

## Demoralization: Exploring the Post-Migratory Experiences of Newcomers Resettling In Canada

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### Abstract

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This study explored the impact of post-migratory experiences on the psychological well-being of recent immigrants (newcomers) resettling in Canada. A mixed method design (focus groups, individual semi-structured interviews, questionnaires and a self-rating scale) was used with a sample of 80 participants living in the Kitchener-Waterloo area and attending one of two programmes aimed at enhancing resettlement. This allowed for the degree of non-specific psychological distress among the sample to be determined. Specific factors deemed to impact on successful resettlement were also explored. The results indicated that having family, friends, community supports, an ability to speak English and gaining appropriate employment were significantly associated with symptoms of non-specific psychological distress. While the study was undertaken in Ontario and the results may not be able to be generalized to all migrants, the findings do have implications for the overall success of resettlement programmes, and for social workers and other mental health professionals working with newcomers to Ontario.

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**Keywords:** Social Work, non-specific psychological distress, demoralization, resettlement, migration

### Introduction

The detrimental impact of migration on the mental health of an individual is now evidenced in a growing body of research. As Bhugra (2005) argues, migration from one country to another and all it entails, is an enormously complex area, with many factors that need to be taken into account to effect successful resettlement. Canada, with its long history of successfully resettling migrants, has been recognised as a world leader in this area.

In Canada the term 'migrant,' (also known as newcomer), refers to landed immigrants who have arrived in Canada up to five years prior to a given census year (Statistics Canada, 2013). The Ministry of Finance's first quarterly report for 2015 showed that of Ontario's total population 19,752 were migrants. The York Region Immigration Settlement Strategy (The Regional Municipality of York, 2011) sets out the desired goals Canada has established for the resettlement of migrants coming into the country.

Government programs that support the needs and mental health of newcomers are important for their well-being as they assist growing and diverse communities in receiving countries. Thus, such policies need to be informed and substantiated by supporting data and research — an aim, in part, of this exploratory study. That is, using data collected from 80 migrants living in Canada in the Ontario province and who were attending one of two resettlement services, we address two important questions: what is the degree of psychological distress among this community sample of migrants to Ontario? Does non-attainment of the goals contained in the York Region Immigration Settlement Strategy (2011) impact on an individual's overall mental well-being?

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### **Non-specific psychological distress-demoralization**

This study uses the concept of demoralization as an explanation about what constitutes non-specific psychological distress. Demoralization was initially described by Frank (1974) as having a persistent inability to cope, resulting in associated feelings of helplessness, hopelessness, meaninglessness, subjective incompetence and diminished self-esteem. More recently demoralization has been defined as being "a change in morale spanning a spectrum of mental attitudes from disheartenment (mild loss of confidence) through despondency (starting to give up) and despair (losing hope) to demoralization (having given up)" (Kissane, Clarke & Street, 2001, p.110).

It has also been argued that while symptoms of depression and anxiety are often accompanied by demoralization and despair, demoralization itself is more than just a combination of anxiety and depression, it is about feelings of being unable to cope (Kissane et al., 2001). Such feelings are usually voiced as "giving up," or "depression," and are typically accompanied by the affects described by others as hopelessness, helplessness and subjective incompetence (Briggs & Macleod, 2006; Briggs & Macleod, 2010; de Figueiredo, 1993; Kissane et al., 2001).

Studies examining factors that impact on resettlement (Koenig et al, 2012; Briggs & Macleod, 2006, 2007; Beiser & Hou, 2001) have consistently found that having family, friends and other social supports in the host country does play an extremely important role in the adjustment period and are significant contributors towards successful resettlement. Additionally, gaining secure, adequately-remunerated and fulfilling employment enhances the migrant's identity and self-worth while providing economic viability (Briggs & Macleod 2010; Pernice et al, 2009; New Zealand Immigration Service, 2004).

