

**Exploring Hong Kong Newcomer Post-Secondary Students'  
Perceptions of Their Mental Health and of Mental Health  
Services and Supports in the Ottawa-Gatineau Region**

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# Abstract

**Background:** The purpose of this research study was to explore the perceptions of Hong Kong newcomer post-secondary students of their mental health and of mental health services and supports in the Ottawa-Gatineau region. Existing research indicates that Hong Kong newcomers experience challenges in their host countries but are reluctant to seek mental health services and support. This study seeks to answer the following overarching research question: How do Hong Kong newcomer post-secondary students perceive their mental health and the mental health services and supports in the Ottawa-Gatineau region? As part of this overall objective, the study aimed to understand a) the challenges and stresses the students encountered since coming to Canada that could impact their mental health, b) their utilization of mental health services available to them in the Ottawa-Gatineau region and beyond, c) the strategies they used to alleviate mental health challenges, and d) the recommendations they had regarding mental health services in the Ottawa-Gatineau region.

**Methods:** A qualitative study based on 10 semi-structured interviews with Hong Kong newcomer post-secondary students was conducted. The transcripts were analyzed using a combination of inductive and deductive approaches based on Braun and Clarke's (2006) six-step thematic analysis process.

**Results:** Participants shared and elaborated on their post immigration experiences and on their perceptions of their mental health. Common immigration challenges upon arrival included language, financial and social challenges. Most participants had never sought mental health care for various reasons including fear of stigma and lack of awareness of available services. Participants generally relied on their existing social networks to obtain mental health support and suggested the need to increase awareness of services to encourage help-seekers.

**Conclusion:** The participants' responses largely agreed with existing research findings, but also highlight the importance of considering unique individual experiences, which can vary vastly. The findings from this study can help policy makers, health providers and managers make informed decisions for improving mental health care experiences for Hong Kong newcomer students.

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# Introduction

## **Background and Context:**

Immigrant mental health care has become an important research topic in recent years, with some evidence indicating that immigrants' mental health can impact the productivity and integration of the immigrants themselves, as well as their children (Beiser et al., 2010). However, multiple research studies have noted the difficulty and reluctance of immigrants to access mental health care (Kirmayer et al., 2011; McKenzie, 2009; Mental Health Commission of Canada, 2012; Nesdale & Mak, 2003; Tiwari & Wang, 2008). Among newcomers who show reluctance in accessing mental health care are ethnic Chinese immigrants (Chiu et al., 2018; Gao, 2020; Law et al., 2021; Na et al., 2016; Tiwari & Wang, 2008).

Moreover, newcomers from Hong Kong who are ethnically Chinese and who have recently arrived in Canada have gone through unique challenges that are complex and can greatly impact their mental health. These challenges include political instability, very high inflation, and the COVID-19 pandemic (Ngan et al., 2023; Scharf & Oinonen, 2020; Wong & Yan, 2022). Despite the arrival of newcomers from Hong Kong and their unique experiences, there are only a limited number of research studies that examine the mental health and challenges faced by these newcomers, and this also applies to these newcomers who are students.

International students experience multiple problems and obstacles that might interfere with their daily lives, their studies, as well as their mental health. Due to the different cultures, lack of pre-existing social connections, and limited language abilities, international students may feel embarrassed, stigmatized and may not participate in general social activities and discussions, which impairs their ability to make new connections, and increases their vulnerability to mental health issues such as depression (Cheung, 2010; Ebert et al., 2019). Despite the mental health challenges these international students experience in a foreign country, studies have shown that they are often reluctant to seek mental health care and would much prefer to deal with the challenges personally or with other non-professionals such as friends and relatives (Cheung, 2010; Ebert et al., 2019). Results and findings of studies on international students (Cheung, 2010; Ebert et al., 2019) are generally consistent with studies on immigrants (Chiu et al., 2018; Gao, 2020; Kirmayer et al., 2011; Law et al., 2021; McKenzie, 2009; Mental Health Commission of Canada, 2012; Na et al., 2016; Nesdale & Mak, 2003; Tiwari & Wang, 2008).

## **Research Objectives:**

The purpose of this research study is to explore the perceptions of Hong Kong newcomer post-secondary students of their mental health and of mental health services and supports in the Ottawa-Gatineau region. This was undertaken by asking students about their own perspectives and experiences. The following overarching research question was pursued: How do Hong Kong newcomer post-secondary students perceive their mental health and the mental health services and supports in the Ottawa-Gatineau region? As part of this overall objective, the study aimed to understand a) the challenges and stresses the students encountered since coming to Canada that could impact their mental health, b) their utilization of mental health services available to them in the Ottawa-Gatineau region and beyond, c) the strategies they used to alleviate mental health challenges, and d) the recommendations they had regarding mental health services in the Ottawa-Gatineau region.

To answer these questions, I conducted a qualitative study based on 10 interviews with Hong Kong newcomer post-secondary students. The findings from this research study can help mental health care managers, providers and policy makers make informed decisions for improving mental health care experiences for newcomer students, and specifically students from Hong Kong. This study can also help stimulate discussions and further research into this topic.

This thesis is organized as follows: I will first begin with a literature review about the existing research on immigrant and international student mental health. Next, I will discuss the methods and how I collected and analyzed the data. I then present the findings. Lastly, I discuss the findings in view of the literature, highlighting similarities and differences with previous research, and address the limitations and recommendations stemming from this study.

# Literature review

## **Key Concepts and Studies:**

In this section, I review relevant literature on newcomers and mental health, beginning with the three main challenges that most immigrants and refugees face upon arriving in their host countries: cultural differences between their country of origin and host country, their inability to integrate into the host society, and difficulties in accessing mental health services when these are needed. I then briefly review literature on strategies that immigrants may use to address mental health challenges, referring to the general literature on immigrants, with a special focus on newcomers from China and Hong Kong. Additionally, I briefly review literature on the mental health of international post-secondary students.

## **Cultural differences and misunderstandings:**

After immigrating to a foreign land, people often find themselves in a strange environment with a culture different from their own (Mental Health Commission of Canada, 2022; Mental Health Commission of Canada, 2024; Nesdale & Mak, 2003; Park et al., 2025). This is the source of cultural misunderstandings between people from the host country and the immigrants, which can then result in discrimination and marginalization of immigrants in their host country. In turn, discrimination and marginalization can lead to worsened mental health and distrust in the mental health care system (Lincoln et al., 2021; Park et al., 2025; Pilz González et al., 2025; Tinner & Alonso Curbelo, 2024; Wong, 1998).

In the case of ethnic Chinese individuals, they often find family role engagement, support from family members and friends, as well as spiritual beliefs/practices important for recovery in addition to seeking professional help from accredited professionals (Chu, 2005; Kwok, 2014; Na et al., 2016; Park et al., 2025; Tsoi et al., 2022; Wong et al., 2010; Wong et al., 2012). This holistic and collectivistic view exhibited by ethnic Chinese patients is different from the conventional Western analytic and independent views (Gao, 2020; Kwong et al., 2012; Law et al., 2021; Na et al., 2016; Park et al., 2025).

Moreover, differences and lived experiences can be a source of cultural misunderstandings, discrimination and marginalization of Chinese immigrants in Western countries. Gao (2020) offers an example related to mask-wearing behaviour during the COVID-19 pandemic that demonstrates how cultural misunderstandings and discrimination between Chinese immigrants and Canadians can lead to worsened mental health for some, which resulted in participants feeling isolated, excluded by

society, and experiencing racial abuse and slurs directed against them. Moreover, Bozorgmehr et al. (2023) also pointed out political and social violence against immigrants and refugees may cause additional pressures on their mental health. Finally, social exclusion could be a main contributing factor to worsening immigrant mental health through anxiety and stress (DeWall et al., 2011). As a result, researchers have seen a general decline in the mental health of immigrants the longer they live in a foreign country due to cultural misconceptions and conflicts (Elshahat et al., 2022; Lau et al., 2013).

There can also be a tendency to over-generalize and to build stereotypes of cultures such as Asian cultures, and this is problematic because it does not account for the different contexts and individuality of the different people (Wong & Tsang, 2004). Wong & Tsang (2004) found that even though Asian women might share similar cultures and share a general holistic worldview, the specific worldviews and views about mental health differ across individuals due to multiple reasons, including: religion, individual experiences, upbringing, country of origin and other factors. For example, when Wong & Tsang (2004) asked their respondents how they view mental wellbeing, one Korean Christian woman answered, “A person with beliefs in God is a healthy person.”; whereas other women from different backgrounds responded that their mental wellbeing is associated with non-religious or non-spiritual elements, such as economic sufficiency, housing, music and flowers. It is also important to note that some Asian women tend to hold traditional Confucian beliefs of life and marriage and might refrain from revealing the full extent of their psychological and social problems (Wong & Tsang, 2004; Tang et al., 2007). Therefore, more work needs to be done to better understand the views, experiences and needs of individual patients.

### **Inability to integrate:**

Immigrants may find themselves having difficulty integrating into the broader host society once they arrive. Their inability to integrate may be due to lack of employment, income insecurity, discrimination and racism (Bartram, 2019; Chan, 2014; Chu, 2005; Lincoln et al., 2021; Mental Health Commission of Canada, 2022; Mental Health Commission of Canada, 2024; Ngan et al., 2023; Pilz González et al., 2025; Sakız & Jencius, 2024; Tang et al., 2007; Wong, 1998). Moreover, a phenomenon termed “double unbelonging” to both country of origin and host country has been observed (Gao, 2020).

Lincoln et al. (2021) examined the relationship between discrimination and mental health for Somali young adults living in the U.S. and Canada. They found that Somali immigrants were discriminated against due to their limited education and language

abilities (Department of Anthropology, Bates College, 2008), which ultimately impacted their job security, such as being fired from a job or denied a job promotion (Lincoln et al., 2021). Unstable jobs created stress and anxiety and were a negative factor on the mental health of Somali immigrants (Lincoln et al., 2021). With respect to newcomers from Hong Kong, studies have pointed out that they lack job and income security upon arrival in Canada (Chan, 2014; Chu, 2005; Ngan et al., 2023; Tang et al., 2007). Chan (2014) studied the integration levels of Hong Kong immigrants in Canada through their wages in the Canadian labour market. He proposed that the wage gap between immigrants and their native counterparts point to immigrants' level of economic assimilation in Canada (Chan, 2014). In his research, he found that there are substantial wage gaps between new immigrants from Hong Kong and their native counterparts, which can take up to a decade to close, indicating at that point that they have been fully assimilated (Chan, 2014). Ngan et al. (2023) also pointed out that immigrants from Hong Kong had lower income and career mobility upon arriving when compared to their lives in Hong Kong, and some exit the labor force altogether because they believe they cannot find a job that would offer them sufficient income security. According to several authors (Bartram, 2019; Chan, 2014; Chu, 2005; Department of Anthropology, Bates College, 2008; Lincoln et al., 2021; McKenzie et al., 2016; Mental Health Commission of Canada, 2022; Ngan et al., 2023; Pilz González et al., 2025; Tang et al., 2007), insecure jobs and lower income levels point to possible discrimination, which could result in mental health challenges for newcomers from Hong Kong.

Kwok (2014), Nesdale & Mak (2003) and Pilz González et al. (2025) found that immigrants' mental health is strongly related to their perception of self worth and self-confidence, which is further related to their economic and occupational integration into the broader host society. Since the ethnic Chinese immigrants find it difficult to economically and occupationally integrate into the broader society, their mental health also suffers.

