

Family Influences on the Emotional Well-being of Newcomer Youth in Canada

By

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A thesis submitted to the Faculty of Graduate Studies of
The University of Manitoba
in partial fulfillment of the requirements of the degree of

MASTER OF ARTS

Department of Sociology

University of Manitoba

Winnipeg

Abstract

An issue yet to receive much attention in the literature in medical sociology is how family systems may influence the emotional well-being of youth in Canada, particularly among newcomer youth. This study applies the family systems model of Kitzman-Ulrich and her colleagues as the principal theory to examine the emotional well-being of newcomer youth in Canada. Using data from the New Canadian Children and Youth Study (NCCY) on 979 newcomer youth, it explains how family systems and other factors may influence emotional health of newcomer youth. Data were analyzed using multiple approaches. The multivariate analysis includes seven Ordinary Least Squares (OLS) regression models – examining and comparing different groups: an overall model, and separate models for male, female, Mainland Chinese, Hong Kong Chinese, Filipino/a, and immigrant are performed. The results of this study reveal that variables within the family systems model are weak predictors of the presence of emotional problems among newcomer youth in Canada. Among four family systems variables used in the analyses, family cohesion, permissive parenting, and parental discipline are either weak or insignificant predictors; only parental praise is statistically significant. Furthermore, they are weak predictors compared with other factors beyond the family, such as age, time in Canada, being bullied at school, being immigrant, use of illegal/controlled substances, and being from a Mainland or Hong Kong Chinese group (for females only). The thesis ends with a discussion of limitations, future research, and policy suggestions.

Acknowledgements

Throughout this thesis for my second master's degree in a country different from my own, I am indebted to many people for their cooperation, academic assistance in various sectors of the thesis, and moral support in coping in an unfamiliar socio-cultural environment.

I would like to express my profound gratitude to my supervisor, Dr. Lori Wilkinson, who showed me the prospective field of my thesis at the very beginning of our conversations through emails and finally guided my thesis in the right direction. She not only considered me as her thesis student, but also helped me find out appropriate dataset that saved both my time and a great amount of money. Her cooperative, caring, and amiable personality helped me not to feel stressed while doing the thesis. She allowed me to discuss with her my thesis whenever it was needed. Her methodical supervision, necessary comments, and encouragement helped me to give my thesis an academic shape. On top of that, while providing me with academic support in my research, Dr. Wilkinson helped me at the time of difficulties I faced as an international student. Without her guidance and strong supervision it would not have been possible for me to complete my thesis on time. I am indebted to her in many ways in helping with my master's program also.

The authority of New Canadian Children and Youth Survey (NCCYS) allowed me to use their data in my study. Without their permission it may not have been possible for me to complete my study in my desired field. I am grateful to them.

I gratefully acknowledge the help of Dr. Laura Funk, Assistant Professor, Department of Sociology, and Dr. Randy Fransoo, Assistant Professor, Community Health Science, University of Manitoba. They assisted and provided me with necessary directions during my thesis work. They sacrificed their valuable time to read my thesis and give comments on it, which was helpful for me to organize the thesis.

I would like to acknowledge the University of Manitoba Graduate Fellowship and the International Graduate Students Entrance Scholarships from the University of Manitoba as sources of my funding, which assisted me in completing my thesis along with my MA degree.

I am also thankful to the Shahjalal University of Science and Technology for allowing me to travel abroad for higher study with a paid study leave as per the university rules.

My heartiest gratitude goes to my mother too. She, as my only source of inspiration and well wisher, sacrifices a major portion of her life to help me become an educated person. Her

relentless encouragement and support pave the ways of hoping for better and restoring efficacy in times of emotionally challenging moments. Whatever I am now is the result of her sacrifices.

Dedicated to my parents:

Jahanara Begum Chowdhury
&
Late Abdul Bari Chowdhury

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Chapter 1

INTRODUCTION

1.1 Background of the Study

Health and well-being is an important goal for any individual, family, society, and country. It is in a country's best interest that its newcomers have access to programs and resources that ensure health and well-being, not only because of its moral obligations, but also as a cost-saving measure. Programs and policies that promote health mean reduce health care costs later on. To accomplish this goal, the government of Canada, like many other countries, is committed to ensure the health and well-being of its population irrespective of age, sex, race, or citizenship status. Because, the country has been experiencing the arrival of a large number of immigrants over the past five decades, health has become a prominent concern.

According to the report of Citizenship and Immigration Canada (2013) between 2004 and 2013, approximately 885, 556 children and youth arrived in Canada – about 35% of all newcomers were 24 years of age or younger – a sizeable demographic group. Among them about 14% were refugee children and youth, 59% were from 0-14 years old and 41% were aged 15-24 years (Citizenship and Immigration Canada, 2013a, 2013b). In summary, the health and well-being of newcomer children and youth is a crucial aspect for the Canadian government in order to make a healthy and active nation. Readers should be aware that one in five children and youth living in Canada were not born here (Beiser et al., 2011:103; Statistics Canada, 2011), and that number is significantly higher in Canada's biggest cities. In some areas of Toronto, for example, over 80% of the high school population was born outside the country.

1.2 Mental Health Situation of Youth in Canada

Studies of the determinants of mental health among Canadian children and youth are plentiful and recognize the fact that mental health is a serious problem within this group. Approximately one in five of them are affected by different types of mental health problems including mood disorders, anxiety disorders, substance abuse and other problems (Smentanin et al., 2011:6). A report of the Canadian Mental Health Association (CMHA, n.d) shows that between 10 and 12% of Canadian youth experiences from some form of mental illness. The Standing Committee on Social Affairs, Science and Technology (2004, as cited in PHAC 2009) confirms this figure, as does research by Wilkinson and her colleagues (2010) and Leitch (2007, as cited in Wilkinson, 2010). This figure is similar to international studies conducted by the World Health Organization (PHAC, 2009). One of the most significant disorders amongst this age group is attention deficit and hyperactivity disorders, affecting about 5-10% of school aged children (Statistics Canada 2002b, as cited in Wilkinson et al., 2010).

Refugee children and youth are more vulnerable to post-traumatic stress disorder (PTSD) and other anxiety disorders than other mental health issues (Health Canada, 1999; Hyman et al., 1996). The estimation is large, ranging from 11-89% of refugee children and youth experience PTSD (NIMH, 2013). Other studies report that psychological symptoms of refugee children persist long-term in comparison to immigrant and Canadian born children and youth (Carlson, 2005; Lustig et al., 2004). A cursory examination of the literature on newcomer youth reveals two things. First, there is very little information about the mental health status of newcomer children and youth in Canada; and second, of the small amount of literature, most of it focuses on refugees to the exclusion of other newcomer groups.

The mental health of all children and youth is a matter of concern for the Canadian government. The Government of Canada (2006) finds that among those experiencing mental health disorders, about 70% begin during childhood or adolescence, so an understanding of this issue is very important in assisting newcomer youth to successfully integrate into Canadian society as adults. In addition, young people of ages between 15 and 24 are more likely to experience mental health problems than those of any other age (Statistics Canada, 2013).

Emotional problems is one of the many aspects of mental illness and is comprised of a group of interrelated outcomes including inability to maintain satisfactory relationships, difficulties learning, inappropriate behaviour, unhappiness, depression, and unreasonable fears (Kavale et al., 2004). In Canada, the emotional problems of children and youth have received considerable attention. A report by the Carthy Foundation and the Max Bell Foundation (2013) shows that in 2010, 35% of girls and 27% of boys in sixth grade, and 44% of girls and 28% of boys in grade 10 reported some amount of emotional problems, including depression, sadness, anxiety, and sleeping problems. Another report by the WHO (2006) on emotional health among Canadian school-aged youth shows that between 21% and 26% of boys, and 24% to 38% of girls suffer from depression. The report also shows that beginning in grade 7, girls are more likely to feel helpless and bad tempered more than once a week. Therefore, emotional problems are a topic to be explained in the context of sociological investigation.

1.3 Focus of the Study

There is a dearth of knowledge regarding factors affecting the health of newcomer children and youth, particularly their emotional well-being (Beiser et al., 2010; Bernhard et al., 2008), and the social determinants are largely ignored. This thesis examines the extent to which factors that

affect the emotional well-being of newcomer youth, a topic largely ignored in the research literature both in Canada and elsewhere. Newcomer youth face situations unfamiliar to them, which may negatively influence their emotional well-being. Family conditions, socio-cultural environment, school situations, family income, neighbourhood environment, peer group situation, ethnicity, sex, age, and other social, behavioural, and ecological factors may be influential in maintaining emotional well-being (Blakely et al., 2002; Reilly and Kelly, 2010; Khanlou, 2004; George and Bassani, 2013). However, existing studies on the emotional well-being of newcomer youth are rare and are not likely to examine the social determinants of emotional health and how they may influence newcomer youth in ways very different to those youth born in Canada. Instead, they usually explain other factors affecting psychological distress, mental depression, hyperactivity, and behavioural problems (Rivera et al., 2008; Brummelman et al., 2007; Matheme and Thomas, 2001; Harris and Molock, 2000; Woodward, 1998). More importantly, no study applies family systems as a theoretical framework at the time of examining the factors affecting their emotional well-being, particularly among newcomer youth. Even though Kitzman-Ulrich and her colleagues (2010) consider integrated family systems in their study, they focus on the physical health of youth and not on newcomers. My research fills these gaps by examining the family systems theory in maintaining emotional health among newcomer youth.

Family therapy is gaining importance as a valid method of maintaining positive mental health. In this respect, Murray Bowen (1988) develops family systems theory and applies it to maintain the mental health of the general population. In spite of various other influential matters to their health, the family environment has not been the focus of investigations on mental health among newcomer youth. In such a situation, family systems theory could be an influential

determinant in understanding mental health in terms of emotional problems and well-being of newcomer youth together with family therapy as explained by Bowen, since newcomer youth are most likely to be living with parents and in contact with other close family members. These issues are largely unexplored in existing studies.

With respect to the social determinants of the mental health of newcomer youth in Canada, studies on the influence of family systems have received little attention by health researchers despite the volume of research suggesting that family does influence health. Families are considered to be systems as they consist of members with consistent behaviours and are interdependent on one another (Wane, 2011). Family systems can be integrated or disintegrated – depending on the nature of the relationship among the members of a family, the relationship of the parents and their parenting style. For newcomer youth in a new society, the family can become the primary factor influencing the development of healthy behaviours but it is complicated by the fact that all members of the family are negotiating language, rules, and norms, which may be foreign and difficult for them which in turn influence their mental health.

A positive relationship between family factors and the emotional well-being of youth is a prominent theme in the existing literature on non-immigrant families (Crane et al., 2005; Harris and Molock, 2000; Hill and Bush, 2011; Chen and Hsu, 2011; Gao et al., 2012; Kao et al., 1998). Elements of family systems, family cohesion, parental discipline, and parental praise are identified as influential factors in the development of emotional well-being among youth (Matheme and Thomas, 2001; Tilbot 2009; Youngs, 1991; Crowyn, 2012; Parker, 1983). There are, however, elements of family systems that contribute to emotional problems too. These include harsh parental control, risk behaviour among family members, and a dysfunctional family, which could jeopardize mental health (Barnet and Hunter, 2012; Chaplin et al., 2012;

Rosenkranz et al., 2012; Brummelman et al., 2007). This thesis contributes to our understanding of the influences of the family systems in the development of emotional well-being among newcomer youth in Canada.

1.4 Research Questions

Socioeconomic, ecological, environmental, behavioural, genetic, and cultural factors are responsible for the health and well-being of newcomer youth and have been identified by several large-scale studies, but few have studied newcomer youth specifically. My thesis attempts to address some of these gaps by examining the influence of family on the emotional well-being of newcomer youth. In the course of this thesis, it asks the following two questions: *What is the nature of the relationship between family systems and the mental health of newcomer youth in Canada? Does being in a disintegrated family make newcomer youth more likely to experience emotional problems than those living in the integrated/functional families?* Consideration of these aspects could ease the health problems of newcomer youth and children in Canada as well as in the general population. Recognizing that there are forces beyond the family that may influence emotional problems among newcomer youth, I also examine the socioeconomic context of the family, risk factors and other variables such as sex, time in Canada etc. to create a more holistic approach to understand the development of emotional problems among newcomer youth.

1.5 Significance of the study

The study is significant mainly in three aspects: immigration literature, sociology of health, and health policy in Canada. A number of studies examine different aspects related to immigrants

and refugees in Canada including health, labor market integration, service needs and other related issues. However, few of them are conducted on the emotional well-being of youth, and more specifically newcomer youth. This study is expected to add more insights in the immigration literature with regard to the mental health of both newcomer youth and youth in Canada. In addition, this study contributes to the sociology of health by using family systems theory which seems to be absent in explaining the emotional well-being of youth. Finally, since health, both physical and mental, is a priority of the Canadian government, the number of studies might not be sufficient to cover the complete range of health outcomes. This study intends to analyze the family influences on the emotional well-being of newcomer youth that would provide more comprehensive information with regard to their mental health and which is expected to be helpful for any policy formulation related to the health of the Canadian population.

Conclusion

This chapter provides background statements of the thesis. It suggests that while mental health problems of youth are a concern in Canada and while a considerable number of youth, both newcomer and Canadian born, experience it, this study is an initiative in finding a way to deal with the emotional health issue of children and youth. As newcomer youth need to adapt to an unknown socio-cultural environment in a new homeland, the question regarding family influences on their emotional well-being is important. Because of the lack of a theoretical framework related to this study, it could be an extension of knowledge in the mental health literature.

The thesis is organized as follows. The first chapter discusses the background of the study, the mental health condition of youth, the focus of the study, research questions, and the significance of the study. It provides concise background information of the study – what it looks for – and the importance of studying the association between family systems and the emotional well-being of newcomer youth in Canada. The review of literature and the theoretical framework sections are presented in chapter two. The review of literature section describes the relationship between various factors in relation to the mental health of youth. The theoretical framework provides a structure for this research and guides the investigation of the major research questions. In the third chapter information about the data source, the New Canadian Children and Youth Study (2008), is presented along with some demographic characteristics of the study population and a description of the main dependent and independent variables. The methods that are used to analyze these variables are described with a focus on how the selected models provide insight with respect to the research questions, and the checks of assumptions related to univariate and bivariate analyses. Results and discussions of the study are presented in the chapter four. The final chapter provides a conclusion focusing on the summary of the study, the contribution to sociological research, and to policy relevance. The limitations of this study are also acknowledged in the fifth chapter along with a concluding remark.

Chapter 2

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

Introduction

Family is identified as one of the most influential units in the development of children's emotional and social outlook and influences children's social, emotional and physical health. As an important agent of socialization, family is one of the most important transmission sources for societal norms, values, folkways, and mores (Macionis and Gerber, 2010). Children who receive assistance from other family members and who perceive the family to value them tend to be more emotionally secure (Rivera et al., 2008; Matheme and Thomas, 2001; Lucia and Breslau, 2006) than those living in dysfunctional families (Kao et al., 1998). Along with family context, socioeconomic and demographic conditions of youth also influence emotional well-being among children and youth. Socioeconomic conditions of the family, parents' level of education, parental experience of discrimination and stress along with gender and racial identity, are just some of the other factors that can influence emotional well-being among children and youth.

This chapter identifies and discusses various theories and presents reviews of related literature on youth and mental health. It is organized into two sections. The first section reviews the literature pertinent to this study, while the second section presents a theoretical framework related to the mental health of youth. The chapter concludes with a critical summary of reviewed literature and theoretical frameworks.

2.1 Review of Literature

The influences of family, sociodemographic and other variables on youth and their mental health are varied. Studies suggest that family cohesion, socioeconomic and demographic factors, aspects of parenting, risk behaviour in the family, dysfunctional family, parental stress, parents' perception of discrimination, and previous victimization experiences all influence mental and emotional health among youth. This section examines and critiques this literature. It ends with a review of NCCYS publications.

2.1.1 Family Cohesion and Mental Health

Family cohesion is one of the leading factors influencing the mental health of children and youth and is one of the main elements of family systems theory. Family cohesion means “the extent to which family members feel emotionally close [and/] or bonded to one another” (Zabriskie and McCormick, 2001: 427). A cohesive family, where parents and children have positive relationships, generally has mentally healthy offspring (Essex et al., 2003; Leech et al., 2006; Phillips et al., 2005). Matheme and Thomas (2001) assess the relationship between family cohesion and behavioural problems and find that youth with high levels of family cohesion are less likely to experience behavioural problems than youth in low family cohesion families. Kliewer and Kung (1998) study the influence of family factors on the behavioural problem of inner-city youth and find youth from highly cohesive families are less likely to be adversely affected by daily stresses than those from less cohesive families. According to Farrell and Barnes (1993) the more cohesive the family, the better the communication and the greater the consensus between spouses. They report that youth living in a cohesive family tend to have good mental health because their parents could provide them with a positive family environment. However, Ta et al. (2010) find insignificant results in their study on family cohesion and the

mental health of children and youth. They work on effects of family status and the mental health problem among Asian Americans and find no significant relationship between family cohesion and the mental health when other factors are controlled, a finding similar to Lucia and Breslau (2006).

Harris and Molock (2000) examine the influence of cultural orientation, family cohesion, and social support on suicidal ideation and depression of school-aged youth and find that those living in a family with high level of cohesion are at low risk of experiencing mental health problems in comparison to those in families with less cohesion. Few studies have explicitly examined this relationship within marginalized ethnic groups. Crane and colleagues (2005) also find similar results in their study on family functioning and parent-adolescent acculturation and North American Chinese adolescents' mental health outcomes. Rivera and his colleagues (2008) investigate family cohesion and psychological distress among Latino American youth and find a significant association between increased family cohesion and lower psychological distress.

2.1.2 Parenting and Mental Health

As parenting is identified as one of the important indicators of family systems theory (Baumrind 1966; Darling and Steinberg 1993), it is important to examine its influence, if any, on the mental health of children and youth. Parenting may include parental praise and parental discipline and control.

There are various styles of parenting and according to Hill and Bush (2011), positive parenting is more likely to reduce anxiety among youth. They find that negative parenting along with patterns of family interaction is associated with children's anxiety and various behavioral problems. This relationship is similar for all ethnic groups. A mother's parenting style is the most important influence on reducing anxiety among youth. Wiesner and Silbereisen (2003) and

Nagin and Land (1993) find similar results in the case of temperament problems, especially in later childhood. Chen and Hsu (2011) find a significant and positive correlation between parenting behaviour and adolescents' mental health. According to their study, adolescents experiencing positive parenting tend to have good mental health in comparison to those who get negative parenting. Gao and his colleagues (2012) examine the influence of parenting on the risk factors for the development of major depression among youth. They find that high parental protectiveness is generally pathogenic in Western countries but protective in China, especially when received from the father.

Chen (1991) in his study on Taiwanese youth, reports that mental health problems increase when parents do not provide consistent care. Kao and his associates (1998), Oakley-Browne and his colleagues (1995), and Downey and Coyne (1990) also find similar results. Kao and his associates (1998) in their study of parenting and mental health of youth in Taiwan, find that strict parenting, characterized by high levels of control, is correlated with depressive symptoms of youth. Similarly Oakley-Browne and his colleagues (1995), find adverse parenting increases the risk factors among the youth in the context of depression. Downey and Coyne (1990) also examine parenting influences on the development of emotional problems in children and find a significant association as such, positive parenting tends to decrease emotional problems, while harsh or strict parenting make them depressed. For Parker and his associates (1995), the relationship between parenting style and mental health depends on gender with females having a higher incidence of emotional health problems when subjected to negative parenting.

Parental praise is also identified as one of the crucial factors for the mental health of children and youth. Sadly, there are few studies on this issue and the results are mixed. For

example, Tilbot (2009) and Young's (1991) work finds that youth with low self-esteem benefit most from praise compared with other low self-esteem youth who are not exposed to parental praise. Conversely, for Barker and Graham (1987), children who get praise from their parents show more positive behaviours in class compared with children receiving less praise from their parents. According to Bandura (1977) parental praise could boost up self-efficacy in youth. For him parental praise is an effective tool to maintain self-efficacy. Blumenfeld and his colleagues' (1982) work on the role of self-perceptions of ability in elementary classrooms finds that praise leads to positive feelings among children and to better mental health. Herald and Lepper (2002) find similar results. Contrary, Brummelman and his colleagues (2014) work on the relationship between parental praise and children's self-esteem and find a different result. For them, excessive Praise influences youth's psychological functioning in the opposite direction, where personal praise negatively affects self-esteem. Youth receiving lots of praise can create excessive levels of self-esteem which have a negative effect on mental health, a finding supported by Bronson (2007).

