

**New Immigrants during the Coronavirus Pandemic: The Effects of Social Distancing and
Social Isolation on Mental Health**

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Abstract

The World Health Organization declared the COVID-19 outbreak a Public Health Emergency of International Concern on January 30, 2020, and a pandemic on March 11, 2020. To reduce the fast spread of the virus, governments and public health authorities around the world have ordered physical distancing and isolation. Such measures have led to unprecedented social isolation across the globe, and the impact of the pandemic on the population's mental health is not fully understood. A review of the current literature revealed that all segments of the world's population have been affected, yet certain groups found themselves in vulnerable situations, such as new immigrants, who have been impacted the hardest. Grounded in the biopsychosocial framework and intersectionality framework, this paper investigates how the mental health of new immigrants has been affected during this time, and it identifies solutions that have been generated. Findings show that on the one hand, sudden and complex changes can be detrimental to mental health, and on the other hand, it highlights elements of resiliency, such as accelerated innovation. Many researchers sent a clear message: Problems that have been ignored for a long time need to be addressed. Recommendations for mental health practitioners are summarized, with a focus on addressing unique challenges that this population encounters. There was a consensus among researchers that further studies are needed to identify and explore the long-term effects of the pandemic's impact on the mental health of new immigrants.

Keywords: immigrant, new or recent immigrant, undocumented immigrant, refugee, pandemic, social distancing, social isolation, intersectionality, belonging

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Dedication

I dedicate this project to my son, my siblings, my nephews, and nieces, who were once new immigrants. I also dedicate it to each immigrant and to their loved ones who joined them on the journeys to new places, and to the ones who stayed behind.

Table of Contents

Abstract.....	2
Acknowledgements.....	3
Dedication.....	4
Chapter One	7
Purpose Statement and Contribution to the Field	8
Theoretical Framework.....	9
My Connection to the Research.....	9
Reflexivity and Positionality Statement.....	10
Definition of Terms.....	11
Outline of the Remainder of the Paper	12
Chapter Two: Literature Review	14
A Glimpse of the World of Immigration	14
Immigration is Crucial for the Economic, Social, and Cultural Development.....	14
Immigrants’ Skills are Underutilized.....	15
Immigrant Serving Agencies	16
The COVID-19 Pandemic Compared to a Tornado	16
New Immigrants Were Affected Disproportionately by the Pandemic	17
Specific Populations of Concern.....	18
Immigrant Children and Youth.....	18
Immigrant Women.....	19
Immigrant Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) Communities..	20
Older Immigrants.....	21
International Students	21
Specific Issues for New Immigrants.....	21
Housing.....	22
Work and Economic Impact	22
Family and Parental Stress.....	23
Family Reunification	25
Closure of Borders and Travel Restrictions.....	25
Access to Health and Other Public Services.....	26
Mental Health.....	27
Immigration Status.....	29
Immigrant Detention.....	29
Immigrant Deportation.....	30
Immigration Deaths and Disappearances.....	30
Domestic Violence.....	30
Substance Use	31
Social Attitudes: Discrimination, Stigma, Xenophobia.....	32
Resiliency, Innovation, and Solutions: New Immigrants’ Resiliency	33

Innovation and Solutions	34
Facilitated Access to Health and Social Services	34
Innovation of Screening Tools	34
Family Support.....	35
Spread of Virtual Services and Technology Innovation.....	35
Free Online Mental Health Resources	35
Conclusion	37
Chapter Three: Discussion, Ethics, and Recommendations	38
Discussion	38
Key Findings.....	39
Ethics.....	40
Recommendations for Counsellors	41
Recommendations for Policy Makers.....	42
Limitations of the Study and Areas for Future Research.....	45
Conclusion	46
References.....	48

Chapter One

Social relationships are a fundamental component of human life, and positive social relationships are essential to humans' well-being (Matthews et al., 2016). For new immigrants, social relationships contribute to the feeling of belonging to the host country (Barker, 2021). The effects of the coronavirus pandemic on human health, economic activity, and social engagement have been profound and far reaching (Smith & Lim, 2020). On January 30, 2020, the World Health Organization declared the COVID-19 outbreak a Public Health Emergency of International Concern (World Health Organization [WHO], 2020b), and on March 11, 2020, COVID-19 was declared a pandemic (WHO, 2020a). The Canadian authorities implemented social distancing measures in their effort to slow down and contain the spread of COVID-19 (Urrutia et al., 2021). Such measures were adopted in many countries around the world (Giallonardo et al., 2020).

Previous research has shown that mass tragedies cause fear that can lead to significant disruptions to the behaviour and sense of well-being of many in the population (Balaratnasingam & Janca, 2006). An epidemic differs from economic collapses, earthquakes, or most man-made disasters because the assault on people is dual, from the inside and the outside (Baciu, 2010). The pandemic has profoundly affected the way people engage with each other, and despite previous findings, mental health concerns of people impacted by the coronavirus pandemic have not been adequately addressed (Lee, 2020).

Many individuals, in both personal and professional domains, had to shift from meeting, seeing, and building relationships in person to engaging with others on virtual platforms. In my opinion, this has been a needed alternative, but I want to point out that not all immigrants have access to virtual platforms or know how to use them. For this group, these aspects might act as

barriers to keeping themselves connected to family members or friends in the home country, as well as preventing them from forming and maintaining connections within their ethnic communities in the host country.

It is crucial to mention here that I am also an immigrant in Canada; I came from Romania. While writing Chapter One of this paper, visitors from Canada were not allowed to enter Romania. I could not see my aging parents, and they could not see me because they do not know how to use electronic devices, and the reception is problematic as well. Although I am grateful for being able to keep in touch with them by phone, there are days when I grieve the lack of opportunity to visit them in person. Research has shown that shortly after the institution of social distancing measures and lockdowns, many newcomers were left in situations of instability and isolation (Barker, 2021). It is also important to note that immigrants often experience stress and losses simultaneously and over extended periods of time, leading to a significant impact on their state of well-being (Sánchez et al., 2021). During the pandemic, immigrants who belong to ethnic minority populations were found to be more likely to test positive for COVID-19 than the White ethnic group (Jaljaa et al., 2022).

Purpose Statement and Contribution to the Field

The purpose of this paper has been to raise awareness about how social distancing during the Coronavirus pandemic affects the mental health of new immigrants. The purpose of the paper was also to explore helpful interventions that support the immigrant population during these unprecedented times. The purpose of this capstone, therefore, has been to inform mental health professionals about the unique challenges that new immigrants have faced during the pandemic and to identify existing resources. This information can be useful to counsellors and other mental health professionals who strive to provide the best quality services to the new immigrant

population. I also see this paper as an invitation for future discussion and collaboration with practitioners in different disciplines who work with new immigrants.

Theoretical Framework

As a researcher, I position myself in the lived experience as a Caucasian, Eastern European woman and immigrant to Canada, and my work expands on the constructivist perspective. I believe that new immigrants seek to understand the world in which they live and work, and they create diverse meanings from their experiences. I was interested to explore the complexity and the depth of these experiences and the factors that shape them. It is common for new immigrants to find themselves caught in between two worlds—the home and the host countries. They need to identify and often renegotiate their dreams, hopes, and identities. This research was informed by the biopsychosocial and intersectionality framework. According to the biopsychosocial model proposed by Engel in 1977, a person's biological, social, and psychological factors are strongly interconnected and impact their well-being (Boyles, 2020). Through an intersectionality lens, one can understand that there is diversity among new immigrants, and those who represent other minorities, such as race, ethnicity, language, gender, gender identity, sexual orientation, class, religion, and occupation, must navigate overlapping disadvantages (Etherington et al., 2020).