### **Literature Review**

Ensuring social workers and other mental health practitioners understand the symptoms that migrants may exhibit in host countries is important as it can prevent the onset of more serious mental health disorders. To our knowledge, few studies to date have investigated associations between demoralization and the social issues that can arise in resettlement, thus limiting the literature available. In a previous study undertaken in Australasia during 2005-2008 (Briggs & Macleod, 2010) the degree of demoralization among a sample of resident refugee and migrant people was explored in order to determine whether demoralization may provide a more relevant diagnosis for this population of clients. In doing so, the degree of demoralization among the non-clinical cohorts involved in the study was assessed. Other factors known to impact on successful resettlement were also considered in relation to the impact on participants' demoralization scores.

While the findings did not allow for a clear distinction between symptoms of clinical depression and demoralization to be made, in cases of minimal or mild depression, it appears administration of a demoralization scale (Kissane et al, 2004) may allow for non-specific distress that spans a spectrum from mild disheartenment, through to total despondency to be measured. A key, and highly significant ( $p < 0.01$ ) finding, was the association between gaining appropriate employment in resettlement and participants' demoralization scores (Briggs & Macleod, 2010). More research is required to further unravel the nature of this association further.

### **Methods**

Canada's population has a significant proportion of relocated or dislocated refugees and migrants from diverse cultural backgrounds. As a signatory to the 1951 UNHCR Convention and the 1967 Protocols Relating to the Status of Refugees (United Nations High Commission for Refugees, 2011) Canada meets its obligations by providing third country resettlement to refugees, migrants and their families.

The York Region Immigration Settlement Strategy (The Regional Municipality of York, 2011) outlines four main goals for successful resettlement of newcomers:

1. that newcomers are economically integrated as evidenced by success in the job market with employment that matches their skills and education, are living in affordable, stable and safe housing and have adequate household income;
2. that newcomers are socially integrated is evidenced by feeling safe, are living healthy lives, are valued and are positively linked to the people in the host community;
3. that newcomers are culturally integrated and have access to shared and public space, feel a part of the community and feel understood; and
4. That newcomers are civically/politically integrated, have access to and trust in the Canadian Government, the

Police and the political and justice system and can take active roles in the community, organisations and institutions.

Given the above, Canada provided the ideal location in which to extend and enhance the findings from the previous study (Briggs & Macleod, 2010). It allowed for the degree of psychological distress, often evident in refugee and migrant communities, to be assessed. It also allowed for an exploration of some of the post-migratory experiences of newcomers during resettlement in relation to the York Region Immigration Settlement Strategy (The Regional Municipality of York, 2011). This was particularly so in the terms of ascertaining statistically significant associations between social factors (such as unemployment, feeling accepted in the host community and feeling valued) and participant demoralization scores.

### **Sample**

A total sample of 80 newcomers to Canada participated in the study, 33 were recruited through The Working Centre (TWC) and 47 through the St Louis Adult Learning and Continuing Education Centre (SLC). Both TWC and the SLC are located in the Kitchener-Waterloo region of Ontario. TWC, a non-profit organisation, focuses on giving people access to tools to create their own work combined with continuous ways of learning. TWC has six main projects: the Job Search Resource Centre, St. John's Kitchen, Community Tools and Projects, Access to Technology, Affordable Supportive Housing and the Waterloo School for Community Development. The SLC offers education and training for employment programmes, as well as classes in English as a Second Language (ESL) and Language Instruction for Newcomers to Canada (LINC).

Any new comer over the age of 16 years and attending either of the two centres and meeting the inclusion criteria (could speak, read and write in English to a basic level or, if unable to speak, read or write in English, were prepared to work through an appropriate interpreter) were invited to participate in the study.

