

**ACAM 320B Final Project:
The Healthy Immigrant Effect and LGBTQ+ Asian Canadians**

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Introduction

The healthy immigrant effect is a phenomenon in which “immigrants arriving in the host country are, on average, healthier than comparable natives,” but “their health status dissipates with additional years in the country” (Constant et al., 2015). These effects manifest as both mental and physical detriments to immigrants’ overall health and are often attributed to problems with healthcare accessibility and discrimination. Similarly, LGBTQ+ youth in Canada suffer from higher rates of both mental and physical ailments yet report higher unmet health needs (Steele et al., 2017). Researchers suggests that such differences are due to a combination of sociological factors, including discrimination and exclusion from healthcare services. This paper will attempt to discern whether the healthy immigrant effect is applicable to LGBTQ+ members of the Asian diaspora in Canada. Answering such a question requires consideration of factors contributing to health outcomes of an intersectional identity, the differences that being an LGBTQ+ immigrant make, and the trajectory of health development that Asian and LGBTQ+ Asian individuals experience.

Intersectional Identity and Mental Health: Why Being LGBTQ+ and Asian Matters

Separately, both Asian Canadians and LGBTQ+ Canadians experience higher rates of discrimination that contribute to negative mental health outcomes. Across ethnic groups within the Asian diaspora, racial discrimination is associated with higher psychological distress, suicidal ideation, anxiety, and depression (Hwang et al., 2008). During the COVID-19 pandemic, East-Asian Canadians experience disproportionately more microaggressions and violence, both of which are associated with lower-reported quality of mental health. (Wu et al., 2020). As a result of discrimination, LGBTQ+ individuals experience higher likelihood of experiencing depression

or anxiety, more substance use, and are more likely to report unmet healthcare needs (Burgess et al., 2008). Research specifically examining the effects of discrimination on LGBTQ+ Asian-Canadians is lacking, but the findings of intersectional research may pose implications for what effects may occur.

In addition to the separate effects that lived experiences have on Asian Canadians and LGBTQ+ Canadians, the intersectionality between identities can moderate mental health outcomes. Contrary to prior research indicating that a stronger sense of ethnic-racial identity could function as a buffer against the negative psychological consequences of discrimination, the implications for LGBTQ+ Asian Canadians may be more complex (Yip et al., 2019). One study examining the associations between centrality of minority ethnic-racial and sexual identity found that higher sexual identity centrality had a significant and negative association with mental well-being (Tuthill, 2021). Tuthill suggests that disproportionate centrality towards either side of an intersectional identity is associated with negative mental health outcomes, indicating a sense of conflict between both sides of identity. Sexual minority youth of color can feel alienated by local predominantly white LGBTQ+ communities, while simultaneously experiencing discrimination from their families and cultural groups for their LGBTQ+ identity. Despite these findings, Tuthill also clarifies that high centrality towards both ethnic and sexual minority identity, when combined, can be protective against discrimination. These more nuanced implications may be particularly important in the context of the current sociopolitical landscape, where both Asian-Canadians and LGBTQ+ Canadians are facing increasing rates of discrimination and violence (Moreau & Wang, 2020) (Statistics Canada, 2021).

LGBTQ+ Status and Immigration: Why Being an LGBTQ+ Immigrant Matters

An important aspect of the healthy immigrant effect is the initial benefits to health that immigrants experience compared to their native-born counterparts. Such benefits have been suggested to be due to a positive selection bias in immigration. Given regulations regarding health screening, immigrants are likely to represent a portion of their native country's population that suffers less from pre-existing health conditions (Constant et al., 2015). This selection bias may be different for LGBTQ+ immigrants, who often migrate to Canada seeking asylum to escape and may suffer health outcomes prior to leaving their home countries. (Messih, 2016). While most countries do not survey LGBTQ+ immigrants on their grounds for migrating, one review suggested that the main reasons would encompass "stigma, discrimination, restriction of freedom, and fear of persecution" (Zardiashvili & Kasianczuk, 2019). Such reasons are push factors for immigration, which are consistently associated with negative psychological and physical outcomes (Turan & Besirli, 2008). This highlights the importance of considering reasons for immigration and their implications for mental health. LGBTQ+ refugees are an especially vulnerable subset of immigrants, who suffer from heightened rates of depression, somatization, traumatic brain injuries, and panic attacks stemming from prior traumatic experiences relating to sexual abuse or threats of violence (Messih, 2016).