My Connection to the Research

I moved from Romania to Canada seven years ago as a skilled worker and permanent resident. The process of adaptation and integration went relatively smooth for me, as I was fluent in English, and I also had close Romanian friends who offered me great support with accommodation, transportation, and facilitated connections with other Romanian and Canadian friends. I was also able to find a meaningful, full-time job in less than three months. In spite of

all these things, I was intensely missing my family, friends, places, and routines that I left behind in Romania, and I was questioning if the decision to move to another country was worth the emotional struggle. I had anticipated some emotional discomfort during the phase of adjustment, but the internal struggle was quite significant, and it required me to be intentional about avoiding isolation from others or my own emotions. Establishing a new social network was one of the major factors that facilitated my adaptation to the new country. Another important, beneficial factor was receiving validation of my experiences from friends who were already established here and their constant reassurance that things will get better. Getting connected to others helped me feel that I was not alone, and starting a full-time job was beneficial to me, as it allowed me to establish new routines, close relationships with my coworkers, as well as have the privilege of contributing to my clients' healing and growth. Going through the process of moving and adapting to a new country has given me great compassion for others who are new to this journey, and writing this paper is a way of honouring them and myself.

Reflexivity and Positionality Statement

I am a 48-year-old, Caucasian, cisgender, heterosexual woman, and I immigrated to Canada seven years ago. I am a Christian, I am in a cross-cultural marriage, and I belong to the middle class. The familiarity with certain settings, practices, traditions, or rituals can be a catalyst for change for the clients I work with. I am also aware of many nuances and complexities of immigrants' experiences that the client's perception of me, as a counsellor with an immigrant status, may resonate with parts of their experience, which can either facilitate engagement and openness on their part or may be a barrier to building rapport if the clients need to protect and hide certain vulnerabilities. As a Caucasian therapist trained in Canada, I am aware of the possibility for the clients to perceive me as aligned with the dominant Western

culture. I have learned to talk to the clients in the first session about my role in the therapeutic relationship and I inform them that they have the choice of working with another counsellor if I am not an adequate match for them. Given my own immigration journey, it is important to mention the potential for countertransference when working with immigrants. Strong emotions might surface for me when working with clients who present similar challenges. An example would be working with clients whose parents are aging, with deteriorating health, and living some distance away. In these circumstances, I notice my response will occur with compassion. I take a few breaths and remind myself that I am in the counselling space for the client.

Definition of Terms

Immigrant. From the perspective of the country of arrival, a person who moves into a country other than that of his or her nationality or usual residence, so that the country of destination effectively becomes his or her new country of usual residence.

New or recent immigrant refers to a person who obtained a landed immigrant or permanent resident status up to five years before a given census year.

Undocumented immigrant is a non-national who enters or stays in a country without the appropriate documentation.

Refugee is someone outside their country of origin who is in need of international protection because of a serious threat to their life, physical integrity, or freedom in the country of origin as a result of persecution, armed conflict, violence, or serious public disorder against which the authorities in the home country cannot or will not protect them.

Deportation refers to a formal act or conduct attributable to a State by which a nonnational is compelled to leave the territory of that State.

Immigration detention is the deprivation of liberty for migration-related reasons.

Pandemic occurs when an infectious disease spreads throughout the global population. It is different than an epidemic, which is usually contained within a region or country.

Social distancing is a public health practice that aims to prevent sick people from coming in close contact with healthy people and is meant to reduce opportunities for disease transmission.

Social isolation is a situation in which someone has infrequent and/or poor-quality contact with other people.

Isolation separates sick people with a contagious disease from people who are not sick.

Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. Isolation and quarantine help protect the public by preventing exposure to people who have or may have a contagious disease.

Intersectionality refers to the interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.

Belonging refers to a human emotional need to affiliate with and be accepted by members of a group.

Outline of the Remainder of the Paper

Chapters Two and Three were written as the pandemic unfolded. In Chapter Two, I explain the role of immigration, I describe new immigrants are a vulnerable group, and I present specific populations of concern as well as specific challenges that new immigrants face. In this chapter, I also explore the effects and consequences of the social distancing measures on both individual and societal levels, and I identify elements of resiliency, solutions, and innovations developed during the pandemic. In Chapter Three, I include ethical considerations, guidelines,

and recommendations for mental health practitioners and professionals in other disciplines who work with immigrants. In addition, I will address the limitations of this study, and I discuss future research.

Chapter Two: Literature Review

In Chapter One, I presented an overview about how the COVID-19 pandemic has changed the world and has brought a cascade of challenges for the new immigrant population. Next, I presented the conceptual framework, the purpose and relevance of this research, and I defined the key terms. As mentioned in the previous chapter, the COVID-19 pandemic has brought profound changes to the way we engage in life. In this chapter, I will highlight the vital contribution of immigrants to the social, cultural, and economic development of Canada. I will describe how the COVID-19 pandemic has changed the typical context in which new immigrants are expected to start a new life, and I will explore the impact of the public health measures on the mental health of the new immigrant population. In this chapter, I will capture elements of diversity within this group, and I will also include elements of resiliency.

A Glimpse of the World of Immigration

The process of immigration is intricate and it is important to understand its ramifications for the host countries, as well as for the new immigrants. Subtopics covered in this section include (a) immigration is crucial for economic, social, and cultural development; (b) immigrants' skills are underutilized; and (c) immigrant serving agencies.

Immigration is Crucial for the Economic, Social, and Cultural Development

Canada's economic future and its population growth are highly dependent on immigration (Esses et al., 2021). More specifically, Canada relies on the migration of internationally educated immigrants and students as an important part of maintaining workforce growth (Feenan & Madhany, 2021). The contribution of immigration to cultural diversity is often diminished, as the focus is placed on economics (Tastsoglou, 2020).

Immigrants' Skills are Underutilized

Despite government policies focused on attracting skilled immigrants, upon arrival in Canada, the disconnect between immigrants' skills and employer recognition of those skills often leaves newcomers unable to find employment commensurate with their qualifications, abilities, and experience. Many immigrants are left seeking opportunities in sectors unrelated to their employment history, accepting positions for which they are overqualified and/or deskilling, leading to wasted talent and huge costs to both individuals and society at large (Feenan & Madhany, 2021). Many immigrants only have access to low-income jobs and face difficulties in joining social networks, which leads to exclusion in the host country (George et al., 2015). Barriers to licensure prevented many internationally educated health professionals from contributing to the fight against COVID-19, when their skills and expertise could have really helped (Esses et al., 2021).

Even pre-pandemic, in Canada, new immigrants faced many barriers when accessing employment in Canada, such as the lack of acceptance of their foreign credentials by professional bodies and employers, language-related barriers including discrimination on account of speaking English with a foreign accent, and lack of prior Canadian work experience (George et al., 2015). Weir (2013) stressed that meaningful employment decreases feelings of isolation and provides opportunities for new friendships, cultural learning, and development of language skills. Weir added that barriers to employment can lead to feelings of frustration, lack of purpose, depression, and anxiety, which are among the risk factors for perpetrating intimate partner violence. Regarding financial cost, studies indicated that skilled immigrants lose over \$11 billion annually in earnings because their credentials are not fully recognized, resulting in lost tax revenues for the country as a whole (Esses et al., 2021).

Immigrant Serving Agencies

Most immigrant serving agencies, through both Immigration, Refugees, and Citizenship Canada and other funding sources, offer in-person, individual, and group activities to assist new immigrants in their employment search to secure their first job in Canada. As these agencies pivoted to online delivery of services, outdated technology tools and infrastructure were revealed, and staff needed training and support to manage working from home (Esses et al., 2021).