### **Difficulties in accessing mental health care services:**

Multiple authors have found that Chinese immigrants are much less likely to utilize mental health care services in comparison to other ethnicities (Fung & Wong, 2007; Park et al., 2025; Pilz González et al., 2025; Sakız & Jencius, 2024; Tiwari & Wang, 2008). Chiu et al. (2018), Wong (1998) and Park et al. (2025) further found that ethnic Asians do not seek mental health support until a crisis reaches a tipping point. Their findings might be explained by the Chinese immigrants finding difficulty accessing mental health care, which may be due to a lack of social and economic

resources, as well as a lack of mental health literacy (Chu, 2005; Law et al., 2021; Mason et al., 2024; Na et al., 2016; Park et al., 2025; Sakız & Jencius, 2024; Wong et al., 2012).

In Hong Kong, most mental health care services are provided by the public health care system (Tsoi et al., 2022). In contrast, most mental health care services provided in Canada are not included in the Canadian universal health insurance plans, with most of the services paid for privately by users themselves or their private insurance plans (Bartram, 2019; Scharf & Oinonen, 2020). The Canadian universal health insurance plans only cover certain mental health care services: visits to family physicians who would be willing to temporarily provide mental health counseling (which is uncommon), psychiatrists who work in publicly funded hospitals, as well as public mental health hospitals and institutions (Bartram, 2019; Scharf & Oinonen, 2020). Immigrants and newcomers, especially those who face job and income insecurity, may not be able to afford private for-profit mental health services, which is the majority of mental health care services offered in Canada (Bartram, 2019; Scharf & Oinonen, 2020).

Immigrants also face additional challenges seeking help: such as a lack of access to social and linguistic resources (Cheung, 2010; Law et al., 2021; Mason et al., 2024; Nesdale & Mak, 2003; Park et al., 2025; Pilz González et al., 2025; Sakız & Jencius, 2024). According to Law et al. (2021) and Park et al. (2025), some Chinese immigrants face language and social barriers as they attempt to seek mental help for themselves or their family. For example, one of the respondents in Law et al.'s (2021) study lamented that the lack of social connections made it more difficult for her to seek help from appropriate specialists to treat her son's mental illness. Moreover, because of her lack of social resources and linguistic abilities, she was referred to different specialists and physicians multiple times without any meaningful progress on treating her son's condition (Law et al., 2021). Additionally, multiple authors have noted that mental health care services offered are often oblivious and insensitive to the potential political and cultural shocks and trauma that immigrants might have faced before and after their arrival to the host countries, which sometimes may discourage immigrants to seek mental health care from accredited professionals who are otherwise capable of helping them (Bozorgmehr et al., 2023; Cherepanov, 2023; Park et al., 2025; Pilz González et al., 2025; Sakız & Jencius, 2024). In fact, several articles have pointed out that a substantial number of recent Asian immigrants living in various foreign countries do not have adequate knowledge about the mental health care system around them, do not trust the mental health care system offered to them, and do not know from where and whom to seek help when needed (Blignault et al., 2008; Bozorgmehr et al., 2023; Cherepanov, 2023; Fan, 1999; Fung & Wong, 2007; Ho et al., 2008; Kung, 2004;

McKenzie et al., 2016; Mason et al., 2024; Mental Health Commission of Canada, 2022; Mental Health Commission of Canada, 2024; Na et al., 2016; Park et al., 2025; Pilz González et al., 2025; Sakız & Jencius, 2024; Tabora & Flaskerud, 1997; Tieu et al., 2010; Wong et al., 2010). Na et al. (2016), Park et al. (2025) and Sakız & Jencius (2024) pointed out that many countries do not offer culturally and politically sensitive mental health care to Chinese immigrants, reflecting barriers to access of mental health care, which leads to a general decline in the immigrants' mental health.

On the positive side however, these factors and conditions are modifiable. Fung & Wong (2007) highlighted that the best predicting factor on the attitudes of ethnic Chinese individuals seeking professional help is perceived accessibility to the mental health care system, which is directly related to having adequate social support, resources and knowledge that give them the ability to seek help when they need it. Additionally, individuals who have local friends and local connections are less likely to suffer from mental health concerns, and they are more likely to seek mental health support (Cheung, 2010; Kwok, 2014; Nesdale & Mak, 2003; Pilz González et al., 2025; Sakız & Jencius, 2024). Until Chinese immigrants make local connections and friendships, they would rather seek mental health support from members of their own ethnic groups when their mental health concerns worsen (Nesdale & Mak, 2003; Park et al., 2025; Pilz González et al., 2025; Sakız & Jencius, 2024; Wong, 1998).

### **Strategies Chinese immigrants use to address mental health challenges and stress:**

As previously established, Chinese immigrants value community support from within their own communities, such as from family members, church members, and spiritual practitioners with whom they have a personal connection (Chu, 2005; Kwok, 2014; Na et al., 2016; Park et al., 2025; Tsoi et al., 2022; Wong et al., 2010; Wong et al., 2012). Moreover, when Chinese immigrants do not access outside mental health help or seek help from their community members, they prefer self-help over seeking mental health support from strangers (Na et al., 2016; Park et al., 2025; Wong et al., 2012). In fact, in the case of mental health support, most Chinese immigrants would go straight for self-help rather than seeking community support, even when they have access to community support (Na et al., 2016; Park et al., 2025; Wong et al., 2012).

Unfortunately, there are consequences associated with self-help and not seeking help from knowledgeable sources. According to studies, self-help is associated with low mental health literacy (Law et al., 2021; Na et al., 2016; Park et al., 2025; Tieu et al., 2010; Wong et al., 2012). Since low mental health literacy may lead to attributing mental health conditions and concerns to unscientific reasons, this can in turn lead to “blaming the victim” mentality and stigma amongst general and Chinese community

members, which discourages patients from seeking mental health support (Gao, 2020; Law et al., 2021; Wong et al., 2012; Tieu et al., 2010). This may eventually lead to exacerbated and unsolved mental health conditions and challenges for these Chinese immigrants (Cheung, 2010; Na et al., 2016; Park et al., 2025; Wong et al., 2012).

### **Challenges specifically about international post-secondary students:**

Since this study is about international post-secondary students and potentially temporary residents in Canada, I also explored the mental health concerns and challenges of international post-secondary students. In general, international post-secondary students tend to share the same mental health concerns and stressors as the other Chinese immigrants (Cheung, 2010; Pilz González et al., 2025). For example, Cheung (2010) found that 45% of postsecondary Chinese students are unemployed, and 65.4% of these students have an annual household income of \$30000 USD or less, showing possible inability to integrate into the broader society (Cheung, 2010). However, there are some additional challenges these students might have that are not present when compared with other older immigrants.

For example, international students often go to a foreign country by themselves, without any existing local support networks that other immigrants might already have before their arrival (Cheung, 2010; Kwok, 2014; Nesdale & Mak, 2003; Pilz González et al., 2025). To make matters worse, international students may be unable to make new friends and connections (Cheung, 2010; Ebert et al., 2019). This can be attributed to the different cultures, educational levels and language abilities of international students, which may lead students to feel embarrassed and to refrain from participation in social activities and discussions (Cheung, 2010; Ebert et al., 2019; Pilz González et al., 2025).

As previously established, local support networks are essential to the success of immigrants and international students, as well as their ability to seek mental health help when necessary. Since these international students lack these local support networks, they are more likely to suffer from mental health breakdowns, such as suicidal thoughts, guilt and helplessness (Cheung, 2010; Ebert et al., 2019; Pilz González et al., 2025). These challenges may eventually lead to depression (Cheung, 2010).

Moreover, despite the mental health challenges these international students experience in a foreign country, studies have shown that they are often reluctant to seek mental health care and would much prefer to deal with issues personally or with other non-professionals such as friends and relatives (Cheung, 2010; Ebert et al., 2019). To demonstrate, 75.7% of students seek the help of friends and family if they experience depressive symptoms, whereas only 31.2% of students will seek the help of mental health professionals (Cheung, 2010). Ironically, though international students need

friends, they often lack friends and family in a foreign country, forcing these students to deal with mental health concerns personally (Cheung, 2010; Ebert et al., 2019). Students also described that they cannot find culturally sensitive mental health care available to them, which further impedes them from seeking help (Sakız & Jencius, 2024). As previously mentioned, mental health self-help may lead to exacerbated and unsolved mental health conditions and challenges for these international students (Cheung, 2010; Ebert et al., 2019; Na et al., 2016; Pilz González et al., 2025; Wong et al., 2012).

### **Limitations and next steps:**

Even though the above review of the literature attempted to capture the difficulties experienced by the Hong Kong newcomers in Canada, this review has some limitations. Firstly, some of the reviewed studies were not conducted in Canada. As mentioned by Ke et al. (2021), the health of immigrants from an ethnicity living in one region should not be extrapolated to those of the same ethnicity living in other regions. Therefore, research on the health of Chinese immigrants in Australia or the U.S. might not be applicable to Hong Kong newcomers living in Canada. Secondly, most of the reviewed articles did not involve participants who have lived through unique challenges, such as political changes. Thirdly, apart from Cheung (2010), most of the articles did not pertain directly to newcomer students from Hong Kong. Therefore, a qualitative study involving Hong Kong newcomer post-secondary students is needed to provide a better picture about their mental health, experiences, perceptions and challenges.

# Methods

## **Research Design and Approach:**

A qualitative exploratory study based on data collected through interviews with Hong Kong newcomer post-secondary students was conducted to help shed light on the topic (Hennink et al., 2020; Trochim et al., 2016). To allow the respondents to elaborate on their views, while guiding respondents to answer several questions, a semi-structured interview approach was used (Hennink et al., 2020; Marshall et al., 2022). Since this research involves understanding the subjective experiences of participants, it falls under the interpretive approach (Hennink et al., 2020).

Upon reviewing existing health research frameworks that may fit this study and help formulate interview questions, I decided to adopt material from two frameworks for use to help inform my data collection and analysis. Since this study attempts to probe the factors and experiences of the Hong Kong newcomers who may or may not seek mental health care in the Ottawa-Gatineau region, I viewed the Immigrant Health Service Utilization framework (Yang & Hwang, 2016) and Migrant Patients' Health Care Experience framework (Luiking et al., 2019) as relevant. These 2 frameworks had a shared focus on the different factors that influence immigrants' health care service usage. As a result, both these frameworks served as inspiration for formulating the interview questions. Both frameworks were also used to inform the initial coding framework, as well as constructing the final diagram. However, neither framework was used to fully structure data collection and analysis.

## **Recruitment:**

Ke et al. (2021) categorized ethnic Chinese immigrants as immigrants from China, Taiwan, Hong Kong and Macau, while this study focused on the Hong Kong subgroup. The word “newcomers” is used instead of “immigrants” because newcomers from Hong Kong may only apply for Permanent Residency (PR) after graduating from a Canadian post-secondary institution (Stream A) (Immigration, R. and C. C., 2023). Since these students do not obtain PR when they arrive in Canada, their status might not fit into the description of an “immigrant”, and it is difficult to ascertain whether these students have an intention to stay. Therefore, “newcomers” rather than “immigrants” better reflects the status of participants.

Since ethnic Chinese individuals are less likely to reach out for mental health help or discuss their state of mental health (Law et al., 2021; Na et al., 2016; Tiwari & Wang, 2008; Wong et al., 2012), they are considered hard-to-reach for most mental health studies. Because this study required working with a hard-to-reach population, I

recruited participants through purposive snowballing (Hennink et al., 2020; Trochim et al., 2016). To participate in this study, the participant had to be a Hong Kong citizen prior to arriving in Canada, 18-40 years old by the time of the interview, studying in an accredited post-secondary institute in the Ottawa-Gatineau region, and had departed Hong Kong between 2020-2024. Participants could also be former post-secondary students if they had graduated from an accredited post-secondary program offered in the Ottawa-Gatineau region during 2021-2024. These criteria ensured the participants were indeed recent newcomers who have studied in a Canadian post-secondary institute. Participants did not have to have a diagnosis of mental health conditions to participate in this study. Additionally, to ensure the study is unbiased, I sought participants who were not my close friends or family members.

