

# NEWCOMER MEN'S MENTAL HEALTH IN BRANDON, MANITOBA: EXPERIENCES, PERCEPTIONS, AND RECOMMENDATIONS



# ACKNOWLEDGEMENTS

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## Summary

This collaborative study examined mental health experiences among immigrant and refugee men in Brandon, Manitoba. Four focus groups, including a total of 42 immigrant and refugee men speaking Arabic, Somali, Tigrinya, and Ukrainian, were conducted in collaboration with Westman Immigrant Services. The focus group data were analyzed by comparing common themes within and across language groups focusing on mental health perceptions, stressors and barriers that emerged in the group discussions. Four primary stressors were identified: finding suitable employment, acculturation in relation to language differences, obtaining adequate education, and concern for familial safety in the country of origin. In addition, this report explores how the men's perception of mental health varies across cultures, as well as the importance of family and religious institutions as primary supports. Overall, the findings help us to understand these men's mental health experiences as a sample of men in the prairie region with particular attention to masculinity and the unique context of small cities like Brandon, Manitoba. This information is critical to developing programs and supports that meet the needs of diverse newcomer men within the region.

## Research Design

The study involved a qualitative design, in which data were collected through focus groups. A focus group is a small group of people who participate in talking about or discussing a specific topic—in this case, newcomer mental wellness and masculinity. Interpreters from Westman Immigrant Services helped guide the group discussion following a semi-structured guide co-developed by the research team and Westman Immigrant Services. The discussion focused on:

- Background information (e.g. place and date of birth, migration pathway, amount of time spent in Brandon, and employment status)
- Important relationships (e.g. family and familial location)
- Perception of overall health and masculinity (e.g. healthy male role models, what it means to be a healthy man)
- Constraints or barriers to better mental health and wellness
- Services (available/unavailable) that would positively impact ability to achieve/maintain good mental health.

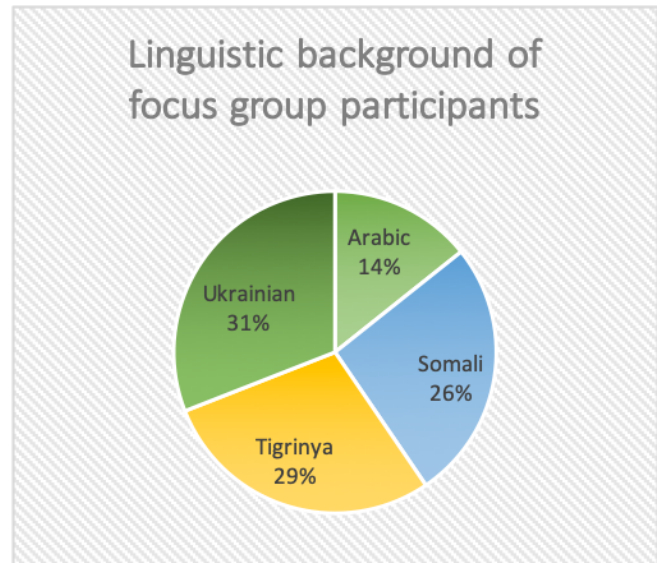
The majority of focus group participants answered questions in their first language. However, some participants elected to respond in English for some questions in two of the focus groups. Each focus group had an interpreter, who repeated questions and responses in both English and the participants' first language to ensure everyone understood. All focus groups were recorded, and lasted approximately two hours.

## Participant Demographics

A total of 42 participants participated in the focus group, across four language groups. In the Arabic-speaking group, there were 6 participants who migrated from Syria. In the Somali-speaking group, there were 11 participants who migrated from Somalia. In the Tigrinya-speaking group,

there were 12 participants, who migrated from Eritrea, Ethiopia, and Sudan. Lastly, in the Ukrainian-speaking group, there were 13 participants, who migrated from Russia, Ukraine, Belarus, and the former USSR (areas that are now Ukraine).

Participants ranged in age, from 18 to 61 years old. At the time of the focus groups, the participants had been in Brandon for as few as 3 weeks, to as many as 10 years. The majority of the participants arrived in Canada as refugees- however, some came as economic immigrants (almost exclusively from the Ukrainian group).