Parental discipline and control are another aspect of parenting which influence the mental health of children and youth. Parker (1983) explains the relationship between strict or harsh parental control and mental health and finds that youth living with controlling parents often form weak bonds with them which then results in higher rates of depression as adults. Hill and Bush (2001) find the opposite result. For them, youth who experience consistent parental discipline are more likely to have mental health problems than youth with the opposite condition. Woodward (1998) finds that moderate levels of parental discipline have a positive influence on the mental health of youth, particularly with lower levels of hyperactivity. Aggressive discipline may, however, be a risk factor to youth's hyperactivity. According to Pettit and his colleagues (2001),

a higher level psychological control is associated with more delinquent problems for girls with more anxiety or depression and for teens with high preadolescent anxiety and depression. Rigby, Slee, and Martin (2007) examine the implications of inadequate parental bonding and peer victimization for adolescent mental health and find that adolescents who have lower level parental care, higher level parental control, and frequent peer victimization are more likely to have relatively poor mental health.

2.1.3 Dysfunctional Family and Mental Health

A dysfunctional family can be defined as a system that is unable to maintain its normal functioning. In a discussion on the dysfunctional family in the *Psychological Encyclopedia* (2014: n.p) it is mentioned that “[a] family whose interrelationships serve to detract from, rather than promote, the emotional and physical health and well-being of its members”.

Studies have identified different characteristics and outcomes influenced by dysfunctional families. For example, Hickie and his colleagues (1990) identify a link between dysfunctional intimate relationships in a family and depressive symptoms among youth. For them, youth living in families with dysfunctional relationships are more likely to report mental health problems. Kao and his colleagues (1998) examine the association between parenting and symptomatology in Taiwan and find similar results. According to their findings, maladjusted behaviours in a family may make youth more likely to be depressed than with functional behaviors among family members. Whitfield and his colleagues (as cited in Miles, 2014) find that youth growing up in dysfunctional families are more likely to become mentally ill and traumatized than their counterparts. Likewise, Barnet and Hunter (2012) find in their study that mental health problems are more prevalent among youth in dysfunctional families. Studies by

Meer and his colleagues (2010) have similar results; youth coming from a dysfunctional family are more prone to mental health problems than youth from cohesive or functional families.

2.1.4 Parental Depression and Mental health

Factors associated outside the family are important in explaining the mental health problems of youth. Neither parental depression nor discrimination are factors considered in the family systems theory. Goodman and his colleagues (1993) find that youth whose parents have depressive symptoms are more likely to suffer from emotional problems themselves. Nelson and his associates (2007) find that youth with depressed mothers are more likely to report mental health problems. Leech and his colleagues (2006), Phillips and his associates (2005), and Essex and his colleagues (2003) also find parallel results. For them, maternal depression together with the lack of social supports and family adversity influence the propensity of emotional problems of children and adolescents, a finding echoed by Beiser and his colleagues (2010). In their study, emotional problems, along with physical aggression, are linked to parental depression and emotional problems among newcomer children in Canada. Costigan and Dokis (2006), and Tardif and Geva (2006), work with resettled families, find that there is a positive association between parents' resettlement stress and the risk of developing mental health problems among immigrant youth.

2.1.5 Socioeconomic and Demographic Factors and Mental Health

Socioeconomic and demographic factors could be important predictors of the emotional health and well-being of youth. Most studies find that sex, age, family income, and parental education are related to mental health outcomes among children and youth. Barnett and Hunter (2012), however, show that demographic factors have no significant influence on the mental health of youth, though theirs is the only one that has this finding.

The research evidence on the influence of sex on mental health is mixed. Some find that boys are more prone to mental health problems while others find that it is girls having the most difficulty. Crick and Zahn-Waxler (2003) find that depression among adolescent girls is twice as high as it is found among adolescent boys. Zahn-Waxler and his associates (2006), in a different study, find similar results. Conversely, Aneshensel and Sucoff (1996) find that girls are more likely to experience mental health problems than boys by mid-adolescence, a finding supported by other research including Cryanoski and his colleagues (2000), Nolen-Hoeksema and Girgus (1994) and Resnick and his associates (1997). George and Bassani (2013) find a different result in their study of newcomer youth and physical aggression among some specific immigrant children in Canada. They find girls are more likely to be reported to have excellent mental health compared to their male counterparts. Bartels and his associates (2011) examine factors influencing self-reported emotional and behavioural problems and find a positive relationship involving age. In their study, emotional problems are more likely to increase with age.

The economic conditions of the family are influential to the mental health outcomes of children and youth. Studies in the United States and the United Kingdom find that low family income is associated with poor behavior and lower emotional well-being, particularly between the ages of 3 and 5 years (Kiernan and Huerta, 2008; Linver et al., 2002). Wight and his colleagues (2006) find that socioeconomic disadvantage is positively associated with depressive symptoms, negatively associated with delinquency, and not directly associated with violent behavior. In their study on family systems, Kreppner and Lerner (1989) examine the relationship between low income status and poor adolescent mental health and find that adolescents living in low socioeconomic status families are more likely to have poor mental health while others who have high socioeconomic status have fewer mental health problems.

Rijlaarsdam and his colleagues (2013) identify other factors that influence the relationship between low income and youth's emotional and behavioral problems. They conclude income effects emotional and behavioural problems positively through the absence of parenting stress and harsh discipline and that youth from low income families are more likely to have emotional and behavioural problems even with the absence of parenting stress and harsh discipline. However, youth from high income families have few emotional and behavioural problems if there is no parenting stress and harsh discipline. Bradley and Crowyn (2012) and Amaral-Dias and his colleague (1981) find similar results. In one of the few studies that examines mental health and family influences among newcomer youth, Amaral-Dias and his colleagues (1981), high rates of poverty among newcomer families may positively influence the mental health risk. However, Beiser and his colleagues (2010) in their study (using NCCYS data) on the emotional problems and physical aggression among some immigrant children in Canada and find no significant relationship between household income and emotional problems of youth.

Ethnic background could influence the mental health of immigrant children. George and Bassani's (2013) work on neighbourhood and the mental health of immigrant youth and find that the health (mental) status of immigrant children varies based on their ethnicity. For example, children from Hong Kong are less likely to have excellent health in comparison to those from the Philippines. Children from Mainland Chinese also have poor mental health outcomes. Similarly, George and her colleagues (2012) find in their study that maternal education influences the mental health of youth. For them, youth living in a neighbourhood with lower mean parental education are more likely to have emotional problems than those living in higher income neighbourhoods. Hill and Hush (2001) also find similar results where mothers with low income and education have children with higher levels of anxiety.

2.1.6 Victimization, Discrimination, and Mental Health

Social factors must also be considered in any study of the mental health outcomes of youth. As my study considers discrimination as a crucial independent variable, important findings from these issues are reviewed here. However, the numbers of study on discrimination and mental health of youth are very limited.

Studies find significant relationships between discrimination and the mental health of youth in different contexts. Badets and her colleague (2003) use Canada's Ethnic Diversity Survey and find that Blacks, South Asians and Chinese are the most likely to experience discrimination. George and her colleagues (2012) explain the association between perceived racial discrimination and the health and behaviour of immigrant youth. They find a positive relationship between perceived discrimination and emotional problems among immigrant youth in Vancouver. They also identify parental perception of discrimination is a risk factor to the mental health of immigrant youth. Rigby, Slee, and Martin (2007) examine the influence of peer victimization and inadequate parental bonding to adolescent mental health and find significant and positive association. For them, adolescents who face frequent peer victimization are more likely to have higher levels of mental health problems.

2.1.7 Use of Illegal/Controlled Substances by Youth and Mental Health

Generally, studies show that use of illegal/controlled substances such as smoking, alcohol, and drug use are outcomes rather than causes of emotional problems of youth (Chaplin et al., 2012; Rosenkranz et al., 2012; Wegmann et al., 2012; Steinberg et al., 2011; Meer et al., 2010; Case et al., 2008; Harper and Matsumoto, 2005; Chou, 2003). Few studies focus on the reverse relationship, the influence of use of illegal/controlled substances on mental health. Crone and Reijneveld (2007) conduct a study on the association of behavioural and emotional problems

with tobacco use among adolescents and find positive associations between tobacco use and emotional problems. Harper and Matsumoto (2005) and Ezzati and his colleagues (2004) examine alcohol use and alcohol dependency with respect to mental health problems and delinquency and find that early adolescent alcohol use is a predictor of alcohol dependence as well as mental health problems and delinquency later in life. The study by Meer and his associates (2010) find that girls are more likely to smoke and thus tend to be at increased risk of emotional problem in comparison to their male counterparts.

Studies on alcohol use and emotional problems typically identify alcohol use as one of the influences on emotional disorders among youth. Ginzler and his colleagues (2007), applying the Rutgers Alcohol Problem Index, conclude that youth who use alcohol and other illicit substances are more prone to mental health disorders. Another study by Smart and Adlaf (1991) reveals that use of illegal substances can be a risk factor to the mental health of youth. None of these studies examine the relationship between use of illegal/controlled substances and mental health among newcomer youth.

2.1.8 Studies Using NCCYS Data

As my study uses data from NCCYS, it is worthwhile to review the articles published even though the main focus of the published works is on mental health and not emotional problems – mental health problem comprised of various aspects of disorders, while emotional problems is one of the aspects of mental health problems. Altogether, ten published articles have used NCCYS data. Two NCCYS researchers studied the influence of neighbourhood characteristics on the self rated health of newcomer children in Canadian cities and find that ethnicity and the socioeconomic factors of the neighbourhood in which they live are important predictors (George and Bassani, 2013). Among the others, one paper examines the influence of perceived racial

discrimination on the mental health of newcomer children in Vancouver. Using the NCCYS data, George and her colleagues (2012) examine discrimination perceived by parents, families, and cultural groups in Canada and find that it has a negative impact on the mental health of children. An earlier study on NCCYS data focuses on the regional effects on the mental health of newcomer children in Canada and reveals that parents' lack of linguistic fluency, depressive symptoms, immigrant's human and social capital, poor home-school relationships, marginalization, and lack of neighbourhood organization contribute to poor mental health of newcomer children (Beiser et al., 2011). Hamilton and his colleagues (2011) find that the parents' perceptions of a school environment and children's mental health and behaviour is negatively associated with the physical aggression of children. The result is the same even after controlling for the children's age and sex, parental characteristics, family functioning, and aspects of acculturation.

Among the three remaining studies, two of them focus on the comparisons of the levels and predictors of emotional problems among preadolescents (a different age group from my study and using Wave 1, not Wave 2 data) and the predictors of emotional problems and physical aggression of newcomer children, respectively. These studies are conducted by Beiser and his colleagues (2012, 2010). They find that parental depression, family dysfunction, and resettlement stress are positively related to the mental health problems of children and that parental education and parent's perception of prejudice are negatively related to the mental health of children. Among other factors, they identify that the country of origin and region of settlement are influential to the mental health of immigrant children. Finally, Oxman-Martinez and her colleagues (2012) explain the relationship between perceived ethnic discrimination and social exclusion and found that ethnic discrimination, such as unfairly being treated by peers and

teachers, is a predictor of psychological isolation, social isolation, and economic exclusion.

However, there is variation across age, sex, ethnicity, family structure, parental education, region of settlement, the length of time in Canada and other factors.

2.2 Theoretical Framework

This section discusses theories related to mental health problems with special concentration on family systems theory. It is organized into seven subsections. The first focuses on the leading sociological theories on mental health problems. The second subsection discusses the importance of family systems theory in the context of the mental health of youth. The third subsection concentrates on the family systems theory developed by Bowen. The fourth section discusses alternative (modern) family systems theories. The fifth subsection explains Kitzman-Ulrich and her colleagues' (2010) model of family systems used in this study and the discussion of the theoretical framework of this study.

2.2.1 Sociological Theories on Mental Health Problems

Mental illness includes a wide range of cognitive, emotional, and behavioural problems (Aneshensel and Phelan, 1999). Sociology, Psychology, anthropology, and other disciplines analyze mental health outcomes but in different ways. Among sociologists, the most influential theories involving mental health are the social causation approach of Franklin H. Giddings (1904) and more recently Pilgrim and Rogers (2005), labeling theory of Becker (1963) and Scheff (1966), the social strain theory of Merton (1997 & 1938), the stress theory of Selye (1956), and the structuralist and functionalist models of Parsons (1950) and Baltrausaityte (2003). All these theories discuss various aspects of mental health problems within the context of sociology. However, none of these consider the influences of family factors on the mental health

in general nor do they offer any explanation of how mental health may form differently among youth in newcomer families.

The social causation approach to mental health focuses on social structures, along with individual characteristics, as a source of mental health problems. It suggests that social class, race and ethnicity, and gender and age explain the relationship between social disadvantage and mental illness. Social structures affect life chances and contribute to the development of certain mental illness (Pilgrim and Rogers, 2005). The problem with the social causation approach is that it fails to account for an important element of social structure, the family, in explaining the level of mental illness. Similarly, strain theory focuses on the organization of a society that puts some groups at disadvantage. They identify economic disadvantage as a strain that leads to psychological breakdown and causes individuals to become mentally ill. Like social causation, its focus on external forces is a major theoretical limitation.

Mental illness, according to Becker (1987) and Scheff's (1966) Labeling theory is a label. For Scheff (1966), the process of labeling an individual as mentally ill is not neutral, value-free or scientifically precise but is the culture of the group which provides vocabulary within a society regarding what is normal and what is deviant. However, it fails to explain initial causes of mental health problems and so becomes less useful, but it is important to remember as it does explain its detrimental effects on the individual involved. Stress theory developed by Selye (1956) suggests that mental stress is the product of an individual's life experiences. According to Selye's study, prolonged exposure to negative stress is responsible for developing mental illness. For him, all individuals face various desirable and undesirable events in life. Desirable events increase good health while undesirable events could cause mental disorders. He explains that an individual responds to negative stimuli in three different stages: 1. A flight or fight response, 2.

Resistance to the situation, and 3. Exhaustion. It is at stage three where mental illness develops. This theory focuses on the macro level explanation of the causes of mental health problems with emphasis on the social life of an individual as the primary force influencing poor health. Like the other theories, it does not consider the family as a factor affecting mental health. In the field of medical sociology, Parsons, in his social systems theory, first conceptualizes illness as a deviance (Baltrausaityte, 2003:188; Parsons, 1950). His theory comprises of two models – the deviance model and the capacity model. He identifies illness as a threat to the social systems. Parsons identifies illness as deviance because it negatively affects expected roles and responsibilities. Illness in the capacity model is characterized by “passivity (in a predominantly active society), helplessness (while society values the personal independence), and emotional confusion (where the modern world is characterized by the means-ends rationality)” (Gerhard,1989, as cited by Baltrausaityte, 2003:119). Even though Parsons’ social systems theory also ignores family influences on mental health, it does explain how social systems influence the development of mental health problems. Like the other theories, family influences are not explicitly mentioned in this theory.

As the dominant sociological theories related to mental health problems rarely focus on the family structure and family influences on the mental health of youth, further study by considering that gap would be worthwhile in the field of health research. This study, therefore, considers family systems theory as a theoretical framework to analyze the mental health problems of newcomer youth in Canada. The next section examines family systems theory.

2.2.2 Family Systems Theory and Mental Health

As a theory, the family systems model contains several elements that make it useful for understanding how the family environment can influence the health and well-being of newcomer

youth. Even though the theory was primarily developed for family therapy (Wane, 2011) and tends to be used in the more limited context of health research, it can be pertinent to health sociology and to the study of the well-being of newcomer youth. In particular, it explains the importance of family influences on the development and coping with mental illnesses.

2.2.3 Bowen's Family Systems Theory: A history of the concept

Family systems theory was developed by Murray Bowen (1988) and focuses on family members and how they relate with one another (Yerb, 1995). In the theory, family is conceptualized as a closely connected unit with strong influences on the actions of its members (Wane, 2011), and draws on family socialization and family learning theories. Family systems theory discusses how different aspects of family relationships could create various systems that could influence various actions and interactions within a family. One of the major foci of this theory is to understand the process under which a child learns societal norms, values, folkways, and mores to become a participating member of society.

As a structuralist approach, family can be understood as comprised of interdependent parts. Individual family members are independent beings but they rely on one another to create a unit that works together to produce outcomes that could not be achieved by an individual (Broderic and Smith, as cited in Wedemeyer and Grotevant, 1982; Kreppner & Lerner 1989b; Minuchin, 1985). The interrelated elements (members) are expected to maintain consistent behaviours and to rely on one another for support (Wane, 2011). Families where members share their ideas and interact in a continuous, respectful basis, are considered cohesive family systems. For Bowen (1988), family members cannot be considered as groups of independently functioning individuals, but as a combination of different parts where alteration in one part very often influences other interconnected part(s). If for any unexpected reasons the interaction

between two or more members deteriorates, the whole pattern of family interaction would be negatively affected and the family can become dysfunctional (Bowen, as cited in Wane, 2011).

Emotional attachment among the members in a family is considered to be an important aspect of family systems theory. Bowen describes eight key concepts of family systems theory (Kaplan et al., 2014:26-27; Haefner, 2014; Wane, 2011; Bowen, 1988):

- triangulation,
- differentiation of self,
- nuclear family emotional system,
- family projection processes,
- multigenerational transmission processes,
- emotional cutoff,
- sibling position
- societal emotional processes.

Using these concepts, a comprehensive theory of human functioning in a family environment can help us understand human interaction (Kerr and Bowen, 1988). According to Bowen (1966), triangulation is a process of interpersonal functioning that occurs when anxiety appears between two members in the family and when a third person becomes involved the anxiety disappears.

Differentiation of self occurs when an individual develops an ability to “have personal emotional experiences distinct from those of family members” (Kaplan et al., 2014:25). The nuclear family emotional system, as Bowen (1966) suggests, is a location in a family where problems emerge during anxiety. In such families, members might not get support at the time of crisis because they may be geographically distant from other family and friends who can help. Family projection processes occur when primary caregivers in a family project their own problems onto their children (Kaplan et al., 2014). Multigenerational transmission reflects the idea that the parenting style of caregivers is influenced by the way their parents raised them (Kaplan, 2014; Yerby, 1995). Emotional cutoff is the amount of freedom for children to express their thoughts and feelings within the family unit (Kaplan, 2014). Sibling order has been shown to influence an

individual's values and outlook. Finally, societal emotional process suggests that social structure also influences the existing emotional connections within a family (Kaplan, 2015).

Bowen is not the only proponent of family systems theories, so the following section discusses the family systems theories that pose alternatives to Bowen's conceptualization.

2.2.4 "Modern" Family Systems Theories

Bowen's family systems theory lacks the necessary concepts by which the mental health outcomes of youth could be analyzed in this thesis. Several other researchers have adapted the original theory to recognize the realities of families in North America today. I have reviewed some of these theories, but I rely mainly on the model of Kitzman-Ulrich and her colleagues (2010).

In discussing the similarities and differences between variants of family systems theory, Rothbaum and his colleagues (2002) provide one of a number of alternative theories. They identify several characteristics including family dynamics, family structures, roles, communication patterns, family boundaries, and power relations in the family, which are absent in the classical family systems theory. For them, roles are performed by the members of a family based on the patterns of their communication, family boundaries, and power relations, which together are responsible in defining a family structure. Any changes among these factors cause change in the whole structure, particularly in the pattern of relationships.

Although most of the studies on family systems and mental health of youth focus on the nature of the mother-child relationship and its impact on children's development, more contemporary research gives greater consideration to the importance of other aspects of family relationships in both normative development as well as maladaptive trajectories including father-child and sibling relationships (Phares & Compas 1992; Boer & Dunn, 1992; Cox et al., 1989;

Belsky, 1981). According to Cox and Paley (1997), patterns of interaction and the quality of relationships in a family system could be important for explaining the mental health problems of the members of a family. In their study, Teti and Ablard (1989) find that positive parent-child relationships create more harmonious sibling relationships, which could influence the health of other family members. Volling and Belsky (1992) also find similar results. For them, positive relationships between parents and children lead positive relationships among siblings. In a dysfunctional family by contrast, anxious and maladaptive behaviors may result from negative relationships between children and their parents (Minuchin, 1985). Those living in families in which the generational boundaries are not clear and where the relationship between parents and children are not intimate and cooperative may produce members with higher levels of anxiety and mental distress (Sroufe 1989; Cox and Paley, 1997).

