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Well-Being and Mental Health of Arab-Canadian Immigrants

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Mental health is a term which encompasses "a positive sense of well-being, or the capacity to enjoy life and deal with the challenges we face" (Canadian Mental Health Association, p. 1). Both risk and protective factors have previously been found to be associated with Arab immigrants' mental health. Some documented risk factors for poor mental health include economic stressors, weak English language proficiency, and trauma (Lemaster et al., 2018), whereas documented protective factors for optimal mental health include trait resilience (e.g., Lemaster et al., 2018). Given the risks that Arab immigrants face before and after migration, effective coping strategies are vital for their success in a new country. The way that a person chooses to cope with stressors is embedded in a person's culture, values, and customs (Lazarus & Folkman, 1984). This study examined self-reported risk and protective factors in relation to mental health, and the relation between acculturation and coping.

Participants in the quantitative study included 172 1st generation Arab Canadian immigrants with origins from any of the 22 countries in the Arab League of States. Participants were recruited from the community ($n = 100$) and a psychology participant pool in southwestern Ontario ($n = 72$). Participants were on average 29 years old and were most often Iraqi Muslim females with some university education.

All participants completed either an online or in person set of questionnaires that addressed their mental health (i.e., well-being and mental illness outcomes), various risk and protective factors, and coping strategies. Next, a subsample of these participants with a range of mental health outcomes participated in a qualitative interview to further elucidate quantitative findings. Results from the study suggested that younger age at immigration, female gender, weak English language skills, socioeconomic problems, immigration problems, self-criticism coping, and avoidance coping were associated with more negative mental health indicators (e.g., lower well-being, higher levels of mental illness), whereas trait resilience and support from other coping were associated with more positive mental health indicators. Additionally, higher levels of Arab orientation were associated

with higher levels of collective coping, whereas higher levels of Canadian acculturation were associated with higher levels of engagement coping.

These results have several implications for policy and practice. Given that adversities place some immigrants at risk for mental health problems, these results can support Canada's goal to successfully integrate immigrants into Canadian society by informing policy makers of potential risk and protective factors in this group. By improving the quality of life of adult Arab immigrants, these individuals will be empowered to provide better care and advocacy for themselves and their relatives. If immigrants are better able to cope with their symptoms, they are less likely to require costly interventions later on.