The COVID-19 Pandemic Compared to a Tornado

The WHO (2020b) recognized that the COVID-19 pandemic has deeply affected the well-being of people all over the world. Even outside of the context of a global pandemic, social integration is a complex process. Social integration includes immigrants developing a sense of belonging that stems from familiarity with a place and daily experiences and interactions (Barker, 2021). The International Organization for Migration (IOM; 2020b) noted that this population disproportionately experienced the impacts of the pandemic due to their weakened social support structures, limited socio-economic opportunities, limited access to health care and social services, precarious housing and working conditions, vulnerability to misinformation and xenophobia, and risks of exploitation. Within Canada, although the implementation of local lockdowns varied between regions, it was highlighted that the lockdowns caused intense feelings of isolation for recent immigrants (Hamilton et al., 2022). In the same study, Hamilton et al. (2022) noted that lockdowns were particularly triggering for refugees who had spent time in captivity, and the COVID-19 pandemic amplified existing structural inequalities, eliminating progress in employment, social connections, language development, and access to stable and affordable housing.

New Immigrants Were Affected Disproportionately by the Pandemic

Relocating to a new country is a complex process. Many new immigrants experience marginalization, discrimination, cultural conflict, and discrepancy between expectations and reality when immigrating, language difficulties, loss of contact with family and friends, loss of mother tongue, loss of culture itself, loss of landscapes and land, loss of social status, and loss of contact with the ethnic group of origin (George et al., 2015; Sánchez et al., 2021). Therefore, mental health experts urge professionals who work with immigrants to advocate on behalf of this population and to take into consideration that immigrants are at risk of psychological distress, and factors such as family separation and the threat of deportation are particularly harmful (American Psychological Association [APA], 2019; Miller et al., 2018).

Immigrants have suffered a disproportionate impact of the COVID-19 pandemic compared to the general population, and some ethnic groups are more at risk than others (Jaljaa et al., 2022). According to Jaljaa et al. (2022), risk factors include overcrowded housing, high-risk occupations, barriers to access information related to preventive measures (due to the language barrier or to their marginality), together with biological vulnerabilities. For new immigrants, the uncertainty associated with the COVID-19 pandemic has added to common pre-existing uncertainties, such as immigration status, access to health services, unemployment, social status, and unfamiliarity with the health and social services (Sieffien, 2020).

La Rochelle-Cote and Uppal (2020) found that the immigrant population was more likely than Canadian-born individuals to report that they were “very” or “extremely” concerned about their health (49% vs. 33%) and the health of other household members (69% vs. 50%). A systematic review by Hayward et al. (2021) revealed that in Canada, immigrants had lower rates of testing, but there was a higher percentage of positive cases in those tested. In reporting on the

same study, Hayward et al. (2021) indicated that refugees had the highest percentage positivity, at 10.4%, compared with 7.6% among other immigrants, and 2.6% in the Canadian-born population.

Specific Populations of Concern

New immigrants face unique challenges in the host country, and some subgroups have multiple layers of vulnerabilities to address. Subtopics covered in this section include (a) immigrant children and youth; (b) immigrant women; (c) immigrant lesbian, gay, bisexual, transgender, and Queer (LGBTQ+) communities; (d) older immigrants; and (e) international students.

Immigrant Children and Youth

Children's health and well-being are dependent on the health and well-being of the family unit, and this dependency may have been even more pronounced in the context of the pandemic (Glynn et al., 2021). Due to the social distancing measures imposed by many countries, children and adolescents no longer had access to external supports such as schools and daycares (Listernick & Badawi, 2021). Before the pandemic, rates of generalized anxiety and depressive symptoms in children were approximately 11.6% and 12.9%, respectively (Racine et al., 2021). Social isolation could escalate depressive symptoms and anxiety responses, such as intense worry and fear (Loades et al., 2020). All these stressors can lower immigrant students' academic and life satisfaction and consequently lower their subjective well-being (Brooks et al., 2020).

Immigrant children may be in a situation of double vulnerability as children and as migrants. Research revealed that during the pandemic, immigrant children have lost the social and emotional space for their development, social and cultural integration, were less physically active, had longer than usual screen time, had changes in their sleep patterns, and had less

healthy diets (Guruge et al., 2021). Compared to the non-immigrant children and youth, the immigrant population may face these additional challenges, as their parents may themselves still be adapting to the host country or may be working during the pandemic (IOM, 2020a). Even more, unaccompanied and separated immigrant children were in a more vulnerable situation, as they do not have the protection and care of their parents (IOM, 2020a). Disruptions in immigrant children's education due to closed schools, limited or no access to the necessary digital technologies, and the cancelation of extracurricular activities may have long-lasting impacts on children's language acquisition, socialization, and integration (Esses et al., 2021). The longer the separation, the more complicated the family reunification, and the greater the risk for children to experience difficulties, such as housing instability, food insecurity, interrupted schooling, poor academic performance, anxiety, and depression (APA, 2019).

Immigrant Women

Previous research has indicated that women are at particular risk of sexual and other forms of gender-based violence, abuse, and trafficking (WHO, 2019). New immigrant women were more likely to lose their jobs compared to Canadian-born women (Esses et al., 2021), with an almost 20% unemployed rate compared to approximately 13% of Canadian-born women. Canada is part of the Organization for Economic Co-operation and Development (OECD), and an analysis published on March 17, 2022, revealed the extent to which the Canadian society depends upon the frontline workers who are immigrant women employed in low-paid jobs, whose quality matches neither the importance of the work nor the risks involved. Studies on female new immigrants confirmed previous findings that showed an increased domestic burden on women, and significant losses to employment and income, due to school and childcare closures (Ornelas et al., 2021). It was also noted that new immigrant women had lower rates of

transition back to employment than Canadian-born women (Hou et al., 2020, as cited in Esses et al., 2021). For immigrant mothers who were engaged in paid employment outside the home before the pandemic, work provided a sense of freedom and time away from home and family responsibilities. Even those who were not employed in paid work prior to the pandemic noted that having to cater to their children and other family members who were always at home meant that they were not able to find any time for self-care activities (Guruge et al., 2021).

Immigrant Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) Communities

The IOM (2022a) recognizes that gender affects all aspects of the migration process, such as roles, expectations, relationships, and power dynamics associated with being a man, woman, boy, or girl and whether one identifies as lesbian, gay, bisexual, transgender, and/or intersex. Research indicated that the mental health of this population has declined by 50% during Wave One and by 54% during Wave Two (Canadian Mental Health Association [CMHA], 2021). In 2018, Canada was home to approximately one million LGBTQ+ people (Statistics Canada, 2021a), but there are no data about the number of immigrants in this category. In the United States, there are nearly 1 million adult immigrants who identify as LGBTQ+, and it was documented that immigration status can be a barrier to accessing financial support (Gruberg, 2020). Furthermore, for the immigrant LGBTQ+ population who have undocumented family members, economic difficulties are magnified by exclusion from financial relief offered by the government (Kline, 2020). The inequality experienced by LGBTQ+ communities places them at risk of being disproportionately harmed by the COVID-19 pandemic (Gruberg, 2020). Immigrant LGBTQ+ young persons with other marginalized identities, such as persons of colour or uncertain status, face increased risks of oppression and trauma because of various forms of social and structural inequality (Salerno et al., 2020).

Older Immigrants

Many older immigrants face social isolation, causing depression, reduced quality of life, decline in physical and neurological health, and mortality (Gardiner et al., 2018). Older adults grieve both immediate and anticipated losses, including the fear of losing health and life (Ishikawa, 2020). The above author describes some anxieties due to uncertainties and fears about not seeing their loved ones again in person or not being able to go to familiar places. Migratory grief and the loss of homeland, status, social environment, and cultural identity are common in older immigrants. This grief might also be exacerbated for study participants since they were no longer able to travel, due to their advancing age, to their homeland and feared being unable to travel once lockdown measures were lifted (Wang et al., 2021).