### **Data Collection:**

A total of 10 participants were recruited for the study. I sought the help of the University of Ottawa Hong Kong Cultural Association (UOHKCA) to recruit participants. I presented the study outline to members of the UOHKCA through social media posts (Appendix A). This presentation helped recruit participants from the UOHKCA, while also asking the members to refer other students from outside the University of Ottawa, if they also study in the Ottawa-Gatineau region. Similar presentations were also made at the Ottawa Chinese Alliance Church's affiliated WhatsApp group chats. Additionally, recruitment posters were also circulated on social media to recruit additional participants (Appendix B). An online form was provided for those interested in participating to sign up (Appendix C). This form allowed me to ensure that participants met the recruitment criteria. Individuals who met the criteria were then asked to sign a consent form (Appendix D), and an interview date and time was set up with them.

Interviews were conducted in English through Microsoft Teams or in person in the Ottawa-Gatineau region from October 2024 to May 2025. The interview protocol consisted of 24 open-ended questions where participants were encouraged to elaborate and was designed to last about 60 minutes (Appendix E). After the end of each interview, each participant was asked to refer other Hong Kong newcomer post-secondary students whom they know to the sign-up form, as well as receiving their compensation of \$15 for their participation. This recruitment and interview process continued until a total of 10 participants were interviewed.

### **Data Analysis:**

The interviews were digitally recorded and transcribed with the help of Otter.ai, with some additional manual checking before analyses (Otter.ai, n.d.). All personal

details and information in the transcripts were removed to ensure anonymity (Hennink et al., 2020). A contact summary form was prepared for each interview; it outlined a summary of the main themes, as well the researcher's main observations (Miles et al., 2014, p. 124).

The interview transcripts were analyzed using thematic analysis principles (Braun & Clarke, 2006; Hennink et al., 2020). Specifically, this study followed the 6 steps outlined by Braun & Clarke's (2006) thematic analysis approach. It involved:

- 1) Familiarizing oneself with the data: This step involved transcribing, reading and re-reading the data, while noting down initial ideas. This was mainly done with the help of Otter.ai (Otter.ai, n.d.) and Microsoft Teams.
- 2) Generating initial codes: This step involved coding pertinent segments of the data in a systematic fashion, as well as collating data relevant to each code. This was mainly done with the help of the NVivo 14 software provided by the University of Ottawa.
- 3) Searching for themes: This step involved collating codes into potential themes, as well as gathering all the data relevant to each potential theme. Codes and themes were identified deductively using the literature (for example, notions from the frameworks of Luiking et al. (2019) and Yang & Hwang (2016)) as well as inductively. For example, the various strategies used by participants and the suggestions for improvement the participants offered generated various inductive codes and themes.
- 4) Reviewing, defining, and naming themes: Once early themes were generated, this step involved checking if the themes were aligned with the coded extracts and the entire data set, which led to a refinement of the themes. The final themes and their connections are shown in the "Map of the themes and subthemes" (Figure 1).
- 5) Producing the report: The final step involved writing the analysis report. This included interpreting the coded data and relating the analysis to the research questions and literature.

### **Trustworthiness of this study:**

Creswell & Poth (2018) suggested several strategies to ensure the trustworthiness of qualitative studies. I employed 3 of the suggested strategies, which are explained below:

- 1) Engaging in reflexivity: I am an immigrant from Hong Kong, an active member of the Hong Kong diaspora community, and my previous experiences include receiving counselling services at the University of Ottawa. I kept these issues in view as I conducted the interviews and the analyses, making sure to ground

myself in the accounts and experiences of participants, and not my personal experiences.

- 2) Generating a rich, thick description: This report has provided extensive data in the form of participant quotes to substantiate my analyses to the reader.
- 3) Reviewing the data and research processes: This study was reviewed by my supervisor, Dr. Samia Chreim, who had access to the data and the analysis processes. She read extensive portions of the interviews and challenged my interpretations to make sure they were grounded in the data.

### **Ethical Considerations:**

This study received approval from the University of Ottawa's Research Ethics Board on 16/10/2024 (#S-08-24-10674) and was conducted in accordance with the Tri-Council Policy Statement guidelines. Once potential participants expressed interest, informed consent was confirmed (Appendix D) via electronic signature before any further communications. If consent was given, they were then contacted via e-mail to schedule an interview. Before each interview, participants had an opportunity to review the interview protocol in advance, were given a brief introduction about this study, as well as an opportunity to ask any questions. Additionally, before and during each interview, participants were clearly informed through verbal means that they could withdraw from the study or stop the interview at any time, while still receiving the \$15 compensation. After the end of each interview, participants were compensated with \$15, delivered electronically, as an appreciation for their time and participation. All transcripts were anonymized before analysis was undertaken.

## Findings

In total, 10 participants were interviewed, namely 4 men and 6 women. As per recruitment criteria, all the participants have Hong Kong citizenship and are ethnic Chinese individuals. Most participants are aged 20-29 and are current post-secondary students. Moreover, most participants are work/study permit holders. Four participants have indicated their intentions to apply for permanent residency or are awaiting permanent residency application decision. Three of the participants indicated that they have/had mental illness, of whom only 2 have experiences of seeking formal mental health services. Due to confidentiality concerns, all quotes and participants are anonymized using the pronouns ‘they’ and ‘them’. Demographic data is summarized below in Table 1:

Categories	Number of participants
Total	10
Arrived during 2020 – March 2022	2
Arrived during April 2022 - 2024	8
Aged 20-29	9
Aged 30-39	1
Current students	8
Former students	2
Male	4
Female	6
Undergraduate students	5
Graduate students	5
Canadian citizen	3
Study/work permit holder	7 (of whom 4 are awaiting permanent residency)

Table 1: Participant demographic data.

It is important to note that only 2 of the students arrived in Canada during the COVID-19 lockdown that was mandated by the Government of Ontario from March 2020 to March 2022. Due to the low number of students arriving during this time, the pandemic was not seen as a major issue in this study.

I present the Findings under the following captions: the contextual factors prompting immigration or travel to Canada (as this offers insight into the conditions surrounding immigration); experiences post arrival in Canada; mental health perceptions; decision to seek mental health services or not; strategies participants used to deal with mental health issues; as well as participants' recommendations for mental health services in the Ottawa-Gatineau Region. Figure 1 shows the thematic map used in this study.

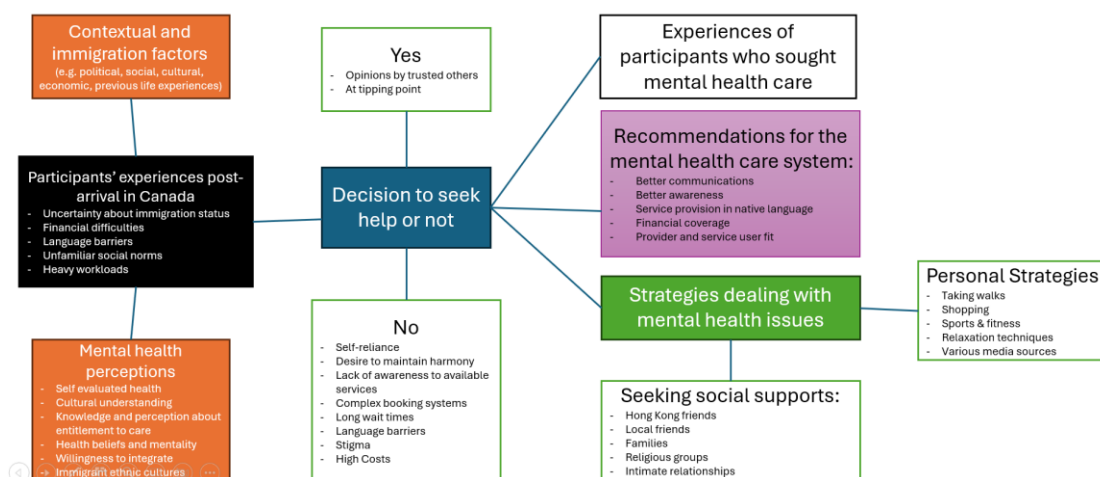


Figure 1: Map of the themes and subthemes. Themes are listed as titles, subthemes are written in point forms.

### Contextual factors prompting immigration or travel to Canada:

Participants referred to various reasons and factors for immigrating to Canada. These reasons can be divided into 4 categories: political factors, social and cultural factors, economic factors and previous life experiences.

#### Political factors:

Political factors were cited as main reasons for immigrating to Canada by most of the participants. Participants mentioned that the political environment in Hong Kong became less friendly to them, and they perceived that Hong Kong has become a different place, *“I think Hong Kong is not Hong Kong anymore... The government is quite manipulated by the CCP and the [Mainland] culture.”* (P01). As a result, some participants indicated that they *“don’t trust the government anymore”* (P07) and viewed immigrating to Canada as an opportunity to move to a new environment.

Some participants felt that the political system also affected their career prospects and ability to financially survive in Hong Kong. For some, the worsening political environment also meant less career opportunities due to the departure of international conglomerates. For example, P06 who had chosen to study law in the finance sector in

hopes of having one of the “*most promising career paths*”, referred to witnessing the “*great exodus from the [Hong Kong] stock market,*” noting that “*investments are pulling out from Hong Kong*”. They referred to the negative impact this would have on their career were they to pursue it in Hong Kong.

Additionally, when prompted on why they chose Canada specifically, most participants cited a relatively easier immigration process provided by the Canadian government, with some of them even specifically pointing out Streams A and B as main factors for picking Canada over other countries, “*I think coming to Canada is the easiest way to get permanent residency because of their Hong Kong pathways. In other places, I must invest more time and money, while Canada offers a simple and straightforward way to get permanent residency*” (P09). Moreover, those having Canadian citizenship viewed their citizenship as “*a ticket for me to escape*” (P03) Hong Kong’s political environment.

### **Social and cultural factors:**

Social and cultural factors mentioned by the participants included existing connections in Canada, exploring different parts of the world and cultures, and a sense of being culturally invaded.

When considering which country and city to move to, some cited existing family connections, “*We decided to come to Canada because most of my dad's side of the family are in ... Canada [and] one of my family's wishes is to reunite with the rest of the family.*” (P03).

Some participants cited a willingness to explore the different parts of the world and cultures. For some, Hong Kong is a small and limited city, “*As I grew up, I realized Hong Kong's a really small place ... what I can experience is limited.*” (P02); hence the decision to immigrate to Canada expecting to learn from and meet “*people from different cultures*” (P09).

Some participants also mentioned their sense of being invaded and their culture eroding as a reason for immigrating to Canada. As a result of governmental distrust, participants were paranoid of the people around them, as they frequently wondered if “*everybody else is thinking the same thing?... Are they going to snitch [on me] or do something [to me]?*” (P03). Some reflected on the changing nature of the culture in Hong Kong and referred to “*a cultural invasion*” (P06) by Mainlanders and the expanding use of Mandarin in Hong Kong. As a result, some participants felt “*disoriented going into the streets ... and fairly uncomfortable seeing unfamiliar people all around.*” (P03). Immigrating to Canada was seen as an opportunity to move “*to a new environment and just starting from scratch*” (P03).

### **Economic factors:**

Economic factors cited by participants as reasons for immigrating to Canada included better career prospects and lower cost of living.