### **Instruments**

Interpreters were used throughout the study. The first two sections of a questionnaire designed specifically for this study allowed for the collection of demographic information. It contained questions that were consistent with the goals contained in The York Region Immigration Settlement Strategy (The Regional Municipality of York, 2011) and required just a 'yes', 'no' or 'partially' response to each one. Participants were also asked if they had ever been depressed since arriving in Canada. The third section was free text and participants were invited to record in their own words up to three positive and/or negative experiences they felt had impacted significantly on their resettlement in Canada.

The 24-item DS (Kissane et al., 2004), was used to determine the degree of demoralization among the sample. The DS captures the dimensions of demoralization in its subscales: dysphoria; disheartenment; loss of meaning; helplessness; and sense of failure. Field trials have shown that the DS correlates well with Beck's BDI-II and BHS scales (Beck, Steer & Brown, 1996; Beck, Weisman), and has divergent validity, demonstrated through the differentiation of a sub-group of patients with high demoralization who did not meet DSM-IV (American Psychiatric Association, 1994) categorization for a diagnosis of major depressive disorder (Kissane et al., 2004). Scores can range between 0-96 with rising scores indicating an increased level of severity of the phenomena being experienced. While currently being refined and revalidated, the developers of the scale used low, median and high scores as categories of demoralization (Kissane et al., 2004). Thus, a score of less than 35 indicates a mild level of demoralization, 35-59 a moderate level and a score of 60 or more a high level.

### **Data collection**

Participants had the choice of attending either a focus group or an individual semi-structured interview. Of the SLC participants 45 attended one of four focus groups offered and two opted for an individual interview. In contrast to this, 12 of TWC participants' attended one of the two focus groups offered, while the other 24 preferred to be interviewed. Both methods involved an in-depth discussion of the goals contained in the York Region Immigration Settlement Strategy (The Regional Municipality of York, 2011). Following attendance at either an interview or focus group, participants then completed the study questionnaire and the DS.

Although participants initially self-determined their proficiency in English when consenting to participate in the study, the researcher facilitating the focus group or undertaking the interview also assessed whether the participant required an interpreter to assist with understanding what giving written 'informed consent' meant, and with completion of the study questionnaires.

### Resources and special skills

Given that the self-report questionnaires reflected a western interpretation of psychological distress, having interpreters attend the focus groups and be available for onsite interviews throughout the study was seen as essential. Furthermore, due to the possible fragile mental wellbeing of the participants in the study, qualified and experienced mental health social workers undertook the focus groups and the interviews.

### Statistical Analysis

All statistical analyses were performed using SPSS (IBM Corp, 2010). Cross tabulations (with Kendall's tau-b post hoc test) were computed to compare social factors known to impact on resettlement with demoralization total scores. Pearson correlations and analysis of variance (ANOVA) were undertaken to ascertain any significant associations between the TWC and SLC cohorts. Responses in the free text section were thematically coded, collated and transformed into frequencies.

## Results

### Demographics

The largest ethnic clusters consisted of 35% from Asian countries, 24% coming from South America and 17% from African States. Smaller numbers from the Middle East and Europe (9% each) and 'other' countries (6%) completed the sample. As shown in Table 1, the participants were predominantly female (75%) with a total sample mean age of 36 years (SD=11; range=16–58 years). The TWC participants were generally older (mean age 42 years; SD=10; range=16–57 years). This finding was not surprising considering that the SLC has a focus on language, education and training, whereas the TWC works more directly with assisting people to find appropriate employment. In terms of immigration status, there was very little difference between the two cohorts from the total sample (migrants=78%; refugees 22% refugee).