## Findings

**Perceptions of health/mental health:** Participants' comfort and identification with terms related to mental health varied across the groups. For example, when asked about feeling depressed, many participants indicated that the word did not apply to them. One participant stated, "You know, first time when I- when I heard about depression, it was here in Canada." (Ukrainian-speaking focus group participant). This participant implied that depression was not a common term in their country of origin. Participants' comments highlighted different cultural understandings of overall health and more specifically, mental health and they may have had different definitions and cultural responses to words like depression. When asked about health initially, many participants spoke of the physical aspects of health, using examples such as Hercules and athletes to illustrate these ideals. Men who identified as Muslim often indicated the importance of Muhammed as a role model, and as an ideal example of health. Edicts such as "healthy body, healthy mind", "healthy means not needing help from anyone", and "healthy means being able to support your family" were used frequently. Some participants, specifically from the Ukrainian-speaking group, indicated that they didn't believe it was possible for men to be truly healthy- it was unclear whether this refers to cultural perceptions of health as unattainable; or the difficulties of being a healthy person in the modern world, while being exposed to pollutants and climate change. A few participants spoke directly about unhealthy environments where they come from as well as the environments they now worked in. Health was also described in terms of positive and negative exposures, such as "healthy people don't smoke- they eat healthy foods," (Arabic-speaking focus group). All of the focus groups discussed the ideal of being a healthy man as holistic, requiring physical, mental, and spiritual health.

When prompted next to speak specifically of mental health, participants most often spoke in terms of stress rather than using words such as 'depression' or 'anxiety'. They identified stress as a negative factor to which they were exposed, and many indicated that should they be able to alleviate the stress, they would have better mental health experiences. Many participants indicated that when compared with the significant stressors and challenges they had experienced prior to moving to Canada, the current challenges from life in Canada were less consequential. For example, the interpreter said, "... he says, this is nothing, because he's been through [...] a refugee camp. [...] He got laid off from - you know, that thing, you know, of course he's going to

be sad and stuff. But, it's not- he's not really worry that much" (Tigrinya-speaking focus group participant). This is a powerful reframing of what we may consider as more common Western middle class concepts of stress, where what is considered 'stress' worthy for some, was clearly not by this group.

Cultural expectations surrounding responses to stress also varied by group. When asked about the appropriateness of having discussions about mental health or depression in their home country, the Arabic-speaking focus group responded that "talking about mental health and depression are frowned upon. There's too many things you cannot talk about." Participants identified stressors particular to men and how men are meant to respond to mental health challenges. These discussions revolved primarily around men's role as a provider for their family, and the perceived role men have in maintaining a strong and stoic demeanor. The way that health results in being able to provide for one's family was discussed in all focus groups. For example, "a healthy man, he like, you know- he's stressed out in different ways- for him, a healthy man, he is able to go to work" (Tigrinya-speaking focus group participant). The focus on the expectations of men to be strong/stoic was less universally discussed across focus groups; however, participants still identified it as being significant. One participant stated, "The man is as powerful or strong, but everything have a limit. And he still have feelings, and there's stuff, can destroy men. And you mentioned that you here in this country, you eat anything you want, and your mother back home is hungry, and you can't send even food. Where is your manhood? And you are here safe, and your family under attack, where is your manhood here? What you can do- what can you do?" (Arabic-speaking focus group participant)

**Primary and secondary stressors:** Stressors as described by the groups can be conceptualized as derived from within their immediate geographical area (local), or from events in their country of origin (global). According to participants, experience of, or exposure to, stressors contributed to poorer mental health experiences. The local stressors include experiences such as acculturation; communication difficulties; and employment/unemployment problems. Global stressors included concern for the safety of family in the participants' home countries; the separation of family participants due to migration; logistical difficulties in communicating with loved ones outside of Canada; and grief over war and conflict in participants' countries of origin.

## Global factors

**Concern for family safety:** Concern for family safety was a primary stressor for participants, most prominently in the Arabic-speaking focus group. Many participants discussed the impact of the war on their mental health, in that they were unable to be assured of the safety of their loved ones. "They taught us, when we came from Lebanon, they gave us education and classes. You may feel depression, you may want to go back, but you will pass this period of time. And we're happy here in Brandon. But the depression is about our families' situations" (Arabic-speaking focus group participant).