International Students

International students have experienced loss of income during the pandemic; more than 35% reported difficulty paying rent or utilities, and 18% had difficulty affording other basic necessities (Feenan & Madhany, 2021). They experienced separation from family members due to the border closures, and some have not been eligible for emergency social and financial relief (Cullen 2020; Kamil 2020, as cited in Esses et al., 2021).

Specific Issues for New Immigrants

When working with new immigrants, it is important that professionals are familiar with difficulties that might occur during the immigration process. Challenges can be present at any time, including before travel, during travel, during the initial settlement phase in the host country, and during the integration process in the host country, and there may be challenges to or revocation of the immigration status. By following these points, one can create an assessment tool for understanding and building rapport with the clients (Giacco, 2020). For example, the

tragic death of the Polish immigrant, Robert Dziekanski, brought sadness and indignation around the world, to this day. He was 40-years-old when he landed in Vancouver to reunite with his mother. He did not speak English, and he spent 10 hours wandering the international arrivals area unaware that his mother was in the public waiting area. He was frustrated following those 10 hours and the previous 14 hours of flights and could not find somebody to help him. He became agitated, and the officers intervened by taking him to the ground and using a Taser weapon on him. Dziekanski died within minutes of cardiac arrest. In Kamloops, the Robert Dziekanski Memorial Scholarship was created at Thompson Rivers University (Foulds, 2019).

Housing

New immigrants have struggled with accessing affordable housing during the pandemic, and many live in improper housing situations. They face the risk of homelessness due to job loss, increased costs, availability of affordable housing, and risk of eviction (Esses et al., 2021). Due to physical distancing regulations implemented by the Canadian authorities, schools rapidly shifted to online teaching. Living in crowded apartments and sharing one computer was common and problematic for families with multiple school-aged children. In total, 75% of the participants had two or more children; 30% had three or more children. Some families did not have enough bandwidth to have multiple Zoom participants (Guruge et al., 2021). With the Government of Canada aiming for high immigration levels, there is a desperate need for more affordable housing across the country (Esses et al., 2021).

Work and Economic Impact

Statistics Canada (2020), found that new immigrants had an unemployment rate of 11.6% compared to 7.6% percent for Canadian-born workers, indicating that recent immigrants have been adversely impacted by the pandemic in their daily lives. According to Esses et al. (2021),

the pandemic has exposed Canada's immense dependence on immigrants in providing care to the sick and elderly, and it has also exposed the risks that these individuals face in their daily work. This is particularly the case for health care workers and care aides working in long-term care facilities, which have been disproportionately affected by COVID-19. A report found that in Ontario, employment as a health care worker accounted for a disproportionate number of cases of COVID-19 in immigrants and refugees, with women and those from the Philippines, Jamaica, and Nigeria especially likely to be affected. As of September 2020, of all women infected with COVID-19 in Ontario, just over one-third were health care workers, and almost half of those are immigrants (Guttmann et al., 2020, as cited in Esses et al., 2021).

The OECD (2022) concluded that immigrants are over-represented in jobs that cannot be done remotely. During the crisis, they reported more job insecurity and lower overall health and mental well-being. Many migrants who are low-skilled and semi-skilled work in low-paid jobs that are dirty, dangerous, and demanding, and they often work for longer hours than host-country workers and in unsafe conditions but are less inclined to complain and consequently have worse work-related health outcomes (WHO, 2019). From February to April 2020, the rate of transition into non-employment for recent immigrants jumped from 2.7% to 17.3%, respectively (Feenan & Madhany, 2021). In the same report, it was noted that many of those who reported a job loss or reduction in hours were ineligible or unable to collect full-term financial benefits, such as Canada Emergency Response Benefit or full-term Employment Insurance, and many others said they were unaware of the option or thought themselves ineligible.

Family and Parental Stress

Past research has indicated that factors generating parental stress include parental unemployment, financial difficulty, and low levels of social support (Listernick & Badawi,

2021). During the lockdown, families were forced into their homes for a prolonged duration at home. Parental experience directly impacts a child's sense of well-being. Immigrant parents were afraid of the uncertainty surrounding the evolution of the pandemic and related restrictions, such as school closure and constant use of technology. While acknowledging the importance of technology in keeping their children occupied, connected, and learning, many immigrant parents reported significant stress about children's constant use of technology during the lockdown and the potential negative consequences on their physical and mental health (Guruge, 2021).

Previous studies have shown that excessive use of electronic devices may cause mental or behavioral problems that lead to low performance in study, reduced real-life social interaction, neglecting personal life, and changes in mood (Kahraman & Demirci, 2018; Soni et al., 2017, as cited in Duan et al., 2020). The impact of stressors such as prolonged duration at home; fears of infection; frustration and boredom; inadequate information; lack of in-person contact with classmates, friends, and teachers; lack of personal space at home, and family and financial loss all appeared to contribute to tensions in relationships between parents and children (Guruge et al., 2021). In addition, some parents did not speak English at all or sufficiently well enough to manage teachers' expectations and help their children learn. Due to language barriers and limited social networking, some immigrant parents were at significant risk for social isolation and an inability to access support from their ethnocultural communities (Guruge et al., 2021). Immigrant single-parent families, in particular those with multiple children at home and limited access to supports in the community, have experienced disproportionate job losses and loss of income, causing additional challenges in terms of fear and anxiety (Esses et al., 2021).

Family Reunification

Family reunification has a high significance for immigrants. It is known that the immigration process is often long and difficult due to financial challenges or immigration requirements, and there are instances when family members are separated from one another. Research indicated that a child's well-being is affected by parental stress, financial uncertainty, and disruptions in family relationships (Prime et al., 2020). In March 2020, Canada closed its borders to all categories of immigrants, including family class, leading to intense feelings of social isolation for immigrants (Esses et al., 2021). New immigrant families often aim for reunification, and it is relevant to note that the stress faced by the families of undocumented immigrants is significantly higher (APA, 2019; Hamilton et al., 2022). For example, for individuals who have family members left behind in conflict or war zones, there is an intense fear for the safety of their loved ones and an agonizing feeling of powerlessness to help those family members (Miller et al., 2018). Family reunification helps new immigrants to adjust to the new country. Parents, grandparents, and other extended family members help with providing childcare and elder care, so that immigrant workers can contribute to the country's economic growth (Esses et al., 2021).

Closure of Borders and Travel Restrictions

Before the pandemic, immigrants in Canada could benefit from various services to support their economic, social, and cultural integration into their new home country (Barker, 2021). Stay-at-home orders, physical distancing restrictions, and border closures have severely limited the movement of people (Feenan & Madhany, 2021). Due to border closures, many immigrants across the world have faced a loss of jobs, discrimination, and difficulty returning to their home countries (United Nations, 2020b). Programs and services for immigrants were

reduced to only address immigrants' safety and well-being during the Covid-19 crisis (Barker, 2021). Although in large Canadian cities some organizations continued to provide non-critical services, such as legal coaching, translation services, employment support, and career services, many of these continued services were only available online and unable to accommodate new registrants (Barker, 2021).

Certain subgroups of immigrants have been more impacted by the closure of borders. Arriving immigrants have been pushed back or quarantined at borders or forced to stay in unfamiliar or overcrowded transit sites (Hayward et al., 2021). Temporary immigrants, such as international students, various temporary visitors, and business people workers were unable to go back home and be under the protection of their own countries. Undocumented immigrants found themselves stuck within the host country with no income, struggling to survive, and unable to support their families at home, who were dependent on their labour. According to the Migration Data Portal (2022b), low- and middle-income national economies rely on the money or goods (remittances) that immigrants send back to family and friends in their home countries.