**Table 1: Demographic characteristics**

Characteristic	n = 80 (%)	Age in years		Immigration Status	
		Mean age ± SD	Range	Status	n = 80 (%)
Total Sample	80 (100)	36 (11)	16-58	Total Sample	80 (100)
Female	60 (75)	36 (11)	16-50	Refugee	18 (22)
Male	20 (25)	36 (10)	21-57	Immigrant	62 (78)
TWC Cohort	33 (41)	42 (10)	16-57	TWC Cohort	
Female	26 (79)	43 (11)	16-56	Refugee	8 (24)
Male	7 (21)	39 (8)	21-57	Immigrant	25 (76)
SLC Cohort	47 (59)	33 (10)	18-58	SLC Cohort	
Female	34 (72)	32 (9)	18-58	Refugee	10 (21)
Male	13 (28)	35 (13)	26-28	Immigrant	37 (79)

### Level of demoralization

The total sample DS mean score of 21 (SD=12, range=0–54), suggests that overall the participants were experiencing a mild level of demoralization. The men were generally more demoralized (DS total mean score=23, SD=13, range=0–54) than the women (DS total mean score=20, SD=12, range=0–54). The SLC cohort had a higher DS total score (mean score of 23; SD=11, range=3–51) than TWC cohort (mean=17; SD=13, range=0–54).

This difference was explored using a one-way ANOVA (Analysis of variance between groups) and a significant main effect ( $F=1.723$ ,  $SD=39$ ,  $p<0.05$ ) was found between the two cohorts but not with gender.

### Factors known to impact on resettlement

Exploring levels of demoralization among the Ontario sample also involved determining their ability to 'cope' in their new environment. Others (Bhugra & Ayonrinde, 2004, p.16), have observed that mismatched migration aspirations and achievements can produce stress related to the onset of depression and in this way can impact on successful resettlement. In this Ontario study, 58% of TWC participants and 51% of the SLC participants reported being depressed at some stage during resettlement. A significant Pearson correlation was observed between reported depression and the DS total mean score ( $r= -0.255$ ,  $p< 0.05$ ). Using an ANOVA to explore this further, a significant main effect ( $F=1.959$ ,  $SD=39$ ,  $p<0.05$ ) was found between the two cohorts.

While resettlement stress can take many years to resolve, it seems that over time people do tend to make considerable adjustment to the host culture. As noted by Black & Mendenhall (1991, pp. 226-227) the U-Curve theory of adjustment to a new culture is a process that encompasses several distinct stages (e.g., the honeymoon, disillusionment and cultural shock stages followed by an upward shift to gradual adaptation to the new culture and mastery stage where the individual is able to function effectively in the new culture).

Although not all newcomers go through every stage, adjustment to a new culture can take approximately four years. This makes time to adjust very important as social and cultural issues can become apparent when people are at the bottom of the U-Curve (between 6–12 months), leading to elevated levels of psychological distress (Briggs, 2013, p. 339). This in turn tends to increase an individual's sense of helplessness, hopelessness and loss of purpose. Together with social isolation from extended family and friends, this may lead to existential distress, low mood and demoralization (Briggs & Macleod, 2006; Briggs & Macleod, 2010). Hence, elapsed time in Canada and the impact on demoralization scores was seen as a crucial factor to explore. Frequency distributions were computed to ascertain where the participants in this study were in terms of the adjustment curve. As shown in Table 2 below, 18% of TWC cohort were in the most difficult period of adjustment (0–12 months) with 48% having been in Canada more than four years. In comparison, 39 % of the SLC would appear to be experiencing "culture shock" and in the beginning adjustment stages with 90% having been in the country for less than three years.

Pearson correlations were also performed to ascertain significant correlations between the variables 'agency', 'time in Canada' and 'DS total mean score'. This yielded significant correlations between 'agency' and DS mean score ( $r= 0.266$ ,  $p< 0.01$ ). Given that 99% of the SLC participants were still in the adjustment stages a one-way ANOVA, used to further explore the impact of 'time' on SLC participants 'DS total mean score', showed a non-significant trend ( $F=1.612$ :  $df=39$ ,  $p>0.05$ ), with a moderate significant association between 'time' and 'DS total mean score' being observed between 'agency' and 'DS total mean score' ( $F=1.723$ :  $df=39$ ,  $p<0.05$ ). These findings indicate that for the SLC participants 'time in Canada' did impact on their demoralization scores.