Family functioning is one of the important aspects of family systems theory that is linked to the mental health outcomes of youth (Kitzman-Ulrich et al., 2010). The nature of family functioning – (i.e., functional or dysfunctional) – and parenting styles are identified as the most important factors influencing mental health (Hill and Bush, 2011; Baumrind, 1966; McFarlane et al., 1995). Family functioning variables used in existing mental health research often include warmth of family interactions, intimate and cooperative traits in family interaction, conflict resolution (Snyder et al., 2002; McFarlane et al., 1995), and overall satisfaction among family members (White et al., 2004).

Elements of functional families include parental praise, cooperative interaction between family members, and disciplinary mechanisms (Beavers and Hampson 1990; Broderick 1993). The presence of these elements helps youth overcome mental health and related problems. The process of acculturation and learning among children begins primarily in a family by interactions

with parents and other family members. As a result, a family could be identified as one of the principal agents of the psychological development of youth.

Parental discipline, parental praise, and family cohesion are influenced by the nature of parenting (Baumrind, 1966; Hill and Bush, 2011). Parenting is involved with the family socialization process where youth learn ways of coping with stressful situations. Families become dysfunctional when parenting styles are authoritarian (high (Baumrind, 1966; Darling and Steinberg, 1993). But the relationship is disputed. Some research, however, suggests that authoritarian parenting might actually have a positive influence on the health of youth when accompanied by warm and emotive parental (Rhee, 2008; van der Horst et al., 2007; Kremers et al., 2003).

2.2.5 Kitzman-Ulrich Family Systems Theory

As mentioned earlier, Bowen's family systems theory focuses primarily on issues related to family therapy; it may not be applicable in my study for two reasons. First, the concepts used in his theory could not be measured quantitatively and second, the data I use in this study lacks variables similar to the variables used in Bowen's theory. My study, however, considers the integration in the family systems framework developed by Kitzman-Ulrich and her colleagues (2010) because it provides a complete framework incorporating both family functioning and parenting styles.

Kitzman-Ulrich and her colleagues (2010) suggest that family systems variables and positive parenting produce better mental health outcomes among youth. The family systems variables they identify include family competence (ability to manage daily tasks in context of supportive environment), family satisfaction (overall satisfaction with family life), family warmth (caring and nurturing between family members), and family cohesion (emotional

bonding between family members) (Kitzman-Ulrich et al., 2010:233). Variables related to positive parenting styles include shared decision making, setting appropriate boundaries, effective conflict resolution, appropriate monitoring, and warm and supportive parental behavior (Kitzman-Ulrich et al., 2010:233). These factors are shown to be influential to the mental health of children and youth in several studies (Kitzman-Ulrich et al., 2010; Beveridge and Berg, 2007; White et al., 2004; Mellin et al., 2002; Snyder et al., 2002).

The model of Kitzman-Ulrich and her colleagues (2010) provides insights for this study to conceptualize family systems and to identify different indicators such as family cohesion and positive parenting. They develop this model to explain how integration in the family systems influences the physical health among youth. Their conceptualization of family systems is different from Bowen's (1988) theory, but is comparatively more applicable in explaining factors affecting the emotional health of youth, particularly newcomer youth. I am in a position to test more of the indicators of the Kitzman-Ulrich model in this thesis. Moreover, this would be the first examination of the theory in terms of emotional health among newcomer youth.

The theory consists of two sets of variables, family systems variables and positive parenting styles, in an attempt to provide a holistic picture of a family environment. Family systems variables examine the nature of relationships among family members, while the parenting styles variables describe aspects of relationships between parents and children. Both sets of predictors help measure the conditions within the family environment.

As with any study, there are limitations to the theoretical framework. First, the theory could be criticized as it insists on separating the influence of positive parenting styles from family systems. It does not leave room for positive parenting to influence family systems and the other way around. Another limitation with this theory is that it ignores contexts related to the

family systems of immigrant or refugee youth that might influence mental health. Similarly, the influence of racism and discrimination are not involved in any of the discussions in this theoretical framework. This theory also makes several ‘generalizing’ assumptions about who is in a family and fails to consider the whole range of family members. For example, many families have only one child, many families only have one parent and some families include members other than mother, father and children. Moreover, some children might be adopted and this might cause a whole different range of mental health problems. These aspects are not mentioned in this theoretical framework.

Even though Kitzman-Ulrich and her colleagues developed this framework to measure the influences of family systems contributing to obesity among youth, no other study co-examines either positive or negative family traits. Therefore, I feel that the conceptualization of family systems by Kitzman-Ulrich and her associates (2010) best matches the intentions of my study because it is more inclusive of the theories to be used in my study. Moreover, the variables they consider in their framework are most similar to the variables I use in my study on the mental health of newcomer youth. As such, I have adapted the conceptual framework of Kitzman-Ulrich and her colleagues (2010) for application in this study, as presented in Figure 1.

Figure 1

Model Framework

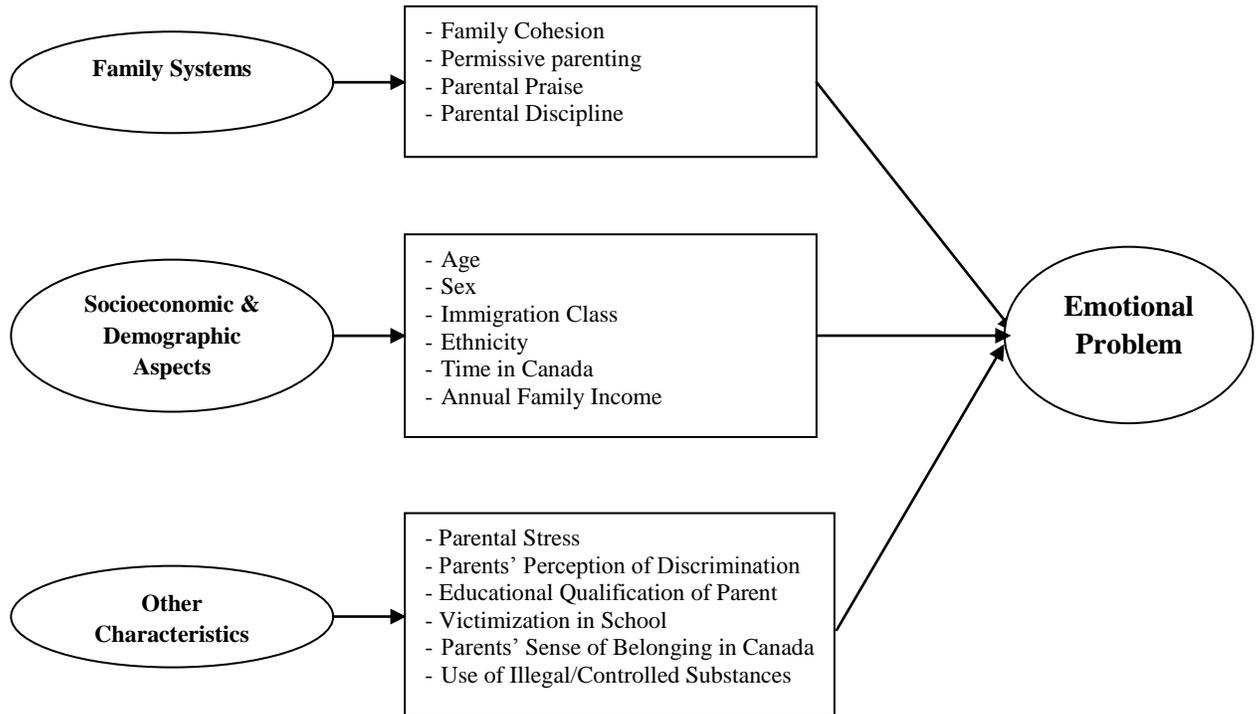


Figure one visually conceptualizes family systems keeping in mind the nature of integration in the family structure. It defines family systems as a state of relationship between members of the family and where permissive parenting, parental praise, and parental discipline are all similarly important. In this study, family cohesion, permissive parenting, parental praise, and parental discipline are identified as the indicators of a family system, and according to the Ulrich-Kitzman framework, their indicators are directly related to the mental health – in my case, emotional problems – of newcomer youth. Likewise, a few other variables – the use of illegal/controlled substances by youth, being bullied at school, sense of belonging in Canada,

parents' educational qualification, parental stress, and the parents' perception of discrimination - are also considered in this study. These are not family systems variables but might be influential to the emotional problems of youth (Gao et al., 2012; Chen and Hsu, 2011; Hill and Bush, 2011; Ta et al., 2010; Leech et al., 2006; Phillips et al., 2005; Wiesner and Silbereisen, 2003; Essex et al., 2003; Nagin and Land, 1993). Finally, the study identifies several intervening variables, such as age, sex, annual family income, and time in Canada in the context of family systems and the emotional well-being of children and youth. All of them may influence the emotional problems of newcomer youth too (George and Bassani, 2013; Rijlaarsdam et al., 2013; Bradley and Crowyn, 2012; Barnett and Hunter, 2012; George and her colleagues, 2012; Bartels et al., 2011; Kiernan and Huerta, 2008; Zahn-Waxler et al., 2006; Linver et al., 2002).

Summary and Conclusion

This chapter describes theoretical framework and reviews pertinent literature. Even though there are several theories that discuss the aspects of mental health and well-being, none focuses on how family system particularly might influence the emotional well-being of youth, specifically newcomer youth in Canada. Kitzman-Ulrich and her associates (2010) examine the influence of family integration onto the obesity of youth. They discuss family systems and parenting styles separately and explain their relationship with obesity. In their framework they use few other variables too. This study applies their framework with some changes it to establish congruency with the research question. It uses a few more variables in addition to the variables used by Kitzman-Ulrich and her associates (2010).

A review of the literature reveals that not much research has been conducted concerning emotional or mental health outcomes among newcomer youth. A further complicating factor is

that emotional health and mental health measures are not the same across studies, making it difficult to compare results. Likewise, no studies apply family systems theory as a theoretical framework to explain mental health outcomes of youth, even though they use different elements of the family systems as independent variables.

Chapter 3

DATA SOURCE AND METHODOLOGY

Introduction

This chapter describes the methodology of the study. It is organized into six sections. The first section describes about the source of data. The second section focuses on the sampling techniques and the nature of sample. The third section discusses about the methods used in this study. The fourth section operationalizes the variables. The fifth section presents the procedures of assumption tests. The sixth section discusses about the problems and benefits of using secondary and NCCYS data in this study.

3.1 Data Source

This study uses data from Wave Two of the New Canadian Children and Youth Study (NCCYS)-2008. This is a national longitudinal survey of the health and well-being of newcomer children and youth, which covers newcomer families of 16 communities from six cities, Montreal, Toronto, Winnipeg, Edmonton, Calgary, and Vancouver. It is a joint collaboration between university researchers formally affiliated with Canada's four Metropolis Centres of Excellence for Research on Immigration and Settlement, and funded by Canadian Institute of Health Research (CIHR), Canadian Heritage, Citizenship and Immigration Canada, Health Canada, Justice Canada, the Departments of Alberta Heritage Foundation for Medical Research, Alberta Learning, B.C. Ministry of Social Development and Economic Security, B.C. Ministry of Multiculturalism and Immigration and various research and community organizations including the Conseil Quebecois de la Recherche Sociale, OASIS (CIC); and the Montreal (IM),

Prairies (PCERII), and Toronto (CERIS) Metropolis Centres of Excellence for research on immigration and settlement.

The main purposes of the NCCYS are:

“**1)** examine the physical health, mental health and functioning of immigrant and refugee children living across Canada; **2)** identify and describe psychosocial developmental issues that are specific to immigrant and/or refugee children; **3)** investigate possible differences in immigrant versus refugee child health and well-being; **4)** compare mental health risk factors for immigrant and refugee children with those identified in the existing research literature as pertaining to all children; **5)** investigate the effects of visible minority status on immigrant and refugee children’s development, integration, mental health and well-being; **6)** investigate the effects of the like-ethnic community and of the larger receiving society on children’s integration, mental health and well being; **7)** examine whether region and/or city of residence conditions the effects of resettlement; and **8)** describe the development of self-identity among these newcomer children, and investigate ethnic community, family and peer effects on this process” (Rummens, 2007:1).

NCCYS was a multidisciplinary research team comprised of 25 investigators from eight universities, and one children’s hospital. The Principal investigator is Morton Beiser, and site principal investigators include Robert Armstrong, Linda Ogilvie, Anne George, Lori Wilkinson, David Este, Jacqueline Oxman-Martinez, Joanna Anneke Rummens, and several other collaborators (Rummens, 2007; NCCYS, 2015). The national project team consists of community advisors from sixteen immigrant and refugee communities; a project research staff comprised of a national data manager, national coordinator, site coordinators, research assistants, post-doctoral trainees; and numerous interviewers at each of four research sites in the joint collaboration (Rummens, 2007).

Before commencing the survey, the investigators received ethics approval from the participating institutions (Beiser et al., 2014, Oxaman-Martinec and Choi, 2014; Ogilvie, 2000).

The next section provides a description of the sampling and sample.

3.2 Description of Sampling and Sample

A variety of participant recruitment techniques are used to collect data from the 16 different ethno-cultural communities participating in the study. The target sample was newcomer immigrant and refugee families with children in the pre-school (4-6 years old) and pre-adolescent (11-13 years old) age brackets to take part in the survey (Rummens, 2007; George and Bassani, 2013). By Wave 2, these groups were now aged 6 to 10 years and 13 to 17 years. Only the 13 to 17 year old group is used for this study as this was the only group exposed to the questions on emotional problems. A total of 979 newcomer immigrant and refugee children and youth (see Tables 3.1) participated in this study (Beiser et al., 2010).

NCCYS is best characterized a non-probability quota sample where respondents were identified mainly using snowball and quota sampling with the exception of two populations¹ which could be sampled using randomized techniques. Since there is no ‘list’ of newcomer families (except for two of the communities), this was the only way the data could be collected. This represents a major limitation of the study design, but it is the only study worldwide that systematically examines health and well-being of newcomer youth and their families.

In stage one of the recruitment process, representatives are invited from each of the selected ethno-cultural communities in each city for being members of Community Advisory Councils (CAC). Following two inclusion criteria— living in Canada for less than 10 years and age cohorts 4-6 or 11-13 years old— families of children and youth are identified from these communities. Those families meeting these criteria are contacted by CAC members for

¹ Somali and Ethiopian from Toronto

permission to participate, along with a description of the study. Written consent and assent forms were collected at the time of the interview. Bilingual interviewers conducted the interviews, usually in the home of the family, and the survey was generally completed within 2 to 3 hours (Oxman-Martinaz and Choi, 2014; Bassani et al., 2010). Some ethnic groups however, had longer average interview times. This is evident particularly with the Vietnamese group in the prairies, where the average interview lasted upwards of 5 hours. This is due to the propensity of this group to provide very detailed answers, even to 'yes' or 'no' type questions.

As mentioned earlier, there are 16 ethno-cultural communities in the sample, each consisting of at least 90 families (Rummens, 2007; George and Bassani, 2013; Beiser et al., 2010). Table 3.1 shows the socio-demographic information of the sample youth. Among the respondents, 44.9% are male and 43.1% are female (N=979, missing case 12%) whose average age is 15.99 years at the time of the Wave 2 interviews. Over 90% of them are immigrants, 4.1% are refugee, and 4.6% are born in Canada. This means that refugees were under sampled by a factor of half. In addition, the Canadian born group is not used in the final analysis because the focus of the study is on newcomer youth. Among the newcomer youth, the most common range of annual family income is \$20,000-\$39,999 and the educational qualification of the parents of most of the newcomer youth is diploma/certificate. In addition, the average length of stay of the newcomer youth in Canada is 4.57 years.

Structured questionnaires are used to interview parents and children in their homes. Data collection includes demographic factors, factors related to physical and mental health, family factors (family size, nationality), time in Canada, parental health, parenting styles, socioeconomic background, migration experiences, social supports, work history, and child experiences (discrimination, relationship with parents, identity formation) and others. Parents

(primary caregiver, usually the mother) are interviewed about themselves plus they participated in a structured interview about their identity (George and Bassani, 2013:483; Beiser et al., 2010: 1013). The description of methods is provided in the next section.

Table 3.1 Characteristics of the Study Population (Youth, age group 13-17)		
Category	Percentage	Modal Category /Mean
Age (N=979, missing=0%)		
11-15 years	37.2	15.99
16-20 years*	62.8	
Sex (N=979, missing= 12%)		
Male	44.9	Male
Female	43.1	
Immigration Class (N=979, missing= 0.2%)		
Refugee	4.1	Immigrant
Immigrant	90.4	
Born in Canada	4.6	
Other (not specified)	0.7	
Ethnicity (N=979, missing =0%)		
Mainland Chinese	16.8	Other
Hong Kong Chinese	22.00	
Filipinos	19.2	
Other ²	42.00	
Time in Canada (N=979, missing= 4.4%)		
Initial Level (1-3 years)	44.2	4.57
Medium Level (4-6 years)	26.1	
Long Term (7 and more years)	29.7	
Annual Family Income (N=979, missing= 12.1%)		
Less than \$20,000	14.1	\$20,000-\$39,999
\$20,000-\$39,999	27.8	
\$40,000-\$59,999	23.1	
\$60,000-79,999	17.1	
\$80,000 and more	18	
Parents' Level of Education (N=979, missing= 6.2%)		
High school or less	26.7	Diploma/certificate
Diploma/certificate	28.0	
Bachelor/undergrad/teacher's college	27.9	
Master's	6.8	
Degree in medicine, dentistry, etc.	2.5	
Doctorate	2.0	
Other	6.2	
Source: Beiser et.al (2008), Newcomer Children and Youth Study, microdata file, calculations by author. * At the time of sample selection, youth aged 18, 19, and 20 years were 15, 16, and 17 years old respectively		

² Kurdish, Vietnamese, El Salvadorian, Serbian, Ethiopian, Haitian, Lebanese, Punjabi, Iranian, Sri Lankan Tamil, and Afghan.

3.3 Description of Methods Used

The analytical design of this study assesses the relationship between family systems and emotional problems of newcomer youth. Other factors, such as socioeconomic and demographic variables, and variables related to the perceptions of parents and youth, such as stress, victimization, parental sense of belonging, and parent's educational qualification, are also examined. As mentioned earlier, there are few studies focusing on the influence of family systems on the emotional problems of newcomer youth in Canada. My study examines the nature and dimensions of the relationship between family systems variables and the emotional well-being of newcomer youth in Canada and also analyzes the relationship between socioeconomic and demographic variables and emotional problems, alongside other independent variables. Ordinary Least Squares (OLS) regression is used to assess the associations and influences of family systems on the emotional well-being of newcomer youth in Canada. Exploratory factor analysis along with Cronbach's alpha are used to derive several independent variables in the analysis. Skewness, Kurtosis, Scatterplot, Residual plot, Multicollinearity, Tolerance, and Variation Inflation Factor (VIF) are used to ensure the suitability of the statistical comparisons.

This study is conducted based on three levels of data analysis: univariate, bivariate, and multivariate. The univariate analysis represents the frequency distribution of the main dependent and independent variables. Bivariate analysis is performed to explain whether or not any significant relationship exists between the main independent and dependent variables. To determine the significant relationship, cross-tabulations, and test of significance are run.