Access to Health and Other Public Services

Health is influenced by many factors. The social determinants of health are defined by the WHO (2022) as the non-medical factors that impact health, such as the conditions in which people are born, grow, live, and age, and the larger systems that shape people's daily lives. Immigrant populations are at an additional high risk of experiencing early health deterioration due to cumulative effects of social inequities, exposure to air pollution and environmental toxins, and low access to proper nutrition and green space for exercise and stress reduction (Satre et al., 2021; Walubita et al., 2021). During the pandemic, new immigrants who were hospitalized faced particular challenges. Visitors did not have access to hospitals, and they faced their illness alone,

without families who often serve as cultural mediators between them and the health system (Ross et al., 2020). For immigrant women, the access to sexual and reproductive health care services was limited; many did not benefit from prenatal care due to delays in receiving it because of payment barriers at hospitals, lack of referrals to gynecologists, or fears of being brought to the attention of the authorities (WHO, 2019).

For new immigrants in small towns and rural communities, the lack of public transportation contributes to social isolation and limited access to employment, health care, social services, and religious or cultural support (Helps et al., 2020, as cited in Esses et al., 2021). In such regions, limited access to broadband Internet has also increased new immigrants' feelings of isolation and made it difficult to connect to their loved ones (Esses et al., 2021). Traditionally, many immigrants go to church, and churches were no exception to the shutdown of in-person services. Science has validated the benefits of church attendance and prayer to physical and mental health: for example, group singing releases endorphins, decreases pain, increases social connection, and improves cognitive function in older adults (DeSouza et al., 2021).

Mental Health

In countries at all levels of income, the lower the socioeconomic position, the worse the health (WHO, 2022). For new immigrants, a supportive and protective environment is necessary for maintaining good mental and physical health. Isolation from community and other neighbourhood's adversities have been found related to health problems in new immigrant population (George et al., 2015). Research showed that newly arrived immigrants have better mental and physical health than the Canadian-born population (CMHA, n.d.; Pandey et al., 2022). Similarly, in the United States, new immigrants have lower rates of mood and substance

use disorders than the US-born population (Shekunov, 2016). With time in Canada, the immigrants' mental health declines, and this is even more apparent for specific subpopulations, such as immigrants from ethnic groups or low-income immigrants (CMHA, n.d.).

Most of the governmental services were either closed or were transitioned to online delivery, causing an increase in anxiety responses for most people, in particular new immigrants (Sieffien, 2020). Even before the pandemic, immigrants had the lowest rates of utilization of mental health care services (Satre et al., 2021). When the social distancing measures were adopted, many new immigrants were left in vulnerable situations of instability and isolation (Barker, 2021). The ability to build social connections has been found to be a helpful strategy for new immigrants when coping with immigrant-related stress (Garcini et al., 2022). Furthermore, studies also reveal that even before the pandemic, individuals who belong to minority ethnic groups underutilized mental health services (Satre et al., 2021). Barriers to accessing mental health services include difficulties to navigate the health care system, stigma, cultural and language barriers, lack of accurate information about eligibility, confidentiality concerns, access to the Internet, and lack of computer literacy (Sieffien, 2020). Other barriers include restricted access to health services, lack of flexible appointment times to accommodate irregular work schedules, lack of trust in the Western approaches to health, and differences in the perceptions of illness (Caulford, 2014).

A study by Pandey et al. (2022) identified barriers such as lack of transportation and childcare, the referral process to specialists and long wait times, dissatisfaction with the potency of medications, and the way health care professionals communicated health information. In a systematic review, Williams et al. (2021) highlighted that previous interventions found to be effective in reducing social isolation and loneliness may not be compatible with social

distancing: for example, helping others through volunteering. Recognizing and appropriately addressing mental health problems among new immigrants is often challenging due to language barriers, cultural norms, and specific stressors associated with immigration and resettlement (Kirmayer et al., 2011; Sieffien et al., 2020). It is important to note that interventions such as counselling and psychotherapy are proven to be effective for the treatment of mental health problems. In Canada, many psychotherapy services are not publicly funded, which means that marginalized people have limited or no access to these programs.

Immigration Status

The fear of deportation and harassment from law enforcement (i.e., raids and deportation) are highly distressing experiences, resulting in fear and isolation for immigrant families (APA, 2019). Due to the fear of deportation and family separation, mixed-immigration status families live under chronic uncertainty and impermanence, causing them emotional, financial, and social harm (Griffiths, 2019). For undocumented immigrants, obtaining legal status provides access to some resources that improve their well-being, such as healthcare, work, and education opportunities (Carillon et al., 2020).

Immigrant Detention

Canada uses immigrant detention less often than most other countries (Esses et al., 2021). Although numbers are relatively small, an independent audit on the detention process revealed the absence of fair procedures at the Immigration Division of the Immigration and Refugee Board of Canada, the largest independent administrative tribunal (Esses et al., 2021). To this date, there are concerns about indeterminate detention, the punitive use of immigration detention, and the failure of the Immigration Division to address conditions of detention (Esses et al., 2021).

Immigrant Deportation

The United Nations (2020b) reported that a high number of undocumented immigrants have been deported to dangerous environments since the COVID-19 pandemic began, forcing them to live in overcrowded conditions with limited access to sanitation and health care, making this group particularly vulnerable to infection. Undocumented immigrants may be excluded from social protection measures adopted during the pandemic, and they may not seek health care because they fear being detained or deported (United Nations, 2020b).

Immigration Deaths and Disappearances

Migrant deaths are defined as the deaths of people who die in the process of immigrating to a country different from their home country (Migration Data Portal, 2022a). IOM's (n.d.-b) Missing Migrants Project is the only current project that documents deaths of immigrants worldwide, and it has recorded the deaths and disappearances of more than 49,400 men, women, and children since starting data collection in 2014. The number of deaths is only an estimate, as many immigrant deaths go unrecorded due to challenges that include a lack of official sources to record data, such as the involvement of criminal actors in illegal immigration who may make survivors fearful of reporting deaths. In addition, bodies are often not found, or they are found after a long time, and deaths may not be reported to authorities. When deaths occur at sea, many bodies may not be recovered, and often the names of the passengers are not documented (Migration Data Portal, 2022).

Domestic Violence

Family violence often does not come to attention, even in a typical year (Statistics Canada, 2021b), and social distancing measures may increase the abuse, and family violence remains less exposed (Usher et al., 2020). For newcomer families at risk of family violence, the

conditions of lockdown coupled with family separation, living in crowded, multi-generational housing, concern with possible loss of income, and concerns for family members in COVID-19 hotspots abroad exacerbate incidents of violence and abuse (Esses et al., 2021). Forced proximity, coupled with economic stress, are risk factors for domestic violence (Usher et al., 2020). Immigrant women who experience domestic violence often feel isolated from others due to language barriers and cultural norms and may not get any help from their ethnic communities (Esses et al., 2021). Previous studies have shown that in some cases, the victims of domestic violence may be pressured by the members of their own ethnic communities into not exposing the abuse if the community's reputation may suffer (Shirwadkar, 2004).

Substance Use

The Mental Health Commission of Canada (2021) reported an increase in substance use during the COVID-19 pandemic, but it did not provide data on new immigrants. In the general population, a report released in March 2022 by the Government of Canada indicated that during the first year of the pandemic, there was a 95% increase in opioid toxicity deaths (April 2020–March 2021, at 7,224 deaths), compared to the year before (April 2019–March 2020, at 3,711 deaths). Since then, deaths have remained high, according to the same source. In the same report, it was noted that the factors that may have contributed to a worsening of the overdose crisis during the pandemic included the increasingly toxic drug supply; increased feelings of isolation, stress, and anxiety; and limited or no access to safe injection sites; and changes in the availability or accessibility of services for people who use drugs. Many people who abuse substances have been exposed to traumatic events as children or adults (Simmons & Suárez, 2016). Types of trauma that new immigrants and refugees often experience include forced immigration, family separation, separation anxiety, loss of resources, exploitation, or trafficking (Murray, 2022).