Those citing better career prospects considered that Hong Kong's living environment is stressful, and there is a lack of work-life balance, "*I had worked and lived in Hong Kong for [many] years, and I felt working in Hong Kong is stressful. There's no work-life balance, I just feel that I deserve more*" (P08). For P08, immigrating to Canada offers an opportunity to "explore myself in different environments, so I can have a deeper understanding of myself." Furthermore, for those interested in working for the federal government, they viewed Ottawa as a place of opportunities, as mentioned by P02: "*If I have the chance to maybe ... work in the House of Commons at Parliament Hill, I would have the chance to break into the government sector.*"

For those citing cost of living, immigrating to Canada is a means to escape the restrictive housing market in Hong Kong: "*The cost of living in Hong Kong is pretty high. It's hard for the younger generation to get or rent a house, so we live with our parents to save money.*" (P01). Therefore, finding a Canadian city with relatively lower housing prices and more affordable cost of living was key to those looking to escape restrictive housing markets, "*We found that Ottawa's housing prices are not crazy... That's why we chose to immigrate to Ottawa.*" (P10).

### **Previous life experiences**

Positive expectations can be formed from media portrayals, which helped influence some participants' decision to immigrate to Canada. For one, when prompted to elaborate why they believed Canada offers a better work-life balance for post-secondary students, P05 suggested that they obtained that information from TV shows and movies, "*Most of the time, my ideal plans or expectations come from TV shows and movies. Everyone enjoys university life [in those shows], so I had positive expectations*" (P05). Another participant also stated that watching videos about Ottawa influenced their decisions to move, "*The reason why we picked Ottawa is because we saw some videos about Ottawa, which mentioned that there's more art and music.*" (P10).

Furthermore, previous parent experiences can influence one's decision to move to Canada and Ottawa, as demonstrated by this example, "*My father used to study in Canada when he was a university student ..., he had the idea of sending us to Canada to study. He really likes it here... In my mind, I always had the thought of studying abroad since I was young.*" (P02). Another example involved previous travel experiences, "*I kind of know what it's like here, I've travelled to ... Canada [before]*"

(P08).

### **Experiences post arrival in Canada:**

Another theme in the findings relates to participants' experiences upon arrival in Canada. Although participants reflected on positive aspects of their experience such as the helpful and kind local population, green and spacious environments (in comparison to Hong Kong), and a positive Canadian political environment, they elaborated on negative experiences that were seen as stressors, impacting mental health negatively. These negative experiences and stressors consisted of uncertainty about immigration status, financial difficulties, language barriers and unfamiliar social norms, and heavy workloads. These are presented below.

#### **Uncertainty about immigration status**

The immigration status of participants can impact their mental health and wellbeing, which can be witnessed through the experiences of P05:

*“It's quite difficult to wait a long time for the PR. We have already been waiting for more than one year, and there's still no news... My open work permit will be expiring soon... Next is about our passports, which are also expiring soon... I felt insecure to be honest, because the policy keeps changing...” (P05).*

It was also revealed that an uncertain immigration status for a family member can be experienced negatively by a participant. This can be seen through P03's experiences of trying to support a family member applying for permanent residency, yet experiencing delays:

*“[We are] applying for my mom's [Permanent Residency] with the IRCC. That was really tense..., because it was not easy for her.” (P03)*

Participants who were in the process of obtaining their permanent residency for themselves and their family members had stated that the immigration processes and wait times were making them feel pessimistic, nervous, insecure, stressed and unable to plan for the future, which impacts their mental health.

#### **Financial difficulties**

Since most participants emphasized their mental health is tied to fulfilling needs, financial insecurity is a major factor influencing their mental health and stress levels. Participants frequently reported a lack of job security, Canadian work experience and social connections, which decrease their likelihood to be hired and secure a well-paying job. They also reflected on the high cost of living, with rent being a major concern:

*“I spent months seeking out for a job. It was difficult because I did not work in*

*Hong Kong, and the hiring process in Canada was discriminative to immigrants or anyone that has not worked in Canada. It was hard.... I am most stressed about income balances right now. After I moved out from my relative's home, I'm now paying \$2300 for rent. I currently have no income, and my mom is not eligible to work, so I'm basically burning my savings.” (P06)*

*“There's too much competition for one single job... As a newcomer, I have no professional connections. It might be hard to find a job if I have to search from scratch... I would say the biggest challenges would be the cost of living, housing and food...” (P08)*

Some participants also referred to lack of convenient and punctual transportation in Ottawa as one of the reasons for not being able to secure job and financial security:

*“There was a restaurant hiring kitchen help... They turned me down because I can't drive. [There are no] underground or efficient public transport systems... Not [being] able to drive is a significant disadvantage in the job market. The employers worry that you cannot go to work punctually.” (P06).*

### **Language barriers and unfamiliar social norms**

Participants also referred to the challenges associated with difficulties expressing themselves due to their limited English language abilities:

*“Sometimes I want to express myself, but because English is not my mother language and I'm not like proficient in English. So sometimes I want to express myself, but it's hard to tell the whole story. Yeah, that's one thing that I'm feeling not that well with.” (P01)*

There were also difficulties associated with conversational norms and social interactions in Canada:

*“Listening and speaking is not that common for me, because we only speak Cantonese in my Hong Kong workplace, and I don't have the chance to speak English elsewhere. Here especially, they love to have small chats every day, and I feel very stressful to have small talks... I think it's not just in my workplace, it's the culture in Canada. My neighbors and colleagues all love small talks. They would talk about the weather and what they did during the weekend... This was a challenge for me.” (P05)*

*“The cultural difference that I'm having the most difficulty with are small talks. Small talks are required [when interacting with clients]. These issues present cultural shocks to me... I understand why they need small talks to begin with, but*

*I'm not good at small talks. It makes me feel anxious and stressed out every time I have to approach someone and do a small talk.” (P10).*

### **Work loads**

A few participants also mentioned their challenging work loads, which took a toll on them:

*“When I got to Ottawa ... once school started, I was really grinding into my work in school. It was so busy, and I was struggling with time management... My sleep schedule was very messed up. I slept very late, and woke up very late, so my mental health was very tough back then... In my second semester of first year, that's when things got really tough because I had some very hard assignments to do. That led to the first wave of depression, as there was too much stress, and I struggled with time management and procrastination.” (P04)*

*“I thought before I started studying at PS2 that I can take it easy with a small workload.... In reality, since my program is just a one year program, everything and all courses are so rushed and timed. We have to complete all the assignments on time. I remember we have to write about 6000 words for each assignment, and we have to submit them every week. It's quite difficult and ... I feel the pressure... My first years were very difficult.” (P05)*

As the above indicates, participants identified several challenges post-immigration that impacted their mental health.

### **Mental Health Perceptions**

When asked about their views of their own mental health, most participants did not say much about this issue directly, and focused instead on being in control, fulfilling their needs and goals, and avoiding main stressors. When asked to rate their mental health in general on a scale of 1-10, most participants rated their mental health as largely neutral to slightly positive (around 5-7/10) and offered different views on the factors that contribute to mental health wellness. These included fulfilling needs and goals, less stresses from job and school, as well as finding a suitable job:

*“I think good mental health is when I don't have to worry about... housing, rent or groceries” (P09).*

*“If I knew that I have something to do real quick, and it's not easy to deal with (e.g. assignments or my job), ... or if it's near the deadline, I would feel so stressful. It [will not be] good for my well-being.” (P01).*

*“[My mental health] issues can include food, getting a job, paying bills and housing. They are all important and crucial, and you can collapse from them if*

*overwhelmed.*” (P10)

Furthermore, the focus tends to be on being in control and meeting one’s needs without major stressors, *“If everything is under my control, then I would think [I have] good [mental health]”* (P07).

Some participants with prior mental health experience or Western education had more nuanced views, and emphasized emotional balance, social support, and spiritual practices. P04 – being schooled in a Western educational system, and prior experiences of recovering from a mental illness – understood mental wellness as the following:

*“I’ll say a good social network makes me normal. ... When my workload is light, when I’m not over-committed, that’s when I’m OK. When there are no tight or multiple deadlines, such as 3 assignment deadlines tomorrow, I will also feel OK. When I don’t have a significant anxiety or worry, then I’ll feel OK. I guess when I do my personal devotionals, when I consider my overall emotions and moods, that’s when I feel OK. Those are usually indicators that I’m feeling good.”* (P04).

P02, who had experienced previous mental health issues, believed that mental wellness can be improved by taking medication when one is not well:

*“I have been on a new medication, and it has helped with my concentration, social anxiety, motivation, and basically my depression all at once. It was helping to restore my concentration. It was helping me to get over a bit of my social anxiety. It was helping me to restore motivation to work or study, so it’s been a lot better, I would say.”* (P02).

## **Decision to seek mental health services or not**

### **Participants who did not seek mental health care services.**

Most participants had never sought formal mental health care services either in Hong Kong or Ottawa. When asked whether they had sought formal mental health care services, and only 2 of 10 participants indicated they had done so. The other 8 participants indicated that they had not and highlighted some reasons for avoiding mental health services, which are presented below.

### ***Stigma***

Research shows that there is a stigma against seeking mental health services in ethnic Chinese cultures (Law et al., 2021; Na et al., 2016; Tieu et al., 2010; Wong et al., 2012). The findings generally agree with that observation, with one participant

indicating that *“mental illnesses in Hong Kong are despised, and other people will think these patients are crazy”* (P10). This stigma is also illustrated in a quote by P02. This participant did seek formal mental health services upon feeling a strong need to do so, and despite earlier hesitation, which they explained in the following quote:

*“I guess that's the Asian part of me, which is very traditionally Chinese, I would have bad connotations with depression. I would think it's a kind of disease or a negative thing.”* (P02).

Due to the stigma associated with seeking mental health services, it is not surprising to hear that people rarely seek help for mental health issues in Hong Kong, as one might fear social pressure or judgment if others should know, *“Hong Kong is a very small place. I feel like if I go [seek help], the news would somehow spread around, and my parents would know, which I did not want them to know at all.”* (P02).

### ***Self-reliance and desire to maintain harmony***

Another reason for not seeking services is the view that if one is self-reliant and the services are not absolutely necessary, then it would be wrong to seek services:

*“The first thing is my mental health has to be in a really serious situation for me to seek help, because I wouldn't want to use up the time or resources of the system, for somebody else might need it more [than me]. So, unless it's really serious, I wouldn't seek help because I think I can deal with it right now. Also, I just have to regulate myself, I'm going to try doing it myself, and not just seek help immediately, because I think a lot of people are in need.”* (P03)

A few participants indicated they rarely seek help from their family and friends, because they do not want their family and friends to worry about them, or because they do not want to break the “perfect” image of son/daughter that they feel the need to uphold:

*“I seldom seek help from my parents [in Hong Kong] to be honest, because I don't want to share anything that would worry them.”* (P09)

*“I don't want [my friends] to worry about me, so I will not talk to them.”* (P05)

*“I've always been a good daughter and I performed well in school. I wasn't a troubled student at all. I was the type of student that my parents would have nothing [negative] to talk about during parents' day, because I had no problems or issues. I had good grades and I've always wanted to maintain that image in*

*their hearts, and I tried very hard to do that. I tried to perform well in school, and I just did not want them to know about my [mental health] condition. I didn't want them to know that the perfect daughter isn't perfect and is actually diagnosed with depression.” (P02)*

Moreover, when asked if there were other challenges keeping them from seeking mental health services in Canada other than the fear of stigma and the desire to exercise self-reliance, participants named the challenges of lack of awareness about available services, long wait times and complex booking processes, high costs and language barriers.