**Table 2: Time in Resettlement in Canada**

	TWC		SLC
Time	N = 80 (%)	n=33 (41)	n = 47(%)
Born in Canada	1 (1)	- -	1 (2)
Months			
<6months	11 (14)	5 (15)	6 (13)
6-12months	13 (16)	1 (3)	12 (26)
Years			
1-2 years	19 (24)	4 (12)	15 (32)
2-3 years	12 (15)	3 (10)	9 (19)
3-4 years	7 (9)	4 (12)	3 (6)
4-5 years	5 (6)	5 (15)	- -
>5 years	12 (15)	11 (33)	1 (2)

Other factors involved in successful resettlement are, in the main, goals in Ontario's settlement strategies and were written as questions in the study questionnaire. In regard to the settlement goals, the majority of participants (TWC=88% and SLC=87%) could speak English. Most (TWC=73% and SLC 92%) had access to language support, could access appropriate information and responsive services (TWC=79% and SLC 98%), were able to form social networks (TWC=73% and SLC 72%) and had a community identity (TWC=73% and SLC 64%). Almost all felt safe in expressing their own ethnicity identity (TWC=88% and SLC=94%), felt accepted by the host society (TWC=70% and SLC=81%), and were able to participate in community and social activities (TWC=79% and SLC=89%).

The one exception to attainment of the settlement goals was employment. Less than half (42%) of TWC and just over a third (34%) of SLC participants reported they had employment that was appropriate to their qualifications and skills. Given the benefits of employment in resettlement for example (access to an income, resultant acceptable standard of living and greater acceptance in the host society) as found in other studies (Briggs & Macleod, 2010; Clarke, Kissane, Tauer & Smith, 2005; Aycan & Berry, 1996), ascertaining whether having employment significantly impacted on participant DS scores was important. A cross tabulation and chi square test with Kendall's tau-b ( $T_b$ ) was computed using these variables and yielded a significant difference ( $T_b = 3.237$ ,  $p < 0.001$ ), indicating the lack of employment did impact on participant demoralization scores in this study.

Cross tabulations and chi square tests were also computed to ascertain any further significant associations between Ontario's settlement goals and the DS total mean score, and between the DS total mean score and participant reported depression. Significant associations were found between having an ability to speak English\*DS total mean score ( $T_b = 2.95$ ,  $p < 0.01$ ) and community identity\*DS total mean score ( $T_b = 2.30$ ,  $p < 0.05$ ). No further significant associations were found between reported depression and DS total mean score. Using ANOVA's, further investigation revealed important significant associations in some of the individual items contained in the DS for participants from both cohorts. As can be seen in Table 3, being able to offer value to the community in which one lives, feeling isolated, helpless and worthwhile all impacted on the participants' demoralization scores.

**Table 3: ANOVA showing significant mean effects of the items contained in the Demoralization Scale between TWC and SLC cohorts (N=80)**

Scale Items	Mean Squared	F-ratio	p-value
SLC (47) I offer value to others	1.184	4.919	0.000**
I feel isolated	1.721	2.628	0.018*
TWC (33) No-one can help	3.032	5.744	0.002**
I cannot help myself	1.528	3.606	0.013*
I am worthwhile	0.886	4.905	0.004*

\*\*  $p < 0.01$ , \*  $p < 0.05$

These items are symptoms of non-specific psychological distress that are uniquely associated with demoralization (Clarke et al., 2005; Kissane et al., 2001). Furthermore, all are issues that are often experienced by migrant populations (Briggs & Macleod, 2010, Briggs, 2013). This analysis also yielded two other important findings: a highly significant association between the settlement goal of feeling accepted in Canada and the DS item 'no purpose for activities in life' ( $F = 7.737$ ,  $p < 0.001$ ); and an interactional effect between gaining 'appropriate employment' and feeling that 'life is no longer worth living' ( $F = 3.341$ ,  $p > 0.05$ ). While the latter was a non-significant finding it does indicate how feelings of helplessness and worthlessness can lead to significant psychological distress, a finding congruent with the earlier study with refugees and migrants in New Zealand and Australia (Briggs & Macleod, 2010; Briggs et al, 2007).