Although in Canada immigrants have lower rates of substance use than the non-immigrant population, the risk of substance use increases with acculturation and other types of stress (Li et al., 2021). Satre et al. (2021) found evidence of higher rates of mental health conditions and substance use among essential workers and family caregivers of adults.

Social Attitudes: Discrimination, Stigma, Xenophobia

Research indicated that fear of the unknown leads to intense emotional responses in people (Balaratnasingam & Janca, 2006; Bauomy, 2020), and distorted perceptions of risk will lead to negative social behaviours such as discrimination, stigmatization, and scapegoats (Mowbray, 2020, as cited in Torales et al., 2020). New immigrants have been particularly vulnerable to discrimination, xenophobia, hate speech, marginalization, and other acts of aggression (Sengupta & Jha, 2020; Vigo et al., 2020, as cited in Chigangaidze, 2020). Consequently, this group will be more vulnerable to the sequelae of the pandemic than others (Prime et al., 2020). One group that has been stigmatized throughout Canadian history is Chinese immigrants. Many preconceived and negative ideas about Asians are deeply ingrained in the Canadian population (Esses et al., 2021). Prejudices against Asians resurfaced during the COVID-19 crisis, and leaders of the Chinese communities in British Columbia have voiced concerns that for Chinese Canadians, the impact of the pandemic has been magnified by racism aimed at individuals and businesses (Canadian Press, 2021; Hayward et al., 2021). Chinese and other Asian immigrants have been particularly targeted due to the original emergence of the pandemic in China, with reports of bullying, awkward behaviour, avoidance of Chinese restaurants and shops, and physical attacks (Hayward et al., 2021).

Choi et al. (2021) brought to attention that race-based and other demographic information on COVID-19 cases have not been collected consistently across provinces in Canada, and this

omission reflects a longer history of resistance to or ambivalence about race. Khunti et al. (2020) explored how media coverage contributed to feelings of stigmatization and blame in ethnic minority communities. In their study, they described how the information presented in the media was not based on data from the public health agencies but on speculations made that the celebrations of a religious festival contributed to a rise in infection rates. For immigrants with language barriers, the lack of available translated information about the virus has meant relying on social media to obtain advice that may not be accurate (Ross et al., 2020). On a positive note, the Chinese communities responded to xenophobic attacks by launching the campaign #imnotavirus. The campaign has gone viral on social media and features Asian people everywhere taking a stance against xenophobia (Bauomy, 2020).

Resiliency, Innovation, and Solutions: New Immigrants' Resiliency

On the one hand, the pandemic has been a challenging time, and many researchers have studied the negative impact on the mental health and well-being of new immigrants. On the other hand, adversities can motivate people to be creative, kind, and united (Bastian et al., 2018). Although new immigrants often face many challenges, such as poverty, discrimination, unsafe jobs, or social isolation, they are resourceful in addressing such adversities and demonstrate a remarkable pattern of strengths (Garcini et al., 2022; Weir, 2013). During the pandemic, many immigrants have continued to show strength and resilience by performing essential jobs in many essential industries (Jawetz, 2020, as cited in Garcini et al., 2022).

Crooks (2020) identified healthy coping strategies, such as cultivating gratitude behaviours, mindfulness, and breathing practice. In another study, it was noted that the impact of the pandemic on the mental health of children may be ameliorated by the presence of family routines (Glynn et al., 2021). The quality of family relationships has been shown to support

children's coping with disasters and other severe adversities, and families who nourish their relationships and value shared beliefs have been able to provide a safe environment for children during the time of fear and uncertainty (Masten & Narayan, 2012, as cited in Prime et al., 2020). Previous research on immigrants' resiliency has highlighted that individual values, such as courage, ancestral and cultural pride, hopefulness, determination, accepting suffering as part of life, adapting to new challenges, and having clear goals as a vision of the future, are effective strategies used to overcome adversities (Yakushko, 2010, as cited in Garcini et al., 2022).

Innovation and Solutions

In the context of the Covid-19 pandemic, efforts have been made to respond to the crisis. Subtopics presented in this discussion include (a) facilitated access to health and social services, (b) innovation of screening tools, (c) family support, (d) spread of virtual services and technology innovation, and (e) free online mental health resources.

Facilitated Access to Health and Social Services

In an effort to reduce the spread of the virus and to facilitate access to health services for each individual, some countries have granted temporary residency rights to all immigrants in an irregular situation and have made all coronavirus treatment free to all, while other countries have suspended arrests of irregular immigrants (United Nations, 2020b).

Innovation of Screening Tools

Lee (2020) created the Coronavirus Anxiety Scale (CAS), a brief mental health screener for cases of elevated anxiety caused by the COVID-19 pandemic. Higher CAS scores were found to be correlated with COVID-19 diagnosis, alcohol/drug use, negative religious coping, hopelessness, suicidal ideation, as well as attitudes toward Chinese products (Lee, 2020).

Family Support

In Canada, schools that usually provided lunches to immigrant children from low-income families continued to offer meals through a pick-up or delivery system. Food banks have reported a rise in usage during the COVID-19 period, indicating that many immigrant families need to rely on such services to put food on the table (Esses et al., 2021). Researchers identified that maintaining a structured and predictable home environment by adherence to family routines provides stability for children (Glynn et al., 2021).

Spread of Virtual Services and Technology Innovation

The pandemic accelerated innovation, and the adoption of new technologies has brought changes in many sectors, such as health care, education, and financial services (Feenan & Madhany, 2021). In order to reduce physical interactions, visits to the doctor, and other services, procedures have been offered virtually. New mobile health applications have been created as a result of COVID-19 (de Bienassis et al., 2022). Studies of mental health apps and other digital therapies have found that interventions for depression, anxiety, and substance use, such as psychoeducation, activity tracking and scheduling, and mindfulness practice, can be adapted to electronic modalities (Satre et al., 2021).

Free Online Mental Health Resources

Bounce Back, Wellness Together Canada, WellCan, and MindBeacon are a few examples of virtual resources that have been offered at no cost. In addition, programs to manage worries and anxieties offer programs for adults, children, and teens (Anxiety Canada, n.d.). The COVID-19 pandemic has been an opportunity to learn acceptance of feelings, distress tolerance, and skills for moving forward with courage, despite uncertainty (Lakehead University, 2020). To support students, which is presented on this university's website, is a workbook developed by

Nagasawa (2020): *Tolerance for Uncertainty: a COVID-19 Workbook. A Guide to Accept Your Feelings, Tolerate Distress and Thrive*. Non-profit platforms, such as Palette, have offered free training programs, such as Skills Training Space. The ADaPT (Advanced Digital and Professional Training) program has been offered by Ryerson University (n.d.) and provides digital literacy, research, business finance, communications, and career skills training. NPower offers free technical and professional skills training, job placements, and continuing education and mentorship support for five years post-hire (Feenan & Madhany, 2021). It is important to note that these programs are not designed specifically for immigrants. On the official website, NPowerCanada.ca, there are details about eligibility for the program, including a requirement for applicants to have a valid social insurance number, which implies that temporary or undocumented immigrant groups are excluded.