In regards to the multivariate analyses, seven three-level Ordinary Least Squares (OLS) regression models (overall model, male model, female model, Mainland Chinese model, Hong Kong Chinese Model, Filipino/a model, and immigrant model) are developed based on the nature

of the combination of variables. The emotional problems of newcomer youth may vary based on their gender identity (Parker et al., 1995). For example, in some studies it is found that females are more vulnerable to emotional health problems than their male counter part (Zahn-Waxler and his associates, 2006; Crick and Zahn-Waxler, 2003). Similarly, the condition of emotional health of them can be different based on their ethnic background and immigration status too. Different ethnic background might lead different level of adaptive capability, where people from some ethnic groups can adapt with the socio-cultural environment in Canada just after arrival, while some other not. This aspect might have an influence on the propensity of experiencing emotional problems (George and Bassani, 2013; Crane et al., 2005). In the same trend, immigrant youth might have a different experience of emotional problems than refugee youth because of the divergence in their background (Costigan and Dokis, 2006; Tardif and Geva, 2006). As a result, to provide a comprehensive explanation the study considers separate model for each of the subgroup of newcomer youth.

The study considers the *Emotional Problem Index (described below)* as dependent variable; *family cohesion, permissive parent, parental praise, parental discipline, risk behaviour in the family, and dysfunctional family* as independent variables (however, risk behaviour in the family and dysfunctional family are removed from final analysis due to the validity and Multicollinearity issues); and *age, sex (ref. male), immigration category (ref. immigrants), time in Canada, annual family income, parental stress, parents' perception of discrimination, ethnicity (ref. Mainland Chinese), ethnicity (ref. Hong Kong Chinese), ethnicity (ref. Filipinos), presence of victimization at school, parental sense of belonging in Canada, parents' educational qualification, and use of illegal/controlled substances by youth* as control variables.

The study is guided by one specific research question related to family systems and its influence on emotional disorders among newcomer youth. At this point, statistical tools or models are selected based on the level of measurement of the variables. The next section provides information related to the operationalization of variables

3.4 Operationalization of Variables

The main objective of the study is to analyze family influences on the emotional well-being of newcomer youth. The main indicator of emotional well-being is the emotional problem index. The main independent variables of this study describe the family systems of newcomer youth. As family systems theory is widely used in family therapy in the context of mental health problems and I am interested to analyze the influences of family variables on the mental health (that is emotional problem) of newcomer youth, I have adopted the theoretical framework of Kitzman-Ulrich and her associates (2010) in this study. Like all secondary data, the match between the dataset and the theoretical framework of Kitzman-Ulrich and her colleagues' model (2010) is not perfect, but there are enough similarities to partially test it. For example, the variable family cohesion used in the model framework is similar to their concept and the variable parenting style is similar to positive parenting variable of NCCYS. However, parental discipline, parental praise, and permissive parenting of NCCYS project are additional to their framework. The study also misses a few variables used in the frame work of Kitzman-Ulrich and her colleagues (2010) including family competence, family satisfaction, and family warmth. As the study uses family systems theory in explaining the mental health outcomes of newcomer youth, it would go beyond the theoretical framework of Kitzman-Ulrich and her colleagues (2010) and could be considered to be a modified version of their model. Table 3.2 provides a list of items and scores.

3.4.1 Dependent Variable

This section provides information about the dependent variable of this study. As the study considers emotional well-being as the main aspect of explanation in regard to newcomer youth in Canada, it uses emotional problem index as the dependent variable for analysis.

Emotional Problems. The emotional problem variable is an index comprised of 10 items, taken from responses to survey questions asked children & youth. For example, “I am unhappy, sad or depressed,” “I am too fearful or anxious,” “I feel miserable, unhappy, tearful, or distressed,” and “When mad at someone, say to others: Let's not be with him/her” etc. (for full list of items, see Table 3.2). All the items are measured in a three point Likert scale (from 1= “never”, 2=“sometimes”, 3= “often”) and is maintained for the analysis. The internal consistency coefficient of the items is 0.797 (Cronbach’s alpha). The mean is 14.119, the standard deviation is 3.392, Skewness =0.948, Kurtosis= 0.777, Range=19, minimum value=10 and maximum value=29. The variable contains information on 979 youth; among them the outcome for 23 (2.3%) of the cases could not be calculated because of missing data. Following the approach used in the Reynolds Adolescent Depression Scale (RADS) (Reynolds and Mazza, 1998), a cutoff point for identifying youth with emotional problems is defined as one standard deviation above the mean or higher. The range of this variable is 10-29, mean is 14.119, and SD is 3.392. Therefore, those scoring 17.511 or lower (87.8% of the sample) are defined as having low or normal emotional health problems. Those scoring 18 or higher (12.2% of the sample) are identified as having emotional problems³. The dichotomous variable is used in univariate and bivariate categorical analyses, and the continuous version is used in multivariate analyses.

³ This figure lies in the range of percentage of youth, Canadian and worldwide, with a mental health problem. According to the estimation, 10-20% Canadian youth suffer from mental illness or disorder (CMHA, n.d; PHAC, 2009)). However, a report of (PHAC, 2009) shows 15% of Canadian youth with mental illness or disorder. The same report provides an estimation that 10-20% youth throughout the world have a mental disorder (PHAC, 2009).

Table 3.2 Items used in the Emotional Problems Index Alpha= 0.797, Mean= 14.119, Stddev= 3.392, Skewness= 0.948, Kurtosis= 0.777, N= 979, and Missing= 2.3%
E1F: Child: I am unhappy, sad or depressed
E1J: Child: When mad at someone, get others to dislike that person
E1Q: Child: I am too fearful or anxious
E1V: Child: I worry a lot
E1CC: Child: I cry a lot
E1II: Child: I feel miserable, unhappy, tearful, or distressed
E1KK: Child: I stare into space
E1LL: Child: When mad at someone, say to others: Let's not be with him/her
E1MM: Child: I am nervous, or tense
E1RR: Child: I have trouble enjoying myself
Source: Beiser et.al (2008), Newcomer Children and Youth Study, microdata file, calculations by author.

3.4.2 Independent Variables

Family Cohesion. An exploratory factor analysis (EFA) is run based on 21 items which identify different aspects of the family relationships for youth. Items include to measure this variable are: “Family members can see things from other’s viewpoint,” “Family willing to compromise when making plans,” “Family members express feelings to each other,” “Drinking a source of tension/disagreement in family,” “Religion a source of tension/disagreement in family,” “Lots of bad feelings in family,” and “Family members don't get along well together” (see Table 3.3 for full list of items), where the items are measured on a five point Likert scale (from 1= “strongly disagree” to 5= “strongly disagree”). Here, three factors are loaded with Eigen value more than 1 (see, Table 3.3). The first factor has an Eigen value of 7.661 and the alpha value of the items is 0.887. The Skewness and kurtosis of this variable are -0.359 and 3.887 respectively, mean=40.68, SD= 4.40, range= 37, minimum value=13, maximum value=50, N=979, and percentage of missing=4.0%. As the kurtosis of this variable is more than 2, it has been corrected and transformed by square root (SQ) function. At this point the mean becomes 3.11, SD= 0.792, Skewness= -1.05, kurtosis = 1.873, range=5, minimum =1, and maximum=6. It

is then recoded into three a category variable (low= 2.7%), moderate= 65.6%, and high= 31.7%), which is used for bivariate analysis. The continuous version of this variable is used in multivariate analysis.

Risk Behaviour in the Family. A second exploratory factor analysis is conducted using a further six items. The items are measured in a five point Likert scale (from 1= “strongly disagree” to 5= “strongly disagree”) (see Table 3.3 for full list of items used). All load on one factor with an Eigen value of 2.958. The internal consistency of the items produces an alpha of 0.873. Risk behaviour in the family has a Skewness score of -0.880 and Kurtosis=1.455, range= 24. The mean=10.16, SD=3.788, minimum value=6, maximum value=30, N=979, and missing=3.9%. The variable is recoded into low (81.7%), moderate (16.2%), and high degree of risk behaviour (2.7%). This recoded version of this variable is used in the bivariate analysis, while the original version of it is used in the multivariate analysis. However, the variable is removed from final analyses due to the issue related to face validity.

Dysfunctional Family. A third factor from the same EFA mentioned in the Table 3.3, to identify dysfunctional family variable. Here, five items are loaded with Eigen value 1.137. The items are measured in a five point Likert scale (from 1= “strongly disagree” to 5= “strongly disagree”) (for full list of items, see Table 3.3). The alpha value of these five items is 0.758, mean= 10.35, SD= 2.82, N=979, missing=3.9%, Skewness = 0.569, Kurtosis= 2.077, range=22, minimum value=3, and maximum value is 25. Here the kurtosis of this variable is more than 2 which has necessitated a transformation using the square root function. At this point the mean changes to 3.19, SD=0.442, Skewness=0.097, kurtosis=1.083, range =3, minimum=5, and maximum value=2. The variable again recoded into a three-category variable for bivariate analysis (lower level= 23.9%, Moderate level=73.3%, and higher level=2.8%). The original

variable is used for multivariate analysis. This variable is too removed from the analyses because of collinearity problems.

Table 3.3
Factor Loadings for Family Cohesion, Risk Behaviour in the Family, and Dysfunctional Family Variables

	Mean	SD	Factor loading	% Variance	Eigen value
Family Cohesion (Alpha=.887)				36.479	7.661
FNCQ1A: Family members can see things from other's viewpoint	3.98	.641	.575		
FNCQ1B: Family willing to compromise when making plans	4.10	.542	.741		
FNCQ1C: Family members support each other in crises	4.20	.504	.729		
FNCQ1E: All family members accepted	4.08	.637	.692		
FNCQ1F: Family members express feelings to each other	4.05	.704	.758		
FNCQ1G: Family members let each other know how they feel about each other	4.10	.578	.837		
FNCQ1H: Family members express their opinions to one another	4.14	.529	.809		
FNCQ1J: Family members feel accepted for what they are	4.09	.564	.795		
FNCQ1M: Family able to solve problems	3.97	.698	.565		
FNCQ1O: Family members confide in each other	4.03	.676	.612		
Risk Behaviour in Family (Alpha=.873)				14.087	2.958
FNCQ1P: Drinking a source of tension/disagreement in family	1.63	.749	.850		
FNCQ1Q: Drug abuse a source of tension/disagreement in family	1.57	.750	.877		
FNCQ1R: Gambling a source of tension/disagreement in family	1.59	.769	.885		
FNCQ1S: Money a source of tension/disagreement in family	2.02	1.035	.634		
FNCQ1T: Religion a source of tension/disagreement in family	1.61	.663	.756		
FNCQ1U: Illness a source of tension/disagreement in family	1.74	.826	.731		
Dysfunctional Family (Alpha=.758)				5.412	1.137
FNCQ1D: Family members cannot share feelings of sadness	2.19	.841	.592		
FNCQ1I: Lots of bad feelings in family	2.06	.776	.722		
FNCQ1K: Some family members feel ignored or neglected	2.04	.769	.742		
FNCQ1L: Decision-making a family problem	2.13	.823	.719		
FNCQ1N: Family members don't get along well together	1.96	.735	.722		
Total Variance (N= 979)				55.978	
Source: Beiser et.al (2008), Newcomer Children and Youth Study, microdata file, calculations by author.					

Permissive Parenting. The permissive parenting variable is also computed using exploratory factor analysis (EFA) on forty-four items, which explain different aspects of the parent's attitude toward children. For example, "parents let me decide the time I go to bed on weekends," "parents let me decide what I wear," "parents let me decide how much television I watch," and "parents let me decide how to spend my spare time" etc. (for full list of items, see Table 3.4). The items are measured in a five point Likert scale (from 1= "never" to 5= "all of the

time”). Some of the items have been reverse coded to maintain directional consistency among the items comprising the index. Nine factors are identified, all with Eigen values greater than one. In this respect, in the first factor twelve are loaded with Eigen value 7.802 and the alpha value is 0.929. Based on these twelve items permissive parents variables is computed, where mean= 43.48, SD= 11.43, Skewness =-0.705, Kurtosis= 0.012, range=48, maximum value=60, minimum value=12. It also contains information of 979 youths where 1.5% of cases are missing. The variable is then recoded as not permissive at all (10.3%), somewhat permissive (36.8), and very permissive (52.9). This recoded variable is used in the bivariate analysis. The continuous version of this variable is used in the multivariate analysis.

Parental Praise. Eight items are used to compute parental praise variable which measures different facets of parental praise, such as “my parents smile at me,” “my parents listen to my ideas and opinion,” “my parents seem proud of the things I do,” and “my parents praise at me” (for full list of items, see Table 3.4). Using EFA, the alpha score calculated among these eight items is 0.703. The items are measured in a five point Likert scale. One item is reverse coded to maintain directional consistency of the items. The Skewness and Kurtosis of the variable are -0.358 and -0.186 respectively. The mean of this variable= 28.10, SD= 4.71, range=27, minimum value=11, maximum value=38, N= 979. Only 1.2% of cases are missing. The variable is recoded as never (8.7%), sometimes (50.1%), and always (41.2%) and used in the bivariate analysis. The continuous level version of this variable is used in the multivariate analysis.

Table 3.4					
Factor Loadings for Permissive Parenting and Parental Praise Variables					
	Mean	SD	Factor loading	% Variance	Eigen value
Permissive Parenting (Alpha=.929)				17.731	7.802
H3B: Parents let me decide the time I go to bed on weekends	3.27	1.320	.712		
H3C: Parents let me decide the people I spend time with	3.75	1.196	.766		
H3D: Parents let me decide what I wear	3.78	1.361	.776		
H3E: Parents let me decide how much television I watch	3.59	1.271	.778		
H3F: Parents let me decide when I stay home	3.60	1.270	.772		
H3G: Parents let me decide what I want to eat	3.57	1.197	.692		
H3H: Parents let me decide whether to accompany family on outings	3.41	1.112	.600		
H3I: Parents let me decide when to go out with my friends	3.63	1.153	.782		
H3J: Parents let me decide when to take on odd jobs	3.22	1.352	.650		
H3K: Parents let me decide what movies to see	3.80	1.358	.818		
H3L: Parents let me decide what television programs to watch	3.76	1.347	.823		
H3M: Parents let me decide how to spend my spare time	3.70	1.277	.801		
Parental Praise (Alpha=.703)				11.259	4.954
H1A: My parents smile at me	4.16	.863	.703		
H1D: My parents praise me	3.25	1.068	.693		
H1H: My parents listen to my ideas and opinions	3.67	.997	.805		
H1I: My parents and I solve problems together whenever we disagree about something	3.39	1.099	.768		
N.H1M: My parents get angry and yell at me	3.30	1.002	.486		
H1N: My parents speak of the good things I do	3.54	1.010	.792		
H1R: My parents seem proud of the things I do	3.69	1.050	.769		
H2: Child's perception: How often child shares secrets/private feelings with parents	3.22	1.142	-.606		
Total Variance (N= 979)				28.99	
Source: Beiser et.al (2008), Newcomer Children and Youth Study, microdata file, calculations by author.					

Parental Discipline. Two items (“parent follows through by punishing child” and “parent has to discipline child repeatedly for the same add a word or two here”) are used to create a parental discipline variable. The items are measured in a five point Likert scale (from 1= “never” to 5= “all time”). One item is reverse coded to keep homogeneity. Here, mean= 5.92, SD=1.23, range=9, maximum value=10, minimum value=1, the N-size is 979 which contains 1.2% missing cases. The alpha value of these two items is -.0770 and the Skewness and Kurtosis of the variable are -0.356 and 1.704 respectively. It is also recoded as never, sometimes, and always, which is used in bivariate analysis. For multivariate analysis, the continuous-level version of this variable is used.

Parental Stress. The stress variable for parents is computed by twenty five items, which describe different aspects of stress the parents of the youth suffer from (i.e., “Stress: Can't go back to my country of origin,” “Stress: Unable to do the things I used to enjoy,” “Stress: No time/money for a vacation,” and “Stress: Worry about the future of my children” etc.) (full list of items is given in the Appendix 1, Table A.1). The items are measured by four-point scale from 1= “never” 4= “very often”. The internal consistency coefficient of these items is 0.879. The mean= 37.34, SD=10.55, Skewness=.677, Kurtosis=1.01, Range=75 , minimum=2, maximum=77, N=979 and the percentage of missing=3.7. The variable is recoded into “never,” “sometimes,” and “always” and used in the bivariate analysis. The continuous version of this variable is used in the multivariate analysis.

Parents' Perception of Discrimination. The variable, *Parents' Perception of Discrimination*, is computed using eight items on various aspects of discrimination collected from parents of newcomer youth: whether or not parents suffered from “religious discrimination,” “discrimination due to color,” “discrimination due to ethnicity,” and “discrimination due to country of origin” and so on (full list of items is given in the Table A.2, Appendix 1).The items are measured as 1= “yes” and 2= “now”. However, the items are recoded as 0= “absence of discrimination” and 1= “Presence of discrimination”. The internal consistency of the items is 0.704. 37% youth’s parents report that they faced discrimination and parents of 63% percentage youth report that they did not face any kind of discrimination. This two-category variable is used in the bivariate analysis. In the multivariate analysis, original the continuous version of this variable is used.

Presence of Victimization at School. Ten items are used to construct a victimization scale at school variable. The items describe different aspects of victimization at school, such as

“Children/peer at school: Hit you?” “Children/peer at school: Called you names or swore at you?” “Have children/peer at school: Not invited you or left you out?” (A full list of items is given in the Table A.3., Appendix 1). The items are recoded as presence of victimization = 1 and absence of victimization= 0. And the victimization at school variable is calculated by summing all ten items. A higher value indicates degree of victimization at school. The mean of this variable is 0.19, SD=0. 67, range=7, min=0, and max=7. The valid N-size for this variable is 979 with 5.2% of cases missing. The reliability coefficient of the items is 0.646, and the Skewness and Kurtosis of the variable are Skewness=4.906, Kurtosis=30.760. The variable is then converted into a binary variable with 0 and 1 value (0 means “absence of victimization” and 1 means “presence of victimization”). Here, 88.8% youth report not being victimized at school; only 11.2% report being victimized at school. This version of the variable is used in the bivariate analysis, while the continuous version of this variable is used in the multivariate analysis.

Parental Sense of Belonging in Canada. Parental sense of belonging in Canada is computed by summing eight items related to the different aspects of parental sense of belonging in the Canada, for example, “Treated as fairly in Canada as in country of origin?” “Canadians tend to look down on people from country of origin” and “Landlords would rather rent an apartment to another” etc. (full list of items is given in the Table A.4 , Appendix 1). The information is collected from parents of youth. The alpha score is 0.857 and the items are measured in a five point Likert scale (from 1= “strongly disagree” to 5= “strongly agree”). The mean is 19.44, SD= 4.85, range= 30, minimum=8, and maximum value=38. Total N size of this variable is 979 where percentage of missing value is 3.8%. The Skewness of this variable is 0.114 and the Kurtosis is 0.460. The variable is recoded into a three-category variable (weak sense of belonging, moderate sense of belonging, and strong sense of belonging). This version of

the variable is used in the bivariate analysis and the original variable is used in multivariate analysis.

Use of Illegal/Controlled Substances. Several questions are asked to measure use of illegal/controlled substances by youth. The questions are of different types, for example, “has child ever tried cigarette smoking?” “Does child’s friends smoke cigarettes?” “Any of child’s close friends drink alcohol without their parents’ knowledge?” “Has child ever taken drugs?” (for full list of items, see Table 3.5). Each question has been converted to dummy variable where 0 means not use and 1 means use. Thirteen items are used to measure the variable, use of illegal/controlled substances such as the risk related to smoking, having alcohol, and drug use. An EFA is used to create the new measure. Eventually, six variables are extracted successfully with high Eigen value. In the first factor, six items are extracted ($\alpha=.850$). The variable is recoded into a dummy variable (0, 1), where 0 means they do not use illegal/controlled substances, while 1 indicates they use it. 48% youth do not use illegal/controlled substances and 52% youth use substances of some sort. The $N=979$, with 1.5% of cases missing. The original continuous level version of the variable is used in multivariate analysis.

Age. In this study, I use only the older panel of youth because the younger cohort were not exposed to the questions on emotional disorders. As a result, the group in my study are aged 11 years to 20 years, which is recoded into two categories (11-15 years=1, and 16-20 years=2) and used in the bivariate analysis. However, youth’s actual age is used in the multivariate analysis. According to the Table 3.1, 37.2% youth are with age cohort 11-15 years, more than half of the youth (62.8%) youth are 15-20 years old, valid $N=979$, and percentage of missing value=0.