**Separation of family members due to migration:** The pain of separation from family and loved ones was also identified as a primary stressor across all focus groups. "I am- I don't, I'm not depressed, but I get worries, from especially my family, since they're not here, and I'm living by myself, so that's my biggest worry" (Somali-speaking focus group participant). Participants did not

specifically indicate that missing their loved ones was the cause of their distress; they more often inferred that they were concerned for their family members and loved ones who were either still in their country of origin, or were in other countries in the region. “My biggest worries and stress come from, um, two children I was having- they are- his nieces and nephew, he had to leave them in Ethiopia- they were supposed to come here, but they didn’t, so that is his biggest worry at the moment. If, whenever he is going through those moments, he calls them” (Somali-speaking focus group participant). These stresses are often exacerbated by logistical difficulties in communicating with family and loved ones (discussed below). Participants also indicated stress deriving from pressure to comfort and provide for their families in these circumstances, a task they often found to be difficult to do. “The families sleep under trees and outdoors. People sometimes eat from the- the ground, they eat the plants, or something. No electricity, no gas, anything. And you, you here to comfort them and that’s cause more, more pressure. That’s – you cannot complain” (Arabic-speaking focus group).

**Logistical difficulties in communicating with family members outside of Canada:** Most often identified as a concern by the Syrian group, but also identified as a primary stressor in other focus groups; participants indicated that a great deal of their stress derived from not being able to communicate with loved ones to confirm their safety. “When he hear there is attacks, it becomes harder on the city where the family live there, and [...] he tries to contact with them, but there is no internet there. And then he will not contact with anybody here, and he cannot talk to anybody here, until he reach his family” (Arabic-speaking focus group participant). Participants emphasized that they did not feel they were able to reach out and talk to anyone when this was the case, either because no one else here would understand their stress, or that to do so wouldn’t help the situation. Participants identified the only means of reducing this stressor as speaking with the family members in the country of origin. When asked if access to a counsellor who spoke their language would help, the participants replied that in this case, no- “He prefer not to talk to anybody, so there’s nothing happen, because he become agitated... In this subject? I can’t talk to anybody. In this subject, I can’t talk to anybody about it” (Arabic-speaking focus group participant). Other participants reported attempting to talk about this particular stressor, but not finding a satisfactory resolution- “For him, he tried to talk, so that cannot affect him. Sometimes he talks to walls about some things” (Arabic-speaking focus group participant).

**War/conflict in home country:** One of the most commonly cited stressors for participants from Syria was war and conflict in their home country. For example, the interpreter explained, “The problem is their families and their country is destroyed, so what can they do? In the beginning, they did not- they do everything for us, and now they do everything for us in general” (Arabic-speaking focus group participant). Participants indicated that this goes beyond concern for immediate family and loved ones; participants felt grief over the collective suffering of those in their country of origin, and the damage being done to the place they called home. As another example, “He’s stressed and sad [-] about the other families in the cities that have the war in their cities, because they are all one community in Syria. They are one community in Syria” (Arabic-speaking focus group participant). Participants expressed both frustration at an inability to help family and loved ones overseas, and feelings of guilt that they were in Canada, safe as well as having access to services. The interpreter explained, “His family facing war and unsafe, and facing suffering, and here, they have everything” (Arabic-speaking focus group participant).



## Local factors

**Acculturation:** One Ukrainian speaking participant stated, “I would say, the most reason of stress and depression for us here, it’s mentality of Canadians, which is different from us.” When asked about things that make participants uncomfortable or cause them stress, apart from concern over family safety, participants identified acculturation as a stressor. This involved both short- and long-term adjustments to life in Canada. “Sometimes, I think about how will you get used to this new country, because it’s so frustrating, and sometimes thinking about the future, how am I going to reach somewhere” (Somali-speaking focus group participant). Across all focus groups, participants indicated that over a shorter period of time, there were difficulties in adapting to Canadian culture and customs, but over a longer period of time, they felt concern over how to make a life for themselves. Young men who immigrated without family found this particularly challenging. For example, when discussing how to settle in Canada and start a family, one participant said “I and [Participant’s name, we are] singles, uh- how should we settle?” Parents also indicated concern over their children growing up in a culture different to that of their home country. “For example, me and wife, we have different mentalities from them, and because my oldest daughter, she is eleven already, sometimes she even argues with me about something. No, father, you are wrong, something- so, we see the difference” (Ukrainian-speaking focus group participant).