In British Columbia, the Multi-Lingual Orientation Service Association for Immigrant Communities (MOSAIC, n.d.) is one of the largest settlement nonprofit organizations. According to their official website, MOSAIC supports immigrants and refugees through programs delivered both virtually and in person. Other immigrant resources are provided in British Columbia and across Canada, by Local Immigration Partnerships (Langley Community Services Society, n.d.), funded by Immigration, Refugees and Citizenship Canada. The Local Immigration Partnerships' mandate is to develop and implement plans to improve immigrant and refugee settlement and integration. In Langley, the Local Immigrant Partnership's (LLIP) team is actively selecting its members, according to Langley Community Services Society (n.d.). Although LLIP's initiative is commendable, key actions are planned to take place over the next two years, and definitely more needs to be done. Research indicated that online resources have been accessed mostly by people connected already with the health care system, and barriers to virtual resources include

privacy concerns, preferred in-person health care supports, belief that the system is not helpful, and not knowing that resources existed (Jenkins, 2020).

Conclusion

In this literature review, I presented the COVID-19 crisis as an unprecedented event that has caused major disruptions for most of the population; yet for new immigrants, especially groups in precarious situations, it was an exacerbation of pre-existing difficulties (Carillon et al., 2020). Although significant efforts have been made by government and non-government agencies and organizations, there was a lack of coordinated interventions to address challenges faced by new immigrants during the pandemic. Research showed that resources exist, but there are barriers to accessing them. For mental health practitioners, learning about the specific challenges and inequities that new immigrants face will ensure proper assessment and treatment for this population. The literature review explored experiences of specific new immigrant subgroups and specific challenges they may face, and elements of resiliency were presented.

Chapter Three: Discussion, Ethics, and Recommendations

The literature explored in this paper is representative of a small sample of all the research that explored the impact of the social distancing measures adopted during the COVID-19 pandemic on the mental health of new immigrants. Although this research highlights some of these effects on the new immigrant population, and it identifies some solutions to mitigate the impact of containment measures, it is important to mention that this paper is not a complete coverage of the above-mentioned aspects. It is a snapshot of the new immigrants' experiences during the pandemic, and it reflects my personal view on what is most helpful in understanding the topic. The literature consistently showed that the new immigrant population has been disproportionately affected by the COVID-19 pandemic, and certain subgroups, such as women, children, and ethnic groups, have faced multiple layers of disadvantage and oppression.

Discussion

Without a doubt, the COVID-19 pandemic is unprecedented in human history. The priority has been to contain the spread of the virus, and as a result, many countries have imposed restrictive measures, such as social distancing, lockdowns, closure of borders, and closure of services, except for essential services. Many industries have collapsed, and the health and social services systems have experienced extreme overwhelm. Although Canada relies on immigrants for economic, societal, and cultural progress, the pandemic revealed long-standing deficits in the health and welfare systems. Previous research (Barker, 2021; Chigangaidze, 2020) had described the new immigrant population as a vulnerable group, yet little has been done to support them. Research conducted since the beginning of the pandemic consistently suggested that during this time, health disparities and social inequities have deepened (Carillon et al., 2020; Hintermeier et al., 2021; Pandey et al., 2022; Satre et al., 2021; Walubita et al., 2021). As mentioned in the

previous chapter, immigration services have slowed down their activities, and racism, discrimination, and xenophobia attacks have amplified. Important agencies and organizations, such as WHO, IOM, and OECD, recognize that the well-being of the new immigrant population has been affected by the social distancing measures adopted during the pandemic, and this group has faced additional barriers during this time. Although a picture is emerging, the extent to which immigrants have been impacted by the COVID-19 pandemic is not fully known, and it indicates that solid data collection and future planning is needed (Hayward et al., 2021).

Key Findings

During the COVID-19 pandemic, new immigrants and ethnic minorities were at increased risk of contracting the infection, due to factors that include high-risk occupations, overcrowded and substandard housing, homelessness, multi-generational (dense) housing, as well as barriers to access information about preventive measures due to the language barrier or marginality (Jaljaa et al., 2022). Certain groups of new immigrants were excluded from financial support. Immigrant-dependent industries have been affected by the closure of borders and the lack of mobility. Immigration services slowed down their activity, causing delays in processing visas and immigration status requests. Numerous studies highlighted that the pandemic has made visible the need for solutions to address long-standing deficits in health system information and communication systems in many countries (de Bienassis et al., 2022). Studies conducted in 53 European WHO countries revealed that there is a need for advocacy for inclusive policies and actions tailored to reach immigrants (Jaljaa et al., 2022).

A systematic review by Hayward et al. (2021) revealed that there are few health databases with information on ethnicity, and for the most part, these fail to capture migration status. Choi et al. (2021) found that in Canada, the provincial and federal governments do not

make racial and socioeconomic data on COVID-19 patients available to researchers. Large-scale research showed that new immigrants have been significantly impacted by the pandemic and are recovering at a lower rate than the non-immigrant population due to factors such as discrimination, lack of social networks needed for job search or career change, and high concentration in low-skilled occupations and sectors (OECD, 2022). Lockdowns were particularly difficult for refugees who had spent time in captivity, as the pandemic has amplified existing structural inequalities and has eliminated progress in employment, social connections, language development, and access to stable housing (Hamilton et al., 2022).

Ethics

It is vital for mental health professionals to address the suffering of the underrepresented or marginalized groups in society (Vasquez, 2012, as cited in Prime et al., 2020). APA (2019) has promoted policies that consider the well-being of immigrants and refugees, and particularly families, including the provision of appropriate mental health and social services. In 2017, the APA Council of Representatives adopted the *Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality*, which takes into consideration broader aspects of culture, such as ethnic culture, sexual orientation, or gender identity. For the first time, in 2019, the Council developed the *APA Guidelines for Psychological Practice for People with Low-Income and Economic Marginalization* (APA Council of Representatives, 2019a) and approved the *APA Race and Ethnicity Guidelines in Psychology: Promoting Responsiveness and Equity* (APA Council of Representatives, 2019b). These guidelines include recent findings on the effective understanding of ethnically and culturally diverse clients and help mental health practitioners to respond appropriately to them.

The British Columbia Association of Clinical Counsellors (2014) code of practice contains principles that apply to all people in need, but it does not particularly address the immigrant population. The association's *Code of Ethical Conduct and Practice Standards* provides guidelines and standards for Registered Clinical Counsellors to apply in their professional practice. Principle 1 stipulates that "Respect for the Dignity of All Persons and Peoples should be given the highest weight" (p. 3) and instructs clinicians to

avoid derogatory comments about individuals or groups, including demeaning jokes based on characteristics such as ethnic and cultural background, gender, class, age, sex, sexual orientation, nationality, color, race, religion, marital status, physical or mental abilities, socioeconomic status, or any other preference or personal characteristic, condition or status. (p. 4)

In the same document, guidelines on page 5 encourage clinical counsellors to engage in ongoing self-examinations and incorporate principles of respecting diversity, which pertains to immigrant clients.

Recommendations

The recommendations of this study are organized in two categories. The first set of recommendations are formulated for counsellors who work with new immigrants. The second set of recommendations urge policy makers to protect the new immigrants' well-being, to expand their access to resources, and to include them in the decision making of policy formulation.

Recommendations for Counsellors

When working with new immigrants, it is important for clinicians to inquire about the immigration history, to identify any pre-migration or post-migration adversities, and to not assume that an individual's current challenges may be related to COVID-19 only (Sieffien et al.,

2020). It is also important that the rules of confidentiality and disclosure are discussed in a way that respects the client's cultural context and values (Kirmayer et al., 2011). Previous research has documented that contrary to the mainstream cultural expectations of punctuality, regularity, and prompt response to calls, many under resourced new immigrants are not always able to maintain a regular attendance (Falicov et al., 2020).