Table 3.5
Factor Loadings for Use of Illegal/Controlled Substances by Youth

	Mean	SD	Factor loading	% Variance	Eigen value
Use of Illegal/Controlled Substances by Youth (Alpha=.850)				32.388	4.210
N.F4: Any of child's family members smokes cigarettes?	.34	.473	.605		
N.F6: Any of child's close friends drink alcohol without their parent's knowledge?	.37	.484	.867		
N.F8: Has child ever had an alcoholic drink without parent's knowledge?	.27	.444	.752		
N.F9: Does child drink alcohol without their parent's knowledge?	.14	.347	.676		
N.F13: Any of child's close friends take drugs?	.18	.385	.626		
N.F16: Does child take drugs now?	.36	.479	.856		
Total Variance (N= 979)				32.388	

Source: Beiser et.al (2008), Newcomer Children and Youth Study, microdata file, calculations by author.

Sex. Sex is recoded as male=1 and female=0. It is seen from Table 3.1 that 51% youth are male and 49% are female. Here, valid N=979 and 12% of cases are missing. The variable is used both in the bivariate and multivariate analyses.

Immigration Class. Immigration class variable is used in this study to represent the social aspect of newcomer youth. The variable has seven categories – refugee=1, refugee claimant sponsored=2, immigrant=3, minister permits (designated class) =4, live-in care giver=5, not an immigrant (born in Canada) =6, and other =7 – which is recoded into four categories (refugee=1 (by refugee and refugee claimant sponsored), immigrant=2 (by immigrant, minister’s permit – designated class, and live-in caregiver, born in Canada=3 (by born in Canada), and other=4 (by not specify)). Finally, a dummy variable is made following immigrant=1 and other=0, which is used in the multivariate analysis. It is seen in the Table 3.1 that majority of the newcomer youth are immigrant, only 4.3% are refugee and 4.6% Canadian born. Here, N=979 and percentage of missing value= 0.2.

Ethnicity. To measure the social context of newcomer youth ethnic background is used alongside other variables. There are fourteen ethnic groups including Mainland Chinese, Hong

Kong Chinese, Filipinos, Kurdish, Vietnamese, El Salvadoran, Serbian, Ethiopian, Haitian, Lebanese, Punjabi, Iranian, Sri Lankan Tamil, and Afghan. These categories are collapsed into four groups ((Mainland Chinese, Hong Kong Chinese, Filipinos which were the three groups studied in every province of the study and who represent the largest groups of immigrants to Canada), and Other), which are used in the bivariate analysis. For multivariate analysis, three dummy variables are created (Mainland Chinese=1, other =0; Hong Kong Chinese=1, other=0; and Filipino=1, other =0) (see Table 3.1), which are used in the multivariate analysis. The valid N= 979 with no missing values.

Time in Canada. Numbers of year, since landed in Canada, are used to measure time in Canada. The range of the variable is 13 (less than 12 month to 13 years), which is recoded as the initial level (0-3 years)=1, medium level (4-6 years)=2, and long term (7 or more years) = 3. This recoded variable is used in the bivariate analysis and the original version of it is used in the multivariate analysis. According to the Table 3.1, majority of newcomer youth are in the initial level of their time in Canada. The N=979, percentage of missing value= 4.4 among which 3.9% born in Canada and with 0.5% of cases missing data.

Annual Family Income. The variable ‘total annual household income in the past 12 months’ is used to measure annual family income. The variable is categorical and ranged from 0= no income to 17= \$80,000 and more. Here the N=979 and percentage of missing is 12.1. As a result, a mean imputation is performed and missing values are replaced by mean value of the variable. Subsequently, the variable is recoded into five categories from 1= less than \$20,000 to 5= \$80,000 and more. This variable is used both in the bivariate and multivariate analyses.

Parent’s Level of Education. The variable is used to measure the social aspect of the family of the newcomer youth. The variable ranged from 1= high school or less to 6= doctorate

and 7= other which is recoded as 1= high school or less, 2=diploma/certificate, 3=bachelor/undergraduate/teacher's college, 4= master's, 5=degree in medicine, dentistry, etc., 6= doctorate, 7= other (valid N=979, missing percentage =6.2%) and used both in bivariate and multivariate analyses (see the frequency of the variable in the Table 3.1).

Variable	Mean	SD	Skewness	Kurtosis	N	% of Missing	Range	Max	Min
Family Cohesion	3.11	0.792	-1.05	1.873	979	4.0	5	6	1
Risk Behaviour in the Family	10.16	3.788	-0.880	1.455	979	3.9	24	30	6
Dysfunctional Family	3.19	0.442	0.097	1.083	979	3.9	3	5	2
Permissive Parents	43.48	11.43	-0.705	0.012	979	1.5	48	60	12
Parental Praise	28.20	4.707	-0.358	-0.186	979	1.4	27	38	11
Parental Discipline	5.92	1.227	-0.356	1.704	979	1.2	9	10	1
Parental Sense of Belonging in Canada	19.44	4.845	0.114	0.460	979	3.8	30	38	8
Parental stress	37.34	10.55	0.677	1.01	979	3.7	75	77	2

Source: Beiser et.al (2008), Newcomer Children and Youth Study, microdata file, calculations by author.

3.5 Assumption Checks

Univariate assumptions. In the case of univariate assumptions, the study considers Skewness and Kurtosis of all of the continuous variables. It is seen from the results that the Skewness and Kurtosis of all variables except family cohesion and dysfunctional family variables are less than 2. For family cohesion the Skewness is less than 2 but Kurtosis is more than 2 (which is 3.887). In addition, the Skewness is negative, for this reason, it has been transformed by the square root function to fulfill the assumption. For dysfunctional family variable the Skewness is also less than 2 but Kurtosis is more than 2 (2.077). Thus the variable is transformed by SqR transformation to address the Kurtosis concerns.

Bivariate assumptions. In the case of bivariate assumptions, this study considers Scatterplot and standardized residuals based on the level of measurement of related variables.

The variables considered in this study include emotional problems, family cohesion, permissive parenting, parental praise, dysfunctional family, risk behaviour in the family, parental discipline, age, time in Canada, annual family income, parental stress, parents' perception of discrimination, victimization at school, parental sense of belonging in Canada, and use of illegal/controlled substances by youth. At this point, the standardized residual and Scatterplot between emotional problems and each other continuous variable have been run separately.

The results shows that the variables fulfill the bivariate assumption of the statistical test where all histograms show almost normal shape, and the regression lines on the Scatterplots are straight. In addition, the variable 'risk behaviour in the family' violates the condition of face validity because it is shown from the bivariate table of risk behaviour in the family and the emotional problems variables that emotional problems decreases with the increase of risk behaviour in the family. As a result, this variable is removed from multivariate analysis.

Multivariate Assumptions. To check multivariate assumptions, this study calculates Mahalanobis Distance and residual plots. It also checks the Multicollinearity and singularity of the variables by which the regression coefficients have been calculated.

In the context of Mahalanobis Distance, the probability of calculated Mahalanobis Distance value of each variable is greater than 0.001, which represent the credential of the variables to calculate regression coefficient. In addition, the results of residual plot also prove the homoscedasticity of the variables.

Multicollinearity and singularity. The measures of tolerance and Variance Inflation Factors (VIFs) are run to check Multicollinearity and singularity. In the first models (when family cohesion and dysfunctional family variables are put together in the regression models) the values of tolerance remain less than one but VIFs show more than 2. To fix the models to

fulfill the condition of VIF, the dysfunctional family variable is removed from the study. Finally, the values of all tolerances and VIFs in all models fulfill the Multicollinearity assumption of multivariate analyses.

3.6 Benefits and Limitations of Using Secondary Survey and NCCYS data

There are several benefits to using secondary survey data in a research work. Firstly, it saves researchers time and money required to invest in running a survey project. Secondly, from a secondary survey data researcher could select variables appropriate for their research before starting their study and, thus, could guide their study through a planned way because they could identify the nature of variable and select probable measurement and analyses. Generally, a secondary survey is run by a group of trained researchers, who use their intellect and time to draft the project and complete all necessary procedures including ethics approval and informed consent required for the project. Researchers using this survey data may not need to go for those things.

Against the benefits mentioned above, using secondary survey data may bring some limitations too. Firstly, sometimes researchers may not be able to get variables appropriate to test their theory. Some data carry insufficient items by which a theory could be tested. Some variables may have a large number of missing values which may affect the outcome of a research. If the secondary survey data are not input following proper guidelines, it could provide a different result when used in a research. Secondly, researchers would be unable to have practical field experiences and, thus, may not be able to triangulate data with multiple types of data collection techniques because they have to depend only on the data in hand. As a result, expansion of the dimension of a research may not be possible with these data.

As this study uses NCCYS data to analyze the impact of family influences on the emotional well being, it encounters several benefits as well as limitations. Firstly, it is the only study conducted on newcomer children and youth, which provides multifaceted information on different aspects of health and well-being of those children and youth. Secondly, as mentioned earlier, the study is conducted by a group of researchers qualified in various field and also included advisors from the communities under study. This organization may not be possible in a small scale study. Moreover, it is the only study that collected data considering children and youth's perception about their health and well-being, which are not available in other studies and may require more time and resources in a new study. Lastly, to conduct a study on the health and well-being, particularly emotional well-being on newcomer youth, NCCYS is helpful because it gives necessary ideas useful for my theoretical framework.

However, there are some limitations of using NCCYS data. Firstly, it misses a few variables useful for the theoretical framework used in this study. Secondly, the samples are collected based on non-probability sampling techniques, which prevent the study from generalizing the findings. The study covers only sixteen immigrant communities in Canada. So, the study could describe the emotional well-being of a limited amount of newcomer youth in Canada. Finally, the Wave Two of this study is not ready yet. As a result, it misses few respondents, where use of these data may increase the generalizability of findings.

Chapter 4

RESULTS AND DISCUSSION

Introduction

The review of the literature in Chapter 2 identifies several family factors, such as family cohesion, positive parenting, parental praise, and parental discipline, as positive influences on the mental health of youth. Age, sex, ethnicity, and family income along with other sociodemographic characteristics also influence mental health. Additionally, previous victimization, discrimination, parental stress, parental education, parental sense of belonging, and use of illegal/controlled substances by youth are also found to be relevant factors influencing the incidence of various mental health problems. My study considers family factors, socioeconomic and demographic factors, and factors related to the perceptions and behaviour of parents and youth; it also identifies the factors influencing the presence of emotional problems among newcomer youth living in Canada. Using bivariate and multivariate analyses, I am able to determine the efficacy of family systems theory as a reasonable explanation of emotional problems among this group. This chapter presents the results of these analyses, which is divided into three main sections: the first section presents results from bivariate analyses with findings from multivariate analyses following in the second section. The chapter ends with a discussion of the main findings, as they relate to family systems theory, immigration literature, and Canadian health policy.

4.1 Results of the Bivariate Analyses

Tables 4.1, 4.2, and 4.3 present the results of the bivariate analysis, where I examine the relationship between emotional problems and groups of independent variables (family systems indicators in Table 4.1, socioeconomic and demographic variables in Table 4.2, and other factors in Table 4.3).

4.1.1 Family Systems Indicators and their Influence on the Presence of Emotional Problems

According to the results, only two family systems variables are significantly related to the emotional problems among newcomer youth. Table 4.1 reveals that those newcomer youth living in families with low cohesion (16.7%) tend to experience more emotional problems compared to those with high levels of family cohesion (7.8%). The study considers family cohesion to be a family environment in which family members can see things from one another's point of view, to be willing to compromise when making plans, to support each other in crises, and to be able to solve problems jointly. The measure also includes elements such as all members of the family feel accepted for what they are and can confide in each other, and that family members can share feelings and opinions with one another.

It is not surprising that parental praise is related to a lower prevalence of emotional problems among newcomer youth. According to the Table 4.1, youth living in families where parental praise is absent (32.1%) are more likely to report emotional problems than those where parental praise is high (5.5%).

Table 4.1					
<i>Cross-tabulations and Chi-square Test of Significance for Emotional Problems by Family Systems Variables</i>					
Emotional Problems	Independent Variable			Total	χ^2 Value
	Family Cohesion (Alpha= 0.887)				
	Low	Moderate	High		
Absence of emotional problems	83.3%	86.0%	92.2%	87.9% (816)	$\chi^2 = 7.725$, df=2, P≤0.05
Presence of emotional problems	16.7%	14.0%	7.8%	12.1% (112)	
Total	24 (100%)	608 (100%)	296 (100%)	928 (100%)	
	Parental Praise (Alpha= 0.703)				
	Never	Sometimes	Always		
	Absence of emotional Problems	67.9%	85.7%	94.5%	87.8% (846)
Presence of emotional problems	32.1%	14.3%	5.5%	12.2% (118)	
Total	84 (100%)	483 (100%)	397 (100%)	964 (100%)	
Source: Beiser et.al (2008), Newcomer Children and Youth Study, microdata file, calculations by author.					

4.1.2 The influence of Socioeconomic and Demographic Variables on the Presence of Emotional Problems

Only three socioeconomic and demographic characteristics - length of time in Canada, annual family income, and ethnicity - are significantly related to the emotional problems among newcomer youth. The bivariate results reveal that as time in Canada increases, so does the propensity of emotional problems. As shown in Table 4.2, those living in Canada for 7 or more years (19%) are more likely to experience emotional problems in comparison to those living in Canada for shorter periods (10.3%) and medium periods (8.3%).

Even though existing studies suggest that youth living in families with lower incomes tend to have the higher propensity of emotional problems, this study shows the opposite effect.

At the bivariate level, income has a nonlinear effect on the emotional disorders among youth. Because, according to the result of bivariate analysis, at the very beginning of arrival of the family of newcomer youth in Canada the youth reports the propensity of emotional problems but up to a certain level. After a certain level, family income of newcomer youth starts influencing their emotional problems negatively. According to my analysis, newcomer youth whose annual family income is \$60,000-79,999 (18.4%) are the most likely to have the experience of emotional problems, while those with incomes of less than \$20,000 per year are the least likely (7.7%). It could be, when it comes to the health and well-being of newcomer youth, income has a smaller degree of influence because there is a relationship between time in Canada and income whereas time increases, so does income. This effect is controlled for in the multivariate analysis which I discuss later in this chapter.

With regard to the relationship between emotional problems and the ethnicity of newcomer youth, the Hong Kong Chinese (20.8%) are most likely to report emotional problems following Filipino/a (16.7%) and Mainland Chinese (10.6%), while youth from other ethnic groups (6.7%) are the least likely to report these problems.

4.1.3 The Influence of Other Variables on the Presence of Emotional Problems

Emotional problems may increase if newcomer youth are bullied or experience other forms of victimization at school (see Table 4.3). The study reveals that youth who are victimized at school (20.4%) are most likely to report emotional problems compared with those who do not experience victimization (11.1%). In addition, youth who exhibit various illegal/controlled substances (15.4%) such as smoking cigarettes, taking illegal drugs, and drinking alcohol are most likely to experience emotional problems in comparison to those do not use any kind of illegal/controlled substances (8.9%).

Table 4.2							
<i>Cross-tabulation and chi-square test of significance for Emotional Problems by Socioeconomic and Demographic Variables</i>							
Emotional Problems	Independent Variable					Total	χ^2 Value
	Time in Canada						
	Short-Term (1-3 yrs)	Medium-Term (4-6 yrs)	Long-Term (7 and more yrs)				
Absence of emotional problems	89.7%	91.7%	80.6%		87.5% (807)	$\chi^2 = 17.634$, df=2, P \leq 0.01	
Presence of emotional problems	10.3%	8.3%	19.4%		12.5% (115)		
Total	409 (100%)	240 (100%)	273 (100%)		922 (100%)		
	Annual Family Income						
	< \$20,000	\$20,000- \$39,999	\$40,000- \$59,000	\$60,000- \$79,999	\geq \$80,000		
Absence of emotional problems	92.3%	85.5%	89.8%	81.6%	90.3%	87.6%(745)	$\chi^2 = 10.082$, df=4, P \leq 0.05
Presence of emotional problems	7.7%	14.5%	10.2%	18.4%	9.7%	12.4%(105)	
Total	117 (100%)	235 (100%)	197 (100%)	147 (100%)	154 (100%)	850 (100%)	
	Ethnicity						
	Mainland Chinese	Hong Kong Chinese	Filipino/a	Other⁴			
Absence of emotional problems	89.4%	79.2%	84.0%	93.3%	87.8%(847)	$\chi^2 = 28.985$, df=3, P \leq 0.01	
Presence of emotional problems	10.6%	20.8%	16.0%	6.7%	12.2%(118)		
Total	161 (100%)	212 (100%)	187 (100%)	405 (100%)	965 (100%)		
Source: Beiser et.al (2008), Newcomer Children and Youth Study, microdata file, calculations by author.							

⁴ Kurdish, Vietnamese, El Salvadorian, Serbian, Ethiopian, Haitian, Lebanese, Punjabi, Iranian, Sri Lankan Tamil, and Afghan.

Table 4.3				
<i>Cross-tabulation and Chi-square Test of Significance for Emotional Problems by Other Variables</i>				
Emotional Problems	Independent Variable		Total	χ^2 Value
	presence of victimization at school (<i>Aplha</i>= 0.646)			
	Absence of victimization	Presence of victimization		
Absence of emotional problems	88.9%	79.6%	809 (87.8%)	$\chi^2 = 5.702,$ df=1, $P \leq 0.017$
Presence emotional problems	11.1%	20.4%	112 (12.2%)	
Total	818 (100%)	103 (100%)	921 (100%)	
	Use of Illegal/Controlled Substances (<i>Aplha</i>= 0.850)			$\chi^2 = 14.801,$ df=1, $P \leq 0.01$
	No	Yes		
Absence of emotional problems	91.1%	84.6%	845 (87.7%)	
Presence of emotional problems	8.9%	15.4%	118 (12.3%)	
Total	463 (100%)	500 (100%)	963 (100%)	

Source: Beiser et.al (2008), Newcomer Children and Youth Study, microdata file, calculations by author.

4.2 Multivariate Analysis on the Factors Influencing the Presence of Emotional Problems

To analyze the influences of the family factors on the emotional well being of newcomer youth, seven three-level ordinary least squares (OLS) regression models are run. Tables 4.4 through 4.10 display the unstandardized (*B* values) and standardized regression coefficients (beta values) for all ordinary least squares regression analyses with emotional problems as the dependent variable. In the three-level regression model the family systems variables are entered first, then the socioeconomic and demographic variables are entered in the second step, and all other variables, such as parental stress, parents' perception of discrimination, parents' educational qualification, victimization at school, sense of belonging, and use of illegal/controlled substances by youth, are entered in the third step. Following this analysis, seven separate regression models are performed – one for over all youth and another six for six subgroups of population: sex

(male, female), and ethnicity (Mainland Chinese, Hong Kong Chinese, and Filipino/as). The last analysis examines immigrants and removes the refugees from the analysis due to small numbers and very different immigration experiences.

4.2.1 Three-step Regression Model Results

Table 4.4 represents a three-step overall regression model to analyze influences of family factors on the emotional well-being of newcomer youth in Canada. In the first step, the model fit is low (adjusted R^2 0.096) and explains less than 10% of the variance of the presence of emotional health problems. Together, the family systems indicators show very little predictive power. Among the individual indicators, family cohesion ($b = -0.099$) and parental praise ($b = -0.228$) have a significant and negative influence on the emotional problems among newcomer youth, while permissive parenting and parental discipline have no statistically significant association with emotional problems. This means that children from a cohesive family are less likely to experience emotional problems than children from a less cohesive family. Similarly, children who get praise from their parents are also less likely to report emotional problems in comparison to children who do not have parental praise. The result also shows that permissive parenting and parental discipline do not influence the presence of emotional problems among newcomer youth.

In the second step, five socioeconomic and demographic variables (age, sex, immigration category, the length of time in Canada, and annual family income) are added to the model. The results show that the model fit remains poor (adjusted $R^2 = 0.090$), meaning less than ten percent of variance in emotional health. It shows only two variables, family cohesion and parental praise, are only statistically significant. Family cohesion ($b = -0.115$) and parental praise ($b = -0.220$) have a negative influence on the propensity of emotional health problems.