The qualitative data arising from the 64% of participants who completed the free text section was collated and thematically coded. The emerging themes tended to match the findings from the quantitative analysis, 39% of the participants reported that in order to gain any employment they had accepted positions that did not equate with their qualifications and training. Furthermore, the accreditation process in Canada appears to prohibit any change to this situation in the near future. This is a critical issue because the impact of unemployment and underemployment run far deeper than economic deprivation.

As found in other studies, many migrants feel it is their duty to provide financially, not only for themselves and their family members who are present in the country of resettlement, but also for all their other family members and relatives who were left behind, an inability to do so causes feelings of worthlessness, and depression and creates psychological distress due to a failed sense of duty (Beiser&Hou, 2001; Briggs & Macleod, 2010).

## **Discussion**

From a mental health perspective, the DS total mean score indicates a mild degree of demoralization across the sample. One explanation for the SLC's DS total mean score being higher than that of TWC participants may have been due to the lower number of participants being in appropriate employment in this cohort. However, the difference was still small enough to suggest that all the participants fall into the category of mild demoralization. Significant association were also found in the two cohorts in terms of some of the items contained in the demoralization scale, all of which form part of the symptom cluster proposed by researchers (de Figueiredo, 1993; Kissane et al., 2001; Kissane et al., 2004) as being demoralization. Thus, as a concept, demoralization can provide an explanation of non-specific psychological distress and may have applicability for social workers and other mental health practitioners when working with newcomers to Canada.

Numerous studies have explored the influence of having social supports and have found the lack family support and quality social networks can have a negative impact on mental health outcomes (Ozby et al., 2007). For this particular sample of newcomers resettling in Canada, having good support alongside an acquisition of English and feeling part of the community may have provided a protective factor against more adverse outcomes. Despite the reported success Canada has in absorbing and integrating waves of migration of differing cultural and linguistic groups over a long period, for many of the participants in this study employment was still an important and outstanding issue. The difficulties experienced if people are unable to gain appropriate employment was made evident in a longitudinal survey of immigrants to Canada where it was noted that unemployment exacerbates the possibility of newcomers experiencing mental health issues (Haan, 2012). In order to reduce the risk of onset of more serious mental health disorder occurring among migrant populations these issues need to be taken into account in employment policies, the planning of mental health service delivery and settlement strategies. As such, settlement policies that contribute to a cohesive society require a focus on both the newcomers and the hosts.

While newcomers face challenges as they seek to obtain housing, education, employment and health care from the time they leave their country of origin behind, the host community also often struggles to understand and accept immigrants (Policy Research Initiative 2003). Thus, policies that prompt good mental health and assist growing and diverse communities in receiving countries need to be informed, and substantiated by supporting data and research.

## **Limitations**

The current study has several limitations. First, the study was only undertaken in one region of Ontario thus limiting the generalization to all newcomers to Canada. Second, access to employment is affected by the overall availability of employment in a particular locality. For example, resettlement in smaller cities where there are fewer jobs would limit employment opportunities even further, thus causing more distress overall. Third, opportunities in the work force may be influenced by the level of the host country language as acquisition may be relative to the requirements of a job and the ability to use specific qualifications. Fourth, the degree of demoralization may differ considerably for migrants who are actively involved in skill based or education and training for employment programs than others who are more confined to the home.

## **Implications**

Despite the limitations, given the evidence concerning the influence of social factors on demoralization scores, the findings from this study can help inform policy makers, social workers and other mental health professionals about working with migrant populations. Any uncontrollable condition that impacts on a person's life circumstances or future circumstances and throws them into a state of uncertainty can lead to demoralization. Lack of social support, lack of life meaning, or increased dependence on others can exacerbate the distress experienced.

