

Life on fringe bad for immigrants' health, finds report

They package our food, drive our taxis, clean our homes and mind our children, often for cash under the table.

Many newcomers to Canada also face alarming health risks due to poor working conditions and high levels of poverty, according to a report from the Wellesley Institute, a nonprofit research and policy organization based in Toronto, Ontario.

The report, *Shadow Economies: Economic Survival Strategies of Toronto Immigrant Communities*, states that almost a third of the 450 immigrants surveyed described their health as fair or poor — three times the Canadian average. About a quarter of participants reported problems with sleep, stress, body pain or depression.

The findings run contrary to the oft-reported healthy immigrant effect, which posits that newcomers are typically healthier during their first years in Canada than the general population, says study author Diane Dyson, director of research and public policy at Wood-Green Community Services in Toronto. “It didn’t matter whether they were new to the country or had been settled a long time; the impact of low income brought their reported health right down.”

This surprised the researchers, who had set out to document the resilience of immigrant communities. Instead, they uncovered a “much grimmer, even grimmer” picture of underemployment, harassment and exploitation, according to the report.

Seventy percent of those surveyed reported working in poor conditions, for example, in jobs that violate health and safety or employment standards. More than a third had experienced bullying or harassment at work in the previous six months. Seventy-one percent of respondents earned less than \$30 000 a year. Sixty-two percent had trouble covering monthly expenses. And just 3% of immigrants who were professionals in their home countries worked in the field for which they were trained.



© 2013 Thinkstock

Seventy percent of immigrants report working in poor conditions, such as jobs that violate health and safety or employment standards.

Conditions are worse for those who work in the “informal economy” — that is, for cash, without receipts. They reported mental health problems, including anxiety and depression, as well as “dangerous situations marked by coer-

cion, discrimination and exploitation from employers.”

“Almost half of immigrants reported earning some income this way because it was the only way they could manage,” says Dyson. “The common

portrayal is they're either criminals or tax evaders, but what we found was actually a pretty rational response to trying to survive."

That survival comes at a heavy cost to newcomers' mental health. Forty-nine percent reported symptoms of depression in the previous month, including low energy and feelings of hopelessness. Sixty percent reported body pain, often a proxy for emotional distress, in the same period. One in four reported weekly bouts of insomnia, compared to one in seven of all Canadians.

Dr. Philip Berger, chief of family and

community medicine at St. Michael's Hospital in Toronto, says the findings are consistent with what he has seen in his own practice. "All the things that generally affect poor people also affect immigrants, who are disadvantaged because they may have less capacity to negotiate the system."

He cites recent federal policy changes that have made it more difficult for immigrants to bring their families to Canada, as well as cuts to language and support services, as increasing newcomers' vulnerability. "The federal government claims they're reaching out to ethnic communities, when in fact

they're hammering them from a policy viewpoint."

Until recently, few settlement agencies for newcomers addressed mental health problems, but that has changed as need has increased in recent years, says Dyson. The report calls for the expansion of affordable housing, working tax benefits and portable health care benefits to better support newcomers in low-income jobs. It also recommends health and safety training and job-hunting support for immigrants. — Lauren Vogel, *CMAJ*

CMAJ 2013. DOI:10.1503/cmaj.109-4647