In the third step, other independent variables - parental stress, parental perception of discrimination, along with the three ethnic subgroups (Mainland Chinese, Hong Kong Chinese, and Filipino/as), parental sense of belonging in Canada, parents' educational qualifications, and use of illegal/controlled substances by youth - are added to the analysis. For this model, the value of adjusted R^2 is reasonably strong and shows that the model explains 23% variance in emotional disorders. In this full model, one of the previously significant variables, parental praise, remains significant; the other becomes non-significant, and some new variables come out as significant. It shows that parental praise ($b = -0.124$) and length of time in Canada ($b = -0.154$) have a significantly negative impact on the emotional problems of youth. This means that children who get regular praise from their parents are less likely to experience emotional problems than children who do not get parental praise; consistent with the result of bivariate analysis. Similarly, being a long time resident in Canada negatively influences the emotional health problems of newcomer youth, which is also inconsistent with what I see in the bivariate analysis. It could be because of the long time resident in Canada immigrant families can develop the ability of coping the new environment; they also can be settled economically as well as socially. These aspects provide youth with a congenial and protective environment. As a result, the possibility of being emotionally problematic could be low.

Ethnicity seems to have an influence on the presence of emotional health problems. Being a Mainland Chinese ($b = 1.745$), or Hong Kong Chinese ($b = 2.7440$) youth is associated with a higher prevalence of emotional problems. This relationship is not seen among Filipino/a youth and those from other ethnic groups. Similarly, victimization from bullying at school ($b = 0.966$) and use of illegal/controlled substances (0.486) positively influence the incidence of emotional problems. This means that youth who encounter bullying at school and who have used

illegal/controlled substances such as smoking, illegal drug use, and alcohol use, are more likely to experience emotional problems. Other variables, such as family cohesion, permissive parenting, parental discipline, age, sex, immigrant category, family income, parental stress, parent's perception of discrimination, parental sense of belonging in Canada, and parents' educational qualifications do not have a statistically significant influence on emotional problems.

Table 4.4

Unstandardized and Standardized Regression Coefficients for Predictor Variables on the Emotional Problems Measurements

Overall Model (N=979)				
Model	Indicators	b	Std. Error	B
1	(Constant)***	24.667	3.285	
	Family Cohesion [^]	-.099	0.060	-.120
	Permissive Parenting	-.004	0.025	-.012
	Parental Praise***	-.228	0.059	-.277
	Parental Discipline	.014	0.222	.004
	Adjusted R ²	0.096		
2	(Constant)***	25.992	4.836	
	Family Cohesion [^]	-.115	0.061	-.139
	Permissive Parenting	-.016	0.027	-.042
	Parental Praise***	-.220	0.061	-.268
	Parental Discipline	.022	0.225	-.007
	Age	-.076	0.215	-.024
	Sex (Male)	.451	0.492	.062
	Time in Canada	-.041	0.078	.036
	Immigration Category (IM)	-.105	1.147	-.006
	Family Income	.093	0.061	.108
	Adjusted R ²	0.090		
3	(Constant)***	25.914	4.995	
	Family Cohesion	-.097	0.062	-.117
	Permissive Parenting	-.038	0.025	-.102
	Parental Praise*	-.124	0.059	-.150
	Parental Discipline	.192	0.217	-.060
	Age	-.195	0.207	-.062
	Sex (Male)	.386	0.464	.053
	Time in Canada	-.154	0.093	-.136
	Immigration Category (IM)[^]	-.830	1.099	-.049
	Family Income	.053	0.061	.062
	Parental stress	.005	0.420	.001
	Perception of Discrimination (PMK)	.206	0.504	.027
	Ethnicity (ML Chinese)*	1.745	0.718	.186
	Ethnicity (HK Chinese)***	2.744	0.693	.343
	Ethnicity (Filipino/a)	1.083	0.867	.092
	Victimization at School**	.966	0.358	.179
	Parental Sense of Belonging in Canada	.020	0.047	.033
	Parents' Education	-.099	0.138	-.056
Use of illegal/controlled substances**	.486	0.138	.250	
Adjusted R ²	0.230			

Source: Beiser et.al (2008), Newcomer Children and Youth Study, microdata file, calculations by author.
[^]<0.1 *<0.05 **p<0.01 ***p<0.001

4.2.2 Are Emotional Health Problems Different for Males and Females?

Table 4.5 and Table 4.6 show the results of the OLS regression when females (Table 4.6) are studied separately from males (Table 4.5). Given that some mental health issues are experienced differently for females versus males, I felt it is important to see if this is the case among newcomer youth. The separate models show better prediction of emotional problems among female newcomers than among male newcomers. In the first step, both models fits are low – for males, the model explains 2.9% of the variance and for females, the model explains 13.9% of the variance. When I examine the variables related to family systems such as family cohesion, permissive parenting, parental praise, and parental discipline, both models show that only parental praise ($b = -0.183$ for the male model and $b = -0.226$ for the female model) has a statistically significant and negative influence on the emotional problems. This means that regardless of their sex, newcomer youth who get parental praise tend to report less emotional problems compared to those who do not get praise from their parents, but the influence is much larger and more important for females than for males. The remaining variables are not significantly related to the emotional problems among males and females.

In the second step, the four socioeconomic and demographic variables (age, immigration category, time in Canada, and annual family income) are added to the model. For both females and males, no changes appeared and parental praise continues to show a negative and significant relationship with emotional problems. For males ($b = -0.155$), the effect is weaker than for females ($b = -0.257$), meaning that parental praise is a stronger predictor of emotional problems among newcomer females than males. The model fits for both males and females remains low, but is slightly higher for females (adjusted $R^2 = 12.7$) than males (adjusted $R^2 = 0.8$). All other variables remain insignificant.

In the third step, parental stress, parents' perception of discrimination, ethnicity, victimization at school, parental sense of belonging, parents' educational qualification, and use of illegal/controlled substances by youth variables are added. The result shows that the model fits increase with the male model explaining 10.8% of the variance while, the female model is more robust, explaining 26% of the variance. The analysis also reveals that even with the additional variables added, the influence of parental praise remains significant. However, the influence is greater for females than for males. For females the value of b is -0.122 and for males, it is -0.110. For males, age does not explain the emotional problems, while it does for females ($b = -.598$). Similarly, use of illegal/controlled substances shows no significant influence on the emotional problems for males, while for females, use of illegal/controlled substances influences the chances of having emotional problems ($b = 0.199$). In addition, irrespective of sex, being from Hong Kong (for male $b = 1.023$, and for female $b = 1.093$) positively influence the propensity of the occurrences of emotional health problems. Moreover, for females, being Mainland Chinese positively influence the chances of having emotional problems ($b = 1.104$) but have no significant influence on males. The study also shows family cohesion, permissive parenting, parental discipline, time in Canada, immigration category, annual family income, parental stress, parents' perception of discrimination, being Filipino/a, bullied at school, parental sense of belonging in Canada, and parents' educational qualification are not statistically significant factors predicting emotional problems for both male and female.

Table 4.5

Unstandardized and Standardized Regression Coefficients for Predictor Variables on the Emotional Problems Measurements

Male Model (N=440)				
Model	Indicators	b	Std. Error	B
1	(Constant)***	21.797	4.816	
	Family Cohesion	-.051	0.095	-.056
	Permissive Parenting	.019	0.037	.051
	Parental Praise*	-.183	0.085	-.226
	Parental Discipline	-.195	0.303	-.064
	Adjusted R ²	0.029		
2	(Constant)**	18.756	7.132	
	Family Cohesion	-.058	0.104	-.064
	Permissive Parenting	.009	0.039	.024
	Parental Praise*	-.155	0.090	-.192
	Parental Discipline	-.181	0.310	-.059
	Age	.135	0.297	.048
	Time in Canada	-.104	0.110	.097
	Immigration Category (IM)	-.183	1.640	-.012
	Family Income	.073	0.084	.091
	Adjusted R ²	0.008		
3	(Constant)*	18.265	7.512	
	Family Cohesion	-.069	0.105	-.076
	Permissive Parenting	.015	0.039	-.040
	Parental Praise*	-.110	0.092	-.136
	Parental Discipline	-.151	0.308	-.049
	Age	.161	0.304	.057
	Time in Canada	-.154	0.148	-.143
	Immigration Category (IM)	-.953	1.609	-.061
	Family Income	.027	0.090	.033
	Parental stress	-.010	0.034	-.034
	Perception of Discrimination (PMK)	.314	0.791	.043
	Ethnicity (ML Chinese)	1.039	1.088	.119
	Ethnicity (HK Chinese)**	2.795	1.023	.388
	Ethnicity (Filipino/a)	.562	1.327	.051
	Victimization at School	.827	0.523	.183
	Parental Sense of Belonging in Canada	.049	0.068	.090
	Parents' Education	-.041	0.209	-.026
Use of Illegal/Controlled Substances	.316	0.213	.170	
Adjusted R ²	0.108			
Source: Beiser et.al (2008), Newcomer Children and Youth Study, microdata file, calculations by author. ^<0.1 *<0.05 **p<0.01 ***p<0.001				

Table 4.6

Unstandardized and Standardized Regression Coefficients for Predictor Variables on the Emotional Problems Measurements

Female Model (N= 422)				
Model	Indicators	b	Std. Error	B
1	(Constant)***	26.028	4.741	
	Family Cohesion	-.117	0.079	-.150
	Permissive Parenting	-.020	0.035	-.054
	Parental Praise**	-.258	0.085	-.311
	Parental Discipline	.132	0.338	.039
	Adjusted R ²	0.139		
2	(Constant)***	31.382	6.781	
	Family Cohesion	-.127	0.082	-.163
	Permissive Parenting	-.025	0.038	-.069
	Parental Praise**	-.257	0.088	-.309
	Parental Discipline	.165	0.348	.049
	Age	-.322	0.328	-.093
	Time in Canada	-.012	0.116	-.010
	Immigration Category (IM)	-.699	1.728	-.039
	Family Income	.118	0.090	.129
	Adjusted R ²	0.127		
3	(Constant)***	33.123	7.393	
	Family Cohesion	-.101	0.085	-.130
	Permissive Parenting	-.056	0.036	-.152
	Parental Praise*	-.122	0.091	-.147
	Parental Discipline	.182	0.349	-.054
	Age*	-.598	0.321	-.172
	Time in Canada	-.136	0.136	-.115
	Immigration Category (IM)	-.510	1.746	-.028
	Family Income	.079	0.094	.086
	Parental stress	-.294	0.592	-.051
	Perception of Discrimination (PMK)	.009	0.744	.001
	Ethnicity (ML Chinese)*	2.536	1.104	.255
	Ethnicity (HK Chinese)*	2.446	1.093	.275
	Ethnicity (Filipino/a)	1.494	1.310	.119
	Victimization at School	.918	0.653	.140
	Parental Sense of Belonging in Canada	.015	0.074	.022
	Parents' Education	-.164	0.208	-.085
	Use of Illegal/Controlled Substances**	.680	0.199	.337
Adjusted R ²	0.260			
Source: Beiser et.al (2008), Newcomer Children and Youth Study, microdata file, calculations by author.				
^<0.1 *<0.05 **p<0.01 ***p<0.001				

4.2.3 Are the Influences of Family Systems Variables Different Among the Ethnic Groups?

This section discusses the results of the ethnic subgroups: Mainland Chinese, Hong Kong Chinese, and Filipino/as. The results are presented in the Tables 4.7, 4.8, and 4.9 respectively. Among the three models, the Filipino/a model has the highest model fit.

In the first step, the family systems variables are examined. At this level, the model fit for all ethnic groups is quite small at 1.4 for Mainland Chinese, 3.4 for Hong Kong Chinese, and 1.2 for Filipino/a and that none of the family systems variables statistically predict emotional problems among newcomer youth.

In step two the model for Mainland Chinese increases substantially and explains 11.7% variance, but none of the family systems or demographic variables are statistically significant. The Hong Kong Chinese model explains 10.8% variance but has some statistically significant predictors. Parental praise ($b = -0.220$) and time in Canada ($b = -0.523$) have a significant negative influence on emotional problems of newcomer youth. This means that Hong Kong Chinese parents who withhold praise have children with higher propensity of emotional problems and that as the length of time in Canada increases, the propensity of emotional problems among this group becomes lower. For Filipino/as, the model is significantly stronger with adjusted R^2 at 40.4. According to this model, permissive parenting ($b = -0.299$), parental discipline ($b = -1.308$), and age of youth ($b = -1.378$) have a significantly negative influence on the emotional problems of newcomer youth. In Filipino/a families, parents who strongly discipline their children, especially youth, will have youth with higher scores on emotional health problems.

In the third step, the remaining variables are entered. As before, the Filipino/a model performs the best, explaining the highest percentage of variance (26.2%) in emotional health problems, while the Mainland Chinese and Hong Kong Chinese models perform more poorly

(9.5% and 9.8% respectively). Among the Mainland Chinese, only being bullied at school ($b=1.860$) has a significant positive influence on the emotional problems of youth, while for Hong Kong Chinese and Filipino/as, it is not a significant. For Mainland Chinese, being victimized at school increases the chances of experiencing emotional problems by 28.4 times.

Use of illegal/controlled substances affects the presence of emotional problems among two of the three groups. For Mainland Chinese ($b= 0.670$) and Filipino/a ($b=0.624$), use of illegal substances shows a significant positive influence on the emotional problems.

In the Hong Kong Chinese model, only parental praise ($b= -.276$) shows statistical significant. For Hong Kong Chinese, parental praise negatively influences the propensity of the emotional problems of youth. For Filipino/a, permissive parenting ($b=-0.398$) and age ($b=-1.900$) have a significant and negative influence on emotional problems among youth, while for Mainland and Hong Kong Chinese, both are insignificant. Permissive parents have youth with fewer emotional problems and younger children are more likely to report emotional problems than older youth. In addition, among Filipino/a those coming to Canada as immigrants ($b=15.645$) have significant positive influence on the emotional problems. However, for all other variables the result shows no significant influences on the emotional problems among youth.

Table 4.7

Unstandardized and Standardized Regression Coefficients for Predictor Variables on the Emotional Problems Measurements

Ethnicity Mainland Chinese Model⁵ (N= 164)				
Model	Indicators	b	Std. Error	B
1	(Constant)**	24.638	7.590	
	Family Cohesion	-.177	0.117	-.279
	Permissive Parenting	.018	0.058	.051
	Parental Praise	-.023	0.131	.032
	Parental Discipline	-.698	0.514	-.239
	Adjusted R ²	0.014		
2	(Constant)^	21.522	12.420	
	Family Cohesion	-.153	0.132	-.241
	Permissive Parenting	.041	0.068	.118
	Parental Praise	-.011	0.152	-.016
	Parental Discipline	-.599	0.556	-.205
	Age	-.099	0.594	.030
	Sex (Male)	.820	1.318	-.120
	Time in Canada	-.179	0.377	-.102
	Annual Family Income	.089	0.160	.109
	Adjusted R ²	0.117		
	3	(Constant)*	26.580	12.023
Family Cohesion		-.167	0.144	-.262
Permissive Parenting		.050	0.065	.144
Parental Praise		-.046	0.148	.062
Parental Discipline		-.760	0.550	-.260
Age		-.198	0.593	-.059
Sex (Male)		1.191	1.599	.174
Time in Canada		-.510	0.422	-.289
Annual Family Income		.155	0.158	.189
Parental stress		-.026	0.061	-.099
Perception of discrimination (PMK)		1.326	1.406	.187
Victimization at School*		1.860	1.007	.401
Parental Sense of Belonging in Canada		-.074	0.146	-.101
Parents' Education		-.251	0.727	-.080
Use of Illegal/Controlled Substances*		.670	0.337	.366
Adjusted R ²	0.095			
Source: Beiser et.al (2008), Newcomer Children and Youth Study, microdata file, calculations by author.				
^<0.1 *<0.05 **p<0.01 ***p<0.001				

⁵ Immigration category is removed from analyses due to being constant or missing due to correlation

Table 4.8

Unstandardized and Standardized Regression Coefficients for Predictor Variables on the Emotional Problems Measurements

Ethnicity Hong Kong Chinese Model (N=216)				
Model	Indicators	b	Std. Error	B
1	(Constant)***	25.569	6.562	
	Family Cohesion	-.078	0.127	-.087
	Permissive Parenting	-.068	0.057	-.171
	Parental Praise	-.122	0.114	-.165
	Parental Discipline	-.108	0.528	-.027
	Adjusted R ²	0.034		
2	(Constant)**	37.031	11.068	
	Family Cohesion	-.013	0.130	.014
	Permissive Parenting	-.013	0.061	-.031
	Parental Praise*	-.220	0.118	-.297
	Parental Discipline	-.104	0.524	-.026
	Age	-.696	0.427	-.221
	Sex (Male)	1.180	0.999	.158
	Time in Canada*	-.523	0.209	-.328
	Immigration Category (IM)	.040	3.798	.001
	Annual Family Income	-.158	0.165	-.137
	Adjusted R ²	0.108		
3	(Constant)**	37.389	13.414	
	Family Cohesion	-.031	0.135	.035
	Permissive Parenting	-.029	0.065	-.072
	Parental Praise*	-.276	0.137	-.372
	Parental Discipline	-.321	0.601	-.080
	Age	-.663	0.484	-.210
	Sex (Male)	.851	1.061	.114
	Time in Canada	-.308	0.245	-.193
	Immigration Category (IM)	-.904	3.887	-.031
	Annual Family Income	-.104	0.186	-.090
	Parental stress	.022	0.055	.066
	Perception of discrimination (PMK)	.936	1.146	.124
	Victimization at School	1.941	1.616	.184
	Parental Sense of Belonging in Canada	-.059	0.146	-.063
	Parents' Education	.679	0.601	.166
Use of Illegal/Controlled Substances	.056	0.314	.029	
Adjusted R ²	0.098			
Source: Beiser et.al (2008), Newcomer Children and Youth Study, microdata file, calculations by author.				
^<0.1 *<0.05 **p<0.01 ***p<0.001				

Table 4.9

Unstandardized and Standardized Regression Coefficients for Predictor Variables on the Emotional Problems Measurements

Ethnicity Filipino/a Model (N=188)				
Model	Indicators	b	Std. Error	B
1	(Constant)^	23.434	12.056	
	Family Cohesion	.032	0.223	.035
	Permissive Parenting	-.097	0.069	-.376
	Parental Praise	.068	0.204	-.087
	Parental Discipline	-.621	0.785	-.181
	Adjusted R ²	0.012		
2	(Constant)*	33.357	15.443	
	Family Cohesion	.078	0.179	.085
	Permissive Parenting**	-.299	0.078	-.164
	Parental Praise	.304	0.193	.385
	Parental Discipline^	-1.308	0.690	-.381
	Age*	-1.378	0.631	-.436
	Sex (Male)	.287	1.285	.043
	Time in Canada	-.234	0.253	-.201
	Immigration Category (IM)**	14.247	4.185	.879
	Annual Family Income	-.001	0.136	-.001
	Adjusted R ²	0.404		
3	(Constant)*	36.490	22.285	
	Family Cohesion	.167	0.235	.181
	Permissive Parenting*	-.398	0.114	-.551
	Parental Praise	.339	0.238	.430
	Parental Discipline	-1.667	1.013	-.485
	Age*	-1.900	0.880	-.601
	Sex (Male)	.009	1.740	.001
	Time in Canada	-.620	0.358	-.532
	Immigration Category (IM)*	15.645	4.917	.965
	Annual Family Income	.118	0.194	.162
	Parental stress	.164	0.132	.416
	Perception of discrimination (PMK)	1.009	2.211	.144
	Victimization at School	-.634	1.140	-.202
	Parental Sense of Belonging in Canada	.004	0.220	.006
	Parents' Education	-.668	0.490	-.423
Use of Illegal/Controlled Substances*	.624	0.548	.318	
Adjusted R ²	0.262			

Source: Beiser et.al (2008), Newcomer Children and Youth Study, microdata file, calculations by author.
 ^0.1 *<0.05 **p<0.01 ***p<0.001

4.2.4 Removing Refugees from the Sample: Effects on Emotional Problems

As mentioned in Chapter 3, there just were not enough refugees to examine emotional problems separately, so I removed them from this part of the analysis in order to have a sample that was not influenced by the very significant differences in social and psychological outcomes of the few refugees in the sample. The results of the immigrant-only model are presented in Table 4.10.

