy process. For clients who may be unfamiliar with the benefits of mental health services, patience is essential. This includes advocating for services, raising awareness about available treatments, demonstrating client-centered care, and moving at the child's own pace. Immigrant children are considered a vulnerable population in mental health care, and supporting them throughout their therapeutic journey can be profoundly meaningful.

Community programming, cultural outreach, and school policy are essential in supporting the enculturation and mental health of immigrant children. Community-based services offering cultural resources, language support, and peer mentorship foster belonging and reduce stress. Cultural outreach, through partnerships and family engagement, bridges home and host cultures, affirming identity. Inclusive school policies and culturally responsive curricula further support healthy adaptation. Collectively, these efforts promote resilience, identity development, and equitable mental health access. This study emphasizes that culturally attuned, relationally safe, and patient-centered care can buffer the psychological impact of enculturation in settings like schools and therapy.

## Final Reflecting Thoughts

Before undertaking this capstone project, I had not fully grasped the profound ways in which migration can impact mental health, despite having a personal connection to the topic. Engaging with the literature prompted a deeper reflection on my own childhood experiences and the potential benefits that access to mental health services might have offered during formative years. Navigating the cultural dissonance between home and school environments, I now recognize that early access to supportive interventions could have enhanced my self-awareness and broadened my understanding of my surroundings. These insights have reinforced the importance of early intervention and culturally responsive mental health services for immigrant children. As I continue in my professional journey as a child-focused therapist, I am committed to creating therapeutic spaces where children feel heard, validated, and supported. Moreover, I intend to extend my role beyond the clinical setting by advocating for systemic change; supporting inclusive school policies, addressing structural barriers to care, and contributing to the development of culturally informed mental health practices that promote equity and accessibility for immigrant communities.

I also gained experience evaluating cross-cultural qualitative studies and learning from the content of these studies how to be more culturally aware and understanding. According to the Canadian Psychological Association's *Code of Ethics* Principle I: Respect for the Dignity of Persons and Peoples (CPA, 2017), under subsection *general respect*, having respect for the cultural attitudes and perspectives of clients, though they may differ from my own, is highly essential and beneficial to the therapeutic relationship. Under the same subsection, using culturally aware language (CPA, 2017) is also useful for clients of a different demographic so that they feel comfortable within the therapy environment. By examining cross-cultural

qualitative studies and learning about cultures, I also avoid harming my clients as per ethical Principle II: Responsible Caring subsection general caring (CPA, 2017) by prioritizing their best interest and maximizing their benefit from therapy, by implementing cultural interventions.

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