Social workers can comprehensively assess the family, social and community supports that their clients may have while noting the socioeconomic factors that may be also affecting a client's overall mental health. Utilizing such assessments means interventions can be tailored to the specific needs of migrants to strengthen and develop social and community supports as self-care resources and coping mechanisms.

Employment and financial independence can also lead to improved health conditions. However, depending on the workplace employment can both negate and contribute to the development of demoralization. Setting goals may also help the demoralized person come to terms with their predicament and find meaning in life. Various interventions can aid people develop coping skills for their situation and build resilience for future adversity. While most studies advocate the use of therapy rather than biomedical treatments for demoralization, few studies have tested the effectiveness of such interventions. Working collaboratively and across disciplines, a general approach is to provide supportive social interaction, methods to assist in finding meaning in life, and methods to cope with adversity.

### Conclusion

This study adds valuable insight into the contributing factors of unexplained psychological distress found among two cohorts of migrants living in Ontario. The key findings emerging from the study were whether the participants were able to gain employment appropriate to qualifications and skills held and if they felt accepted by the local community. Both issues are a key dimension and driver of integration into host societies as they enable people to feel a sense of belonging and being a part of a wider community. Being accepted into the host community also makes it easier to enter the workforce, which in turn impacts on access to income, education, training and overall social and health benefits.

Even in a country world-renowned for its resettlement practices, there are still shortcomings that need to be addressed in order to ensure that newcomers receive appropriate and sufficient support that will allow them to productively participate in their new environment. Finally, a longitudinal study utilizing a random sample to better elucidate how the lack of appropriate employment and social supports may influence levels of demoralization among migrant populations is essential for future planning, as is research into the effectiveness of interventions for working with demoralized people.

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**Note:** The terms immigrants, migrants and newcomers are used synonymously in this paper.

### References

- American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders (DSM -IV)*. 4th Edition. Washington, DC: American Psychiatric Press.
- Aycan, Z., & Berry, J.W. (1996). Impact of employment-related experiences on immigrants' psychological well-being and adaptation to Canada. *Canadian Journal of Behavioural Science*, 28(3), 240-251.
- Beck, A.T., Steer, R.A., & Brown, G.K. (1996). *Beck Depression Inventory-II Manual*. San Antonio (TX): The Psychological Corporation.
- Beck, A.T., Weissman, A., Lester, D., & Trexler, L. (1974). The measurement of pessimism: the Beck Hopelessness Scale. *Journal of Consulting and Clinical Psychology*, 42, 861-865.
- Beiser, M., & Hou, F. (2001). Language acquisition, unemployment and depressive disorder among Southeast Asian refugees: a 10-year study. *Social Science & Medicine*, 53(10), 1321-1334.
- Bhugra D. (2005). Cultural identities and cultural congruency: a new model for evaluating mental distress in immigrants. *Acta Psychiatrica Scandinavica*, 111: 84-93.
- Bhugra, D., & Ayonrinde, O. (2004). *Depression in migrants and ethnic minorities*. *Advances in Psychiatric Treatment*, 10, (1), 13-17. doi: 10.1192/apt.10.1.13.
- Black, J. S., & Mendenhall, M. (1991). The U-Curve Adjustment Hypothesis revisited: A review and theoretical framework. *Journal of International Business Studies*, 22(2), 225-247
- Briggs, L. (2013). Is the degree of demoralization found among refugee and migrant populations a social-political