***Lack of awareness about available services:***

Some participants mentioned that they did not seek help from the formal mental health care system due to their lack of awareness of how the system operates:

*“I think there might be some services outside [campus], but I don't get any promotion or advertisements for the mental health services outside my college campus. Yeah, but I believe there are some governmental organizations and departments that provide this kind of service, but that I just don't know.” (P01)*

*“For newcomers like me, I don't have any ideas of mental health support from governments.” (P05)*

*“Do you mind if I ask about what is the current [mental help] system? I actually don't know” (P06).*

For some participants, the need to seek information on how to access mental health services – be it on campus or elsewhere – is, in itself, an additional burden:

*“I don't have a family doctor yet, so I don't know how exactly should I seek help. If I were to seek help, I would find out, which would be a lot of work too. I think just searching for how to get mental health support would be another source of stress.” (P03)*

*“I don't think I have time to explore [these services], to be honest. While studying at PS2, I don't have any time to go to church and search for any supports, because I have a heavy workload at that time. I don't have any time for leisure or social networking.” (P05).*

***Long wait times and complex booking systems:***

Participants often lamented the long wait times and complicated and confusing processes, even when they have the time and means to seek help:

*“The college mental health service as I know, you need to book and wait for it. I*

*don't know how much time.... So, I don't have a clear guideline on that... I know that I have to join the online queue or sign up very early and having many processes that I need to take. So, I don't have time to handle them so far.” (P01)*

### **High costs:**

Participants mentioned that the cost of services is a barrier to seeking help, *“I was also aware that the cost [of seeking mental help] is something that I might not be able to afford.” (P02).*

*“The price [to seek help] is quite high, and I don't have company or group insurance. I have to [fully pay for] myself, and I think it's quite high, about \$200 each time.” (P05).*

### **Language barriers:**

Participants encountered language barriers due to English not being their native language and cited these barriers as reasons for not seeking mental health services:

*“I think one of the reasons that I wasn't that active on seeking help because I think if I need to get someone, they probably only speak English or French. I don't think Cantonese mental health counselling services are offered here at my school or around AI .... my English wasn't that good, and if I want to express myself and get mental health [services], it's hard to express in front of the mentor or the doctor, because they are speaking English or French.” (P01)*

*“I think there are not much social workers who can speak Cantonese, and I think the common language is quite important, because the words and descriptions are quite different from English. It then makes it very hard for me to explain my story or case to the local social workers.” (P05)*

### **Situations where participants might overcome barriers and seek mental health care services**

Although most participants reported on reasons they would did not seek mental health services, some individuals outlined that they would not be opposed to seeking mental health services if the need arose or certain conditions were to attain, such as *“Maybe when I can't control my emotions, when they continuously affect my daily life, then I would seek these services.” (P07)* When further asked about what it means to not be able to *“control my emotions”* and *“affect my daily life”*, P07 added *“Maybe when I have serious anxiety or depression.”* P09 elaborated by saying, *“If I have to go [seek mental help] one day, I have to be sick”*.

Other participants pointed to the opinions of trusted others as an impetus for seeking help:

*“Maybe the recommendation from my friends or my sister. If they recommend me to seek mental health care and go there, I might go if I need them.” (P08).*

*“I guess if you have to go see these services, that issue [mental unwellness] should be there for a long period of time... If my close friend told me that I'm not mentally capable or recommended me to seek help from a counselor or a clinical psychologist, then I will take that advice.” (P10)*

### **Participants who sought mental health care services**

Only 2 participants indicated having sought mental health services, and both indicated their decision to seek help was due to being very stressed and/or needing confirmation or substantiating documents. P02 started seeking mental health care in Ottawa, beginning with the Campus mental health services who then referred P02 to a family physician. P04 started seeking mental health care services because they needed documentation to substantiate absence from a course.

*“I guess the main reason that I go see these services is because I feel like I was already on the breaking point. I feel like if I were to continue without medication, without any counseling, I would break down and maybe something worse would happen. That's the main motivation for me to go seek help.” (P02)*

*“For the first wave of depression, when I sought counseling..., the main reason honestly was because I needed some professional reference since I had to retake a course at PS3, and I needed to have a formal verification [after being referred by my professor]. That was why I needed to seek help.” (P04).*

Both participants also mentioned that they sought help with the support and suggestion of family and friends:

*“My parents found out [about the Christian counselling services in Hong Kong] from their old colleagues, and during their conversation, something about my mental health came up. Then one of their colleagues told them about this Christian counseling service and suggested my parents or I could go seek their help. So, my parents got the contact information... They provide less costly counseling service to me. So, I was thinking that it might be a good choice for me to go seek their help. That's why I contacted ... this organization.” (P02)*

*“I was just reaching out to the Bible teacher when it got very bad in August. I told him, ‘Hey, I was wondering if you can pray for me.’ I was going through really tough issues... He then replied, ‘Have you thought of seeking mental health counselling?... I know this teacher from secondary school, who does Zoom-based counseling.’ I actually knew him too... So, he referred me to him and we got things*

*set up, and that's when we started meeting.” (P04).*

### ***Experiences of seeking mental health care services***

The two participants who had sought formal mental health services were asked about their experiences. P02, after deciding that they needed to seek mental health services, first connected to a family physician. As a result, they got diagnosed for their mental illness, and received additional treatments such as additional medications and counselling sessions:

*“[The family doctor] diagnosed me with depression and anxiety. He opened medication for me, and I have been on medication for my depression and anxiety since then. [I was also referred by them to seek] counselling help from PS1 ... I wouldn't give [my family physician] a full mark because it's harder to book appointments with her or giving me adequate care... I always wondered if the diagnosis is right, or if the medication that I've been given is correct.”*

After being referred to seek PS1 counselling help, P02 noted that it was a good experience with a Masters student counsellor, but this service has its own issues:

*“She doesn't give an intimidating vibe at all..., so I could talk to her... We share a bit of a similar cultural background. She understands the Asian stereotypes of having to be the perfect daughter and having high pressures on oneself... That's where I got along with the first counselor, as we share similar cultural backgrounds... However, a lot of the suggestions or tactics that she used would be limited... Also, it's just hard to book an appointment with PS1's Student Mental Health Centre... The reason why I [did not seek help again until recently] is because I didn't want to go through another year of counseling that will only last from September to April. I did not want to have to tell my whole story, go through some counselling service, and then have all of that end in April... I wish PS1 had long-term counselors.”*

Feeling unsatisfied, P02 sought virtual mental health counselling from a practitioner from Hong Kong. P02 was highly satisfied with this latest practitioner:

*“She's more like a mom figure to me, so I could talk to her. She also doesn't give out the intimidating vibe. Apart from similar cultural backgrounds, it's the atmosphere that she creates and the vibe she gives... I [therefore] feel safe to talk about my concerns... I think she understands the academic pressure a lot of the time. [She also understands] how I want to be a perfect daughter, or I'm afraid of other people knowing my condition and have negative connotations... I would rate*

*it as [excellent] because I like my counsellor. She is doing great, and I feel like I'm getting actual help from her.”*

To conclude, P02 had sought the help of a primary care physician, while also reaching out to their own post-secondary campus counselling services, and a Hong Kong based psychologist currently living in the USA (virtual).

P04 was the other participant who had sought formal mental health services. P04 had had 3 major depression bouts, which they indicated were caused by their study stresses and workloads. For the first one, after being referred to seek help at PS3's mental health services, P04 got diagnosed for their mental illness, and received additional treatments and counselling sessions.

*“I did a lot of sharing [with PS3 counselling services..., just life events. Then, the counsellor offered some tips, like how to challenge my anxious thoughts, which are very practical... It felt like I was telling a story, then she would give me brief lectures... Eventually, they made a [diagnosis] saying that yes, I indeed have experienced depression, and they gave me the verification as well.”*

For their second wave of depression, they first attempted to seek help from a family physician, who referred them to a counsellor. P04 would eventually comment their visit was good, but there were cultural incompatibilities:

*“This counselor was very nice, very practical and specific with the notes. She had me talk a lot and explain the entire story, and she was able to identify some blind spots and perceptions of my story where I did not think of before... The fact that she was able to schedule an appointment two days after our first meeting was [great]... However, there was a bit of a cultural [and language] difference [between us]. Sometimes, I also had a bit of a hard time understanding what she was saying... It did not click [with me] at some points, maybe because of slight culture differences.”*

Finally, during P04's third wave of depression, they had attempted to seek help from PS3. However, due to the very long wait times, they decided to seek virtual mental health counselling provided by a Hong Kong healthcare provider, which finally satisfied and helped them meaningfully improve their condition:

*“I think I definitely got along with this provider really well. He is very easygoing, compassionate, and wants to get to know my current situation better. He was not afraid to speak the truth to me, and we are both Christians. He's able to implement*

*some Biblical advice into his counseling too, which made it very relatable, and we got along really well... I guess we both came from sort of the same culture, which also made things more relatable... He also provided some practical tips as well..., which made it very easily implementable. This includes doing deep breathing for 5 minutes a day or taking a pause of one to two minutes a day” (P04)*

To conclude, P04 had experiences that were like P02’s. They sought the help of primary care physicians, post-secondary campus counselling services, and Hong Kong based Christian counsellors.

### **Strategies participants used to deal with mental health issues**

Finally, regardless of views and experiences of mental health, all the participants indicated that they had utilized different strategies to seek informal mental health support and to alleviate mental health issues. This section details the different strategies.

#### **Seeking social supports:**

##### ***Social support from families:***

Despite varying degrees of support and trust amongst family members, most participants mentioned that they had previously sought help from family members. Participants have a preference to seek help from their mothers and sisters, and from those who are living with them:

*“[When it comes to my preferred family member to seek help from], it's basically my mom. Yeah, I FaceTime my mom once a week. For my dad, I just text him.” (P01)*

*“I live with my husband and my sibling... [Normally, I will talk to my husband and brother for support when it comes to my family.] ... I don't want [my family in Hong Kong] to worry about me, so I will not talk to them.” (P05)*

When asked about their experiences, participants rated them as good overall, often giving them the fastest form of help available, albeit with varying reasons for seeking their help:

*“I think my mom is more rational than me, so by talking to her, it would help me clear my mind and become more rational too.... [And] it's good talking to my sister.” (P07)*

*“For my husband, maybe [we will talk about] financial issues. I think he is good, and I can also share anything with him, just like my Hong Kong friends. [For my*

*sibling,] maybe our own family issues” (P05)*

### ***Social support from Hong Kong friends:***

All the participants mentioned that they have friends living in Hong Kong, and most of them are willing to seek their help, often even as a top priority. Furthermore, participants shared that their Hong Kong networks included an assortment of friends:

*“[My friends from Hong Kong] are my classmates, schoolmate, volleyball friends, basketball friends, and some [online friends with whom we] played video games ... Most of them are from secondary school and university... [If I need more help,] I would ask just my friends for now” (P09)*

*“I mostly seek help from my Hong Kong friends ... They are my high school friends. We’ve known each other for 8-9 years... I would put my friends first, then my boyfriend, then my mom and my sister [when it comes to the order of seeking help].” (P07)*

Since many of these friends are from educational settings, participants noted that they are closer to age and feel more related to each other. Participants mostly gave positive feedback for their Hong Kong friend networks:

*“[My Hong Kong friends] usually give me good feedback, or maybe some advice or suggestion, most of them are good for me... It’s because I enjoy talking with them. I don’t feel any pressures, and I would say it’s really relaxing when talking with them. I don’t have to worry about anything that I shouldn’t say, because we can just say anything to each other. We can just enjoy our time together.” (P09)*

*“We have the same backgrounds, and our personalities are quite compatible. I feel very good with sharing some things with them, and we come from the same generation. Our principles and mindsets are so similar... I even seek help from them with my family issues.” (P05)*

### ***Social support from local friends:***

In addition to Hong Kong friends, most participants mentioned that they had sought help from their local networks, composed of other Hong Kong immigrants in Canada, as well as individuals in educational and work settings in Canada:

*“For my mental health, I also have many friends for support... [such as friends] from the same immigration agency [living in Ottawa].” (P05)*

*“Additionally, I met some friends in my PS2 language class, and they are basically Chinese. We have a WeChat group, because they are also students in my college. So, if I need any help, they can help.” (P01)*

However, social and linguistic abilities impact who they befriend and how they form their local friend groups. Social and linguistic skills impact their preferences for seeking help, and whom they prioritize when seeking help:

*“Is it easy to get a very close friend here? I don't think so. It's pretty hard for us especially as newcomers to know so much friends, or have more opportunities to make new friends... I have some chit chat with [my PS2 language class friends] as well, but if I need some serious mental support from them, I don't think so. I just wait until I FaceTime with my boyfriend or my family. Because I'm not that close [to them].” (P01)*

#### ***Social support from intimate relationships:***

Participants also noted that they sought the help of their intimate partners, such as a boyfriend or a girlfriend, even when they were not in or from Canada or Hong Kong: *“Yeah, I call my girlfriend when I feel stressful. She's not certified, but as long as I have some time and space to talk about my situation, I would talk to her about them.” (P08).*

Due to the nature of these intimate relationships, participants noted that they meet each other more frequently than their other social networks: *“I FaceTime my boyfriend every day in the morning. It is usually 10 minutes to two hours based on if I am free or not. It's good that at least our time [zone] or Toronto time [zone] is the opposite to Hong Kong's, like 12 hours or 13 hours, so easy to count.” (P01)*

When asked about what makes these relationships different from their other friendships and forms of social supports, participants mentioned that they have more trust for each other, thus they are more willing to share with each other and seek help: *“[I seek help from my boyfriend when it comes to] emotional support, it would be slightly different from what I ask my friends and sister” (P07)*

Participants rated these experiences very highly: *“My girlfriend definitely has a better understanding about me. So, I think my girlfriend usually gives me better advice, because my local friends don't really know me very well. Also, my local friends all come from different countries and cultural backgrounds, so their different advices are based on their different values and mindsets. That's why I usually seek help and talk to my girlfriend if I have some questions or if I need some advice.” (P08)*

#### ***Social support from religious groups:***

Finally, regardless of religious beliefs, most participants had sought the help of religious groups, particularly from the local Chinese churches or past Christian social networks:

*“For friends, I’ve met lots of friends at the Chinese church here... For my network here, I only have friends and connections at church and my workplace.” (P09)*

*“My church or religious friends, specifically church friends whom I can trust... We’ve known each other for more than 5 years... I would just go talk with them, and we would pray for each other and share our struggles.” (P10)*

Participants rated these experiences highly regardless of religious beliefs, and highlighted that they often help form their first local social networks:

*“A lot of people in church are really nice, and I made friends. We hang out and talk, it was really easy for me to kind of regain and make new friendships... I think [my church friends and I are] pretty close. (P03)*

To conclude, sources of informal mental supports for participants consisted of family members; friends from Hong Kong and especially those of similar age, backgrounds and thought patterns; local friends whom they had made since arriving in Canada, and most of whom were from Hong Kong; intimate partners, whom participants described as different from their regular friends; and members of the religious communities to which participants belonged or with whom participants associated.

### **Individual strategies:**

Although many of the strategies participants mentioned were related to social supports, there were also references to individual strategies used to relieve stress and improve mental wellbeing. One of these strategies is going outside to take a walk or to do shopping:

*“[When I take walks], it’s just walking around the neighborhood. It can be to the grocery store, or just walking around the block... I like to go and eat [out]... so I am not cooped up in the house because that really makes me feel even more stressed and narrow minded, especially when I’m depressed.” (P03)*

*“If I go out, my mood can get better immediately. If I cannot do that, then it will affect my mental health.” (P08)*

Participants also noted that they participate in various sports and fitness activities to manage their mental health:

*“The way I manage my mental health is by going to the gym... I feel my brain is sometimes clearer, and I won’t have as many complex thoughts when I go to a gym*

*and work.” (P02)*

In addition, most participants mentioned that engaging in different media sources such as watching videos and movies, browsing social media feeds and gaming is helpful for them, but they were also aware of the negative effects of engaging in social media.

*“Maybe if I watch a good movie, then I will feel very good, no matter what kind of movie (even horror movies). If they're good, they can make me feel happy and change my mood.” (P08)*

*“[Playing video games] ... will help me relieve my stresses.” (P09)*

However, P09 also reflected on stresses caused by engaging in video games:

*“When I'm playing a competitive game, and when we played badly, everyone will start blaming others, which makes me more stressed.” (P09)*

Lastly, multiple participants spoke about using various relaxation techniques, which can include journalling, meditation, sleeping and doing mindfulness exercises.

*“I think just letting [things] ferment in my brain is going to be even worse, because I wouldn't know the extent of how it's going to develop. Writing it down actually lets me organize my thoughts better, just seeing those words physically makes me realize that these are problems that ... I can do something about.” (P03)*

*“I meditate when I am not feeling well”. (P06)*

*“I would... do mindfulness activities, where I will focus on the future... Mindfulness exercises help especially after I chat with my friends, and the problem still remains. It helps me stay calm.” (P10)*

## **Participants' Recommendations for Mental Health Services in the Ottawa-Gatineau Region**

### **Better communication:**

When asked about their suggestions for how mental health care services could be improved, many participants referred to actions that could be taken by “the government”. When asked to elaborate which level of government they thought was responsible for mental health services, participant answers showed lack of clear understanding. Participants also mentioned health care “providers” as a general category. The following quotes illustrate participants' views and perceptions. These pertain particularly to suggestions for better communication about mental health

services:

*“I don't have any information about their mental health services as of now. For example, we all use Instagram. Maybe the Canadian government can use these new methods and news platforms to promote [mental health services], such as where can we find social workers, or what services do they provide. Instead of a poster or website.” (P05)*

*[Providers can] put up more advertisements, like leaflets and posters. They could send them through school emails.” (P07)*

The above quotes show some participants' need for more information at the same time that they highlight lack of understanding of mental health services and systems.

### **Mental health services in the language spoken by participants:**

When asked about what mental health services they would like to see offered to them to increase their use, most participants immediately suggested offering Cantonese support services to increase their likelihood of using these services:

*My English is not fluent, and I can't explain myself properly in English. If we can speak Cantonese, it would help me better express myself and my emotions precisely... I don't know if they currently have a Cantonese hotline for the Hong Kong newcomers, but I think it would be beneficial for the health care system..., because most Hong Kong newcomers would prefer to speak Cantonese over English with someone.” (P09)*

*“If [the service providers] can speak Cantonese, then I think we will be a bit more comfortable... For me, I think I express my emotions or feelings better with Cantonese, maybe they will understand more about our situations.” (P07)*

### **Financial coverage**

Participants also added that it would be helpful if these services were covered by OHIP or by student and employee health insurances.

*“For example, we got the Ontario OHIP, but I don't know whether counselling services are covered here. They could let everybody know whether it is covered or not by OHIP or company insurance, where we can check that information, their availabilities and who we should look for, such as finding a psychiatrist or a social worker.” (P06).*

### **Provider and service user fit**

Moreover, when asked what can be done to encourage their help-seeking

behaviours, participants described that they prefer seeking help from providers they know or with whom they can find affinity:

*“What makes me wanting to go seek these services?... It has to be with someone whom I know, because no one wants to talk about themselves to a stranger. I hope they can mentor and listen to me.”* (P09)

*“Well, I think really it’s about allocating the right person to the right person, basically matching. They have their expertise, of course... But, it’s sometimes about matching their understanding, knowledge, background, or the cultural and social contacts. That would be really important for the right person to be matched with somebody who’s in need.”* (P03)

*“I think maybe the therapist, the doctor’s gender will also affect [my choice]. If I just want to talk [about my body], I prefer talking to a [provider of the same sex].”* (P01)

To conclude, this section has provided the findings in relation to the contextual factors prompting immigration or travel to Canada, participants’ experiences post arrival in Canada, their perceptions of their mental health, their decisions to seek mental health services or not to do so, and the experiences of those participants who sought mental health care services. The findings also presented the strategies participants used to deal with mental health issues and their recommendations for improving mental health care services in the Ottawa-Gatineau region. In the next section, I turn to the Discussion.

## Discussion

The purpose of this study was to explore the perceptions of Hong Kong newcomer post-secondary students of their mental health and of mental health services and supports in the Ottawa-Gatineau region. The study also examined the post immigration challenges that these students experience and that they believe impacts their mental health. In this section, I interpret the findings from the study in view of existing literature and discuss how they align with, differ from, and expand upon current literature. I will first expand on the themes in Figure 1, after which I will focus on the challenges that newcomer students from Hong Kong face and that they believe impact their mental health. I will then consider participants' willingness to seek mental health care services. This will be followed by a reflection on the individuality of participants. I will then address the limitations of this study and consider brief implications from a policy and practice perspective.

As previously mentioned, the thematic map in Figure 1 was influenced by the Immigrant Health Service Utilization framework (Yang & Hwang, 2016) and Migrant Patients' Health Care Experience framework (Luiking et al., 2019), and was augmented with the findings from this study. We found that the "Newcomers' Contextual and Immigration factors" and their "Mental Health Perceptions" all have an impact on their "Experiences Post-arrival in Canada". Then, the participants have to decide whether to seek help or not, which is summarized as "Decision to Seek Help or Not", which further branches off to "Yes" and "No" with their own set of reasons. For those who sought help, their experiences were then documented and summarized under "Experiences of Participants Who Sought Mental Health Care". Regardless of whether they sought help or not, the participants were invited to say a few words on the "Recommendations for the Mental Health Care System", as well as their "Strategies Dealing with Mental Health Issues". The latter further branches off to "Seeking Social Supports" and "Personal Strategies". The subthemes are written underneath each theme box in point form. It is also important to note that while the lines connecting the different themes are inspired by both frameworks, they are not causal arrows due to the low number of participants interviewed. Instead, they are just showing logical sequences and reasoning for such decisions and consequences.

### **Challenges that newcomers face and that can impact their mental health**

The participants in the study identified several challenges that they faced post arrival in Canada. The literature identifies these challenges as having a potentially negative effect on newcomers' mental health.

#### **Uncertain immigration status**

Some newcomers do not have permanent residency status upon arrival in Canada. A few participants in this study noted that the time it takes to hear about the Immigration, Refugees and Citizenship Canada (IRCC)'s decision to grant them permanent residency status can be unusually long, which creates financial and psychological worries, stresses and uneasiness. They experience uncertainty about their future in Canada.

These findings support what Hanafi et al. (2025) and Yan et al. (2025) had found, as they also agreed that excessive and long wait times can cause uneasiness and

uncertainty, which impacts the individuals' mental health. Yan et al. (2025) specifically found that over half of the Hong Kong newcomers interviewed had experienced stresses and worsened mental health due to their uncertain status in Canada, which is caused by the delay in processing permanent resident applications. Furthermore, Hanafi et al. (2025) found that immigrants who had a "precarious immigration status" could be more susceptible to the various mental health morbidities, such as depression, anxiety, posttraumatic stress disorder (PTSD) and suicide. Additionally, Hanafi et al. (2025) also found that migrants with precarious and insecure immigration statuses are less likely to seek health care services (including mental health care) for fear of being deported.

### **Financial challenges**

From the findings, most participants mentioned experiencing at some point financial and/or housing challenges in Canada, such as their inability to secure a job or affordable housing or to attain financial freedom. A participant shared that they needed to use their savings while pursuing study opportunities. These take a toll on mental health and cause stresses.