In my opinion, it is important that counsellors inform immigrant clients on the societal and cultural norms of the host country. Having this knowledge, new immigrants place themselves in a position of advantage that allows them to choose the best options available for their needs and wants. Clinical counsellors are ethically responsible for providing services through a culturally informed lens and addressing intersectional inequalities that immigrant population often face. I believe that while advocating for clients' rights is vital for supporting them, it is also important to maintain a balance between ethical obligations to the client, ethical obligations to the agency where counsellors work, and a good working relationship with other service providers that support immigrant clients. Maintaining this balance can create ethical dilemmas for counsellors, such as conflict of interest, or confidentiality issues for the clients. Experts in multicultural counselling caution practitioners that:

Counseling [has] done great harm to culturally diverse groups by invalidating their life experiences, by defining their cultural values as deviant and pathological, by denying them culturally appropriate care, and by imposing the values of a dominant culture upon them. (Sue & Sue, 2008, as cited in Wendt et al., 2015, p. 5)

Recommendations for Policy Makers

The second set of recommendations urges policy makers to address systemic barriers faced by new immigrants. Experts advocate for the inclusion of this group population in creating

local and national recovery plans, taking into consideration the intersection of vulnerabilities such as immigration status, race, gender, and income (Centre for Addiction and Mental Health, n.d.; United Nations, 2020a). This is possible through the participation of elected leaders in communities, trusted spokespersons, and channels, as well as national and local organizations representing such groups (Koval et al., 2022). Subtopics presented in this section include recommendations for (a) tackling challenges faced by specific populations of concern, (b) protecting the new immigrants' mental health, and (c) removing barriers to labour market and evaluation of credentials.

Specific Populations of Concern. Previous literature has highlighted the need for culturally specific programs to support immigrant women and the need for more awareness of domestic violence within the immigrant communities (Shirwadkar, 2004). The research conducted on immigrant women impacted by social isolation during the pandemic supports the need to assist this group with childcare support, career assistance, training, and mental health services (Esses et al., 2021; Feenan & Madhany, 2021). Studies on other vulnerable groups, such as older immigrants, indicate that anti-ageism and anti-racism practices and policies are needed to better support this subgroup (Wang et al., 2021). In addition, other experts highlighted the need for more research on the impact of experiencing social inequality over the life course (Walubita et al., 2021). Evidence showed that members of the LGBTQ+ new immigrant community have experienced mental health distress during the pandemic. Public health stakeholders must adopt strategies to increase the visibility of the mental health challenges faced by LGBTQ+ new immigrants during the pandemic and create programs regardless of the immigration status (Salerno et al., 2020).

Mental Health. The research on interventions to protect the mental health of new immigrants from the effects of social distancing measures during the COVID-19 pandemic was limited. There is a growing body of research that advocates for the inclusion of the new immigrants and refugees into national policy plans, in order to protect this population from health and social inequities (Carillon et al., 2020; Hintermeier et al., 2021; Pandey et al., 2022). Similarly, recommendations formulated by Carillon et al. (2020) promote a participatory approach, so that the immigrant groups can take part in the decisions that affect their lives, promoting health by considering the individuals' environments and regularizing undocumented immigrants, as the legal status directly affects immigrants' physical and mental health. There is a need for research on the effects of COVID-19 on mental health and how to mitigate those. The negative impacts of COVID-19 on mental health place added burden on Canada's already overwhelmed mental health system; therefore, decision-makers need to step up and make mental health a priority by investing in a long-term, system-wide response (Centre for Addiction and Mental Health, n.d.; Williams et al., 2021).

Labour Market and Evaluation of Credentials. It is not surprising that numerous researchers recognized the systemic barriers faced by foreign-trained professionals and have recommended changes in the process of assessment of immigrants' credentials (Feenan & Madhany, 2021; Williams et al., 2021). In addition, immigrants with different skillsets, including family members who do unpaid care work, face barriers to employment that need to be addressed. In Canada, there is a need for provision of stable funding for bridging programs for internationally trained health care workers as well as a need to review career progression pathways for internationally educated health care professionals (Esses et al., 2021). It is recommended that accurate and timely labour-market information is available and accessible

to newcomers, even prior to their arrival in Canada (Feenan & Madhany, 2021). Policy actions must be devoted to making sure that new immigrants have the skills needed for the job market, and it must address the underlying causes of discrimination, which contributes to the persistent structural disadvantages faced by immigrants and ethnic minorities (OECD, 2022).

Limitations of the Study and Areas for Future Research

This paper does not include any data from working directly with immigrants, and I believe that if I did more hands-on research, for instance, interview participants, it could be a more accurate reflection of the experiences of those immigrant populations. This study is aiming to provide a general overview on the impact of the pandemic on various new immigrants and difficulties they commonly face in the host countries. The content of the explored literature reflected my particular interest in immigrant subgroups and specific issues they commonly encounter. The interpretations of the research findings rely on my judgement and subjectivity as a researcher. Many researchers have expressed they had limited access to data because ethnic data are either not collected, or they are not made available to researchers. In most of the studies, data were collected at one specific time frame in the pandemic, so it is vital to note that these studies reflected snapshots in a long-lasting process, and the specific characteristics of the time frame might have effects on the results. Large-scale comparative studies of multiple groups, and across multiple countries, would provide a better understanding of the challenges faced by the new immigrant population during the COVID-19 pandemic. The authors of the analyzed studies might have held biased views due to their cultural backgrounds or perspectives of certain issues, which can affect the material's accuracy. Also, it is possible that researchers have biases toward data and results that only support their hypotheses or arguments.

Another limitation relates to sampling methods, such as low number of participants or selection of convenience samples, with some overrepresented or underrepresented background characteristics. It is important to mention that due to lack of technology, relevant subgroups may have been excluded from studies in which data were collected through telephone interviews and online questionnaires. Further research should explore the impact of the pandemic on new immigrants who do not have access to technology, by interviewing them in person, when safety requirements are met. Immigrant researchers would bring a lived experience lens to the research and inform data analysis in a more inclusive way.

Additionally, to assess whether a particular type of intervention has been helpful, or not, in supporting new immigrants during the pandemic, it would be helpful to have baseline information on such interventions. The pre-pandemic literature on efficient interventions for new immigrants was scarce. Research indicated that among these interventions, some are not applicable in the context of social distancing: for example, volunteering activities. Future research is needed to address this gap in the literature to explore these factors. The COVID-19 pandemic has been rapidly evolving, and its long-term effects on the mental health of the new immigrants are not yet clear. To understand the long-term impacts of the pandemic on the well-being of the new immigrants and to identify what interventions are helpful, follow-up and longitudinal studies are necessary. This population will continue to be at a disadvantage if the social determinants of health are not appropriately addressed by all sectors and civil society (WHO, 2022).

Conclusion

As I am writing this chapter, the Omicron has become the dominant COVID-19 variant, and once again, some borders are closing. Despite the challenges Canada continues to face

during the ongoing COVID-19 pandemic, there is no doubt that immigration will continue to be an important part of Canada's post-pandemic recovery strategy (Esses et al., 2021; Hamilton et al., 2022). Without a doubt, the COVID-19 pandemic has been a shocking reality, difficult to cope with, as it was a major and unprecedented situation for our generation. I found myself shaken to the core, unprepared for this big challenge, and the fear of death was very present and often fueled by the media. Social distancing was not easy to handle, and not seeing familiar faces and physically touching family members was scary. Long-term impacts for the whole society remain unclear. I had to quickly motivate myself to learn new skills for the virtual community that started to develop. I grew through these challenges, and I cultivated resiliency. The impact of the pandemic on my personal life and close community made me reflect on my immigration journey, and I asked myself: What if my journey as an immigrant would have started now? This led me to address this topic, which is close to my heart.

Moving on, my goals are to stay up to date with the recent research/literature and stay connected within the scientific community, looking for existing resources that have been validated by legit studies and constantly brainstorm these ideas with my trustworthy professional networking. This will also serve the purpose of better supporting the population I will work with, and I will have a good base for developing my project in assisting new immigrants as detailed in the first chapter.

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