**Stress over finding gainful employment:** Employment stress was the most universally-indicated stressor among the focus groups. The focus groups had varying proportions of participants who had been able to find employment of any kind- in general, participants found getting jobs to be a frustrating experience: “In Brandon, specifically, there’s no job [...] and he want to work” (Tigrinya-speaking focus group participant). Of those who were able to secure employment, the biggest employer identified by the participants was Maple Leaf Consumer Foods Processing Facility; participants in three out of the four focus groups were either working there at the time of the focus-group discussion or had worked there in the past. Participants identified Maple Leaf as an employer that did not have particular language or skill qualifications required in order to start working there. However, while participants expressed gratitude at being able to work, they did not feel that Maple Leaf offered fulfilling or gratifying employment, and some worried that they would not be able to work elsewhere following their work experience at the plant, as the positions offered no chance to work on their language or other necessary employment skills. Some participants also indicated that their work at the plant was itself a stressor, due to the physically demanding nature of the job, lack of adaptation on the part of the employer to health and accessibility requirements, and concern over job loss due to disability.

**Dissatisfaction with local services:** In general, the participants felt very positively about their experience in Canada, and when asked if there was anything about life in Canada that caused stress, did not identify Canadian services. However, some participants identified frustrations with access to and quality of medical services: “The medicine here is very, very slow and low-qualified” (Ukrainian-speaking focus group participant). Participants often mentioned their gratitude at having some medical services provided for through universal health-care, but were frustrated with the lack of support accessing services such as dentistry and pharmaceuticals. “... for instance, the health is free- like, but some of them require your own, you know, money: Like, if I see a dentist, they say, you will pay for yourselves” (Somali-speaking focus group participant). Lastly,

participants mentioned some frustrations and challenges with the Canadian immigration and refugee support systems, specifically in terms of family reunification and access to sufficient supportive funds for single parents and single adults.

**Support networks:** Participants identified both formal and informal support networks supporting their mental wellness. When initially asked “Who helps you?”, most participants identified Westman Immigrant Services and the Canadian government. Upon probing (“Who helps you when you are feeling stressed or depressed?”) for almost all of the participants, family was mentioned as the primary support. This included parents, siblings, children, and other relations, both in Canada with the participant, or overseas (either still in the country of origin, or in another location). Participants did not necessarily discuss their mental health with family members- many expressed the importance of simply being together with loved ones for their mental health: “My little girl, and she can remove any stress, because she’s so funny, and even, we don’t have a lack of money, we find some options and go anywhere with her. We spend lots of time with her, and she can- I don’t have any stress because of her.” (Ukrainian-speaking focus group participant)

The other important support mentioned by participants were social communities, often revolving around a religious institution such as a church or mosque. Religion played a large role, regardless of the participants’ religious affiliation. For the Islamic participants, the prophet Mohammed was identified as an important role model for a healthy man (“We have our own model [...] the prophet Mohammed, do you know anything about him? Yeah, he is the role model for [them]”); religious communities also offered both social support and guidance when participants were feeling stressed. For example, the interpreter explained, “When he was stressed out in Sudan, something that would help, he would get up and go to church.” (Tigrinya-speaking focus group participant) Participants also frequently identified their local ethnic community as offering substantial emotional support when needed. Participants described their local community’s informal networks as key resources for problem-solving: “I am not stressed, I am happy. My life is really good at the moment. If something comes up, usually from my family, there is a little problem, I turn to the community, especially the Somali community in Brandon, and they help me out” (Somali-speaking focus group participant).

Participant recommendations
More/centralized employment opportunities
More education opportunities
Opportunities for semi-structured social events
Greater support for immigration with whole families
Better allowances and services

## Participant Recommendations

The participants were asked what help was missing for them in Brandon, and what supports or resources would be needed to maintain good mental health. The responses varied across the



focus groups- the primary response was a desire for more employment opportunities. Participants recognized that one of the greatest barriers to obtaining employment for many of them was a lack of English language proficiency. One interpreter explained, “And they work again at some point- and when their mind are busy, thinking about home, they have no considerations- but the work give them health, and can fill their times. And you will be less thinking about the war, and programs. And you can split your days, a few for studying, a few for work, and you will be busy.” (Arabic-speaking focus group participant)

**Employment:** All participants emphasized their desire to work: “I want to work. I want to work, and I am able to work. But, it’s hard to find job, and it would be better for government, don’t pay welfare, just for nothing, but give a job to that person, and that person will support themselves-himself” (Ukrainian-speaking focus group participant). Participants suggested changes to any employment support programs, enabling newcomers to access positions from a different pool of applicants than Canadian workers. They were particularly supportive of employment opportunities that would allow them to learn English and other employment skills while working, or that had better adaptations to the particularities of living in Canada as a newcomer. Participants in the Ukrainian-speaking focus group suggested “[jobs that are] more adapted to newcomers, or easier to find, for example, jobs. That would be great.”