- problem or a psychological one? *European Journal of Psychiatry* Vol. 27, No.1, (27-35).
- Briggs, Lynne & Macleod, Sandy.(2010). Demoralization or clinical depression?Enhancing understandings of psychological distress in resettled refugees and migrants.*World Cultural Psychiatry Research Review*, 5(2): 86-98.
- Briggs, L., Talbot, C &Melvin, K.(2007).An exploratory study of demoralization and migration experience. *International Review of Modern Sociology*, 33,193–209.
- Briggs, Lynne & Macleod, A.D (Sandy).(2006). Demoralization - A Useful Conceptualisation of Non-Specific Psychological Distress Among Refugees Attending Mental Health Services.*International Journal of Social Psychiatry*, 52(6), 512-524. doi: 10.1177/0020764006066832
- Clarke,D.M., Kissane, D.W., Trauer,T., & Smith, G.C. (2005). Demoralization, anhedonia and grief in patients with severe physical illness. *World Psychiatry*, 4(2), 96-105.
- deFigueiredo JM. (1993). Depression and demoralization: phenomenological differences and research perspectives. *Comprehensive Psychiatry*, 34, 308-311.
- Frank J.D. (1974). Psychotherapy: The Restoration of Morale. *American Journal of Psychiatry*, 131, 271–274.
- Government of Canada.(2006). Statistics Canada. Retrieved from [www12.statcan.gc.ca/census-recensement/2006/as-sa/97-562/note-eng.cfm](http://www12.statcan.gc.ca/census-recensement/2006/as-sa/97-562/note-eng.cfm)
- Haan, M. (2012). *The housing experiences of new Canadians: Insights from the Longitudinal Survey of Immigrants to Canada*. Ottawa: Government of Canada. Retrieved from <http://www.cic.gc.ca/english/resources/research/housing/index.asp>
- IBM Corp. (2010). *SPSS Statistics for Windows, Version 19.0*. Armonk, NY: IBM Corp,
- Kissane, D.W., Clarke, D.M., &Street, A.F. (2001). Demoralization syndrome: a relevantpsychiatric diagnosis for palliative care. *Journal of Palliative Care*, 17, 12-21.
- Kissane, D.W., Wein, S., Love, A., Lee, X.Q., Kee, P.L., Clarke, D.M. (2004). The Demoralization Scale: a report of its development and preliminary validation. *Journal of Palliative Care*, 20, 269–276
- Koenig, H.G. (2012). Religion, spirituality, and health: The research and clinical implications. *International Scholarly Research Network Psychiatry*, 1-33.
- Ontario Ministry of Finance.(2015).Ontario Demographic Quarterly. Retrieved from <http://www.fin.gov.on.ca/en/economy/demographics/quarterly/dhiq1.html>
- Ozbay, F., Johnson, D.C., Dimoulas, E., Morgan, C.A., Charney, D., &Southwick, S. (2007).Social support and resilience to stress: From Neurobiology to Clinical Practice, *Psychiatry*, May, 35-40
- Pernice, R., Trlin, A., Henderson, A., North, N &Skinner, M. (2009). Employment Status, Duration Of Residence And Mental Health Among Skilled Migrants To New Zealand: Results Of A Longitudinal Study. *International Journal of Social Psychiatry*. Vol 55(3): 272–287 DOI: 10.1177/0020764008093685
- Policy Research Initiative (PRI). (2003). Social Capital Workshop June 2003, Interdepartmental Workshop on Social Capital, Canada
- Statistics Canada. (2013).Canada's Ethnocultural Mosaic, 2006 Census: Findings.Retrieved from <http://www12.statcan.ca/census-recensement/2006/as-sa/97-562/index-eng.cfm>
- Statistics Canada. (2013). *Immigration and Ethnocultural Diversity in Canada: National Household Survey 2011*.
- The Regional Municipality of York (2011).*York Region Immigration Settlement Strategy*. Newmarket, Ontario. Retrieved from <http://www.yorkwelcome.ca>
- United Nations High Commission for Refugees (2011). *The 1951 Convention Relating To the Status of Refugees and its 1967 Protocol*.Retrieved from<http://www.unhcr.org/4ec262df9.html>