In the first step of the regression, the model fit is poor, explaining 10.4% of the variance in emotional problems. Like the other models, parental praise ($b = -0.250$) has a significant negative influence on emotional problems while family cohesion, permissive parenting, and parental discipline have no significant influence. This means that immigrant youth who get praise from their parents tend to have less emotional problems than youth from other classes.

In the second step examining the addition of the demographic variables, in addition to parental praise, family cohesion becomes significant. Table 4.10 shows that after controlling the socioeconomic and demographic variables, adjusted R^2 declines slightly to 0.099. It also shows that family cohesion ($b = -0.107$) and parental praise (-0.243) have a significant negative influence on the emotional problems. Immigrants from a cohesive family tend to report fewer emotional problems in comparison to those from less cohesive families. Similarly, immigrant youth receiving parental praise are less likely to experience emotional problems than those who do not receive praise from their parents.

In the final, full model, the adjusted R^2 value is good, explaining 26.5% of the variance in emotional problems. It also shows that parental praise ($b = -0.138$) and the length of time in Canada (0.196) have a significant negative influence on the emotional problems of youth. Thus as time in Canada increases, so does the propensity of more emotional problems. And, like the previous models, those living in families with high levels of parental praise tend to experience

fewer emotional problems. Ethnicity also influences emotional health. Among the ethnic groups, – being from a Hong Kong Chinese ($b= 2.935$) group has the largest influence on the propensity of emotional problems, followed by Mainland Chinese ($b=1.895$) and Filipino/a ($b= 1.523$). Similarly, being bullied at school tends to increase the propensity of emotional problems. Being bullied at school ($b=0.953$) is positively related to emotional problems. Similarly, youth use illegal/controlled substances ($b=0.502$) are more likely to experience emotional problems. The remaining variables are not significantly related to emotional problems.

Table 4.10

Unstandardized and Standardized Regression Coefficients for Predictor Variables on the Emotional Problems Measurements

Immigration Category (Immigrant Model) (N=890)				
Model	Indicators	b	Std. Error	B
1	(Constant)***	24.756	3.368	
	Family Cohesion	-.088	0.062	-.103
	Permissive Parenting	.001	0.026	.004
	Parental Praise***	-.250	0.060	-.305
	Parental Discipline	-.019	0.230	-.006
	Adjusted R ²	0.104		
2	(Constant)***	25.911	4.767	
	Family Cohesion ^	-.107	0.065	-.126
	Permissive Parenting	-.009	0.028	-.024
	Parental Praise***	-.243	0.062	-.297
	Parental Discipline	-.046	0.231	-.014
	Age	-.059	0.222	-.018
	Sex (Male)	.462	0.505	.063
	Time in Canada	-.028	0.081	.024
	Annual Family Income	.085	0.062	.099
	Adjusted R ²	0.099		
3	(Constant)***	25.534	4.883	
	Family Cohesion	-.077	0.063	-.090
	Permissive Parenting	-.037	0.026	-.098
	Parental Praise*	-.138	0.059	-.169
	Parental Discipline	-.231	0.221	-.070
	Age	-.201	0.209	-.063
	Sex (Male)	.382	0.473	.052
	Time in Canada*	-.196	0.097	-.169
	Annual Family Income	.025	0.062	.029
	Parental stress	-.005	0.023	-.015
	Ethnicity (ML Chinese)**	1.895	0.707	.205
	Ethnicity (HK Chinese)***	2.935	0.708	.368
	Ethnicity (Filipino/a)^	1.523	0.885	.129
	Perception of Discrimination (PMK)	.239	0.521	.031
	Victimization at School**	.953	0.354	.180
	Parental Sense of Belonging in Canada	.020	0.048	.032
	Parents' Education	-.142	0.140	-.081
Use of Illegal/Controlled Substances***	.502	0.141	.254	
Adjusted R ²	0.256			

Source: Beiser et.al (2008), Newcomer Children and Youth Study, microdata file, calculations by author.
 ^<0.1 *<0.05 **p<0.01 ***p<0.001

4.3 Discussion

4.3.1 Family Systems Theory and Emotional Problems

The study initially considered six family systems variables – family cohesion, permissive parenting, parental praise, parental discipline, dysfunctional family, and risk behaviour in the family. Sadly, dysfunctional family and risk behaviour family variables are removed from the analysis due to validity issues as explained in Chapter 3. Only three family systems variables, parental praise, family cohesion, and permissive parenting influence the emotional problems among newcomer youth. The presence of parental praise influences emotional problems among newcomer youth in almost all models, except for the Mainland Chinese and Filipino/a subgroups; consistent with the result of bivariate analysis. It is important to note that the research on the influence of parental praise on emotional health is divided. Some find that parental praise increases the propensity of emotional problems (Brummelman et al., 2014), while others find the opposite (Tilbort 2009; Parker et al, 1995; Youngs 1991; Barker and Graham 1987; Bandura 1977). My results confirm the larger body of research showing that parental praise insulates youth from the experience of emotional problems. We can now say that for most, but not all immigrant groups, this is the case. However, parental praise is not significant to the presence of emotional problems for Mainland Chinese and Filipino/as, which is consistent with existing study of Brummelman and his colleagues (2014).

Family cohesion is believed to be a negative and influential factor to the development of mental health problems among youth (Rivera et al., 2008; Breslau, 2006; Matheme and Thomas, 2001; Harris and Molock, 2000; Kliewer and Kung, 1998). My results support these observations to a limited extent. Among the immigrant-only and the general models, family cohesion is a positive influence on emotional health. Those living in families with higher levels of family

cohesion tend to report fewer emotional problems. When I examine the models for females and males and for the ethnic subgroups separately, however, support for the influence of family cohesion was non-significant, similar to the results of Ta and his colleagues (2010). For them parents of newcomer youth usually work longer hours and more jobs than native-born parents and may not get sufficient time for their children. As a result, community members ‘step in’ to help parent when families are working.

Permissive parenting has no statistically significant relationship with the presence of emotional problems among newcomer youth in any of my models, which is similar to what I see in the bivariate analysis. This result does not support the result of most studies. Brummelman and his colleagues (2014), Hill and Bush (2001), Chen and Hsu (2011), Bronson (2007), and Wiesner and Silbereisen (2003) all find a negative relationship between permissive parenting and mental health problems. For them, the permissive attitude of parents provides children and youth an opportunity to develop self confidence, independence, and lets them articulate unique roles for themselves within the family. As a result, their ability of overcoming mental health problems is enhanced. It seems, however, that this does not apply to a majority of newcomer youth. The only group in my study is the Filipino/a, which follows this pattern. In Canada, it could signify a greater cohesion among the Filipino/a community allowing community members a larger role in caring for children outside of the family (CIC News, 2014). The Hong Kong Chinese, Mainland Chinese, and other immigrant groups, however, are influenced by other factors (George and Bassani, 2013).

Similar to permissive parenting, parental discipline has no effect on the presence of emotional problems among newcomer youth. This result too is inconsistent with existing studies including Hill and Bush (2001), Pettit and his colleagues (2001), and Woodward (1998), all find

a parental discipline that is less harsh is negatively related mental health problems of youth but consistent with what is found in the bivariate analysis. Again, only the Filipino/a subgroup fits this pattern. As mentioned earlier, Filipino/as are integrated communities in Canada which may provide parents with an opportunity to control the emotion of their children when they face an unexpected environment (CIC News, 2014). For the other groups, community cohesion might not be strong as it is for Filipino/a group. As a result, parental discipline might not be a significant in determining children's emotional health.

4.3.2 The Influences of Socioeconomic and Demographic Variables

Almost none of the models in my study show a statistically significant relationship between age and the presence of emotional problems in newcomer youth, similar with the result of bivariate analysis. The only exceptions are among females and Filipino/as. For females, age shows a negative relationship with emotional problems. Younger females are more likely to exhibit more emotional problems than older females which is in contrast to much of the existing literature (Zahn-Waxler et al., 2006; Crick and Zahn-Waxler, 2003; Cryanoski et al., 2000; Resnick et al., 1997; Aneshensl and Sucoff, 1996, Nolen-Hoeksema and Girgus, 1994). Bartels and his colleagues (2011) find a positive relationship between age and emotional problems of youth among both males and females. According to them, as age increases, the possibility of developing emotional problems increases as it is in teen years when the development of mental health problems is the most likely. Again, the Filipino/a subgroup stands out and shows an opposite relationship between age and emotional problems then what we see in the existing literature. This could be because of the strong and integrated Filipino/a community networks. Among Filipino/a, increasing age may increase the chances of becoming involved with various socio-cultural activities in the community, which may work as a stimulant to their mental health

(Beiser et al., 2010; CIC News, 2014). As a result, they could be protected from experiencing emotional problems.

In the model that excluded refugees, the length of time in Canada shows a statistically significant negative relationship with emotional problems along with the Hong Kong Chinese subgroups specifically. Time in Canada influences the emotional problems of immigrant youth because they are adapting to the socio-cultural context of Canadian society and begin to adopt various 'Canadian' attributes. This might be similar to the healthy immigrant effect—where as time in Canada increases, so do the bad food choices, lack of exercise and other poor health behaviours begin to be adopted by newcomers (Barazzino, 2010).

It is difficult to interpret the results indicating that the effects of being Filipino/a or Hong Kong Chinese are positively related to the presence of emotional problems. Perhaps these groups have more difficulty integrating than others and this might influence various mental health outcomes. I can only speculate because similar studies do not exist; the result is consistent with the result of bivariate analysis.

Studies on income and emotional health problems of youth show a significantly positive relationship (Rijlaarsdam et al., 2013; Bradley and Crowyn, 2002; Kiernan and Huerta, 2008; Wight et al., 2006; Kreppner and Lerner, 1989; Amaral-Dias et al., 1981). Youth living in a low income family tend to report more mental health problems than youth living in the higher income families. However, my study shows an insignificant relationship between annual family income and emotional problems of youth in general, which is inconsistent with what I see in the bivariate analysis but consistent with the study of Beiser and his colleagues (2010). This is one of the only studies that examines newcomer youth. Why is there no income effect on emotional problems among newcomers? We expect to have an income effect; it is likely due to the fact that a large

number of newcomer families experience significant economic decline in their first years in Canada. The average immigrant takes from 7 to 10 years to reach income parity with other similarly educated Canadians (Statistics Canada, 2015). The children, largely coming from middle-or upper-class families prior to arrival, are partly insulated from income effects after they arrive in the country and this could translate into fewer propensity emotional problems in the short term (Beiser et al., 2010).

4.3.3 The Influences of Other Variables

Among all other independent variables use of illegal/controlled substances is an important predictor of emotional problems for some of the subgroups including females, Mainland Chinese, Filipino/as, and immigrant-only models. Newcomer youth who are use illegal/controlled substances such as smoking, alcohol use, and illegal drug use tend to have more emotional problems than youth who are not involved with such behaviours, and my results are consistent with Meer and his colleagues (2010), Crone and Reijneveld (2007), Ginzler and his colleagues (2007), Harper and Matsumoto (2005), Ezzati and his colleagues (2004), and Smart and Adlaf (1991) and also with what I see in the bivariate analysis. Use of illegal substances, alcoholism, and drug abuse causes serious mental and behavioural problems among youth. There are, however, some groups whose emotional health is not influenced by substances use, these include males and Hong Kong Chinese. It could be that use of substances among boys and Hong Kong Chinese is mitigated by other factors when it comes to identifying the determinants of emotional health among immigrants.

Being a victim of racism or discrimination is shown in existing studies as positively related to their emotional problems (George, et al., 2012); contrary what I see in the bivariate analysis. Similarly, Rigby and his colleagues (2007) identify a positive relationship between peer

bullying and the mental health of youth. According to my study, being a victim of bullying is positively related to the incidence of emotional problems in the overall model and in the Mainland Chinese model. Not surprisingly, getting hit, pushed, shoved, tripped, being spit at, not getting any invitations from fellow students, being ignored, getting stared at, and other negative behaviours by their fellow students may positively influence the emotional problems of youth (Rigby et al., 2007). As a result, they might maintain a distance from fellow students, which could work as a negative factor to their emotional well-being.

Parents' educational qualification is identified in the existing studies as one of the important factors influencing the emotional health of youth (Beiser et al., 2012; George et al., 2012; Hill and Hush, 2001). However, the study does not find this relationship because none of the models show a significant relationship between parental education and emotional problems among newcomer youth, which is consistent with the result what I get in the bivariate analysis. It could be that one of the selection criteria for the study influenced the results. In order to participate, families must have arrived in Canada within the past 10 years. Almost all newcomer families face declining income in their early years as they settle and find good paying jobs (Statistics Canada 2015). I can imagine that if I had a sample of families who had been in Canada for longer, I would see a negative effect between income and emotional well-being for young people.

Likewise, parental stress is not related to emotional health among newcomer youth, which is not consistent with many studies involving youth in general (Nelson et al. 2007; Costing and Dokis 2006; Leech et al. 2006; Tardif and Geva 2006; Phillips et al. 2005; Essex et al. 2003; Goodman et al. 1993; Downey and Coyne 1990). For newcomers, parental stress does not influence the propensity of emotional problems as it does for Canadian-born youth; similar to the

result of bivariate analysis. It could be for my group, the presence of settlement support services directed at youth may serve as a buffer preventing emotional problems even when their parents are suffering; or there may not be enough range in Parental Stress levels among the participant families to reveal an effect.

Conclusion

This chapter contains the results and discussion of the bivariate and multivariate analyses of the factors that may influence the emotional well-being of newcomer youth in Canada including factors related to family systems, socioeconomic and demographic factors, and other factors. The multiple regression models reveal that family systems theory variables are too weak to explain the presence of emotional problems among youth. Family cohesion, permissive parenting, and parental discipline influence emotional health for some of the groups. Bullying at school, use of substances, age, time in Canada, immigration category, and ethnicity also help predict emotional health in some models. The next chapter discusses future research and other concluding arguments regarding this research.

Chapter 5

CONCLUSION

5.1 Summary of the Study

The objective of this study is to analyze the family influences on the emotional well-being of newcomer youth in Canada. It is guided by two broad questions, the first question asks whether or not there is any relationship between family systems and emotional problems of newcomer youth? The second question asks what other factors might influence the emotional health of newcomer youth. Using the New Canadian Children and Youth Study (NCCYS) the study performs bivariate (cross tabulations) and multivariate OLS regression analyses to answer these questions. The summary of findings is presented below.

Seven three-level OLS regression analyses are conducted. Results of this study show that the family-level predictors and socioeconomic and demographic variables explain equal or less than 10% variance in emotional problems among newcomer youth. Once the additional variables (parental stress, parents' perception of discrimination, ethnicity (Mainland Chinese, Hong Kong Chinese, and Filipinos), bullying at school, parents' educational qualification, parental sense of belonging in Canada, and use of illegal/controlled substances by youth) are added to the model, I achieve comparatively good results. The most successful model is for the Filipino/a group where 40.4% variance is explained, while 20% of the variance is explained in the female and immigrant-only models.

The results of my study suggest that the family systems model does not help explain the presence of emotional problems among newcomer youth in Canada. Among four family systems variables used in the analyses, family cohesion, permissive parenting, and parental disciplines

are either weak or insignificant predictors. Factors beyond the family seem to have greater influence on the development of emotional problems. Age, being bullied at school, coming as an immigrant, use of illegal/controlled substances and being from a Mainland or Hong Kong Chinese group (for females only) influence emotional health problems. Since youth spend significant time at school, being bullied and participating substances use are likely predictors of emotional health problems.

Although the family systems variables are weak predictors of emotional problems among newcomer youth, parental praise, one of the most crucial elements of family systems theory, is the most influential. For the development of the mental health of youth, the most crucial factor could be appreciation, and it happens through praising. Parental praise in this respect might be one of the indicators of that appreciation. When children get praise particularly from their parents, they unconsciously become sure that they are on the right track and as a result, their self confidence is developed. This aspect of the development of self confidence through praising might develop their power to control themselves, which in turn may protect them to experience emotional problems.

Age has an interesting relationship to emotional problems among newcomer youth which doesn't necessarily follow the pattern we see among Canadian born youth. For female newcomers the relationship between age and emotional problems is similar to what we would expect in existing research; it is also similar among Filipino/a. With regard to the Filipino/a subgroup, as discussed in Chapter Four, age is negatively associated with emotional problems. It could be for Filipino/a youth, the effects of immigrating may contribute to emotional problems which then subside after they have been in Canada for a while.

Age and time in Canada are expected to be correlated but in this study it is not happened because the study is conducted at the early 10 years of the arrival of newcomer families in Canada. In course of the time when time of their residence in Canada increases, age of newcomer most likely correlate with time in Canada.

Time in Canada is negatively related to emotional problems among some but not all newcomer youth. For most newcomers, as time in Canada increases, so does adjustment. As time in Canada increases for Hong Kong Chinese and for those arriving as immigrants (and not refugees), the propensity of emotional problems actually become lower. However, for emotional problems, the influence is in the reverse. It could be that emotional health, much like physical health, suffers as with the healthy immigrant effect. By virtue of being pre-screened for major health conditions, all newcomers arrive to Canada much healthier than their Canadian-born counterparts. With time, however, this 'advantage' seems to decline as the newcomers pick up the 'bad habits' of the Canadian-born population. It may work similarly for emotional problems as well. Similarly, being bullied at school is positively related to the emotional problem in all youth for Mainland Chinese and immigrant-only groups. It is not surprising that those victimized by bullying tend to exhibit emotional problems. What is surprising is that the effect is not consistent among newcomer groups. It is difficult to explain why bullying does not affect emotional health among some groups, but the relationship has been seen in other research on bullying. Research by Wilkinson and her colleagues (2010) find that being a victim of bullying actually increases academic outcomes among Filipino/a youth.

Use of illegal/controlled substances is also an important predictor of emotional problem among newcomer youth in almost all models. When youth get involved with different types of substances use such as smoking or drug use, there are associated mental health risks in the form

of increased depression and the development of schizophrenia (Volkow, 2009). It is not surprising to see this trend among newcomer youth as well. It is surprising that the effects are not statistically significant for males, which is unlikely to the Canadian-born population.

5.2 Contribution to Sociological Research

The study contributes to the sociological research on the emotional health of newcomer youth in several ways. First, there is a dearth of studies on the mental health of newcomer youth in Canada because of the limited amount of available data on this issue. Most existing datasets that have mental health measures under-sample newcomers. The shortage of funding opportunity for such studies might be another crucial reason for not being sufficient studies on the mental health of newcomer youth. Second, few studies have examined the influence of family systems on mental health, particularly among newcomers. The main theoretical frameworks used by sociologists to explain mental health issues among youth include social systems theory, social causation theory, social stress theory, and labeling theory. My study adds insights in the sociological researches in terms whether or not family systems model is influential to analyze the emotional problems of newcomer youth.

As indicated above, the family systems model is not a very good predictor of emotional problems of newcomer youth. Family systems theory has not been successful in explaining mental health issues among youth. Kitzman-Ulrich and her colleagues (2010) modified it to analyze the physical health (obesity) of youth and were relatively successful. The application of this theory to newcomer youth clearly requires more modifications given its lack of explanatory power in the results. I cannot be too critical of the theory, however, because the dataset also lacks some important variables that define family systems of newcomer youth. I believe, however, that

any adjustment to the theory needs to acknowledge that the parental and social contexts influencing mental health among newcomer youth need to be included in future iterations of the theory.

There are, however, useful aspects of family systems theory which do help explain the development of emotional problems among newcomer youth. Parental praise is for a positive influence on the emotional well-being of newcomer youth, while all other considerably strong family indicators, such as family cohesion, permissive parenting, and parental discipline, are weaker predictors. In addition, other factors, such as age, peer victimization, and use of illegal/controlled substances use are more powerful predictors of emotional problems among some subgroups of immigrants.

5.3 Policy Relevance

Ensuring the health and well-being of the population is one of the primary goals of the Canadian government. The findings of this study could help the Canadian government in identifying the factors that affect the emotional health outcomes among newcomer youth that would enhance settlement outcomes. Once this is done, they can work with community service providers to create programs to assist newcomer youth.

This research provides information that will help respective sectors formulate long-term policies that will improve the overall health of all children and youth in Canada. For example, parental praise is negatively associated with emotional problems of many newcomer youth, but parental discipline and permissive parenting are only effective for some groups of newcomer youth. This knowledge may help service providers to initiate parenting programs that help newcomer families develop positive parenting skills.