**Education:** A desire for increased educational opportunities was voiced by many participants, especially those who were older and did not have as much proficiency with English. In particular, they indicated a want for educational programs that would streamline engagement in the employment sector, through internship opportunities or other forms of training: “... they could add for us more education, and then we could start working like that...” (Somali-speaking focus group participant). The idea of training newcomers to work while they receive their refugee benefits was brought up in multiple focus group discussion, especially as many refugees had not previously had the opportunity to complete formal education or vocational training. One participant mentioned “... maybe, creating youth programs for the unemployed immigrants and youth. Programs that can increase skills and awareness, since where we came from, we were not- we were just students, and now, when we got here, you have to get jobs and stuff.” (Somali-speaking focus group participant)

**Opportunities for semi-structured social events:** Participants in multiple focus groups expressed a desire for increased opportunities to liaise with others, both within their own cultural communities and with others outside of those groups. This was particularly relevant to the men who identified as having immigrated to Canada on their own, without family already present in the country.

**Greater support in immigrating with whole families:** Participants indicated that a desirable support would be aid in immigrating with their entire family, if possible. “What I realise is that, like, when they are bringing families, they don’t bring the whole family, but they bring half of them, which brings restlessness. And, since they’re separating families, then that causes a lot of mental breakdowns. So, maybe if they could do something about that [... it] could bring calmness, and

reduce stress” (Somali-speaking focus group)<sup>1</sup>. Similarly, participants indicated that due to conflict in their countries of origin, family members were often separated and unable to find one another. Occasionally, after immigration to Canada, they were able to find the separated family members but weren’t able to bring them to Canada, due to challenges with the immigration process. “... when a person gets the opportunity to come to Canada, they try to look for their families, but once they find them, it’s so hard and challenging to bring them here, or to reunite, because the government usually says, ‘Do they have identification, are they recognized as refugees?’ And questions that are not- that cannot be answered. So that’s also a challenge.”

**Better allowances and services:** Participants indicated their own difficulty or difficulties encountered by others in their community in getting by on their current allowances provided by the government. In particular, participants identified the need for additional supports for single parents with multiple children or for single adults who had no one with whom to split the costs of living. These difficulties are secondary to separation from family members. “... If you’re alone, it’s really hard to work, and study, especially like, financial question. You don’t have enough money to support yourself of studying, so you have to work” (Ukrainian-speaking focus group participant).

**Satisfaction with life in Canada:** Across all participant groups, participants identified being very happy with life in Canada. “There is doctors, there is hospitals, there is transportations- there is universities, everything. Everything.” (Arabic-speaking focus group participant) “They were so welcoming, and they accept us with welcoming and with happy, and that we are really thankful for that. And they give him- they give him Manitoba health cards, and homes, and everything is great.” (Arabic-speaking focus group participant)

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<sup>1</sup> In the past, the Government of Canada utilized a lottery system to determine which family members may immigrate with or following the primary applicants, beyond dependents and spouses, who were always permitted to immigrate together. This system was replaced with a first-come-first-served system in 2019 for applications to bring parents and grandparents to Canada, and the number of yearly applications accepted for this type of immigration has increased fourfold since 2015. For spouses and dependent children who were not able to immigrate together due to reasons beyond their control, applications may be made to reunify the family, providing it is submitted within one year of arrival to Canada (the One Year Window program). There are few options for bringing family members such as adult siblings or extended family. Various resources available which outline which family members are able to immigrate together, as well as informational and policy documents outlining these processes. Some of these can be seen at the following addresses:

- Which family members can immigrate together:  
<https://www.cic.gc.ca/english/helpcentre/answer.asp?qnum=343&top=14>
- Immigration, Refugees and Citizenship Canada Departmental Plan 2019-2020:  
<https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/departmental-plan-2019-2020/departmental-plan.html#sec03-1-2>
- Canadian Council for Refugees information on family immigration and reunification:  
<https://ccrweb.ca/en/psr-toolkit/other-useful-info-family-reunification#OYW>

## Conclusion

The study provides meaningful insights into how men understand mental health, what they perceive to be valuable resources for them in attaining mental health and wellness, and what resources are lacking. In particular, it demonstrates the challenges newcomers face in the unique context of small cities- namely, challenges with employment; continued access to various services; and establishing a sense of belonging and security in their future with their families. Overall, participants expressed satisfaction with their life in Canada; however, we hope that their suggestions for service expansion will prove useful to Westman Immigrant Services and the broader community.