This has been echoed by multiple studies that refer to individuals feeling overwhelmed in an unfamiliar host culture, which may increase chances of being misunderstood and impede ability to make local connections, obtain a job and achieve financial security (Cheung, 2010; Ebert et al., 2019; Mental Health Commission of Canada, 2022; Mental Health Commission of Canada, 2024; Nesdale & Mak, 2003; Yan et al., 2025). In particular, Yan et al. (2025) found that over half of the Hong Kong newcomers interviewed had experienced job insecurity, a third of them had some form of financial insecurity, and another third had housing insecurity, which can impact health negatively. Similarly, Cheung (2010) and Ebert et al. (2019) found that international students experience challenges due to lack of social connections, which impedes ability to secure a well-paying job (Cheung, 2010; Ebert et al., 2019).

### **Social challenges:**

Participants in this study noted that they encountered some linguistic challenges because they normally do not use English as their regular communication language. This is consistent with findings from other studies that have reported that newcomers usually experience linguistic barriers in their communications and daily lives which impedes ability to make local connections including connections with mental health providers (Cheung, 2010; Department of Anthropology, Bates College, 2008; Ebert et al., 2019; Lincoln et al., 2021).

In addition to linguistic challenges, participants noted that being immersed in a culture different from their own can be a source of stress and can impact their mental health. Of note is participants' reference to small talk, and particularly how they viewed small talk as essential in social exchanges. Not possessing this skill led to a sense of lack of self-efficacy. Jentjens (2021) found that immigrants' self efficacy is directly tied to their mastery of the host country's language, which can offer them more social and career opportunities than would be the case for immigrants who have not mastered the language yet. Jentjens (2021) further found that mastering a language and reaching self-efficacy not only requires mastering the basic grammatical knowledge of the host country language but also includes mastering the host culture as well. Additionally, Oner & Emiroglu (2024) noted that feeling a sense of self-efficacy is key to the

formation of new social connections and success for immigrants, which can in turn bolster feelings of belonging and community for immigrants.

### **Transportation:**

An interesting finding is the participants' reference to transportation as a major challenge. Several participants mentioned the lack of reliable, convenient and accessible public transportation as a reason for their increased stresses. It impacts their ability to seek a job and achieve financial stability. Reference was also made to the fact that transportation difficulties impact one's social life, which could be an additional source of stress.

This is reflected in current research that highlights that lack of reliable, convenient and accessible public transportation is related to mental health issues such as depression (Dilian et al., 2024; Martin et al., 2014; Matsumoto et al., 2025). This has been well documented in the literature, and not only with respect to newcomers. Lack of reliable, accessible and convenient public transportation can lead to increased social isolation and psychological issues (Dilian et al., 2024; Martin et al., 2014; Matsumoto et al., 2025). Martin et al. (2014) found that readily and accessible public transportation increases individuals' activity levels, which can lead to psychological wellbeing, such as a decrease in likelihood of mental illnesses. Similarly, Matsumoto et al. (2025) found that individuals who can readily access public transportation or have access to a car have a decreased likelihood of experiencing depression.

### **Willingness to seek mental health care services**

Most participants stated that they did not seek mental health care services due to various reasons, which included stigma, the need to maintain harmony and the image of a perfect daughter/son, lack of awareness, financial and linguistic barriers, as well as the long wait times and complex booking systems.

Participants noted that there is stigma against individuals who wish to seek mental health services or discuss their mental health, with some elaborating how they felt discouraged from seeking mental health services. The findings also show that participants tended not to elaborate on mental health challenges. This is echoed by various studies, where it was found that ethnic Chinese immigrants hold a stigma with respect to mental health needs, with researchers pointing out that mental health concerns break perceived harmony (Cheung, 2010; Ebert et al., 2019; Gao, 2020; Law et al., 2021; Na et al., 2016; Tieu et al., 2010; Wong et al., 2012). Furthermore, due to this stigma and perception that it breaks harmony, participants often resort to self-help, seeking informal help and relying on themselves to solve mental health issues, which ironically can exacerbate their mental health concerns and lower mental health literacy (Gao, 2020; Law et al., 2021; Na et al., 2016; Tieu et al., 2010; Wong et al., 2012; Yan et al., 2025).

The findings also show that there is a lack of awareness amongst some participants about available mental health services. A few participants did not know who and where to seek help from. Furthermore, several participants noted that it was an additional burden to seek information about where and how to find help. These findings are consistent with literature on immigrants and newcomers which highlights the lack of awareness about mental health supports and lack of trust in the mental health care

system (Na et al., 2016; Tieu et al., 2010; Wong et al., 2010; Yan et al., 2025).

The long wait times and complex booking systems were also noted by the participants as an inhibitor to seeking mental health care services. Both participants who had and who had not sought mental health services noted that the wait times and processes were too long, and this was a deterrent to seeking services. Lazare et al. (2022) who conducted a study of Ontario, for example, found that the mental health care system has been plagued by long wait times and complicated processes, which can impact individuals' willingness to seek mental health services.

The findings also highlight the financial and linguistic challenges experienced by newcomers who attempt to seek mental health care. Participants often find the costs of seeking help to be restrictive, and they cannot communicate effectively with their health care providers either due to not being able to speak English or French in a fluent manner. These findings are consistent with those of various researchers who have found that ethnic Chinese immigrants have trouble seeking help due to their linguistic and financial barriers in a health care system that may not adjust to needs of some groups (Bozorgmehr et al., 2023; Cherepanov, 2023; Cheung, 2010; Law et al., 2021; Mason et al., 2024; Nesdale & Mak, 2003).

However, it is worth mentioning that those educated in a Westernized environment tend to be more open to seeking mental health care, even in Hong Kong. These individuals mentioned that they were more open to seeking help because they had a less stigmatizing social network with better understanding of mental health issues and concerns. Moreover, most participants noted that if they were nudged by their friends and family, they would likely seek mental health services. This shows that despite the stigma that exists (Cheung, 2010; Ebert et al., 2019; Gao, 2020; Law et al., 2021; Na et al., 2016; Tieu et al., 2010; Wong et al., 2012), participants may feel more secure and less ashamed when their decisions to seek help are supported by their family and friends, and they might feel more encouraged to seek mental health services. This was, in fact, demonstrated in the case of the 2 participants who had sought formal mental health services. Both had the support of family or close members of their social network.

### **The matter of individuality**

Studies of ethnic and other groups tend to provide generalizations about challenges and experiences of those who belong to the group. For example, in the case of Asian cultures, collectivistic attitudes are broadly attributed to the group (Gao, 2020; Kwong et al., 2012; Law et al., 2021; Na et al., 2016). According to researchers, due to the stigma and ridicule that individuals may experience upon seeking mental health services, they are unlikely to seek help. Lin (2024) suggested that immigrants from various parts of the world (including Asian immigrants) tend to underuse the mental health system and underreport their mental health issues. However, as the findings from this study show, 2 of the participants did not follow this general pattern. These 2 individuals received their education under a Westernized educational system. They did not seem to hold stigmatizing views of seeking mental health services, and had in fact sought such services themselves. They were also comfortable with conversations on this topic. This echoes an argument by Wong and Tsang (2004), who stated that everyone is different due to unique life experiences, despite sharing an Asian background.

Similarly, DeWall et al. (2011) noted that immigrants generally experience social isolation and are unlikely to have trusted local friends from whom to seek help. Although the topic of social isolation came up in this study, there were also cases where local friends were a source of support. Generally, the findings from this study are consistent with the findings by Nesdale & Mak (2003) and Wong (1998), who argued that immigrants will prefer and seek mental health support from their own social and ethnic group. However, as noted above, participants' friend networks and help-seeking behaviours are highly dependent on the context and background of each individual, and as such the findings of this study also have resonance with Lui & Lee's (2025) findings that some people seek and make local non-Asian connections, and prefer this to self-isolation.

These observations highlight the importance of understanding everyone's background, context and experience. It is important for researchers who study general group experiences to also acknowledge individual differences. It is also important for health care workers who provide services to immigrants to be aware of individual differences and to avoid attributing to the individual what is known to apply to the group in general.

### **Limitations**

This study, like all research, has several limitations. First, are the limited number and diversity of participants. Despite extensive efforts to recruit, only 10 individuals volunteered to participate and hence saturation was likely not achieved (Hennink et al., 2020). Second, this study was conducted in the Ottawa-Gatineau region, and the findings may not be applicable to elsewhere in Ontario and beyond, as suggested by Ke et al. (2021). Future research may attempt to recruit more participants through more diverse means or by providing stronger incentives for participation. Such research may also be expanded to other regions to gain a broader understanding of newcomers' experiences. A third limitation is that during the interviews, I noted that some participants had difficulty expressing themselves and elaborating their answers in English and sometimes needed to use Chin-english (a mix of Chinese and English) or Cantonese to get their points across. Hayakawa et al. (2017) and Lindquist et al. (2015) both found that people do not express their emotional and mental health needs as well using a non-native language. Therefore, using English as the main interview language may have potentially limited the emotional expressions of the participants. Future research may be conducted in the native language of the participants as this will likely provide richer information. This would then require translation of the raw data to English.

### **Recommendations and suggestions**

The findings section reported on recommendations and suggestions advanced by the participants with respect to making mental health services more accessible to them. They recommended receiving better communication from providers about services and highlighted the importance of having financial coverage for and linguistic/cultural compatibility with providers of mental health services.

These issues find resonance with recommendations and suggestions from various studies. Multiple authors have also advocated for better and more sensitive assistance choices for newcomers, such as providing better communications from service

providers, matching well-experienced and like-minded providers to the service users, and providing financial and linguistic assistance (Bozorgmehr et al., 2023; Cherepanov, 2023; Cheung, 2010; Law et al., 2021; Mason et al., 2024; Nesdale & Mak, 2003).

Further, the Mental Health Commission of Canada (2022) suggested creation of population-based plans that tailor service development to wider demographic imperatives. It also suggested reviewing and studying provincial and municipal policy documents to identify priorities, and methods to offer culturally sensitive mental health care. McKenzie (2009) elaborated on possible courses of action that include co-ordination of policy, knowledge and accountability by, for example, setting up a research fund to encourage research on immigrant mental health and sensitive mental health care. McKenzie (2009) also suggested that more appropriate services involve recruiting a culturally diverse workforce in the mental health care system and offering cultural competency training for all mental health care employees (McKenzie, 2009). Another suggestion is that any plans aiming to improve the mental health of immigrants must involve their communities, families and consumers (McKenzie, 2009).

At a more local level in Ottawa-Gatineau, educational institutions may hire a culturally-diverse workforce to provide counselling services. These institutions can also train their workforce to be more culturally competent and sensitive to the diversity of their clients. Student associations that cater to specific newcomer groups can also play a role by hosting talk sessions to introduce mental health services available in Ottawa-Gatineau to increase awareness amongst newcomers.

In conclusion, the hope is that this study can inspire other researchers and policy makers in the areas of mental health, as well as managers and providers of mental health services to consider the needs and possible solutions to improve mental health services for newcomer students from Hong Kong and elsewhere to the Ottawa-Gatineau region.

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# Appendix A: Recruitment texts

## Recruitment text

The following text will appear in posters, emails, WhatsApp and Instagram postings for participant recruitment.

**Title: Exploring Hong Kong newcomer post-secondary students' perceptions of their mental health and of mental health services and supports in the Ottawa-Gatineau region: Research Participants Needed for New Study**

We invite you to take part in a research study conducted by a team of University of Ottawa researchers. Our goal is to gain valuable insights into your personal experiences, which includes migration contexts and experiences, experiences related to accessing mental health services and/or informal supports, as well as your suggestions for areas and mechanisms for improvement.