Since age is an important factor in the development of emotional problems, particularly for Filipino/a and females, programs could be created to support these two groups. The government might be advised to develop a two-step program to assist those exhibiting emotional problems. In the first step, counselling and monitoring programs could be start in the elementary and high schools. In the second step, counselling program for parents could be provided so that they are supported when their child develops mental health problems.

For some groups, time in Canada is negatively associated with emotional health problems. This has implications for many immigration and settlement programs as funding ends at the end of three years after arrival. Programs should not be limited to three year access windows given the time it takes to develop problems. It may be important to have different programs for newcomers than for those born in Canada due to the extra stress involved in resettling, learning a new language and culture. This is particularly important for females given the higher prevalence rates.

The study also finds being bullied at school and use of illegal/controlled substances are positively related to the development of emotional problems. Anti-bullying programs have already been developed in most Canadian schools. They should be revised to ensure the full participation of newcomers. Similarly, there are several preventative measures already implemented for youth who use illegal/controlled substances. This study, along with others, suggests that use of illegal/controlled substances has consequences beyond physical health and promoting safe behaviours for newcomers should be a priority.

The fact that some ethnic groups are more prone to emotional problems is a tricky one to suggest remedies. Without further study, it is difficult to pinpoint the reason why this might be the case. Could emotional problems be a product of discrimination? Could they be a result of the

immigration process which might be more stressful and difficult for people depending on their country of origin? More research on this issue is needed and would be greatly enhanced by a closer look at the entrance status of particular groups, especially refugees. For now, the fact that differences are observed is enough to warrant further research into this question.

5.4 Future Research

Newcomer youth are diverse in the socially, culturally, and geographically, and mental health is no different. Although my study examined only four groups, Filipino/a, Mainland Chinese, Hong Kong Chinese and a diverse group of immigrants from ‘other countries’, I was not able to sufficiently examine emotional health differences among other groups. Future studies would expand on the ethnocultural groups examined. Similarly, I was unable to study refugees separately. Given their very unique circumstances and the stronger likelihood of the development of other mental health disorders, gaining a large enough sample of refugees is central to understanding how emotional health problems might be different from this group.

Although this study puts the theoretical framework of Kitzman-Ulrich and her colleagues (2010) at its center, it fails to apply the full model due to the lack of sufficient variables. The variables ‘family competence,’ ‘family satisfaction,’ ‘family warmth,’ ‘shared decision making,’ ‘appropriate boundaries setup,’ and ‘effective conflict resolution’ from Kitzman-Ulrich model are missed in this study. So, future research measuring all variables may help evaluate the theory more thoroughly. There are also problems with the sampling procedure and future research should work to correct this. Most of the participating groups were recruited and identified using a non-probability quota sampling approach which violates assumptions of probability sampling. As a result, the findings of the study may not be applicable to all youth, all ethno-cultural

communities, and finally all newcomer immigrant and refugee youth in Canada. It remains, however, the only database in Canada that provides a reasonable sample of newcomers to Canada and a large enough sample to do some comparative analyses. There are no publicly available lists and contact information for newcomer families and to date, NCCYS is the best data available, even if it is imperfect. Future studies should also include a large enough sample of Canadian born youth so that valid comparisons can be made between newcomers and the native born population.

This research raises questions that would be useful to develop in future studies: Does class of entry influence mental health? Are refugees more prone to emotional problems than other entrance classes? Do pre-immigration situations influence mental health outcomes? In addition to these questions, It would be interesting to explore relationships between the dysfunctional family, parent's marital status, parents' language ability, parents' employment status, parental social capital, and, size of family on the emotional health problems of newcomer youth, since it is found in the literature that these factors are all influential among Canadian-born youth. In summary, much work remains.

5.5 Concluding Thoughts

The successful settlement and integration of newcomer youth is just as important as it is for adults. Like their parents, youth also undergo major changes related to migration such as learning a new language, culture, and way of life. It is not uncommon for migrant families to face acute anxiety and various sorts of complexities as a result of their migration experience, no matter how positive it is (Kinnavall, 2004). Because of this change, the dynamics of the family will also change. Parental roles may be affected, particularly since children and youth tend to master a

new language significantly faster than their parents. As a result, a role reversal occurs where youth act as translators for parents—which causes a change in the power dynamic for families. These role changes may affect their mental health, particularly when parents want to regain parental control after they master the language and children’s translation services are no longer needed. It is well worth the efforts of governments and community organizations to provide holistic services for the family unit rather than focusing on individual needs.

Paying attention to mental health outcomes among newcomer youth is a cost-effective way to assure the well-being of Canada’s citizenry. As mentioned earlier, one in five people living in Canada were not born here and an investment in mental health among newcomer youth will have significant economic, social, and cultural benefits in the long run. Research suggests that early intervention makes it easier for various mental health problems to be treated. From the position of newcomers and their families, early intervention greatly assists in successful integration in the long run.

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APPENDICES

Appendix 1 Items Included in the Derived Variables

Table A.1
Items Used to Derive Parental Stress Variable (Alpha= 0.879)
IMMQ19A: Stress: Can't go back to my country of origin
IMMQ19B: Stress: Live away from family, relatives and friends
IMMQ19C: Stress: Unable to do the things I used to enjoy
IMMQ19D: Stress: Unable to find someone to confide in
IMMQ19E: Stress: Do not have good and/or close friends
IMMQ19F: Stress: Mistreated by co-ethnic members
IMMQ19G: Stress: Job below my experience and qualifications
IMMQ19H: Stress: Former job experience not recognized in Canada
IMMQ19I: Stress: Education is not recognized at work in Canada
IMMQ19J: Stress: Unable to find adequate social support group in Canada
IMMQ19K: Stress: Others discriminate against me
IMMQ19L: Stress: Treated as an alien by other Canadians
IMMQ19M: Stress: Do not understand Canadian school/educational system
IMMQ19N: Stress: Few opportunities to participate in Canadian politics
IMMQ19O: Stress: Reminded by others of my minority status
IMMQ19P: Stress: Feel helpless to make political decisions
IMMQ19Q: Stress: Few opportunities to earn more income
IMMQ19R: Stress: Disappointed in my standard of living in Canada
IMMQ19S: Stress: No time/money for a vacation
IMMQ19T: Stress: Spousal relationship would be better in former home
IMMQ19U: Stress: Worry about the future of my children
IMMQ19V: Stress: Anxious that children will grow up and not respect parents
IMMQ19W: Stress: Worry about losing contact with family members
IMMQ19X: Stress: Frequently argue with spouse
IMMQ19Y: Stress: Relationship between parents and spouse worse in Canada

Table A.2
Items Used to Derive Parents' Perception of Discrimination Variable (Alpha= 0.704)
LFSQ13F: Type of difficulties finding job: Religious discrimination
LFSQ13G: Type of difficulties finding job: Discrimination (colour)
LFSQ13H: Type of difficulties finding job: Discrimination (ethnicity)
LFSQ13I: Type of difficulties finding job: Discrimination (gender)
LFSQ13J: Type of difficulties finding job: Discrimination (country of origin)
LFSQ13K: Type of difficulties finding job: Discrimination (accent)
LFSQ13L: Type of difficulties finding job: Discrimination (dress)
LFSQ13M: Type of difficulties finding job: Discrimination (disability)

Table A.3
Items Used to Derive Victimization at School Variable (Alpha= 0.646)
N.I1A1: Children/peer at school: Hit you?
N.I1A2: Children/peer at school: Called you names or swore at you?
N.I1A3: Children/peer at school: Pushed, Shoved, tripped, spat, hit etc. you?
N.I1A4: Children/peer at school: insulted you in front of other people?
N.I1A5: Children/peer at school: threatened you?
N.I1C1: Have children/peer at school: ignored you
N.I1C2: Have children/peer at school: Not spoken to you?
N.I1C3: Have children/peer at school: Not invited you or left you out
N.I1C4: Have children/peer at school: Stared at you
N.I1C5: Have children/peer at school: Made bad faces at you

Table A.4
Items Used to Derive Parental Sense of Belonging in Canada Variable (Alpha= 0.857)
IMMQ22W2: Treated as fairly in Canada as in country of origin?
IMMQ24AW2: Canadians tend to look down on people from country of origin
IMMQ24BW2: People from home country portrayed in media less fairly than other groups
IMMQ24CW2: Landlords would rather rent an apartment to another group
IMMQ24DW2: People from home country treated less fairly at government offices
IMMQ24EW2: People from home country treated less fairly at stores
IMMQ24FW2: People from home country treated less fairly when applying for jobs
IMMQ24GW2: People from home country treated less fairly by police than people from other groups

Appendix 2 Questionnaire Used in NCCYS⁶ to Collect Data⁷

DEMO-Q1 Person's number in household:

DEMO-Q2 The sex of each person: 1 = male, 2 = female

DEMO-Q3 What is each person's birth date?

SOCIOECONOMIC AND DEMOGRAPHIC INFORMATION

DEMO-Q6A Under which category did this person come to Canada?

(Interviewer: read list)

01 Refugee 05 Student

02 Refugee claimant 06 Live-in caregiver

03 Immigrant 07 Not an immigrant (Born in Canada)

04 Minister's Permit

DEMO-Q6B Under which ethnic group did this person fall?

11 Mainland Chinese	12 Hong Kong Chinese	13 Filipino	14 Kurdish	15 Vietnamese
16 Polish	17 El Salvadorean	18 Serbian	19 Ethiopian	20 Haitian
21 Lebanese	22 Punjabi	23 Iranian	24 Sri Lankan Tamil	25 Jamaican
26 Somali	27 Afghani			

⁶ Source: Beiser et.al (2008), Newcomer Children and Youth Study, microdata file

⁷ Questions related to the variables used in this study are mentioned

SOCIOECONOMIC AND DEMOGRAPHIC INFORMATION

Person's # <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Sex <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
Date of Birth <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Day Month Year			
Category <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
Skip, if born in Canada <input style="width: 20px; height: 20px;" type="text"/>	Skip, if born in Canada <input style="width: 20px; height: 20px;" type="text"/>	Skip, if born in Canada <input style="width: 20px; height: 20px;" type="text"/>	Skip, if born in Canada <input style="width: 20px; height: 20px;" type="text"/>
Skip, if born in Canada Ethnicity <input style="width: 20px; height: 20px;" type="text"/>	Skip, if born in Canada <input style="width: 20px; height: 20px;" type="text"/>	Skip, if born in Canada <input style="width: 20px; height: 20px;" type="text"/>	Skip, if born in Canada <input style="width: 20px; height: 20px;" type="text"/>
Skip, if born in Canada Landed Immigrant <input style="width: 20px; height: 20px;" type="text"/> Year	Skip, if born in Canada <input style="width: 20px; height: 20px;" type="text"/>	Skip, if born in Canada <input style="width: 20px; height: 20px;" type="text"/>	Skip, if born in Canada <input style="width: 20px; height: 20px;" type="text"/>

INC-Q1 What is your best estimate of your total household income in the past 12 months, that is, the total income of all household members, before taxes and deductions?

- 00 No income
- 01 Less than \$5,000
- 02 \$5,000 to \$9,999
- 03 \$10,000 to \$14,999
- 04 \$15,000 to \$19,999
- 05 \$20,000 to \$24,999
- 06 \$25,000 to \$29,999
- 07 \$30,000 to \$34,999
- 08 \$35,000 to \$39,999
- 9 \$40,000 to \$44,999
- 10 \$45,000 to \$49,999
- 11 \$50,000 to \$54,999
- 12 \$55,000 to \$59,999
- 13 \$60,000 to \$64,999
- 14 \$65,000 to \$69,999
- 15 \$70,000 to \$74,999
- 16. \$75,000 to \$79,999
- 17 \$80,000 or more
- 94 Refusal
- 95 Don't Know

FEELINGS AND BEHAVIOURS (EMOTIONAL PROBLEMS)

E1 Read the following statements and choose the answer that best describes you:

	Never or Not true	Sometimes or somewhat true	Often or very true
f. I am unhappy, sad or depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. When I am mad at someone, I try to get others to dislike him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. I am too fearful or anxious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v. I worry a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
cc. I cry a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never or Not true	Sometimes or somewhat true	Often or very true
ii. I feel miserable, unhappy, tearful, or distressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
kk. I stare into space.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ll. When I am mad at someone, I say to others: let's not be with him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
mm. I am nervous, or tense.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
rr. I have trouble enjoying myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ABOUT FAMILY RELATIONS (Family Cohesion, Dysfunctional Family, and Risk Behaviour in the Family)

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
FNC-Q1A As a family we are able to see things from the other's point of view	<input type="radio"/>				
FNC-Q1B When we plan family activities, we are willing to make compromises with each other.	<input type="radio"/>				
FNC-Q1C In times of crisis we can turn to each other for support.	<input type="radio"/>				
FNC-Q1D We cannot talk to each other about sadness we feel.	<input type="radio"/>				
FNC-Q1E All members of the family are accepted regardless of their Characteristics	<input type="radio"/>				
FNC-Q1F We express feelings to each other. (e.g., we hug and kiss a lot; We like to prepare surprises for each other; we discuss our daily lives).	<input type="radio"/>				
FNC-Q1G We let each other know how we feel about each other.	<input type="radio"/>				

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
FNC-Q1H We express our opinion to one another.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FNC-Q1I There are lots of bad feelings in our family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FNC-Q1J We feel accepted for what we are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FNC-Q1K Some members of this family feel ignored or neglected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FNC-Q1L Making decisions is a problem for our family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FNC-Q1M We are able to make decision about how to solve problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FNC-Q1N We don't get along well together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FNC-Q1O We confide in each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FNC-Q1P Drinking is a source of tension or disagreement in our family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FNC-Q1Q Drug abuse is a source of tension and disagreement in our family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FNC-Q1R Gambling is a source of tension and disagreement in our family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FNC-Q1S Money is a source of tension and disagreement in our family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FNC-Q1T Religion is a source of tension and disagreement in our family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FNC-Q1U Illness is a source of tension and disagreement in our family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FNC-Q1N	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PARENTAL DISCIPLINE

PAR-Q15 When you tell [indexed child] to stop doing something and he/she goes on doing it anyway,

how often do you follow through by punishing him/her?

- 01 Never
- 02 Rarely
- 03 Sometimes
- 04 Often
- 05 All the time

PAR-Q18 How often do you have to discipline him/her repeatedly for the same thing?

- 01 Never
- 02 Rarely
- 03 Sometimes
- 04 Often
- 05 All the time

PARENTAL PRAISE

Please mark only one answer for each statement that best describes your experiences.

H1 My parent(s) or step parent(s) or foster parent(s)

	Never	Rarely	Sometimes	Often	Always
a. smile at me	<input type="radio"/>				
d. praise me	<input type="radio"/>				
h. listen to my ideas and opinions	<input type="radio"/>				
i. solve problems together whenever we disagree about something	<input type="radio"/>				
m. get angry and yell at me	<input type="radio"/>				
n. speak of the good things I do	<input type="radio"/>				
r. seem proud of the things I do	<input type="radio"/>				

H2 How often do you share your secrets and private feelings with your parents?

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

PERMISSIVE PARENTING

H3 How often do your parents let you decide ...

	Never	Rarely	Some of the time	Most of the time	All of the time
b. the time you go to bed on weekends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. the people you spend time with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. what you wear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. how much television you watch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. when you stay home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. what you want to eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. whether to accompany family on outings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. when to go out with your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. when to take on odd jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. what movies to see	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. what television programs to watch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. how to spend your spare time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DISCRIMINATION (Parents' Perception of Discrimination)

I1A Because of who you are, have children or peers at school:

(Check all that apply)

- hit you?
- called you names or swore at you?
- pushed, shoved, tripped, spat, hit, or handled you roughly?
- insulted you in front of other people?
- threatened you?
- these things have not happened to me → Go to Question I1C

I1C Because of who you are, have peers or other children at school:

(Check all that apply)

- ignored you?
- not spoken to you?
- not invited you or left you out?
- stared at you?
- made bad faces at you?
- these things have not happened to me → Go to Question I2A

PARENTAL STRESS

	Never	sometimes	often	Very often
IMM-Q19A I can't back my country of origin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IMM-Q19B I am living away from my family, relatives, and friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IMM-Q19C I am unable to do the things I used to enjoy when I was in[country of origin]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IMM-Q19D I am not able to find someone I can confide in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IMM-Q19E I do not have good and/or close friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IMM-Q19F I am mistreated by others members of own ethnic community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IMM-Q19G I have a job that is below my experience and qualifications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IMM-Q19H The job experience I had in ...[country of origin] is not recognized in Canada.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	sometimes	often	Very often
IMM-Q19I My education in...[country of origin] is not recognized at work in Canada.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IMM-Q19J I am unable to find adequate social support or a social group in Canada.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IMM-Q19K Others discriminate against me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IMM-Q19L I am treated as an alien by other Canadians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PARENTAL STRESS...

	Never	sometimes	often	Very often
IMM-Q19M I do not understand the school or educational system in Canada.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IMM-Q19N I have few, if any, opportunities to participate in Canadian politics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IMM-Q19O I am constantly reminded by others of my minority status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IMM-Q19P I feel helpless to make political decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IMM-Q19Q I have few, if any, opportunities to earn more income.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IMM-Q19R I am disappointed that my standard of living is not what I had hoped for when I first came to Canada.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IMM-Q19S I am not able to have time for, or have money for, a vacation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IMM-Q19T I feel that my relationship with my spouse would be better if we were living in [country of origin].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IMM-Q19U I worry about the future of my children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IMM-Q19V I feel anxious that my children will grow up and not respect my spouse and/or me as parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IMM-Q19W I worry about my family members losing contact with each other, and I would not have to worry about this family member if I lived in... [country of origin].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	sometimes	often	Very often
IMM-Q19X I frequently argue with my spouse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IMM-Q19Y I feel that the relationship between my spouse and my parents has gotten worse since I have come to Canada.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PARENTS' PERCEPTION OF DISCRIMINATION

LFS-Q13 What kind of difficulties are you having finding a job?

(Please indicate all that apply)

- 06 Religious discrimination
- 07 Discrimination based on colour
- 08 Discrimination based on ethnicity
- 09 Discrimination based on gender
- 10 Discrimination based on country of origin
- 11 Discrimination based on accent
- 12 Discrimination based on dress
- 13 Discrimination based on disability
- 15 Other (Specify

SENSE OF BELONGING IN CANADA

IMM-Q22 Overall do you feel that you are treated as fairly in Canada as in [your country of origin]?

- 01 Very fairly in Canada
- 02 Fairly in Canada
- 03 Not sure
- 04 Not fairly in Canada
- 05 Not at all fairly in Canada
- 94 Refusal

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
IMM-Q24A A lot of Canadians tend to look down on people from [my country of origin]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IMM-Q24B In the media, people from [my country of origin] are portrayed less fairly than other groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IMM-Q24C Landlords in Canada would rather rent an apartment to someone from another group than someone from [my country of origin]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IMM-Q24D People from [my country of origin] are treated less fairly at most government offices than other groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IMM-Q24E At most stores, people from [my country of origin] are treated less fairly than other groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IMM-Q24F Compared to people from other groups, people from [my country of origin] are treated less fairly when applying for jobs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IMM-Q24G Compared to people from other Groups, people from[my country of origin] are treated less fairly by the police than people from other group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

USE OF ILLEGAL/CONTROLLED SUBSTANCES BY YOUTH (SMOKING, DRINKING, AND DRUGS)

F4 How many of your close friends smoke cigarettes?

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F6 Do any of your **close** friends drink alcohol without their parents' knowledge?

Yes →

Go to Question F7

No →

Go to Question F8

F7 How many of your close friends drink alcohol without their parents' knowledge?

--	--

 of my friends

F8 Have you ever had a drink with alcohol in it without your parents' knowledge?

Yes →

Go to Question F9

No →

Go to Question F12

F9 Do you drink alcohol now **without your parents' knowledge**?

Yes →

Go to Question F10

No →

Go to Question F11

F13 Do any of your **close** friends take drugs such as marijuana, cocaine, solvents (for example, glues, aerosol cans, paint thinner) or other illegal drugs?

→

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