## Who Can Participate?

We would love to interview and hear from you. If you are a Hong Kong citizen prior to arriving in Canada, 18-40 years old by the time of the interview, studying in an accredited post-secondary institute in the Ottawa-Gatineau region, and have departed Hong Kong between 2020-2024, we welcome you to join the interviews. Additionally, if you are a former post-secondary student graduated from an accredited post-secondary program offered in the Ottawa-Gatineau region during 2021-2024, you are also welcome to participate. Other criteria include: the ability to speak and understand English, have read and signed the consent form, and not having prior immigration experiences. You do not have to have a diagnosis of mental health conditions to participate in this study. If you are willing to share your thoughts and experiences with members of the research team, then please contact the principal investigator, Abraham Wan at (Abraham's email address) for more information. Your participation will be confidential, and participants are chosen on a first-come, first-served basis.

## What Does Participation Involve?

You will participate in an individual semi-structured interview conducted by our researchers. During this interview, we will ask you a series of questions regarding your personal experiences,

which includes migration contexts and experiences, experiences related to accessing mental health services and/or informal supports, as well as your suggestions for areas and mechanisms for improvement. Please note that if you are participating in a virtual interview, you will be required to turn on your cameras during the whole interview.

### **Contact Information**

If you are interested in this study, please sign up and read the consent form carefully. If you have read the consent form and agree to that, please proceed to fill in your personal information, and we will contact you with further details if you pass the screening. The website for sign-up is: <https://forms.gle/9fRrdCENqRe6aj287> .

For further questions and details, please contact the principal investigator, Abraham Wan at (Abraham's email address). Your participation will be confidential, and participants are chosen on a first-come, first-served basis.

### **Token of Appreciation:**

To show our appreciation for your participation, if you are able to fulfill all participant criteria (including turning on cameras during virtual interviews), we're offering a \$15 gift card for your valuable time and input.

Please share this information with anyone you think could be interested in participating in this research. **For privacy and confidentiality reasons, please avoid tagging other individuals if you share this invitation via social media or WhatsApp, and please do not send the researchers anyone else's names or contact information.**

# Appendix B: Recruitment Poster

**A Study Exploring Hong Kong newcomer post-secondary students' perceptions of their mental health and of mental health services and supports in the Ottawa-Gatineau region.**

## **PARTICIPANTS NEEDED**

We invite you to take part in a research study conducted by a team of University of Ottawa researchers. Our goal is to understand the Hong Kong newcomer post-secondary students' perceptions of their mental health and of the factors that influence their seeking of mental health care and support in the Ottawa-Gatineau region.



### **PARTICIPANT REQUIREMENTS**

- Hong Kong citizen
- 18-40 years old
- Studying/studied in an accredited post-secondary institute in the Ottawa-Gatineau region between 2020-2024
- Speak and understand English
- No prior immigration experiences
- Read, understood and signed the consent form (link below)
- Completed the sign-up form (link provided below)
- **Cameras turned on during virtual interviews**

### **WHAT SHOULD I EXPECT?**

- Semi-structured interview
- Questions about personal mental health experiences
  - Migration
  - Mental health services
  - Informal supports
- Suggestions for improvement

**NOTE:** This study will only admit 20 participants on a first come first served basis

### **FOR MORE INFORMATION**

- (Abraham Wan's email address)
- In person or virtual (communicated after sign-up)

### **SIGN UP NOW!**

<https://forms.gle/9fRrdCENqRe6aj287>



## Appendix C: Expression of Interest Form

This sign-up form will be duplicated onto a Google Form, and this Google Form is already available as an attached link on posters and recruitment texts. These questions will be written on the Google Form sign up sheet.

**Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Current educational institution (if applicable):** \_\_\_\_\_

**Previous educational institutions attended (if applicable):**

\_\_\_\_\_

**Graduated year (if applicable):** \_\_\_\_\_

**Citizenship:** \_\_\_\_\_

**Do you have Hong Kong citizenship:** Y/N

**Current status in Canada:** \_\_\_\_\_

**Date of arrival in Canada:** \_\_\_\_\_

**Can you speak and understand English?** Y/N

**Do you have prior immigration experiences?** Y/N

**How did you hear from us?** \_\_\_\_\_

**Preferred interview mode:** In-person/Virtual

**Do you understand that you will be required to turn on your cameras if you selected a virtual interview?** Y/N

**Please write down any questions and concerns here:**

\_\_\_\_\_

Thank you for your interest. Please note that only those who are deemed eligible for this study will be further contacted and be invited to read and sign the consent form. In the meantime, if you have any questions and concerns, you may also write me an email: (Abraham's email address)

# Appendix D: Final Consent Form

## Consent Form for Individual Interview

**Title of the study:** Exploring Hong Kong newcomer post-secondary students' perceptions of their mental health and of mental health services and supports in the Ottawa-Gatineau region

**Principal investigator:** Abraham King Kwok Wan, M.Sc. Candidate  
Telfer School of Management, University of Ottawa  
(Abraham's email address)

**Supervisor:** Samia Chreim, PhD  
Telfer School of Management, University of Ottawa  
(Dr. Chreim's email address)

**Invitation to Participate:** I have been invited to participate in an individual interview for the abovementioned research study conducted by Abraham King Kwok Wan, and Samia Chreim from the Telfer School of Management, University of Ottawa.

**Purpose of the Study:** I understand that the purpose of this research is to help understand the Hong Kong newcomer post-secondary students' perceptions of their mental health and of the factors that influence their seeking of mental health care and support in the Ottawa-Gatineau region.

**Participation:** My participation will essentially consist of an individual interview lasting approximately 60 minutes, which may be conducted in-person or remotely via videoconference. I am aware that if I am to participate in a video-conference interview, I will be required to turn on my camera during the full interview to receive compensation. This interview will consist of answering questions related to my experience as a newcomer post-secondary student from Hong Kong. I agree with the session being recorded for better data collection purposes only. Upon my request, I will be given the opportunity to review my comments after the interview is transcribed. If I want to receive a copy of the interview transcript, I will provide an e-mail address. I am aware that materials sent via email run the risk of being intercepted by a third party thus risking violating confidentiality.

**Risks:** My participation in this study will entail that I share personal information about mental health issues. This may cause me to feel psychological and emotional discomfort and could have negative social or personal implications if my anonymity were not sufficiently protected.

I have received assurance from the researcher that every effort will be made to minimize these risks by ensuring that I have full control over the information I choose to share and by maintaining anonymity through disguising my name, my mental health concerns, and any other identifiers. The researcher has also informed me that should I feel any distress due to sharing information on difficult experiences, I can receive support through the following services: Health and Wellness at uOttawa (<https://www.uottawa.ca/campus-life/health-wellness>) and similar services at other campuses; Psychiatric Survivors of Ottawa Peer Support Call Back Service 613.567.4379x118; Mental Health Crisis Line 1.866.996.0991; Distress Centre 613.238.3311. Should I feel discomfort during the interview, I have the option to pause and rest, refuse to answer certain questions, and terminate the interview anytime.

**Benefits:** My participation in this study will provide an opportunity to reflect and share my perspective on my mental health experiences as a newcomer post-secondary student from Hong Kong. My participation will contribute to advancing knowledge on experiences of newcomer post-secondary students from Hong Kong. If I fulfill all eligibility criteria, a \$15 gift card will also be provided to me to thank me for my time and sharing.

**Confidentiality and anonymity:** I have received the assurance from the researcher that the information I will share will remain anonymous. Only the researchers will have access to the interview data. I understand that the data collected will be used only for the above project and that my name will not be disclosed when presenting the results of the research. While the published research may include quotes from the interview transcript, in the event of any such quotes, all information concerning the identity of the participants will be disguised.

**Conservation of data:** The data collected (audio recording of interview, interview transcript, handwritten notes and other relevant documents) will be kept in a secure manner. Electronic files will be stored on a computer with a secure password and paper copies will be in a locked cabinet. The data will be kept for 5 years and destroyed securely thereafter.

**Voluntary participation:** I am under no obligation to participate and if I choose to participate, I may withdraw from the study at any time and/or refuse to answer one or more questions without suffering any penalties. If I decide to withdraw from this study, I acknowledge that my data will be promptly destroyed and deleted.

**Acceptance:** I, \_\_\_\_\_, agree to participate in the above study conducted by Abraham King Kwok Wan, and Dr. Samia Chreim of the Telfer School of Management at the University of Ottawa.

If I have any questions about the study, I may contact the researchers.

If I have any questions regarding the ethical conduct of this study, I may contact the Protocol Officer for Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, ON, K1N 6N5, Tel.: (613) 562-5387 or Email: [ethics@uottawa.ca](mailto:ethics@uottawa.ca)

There are two copies of the consent form, one of which is mine to keep.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Researcher's signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Appendix E: Interview Protocol

## **Interview protocol/guide:**

Thesis title: Exploring Hong Kong newcomer post-secondary students' perceptions of their mental health and of mental health services and supports in the Ottawa-Gatineau region.

## **Purpose of study:**

The purpose of this research is to understand the Hong Kong newcomer post-secondary students' perceptions of their mental health and of the factors that influence their seeking of mental health care and support in the Ottawa-Gatineau region.

## **Pre-interview Questions:**

- 1) Did you complete the consent form? Do you have any questions about the consent form or about this study?
- 2) If the interview is virtual, ask the participants to turn on their cameras during the full interview.

## **Interview Questions:**

Background questions:

- 3) Can you please tell me briefly about yourself as a student – in which institution are you studying, which program and which year of studies?
- 4) Where do you currently live (for example, student residence, parent's home, or otherwise) and with whom do you live?
- 5) What is your age and your gender identification?

Immigration conditions and experiences:

- 6) What is your immigration or permit status?
- 7) Can you briefly summarize the conditions surrounding your decision to come to Canada? When did you come to Canada, how and why did you decide to come?
  - A. Probe about conditions mentioned by interviewee – (e.g. political unrest, economic conditions, others)
- 8) Can you describe your early notable experiences in Canada?
- 9) Did you encounter challenges adjusting to your life in Canada, and if so, what are they?

- A. Probe about each challenge. If not mentioned, probe about
    - 1. Financial Challenges
    - 2. language challenges
    - 3. social and acculturation challenges
- 10) Would you say you have a strong or weak social network, and can you please elaborate?

Questions about mental health, stresses and wellness:

- 11) How would you describe your current mental health?
- 12) What factors contribute to your mental health wellness?
- 13) What factors contribute to your mental health unwellness?
- 14) Have you sought mental health services at the university or from the health care system?
  - A. (If yes:) Can you describe what the services were and for what reason you sought them?
- 15) How did you find out about these mental health services?
- 16) What factors facilitated seeking these services?
- 17) Can you please describe your experience receiving the services?
  - A. Probes:
    - 1. How did you get along with the provider?
    - 2. How did the provider relate to you?
    - 3. Was there compatibility or not between your health beliefs and the provider's beliefs? Can you please elaborate?
    - 4. How was the care you received similar or different from the care in your home country?
  - B. How would you evaluate the care you received?
- 18) Have you sought informal mental health supports, and if so, from whom or where?
  - A. Probes:
    - 1. Friends
    - 2. Family
    - 3. Religious or other community
    - 4. Online supports
- 19) For what issues would you seek informal supports?
- 20) What is your experience receiving informal supports?
- 21) How would you evaluate these informal supports, especially in comparison to formal mental health services?

22) We talked about mental health services and supports, and I am wondering if there are other tactics you use to manage your mental health issues?

A. Probe: Ask participants to elaborate on each tactic with examples and how they use them.

23) Is there anything you think can be done to improve the mental health care system in Canada for Hong Kong newcomer students?

24) Is there anything you would like to add that would help me better understand your perspective on mental health care and support?

Thank the participant for participating.

Provide an online sign-up form for the participants to keep referring this study to other potential participants.

Provide an e-transfer to thank them for their participation in the end.