The effects of migration can in some cases lead to the development of complications with mental health for LGBTQ+ immigrants. In Canada, the process to apply for asylum can require LGBTQ+ refugees to disclose experiences of sexual violence and prove the legitimacy of their sexual minority status, both of which can contribute to mental health crises and identity confusion among applicants (Kahn & Alessi, 2018). As such, the existing evidence points to a

likelihood that the factors driving migration and the process of migration could both contribute to lower baseline mental well-being among LGBTQ+ immigrants upon their arrival in Canada.

Healthcare Accessibility and Trajectory of Health Development

The trajectory of health development is a key component of the healthy immigrant effect. Among first-generation Asian immigrants, longer duration of residence in a host country is associated with lower self-reports of health (Acevedo-Garcia et al., 2010). As mentioned prior, while discrimination plays a considerable role in the decline in mental health that Asian immigrants face, it is not the sole contributing factor. One major barrier to healthcare accessibility is Western systems treating Asians as a monolithic group, broadly categorizing them as a population that is healthier than demographic averages. Treatments built upon a monolithic framework ignore the unique healthcare needs across cultures and fail to account for individual factors relating to language and immigrant status (Kim & Keefe, 2010). As such, researchers have identified language as a major barrier for Asian diaspora members, especially first-generation immigrants and older members of the Asian diaspora (Jones et al., 2006). Asian patients with limited English skills face more difficulties in scheduling appointments, locating facilities, communicating with professionals, and are less likely to ask questions about their health (Green et al., 2005). Even with the presence of interpreters, patients report fears of having their confidentiality violated or having the expressions of illness misunderstood, showing a need for increased cultural sensitivity in healthcare in addition to linguistic accessibility. Such health disparities related to language, medical competency, and discrimination are predictive factors contributing to the decline in health of immigrants (Fuller-Thomson et al., 2011).

LGBTQ+ populations are also likely to experience barriers towards long-term well-being, but with several differences in regard to their trajectory of health and the specific difficulties they encounter. As s previously established, the unique experiences of LGBTQ+ immigrants can lead to them having more mental health complications upon entering a host country. One review surveying both LGBTQ+ adults and long-term service and support providers indicated that LGBTQ+ adults frequently fear discrimination from healthcare providers as they age, and that healthcare providers themselves report lacking knowledge on LGBTQ+ health (Caceres et al., 2020). Such concerns from LGBTQ+ adults hold merit, given the complications with accessibility that they face in healthcare. Despite often suffering from treatable mental and physical health complications at a higher rate, LGBTQ+ individuals are more likely to be barred from accessing medication entirely. (Sears & Conron, 2018). Among other conditions with higher rates of prevalence among LGBTQ+ adults, such as HIV/AIDS, discrimination and lack of training in healthcare settings can result in denial of antiretroviral drugs, which both lower mortality rates and chronic symptoms experienced by patients over time. (Sekoni et al., 2017). In the case of transgender youth, being denied access to prescriptions, such as hormone therapy, can be associated with an increased risk of suicidality and suicidal attempts (Romanelli et al., 2018). Even among LGBTQ+ adults who are able to access healthcare, there is still a disparity in coverage and quality of treatment. Non-white patients report less insurance coverage, are more likely to lack a regular place of care (Macapagal et al., 2016). While longitudinal data on the long-term effects of these healthcare disparities are limited, much of the short-term evidence suggests that barriers to treatment, healthcare discrimination, and inadequate knowledge could contribute to a long-term decline in LGBTQ+ health.

Conclusion

From this review, three major points can be inferred. First, examining the health experiences of Asian-Canadians and LGBTQ+ Canadians separately is insufficient. For those living in Canada with both Asian and LGBTQ+ identities, considering both aspects is crucial to determining mental health outcomes, especially those related to discrimination. Second, the unique experiences of LGBTQ+ immigrants may differentially affect their initial health status upon arriving in their host countries when compared to other immigrants. Third, while both Asians in Western countries and LGBTQ+ individuals encounter different obstacles in accessing healthcare, the barriers they face support declining health trajectories for both groups. With these three points in mind, it can be inferred that Asian LGBTQ+ immigrants may suffer a similar decline in health to their non-LGBTQ+ counterparts, but also enter their host countries with more health complications that can themselves lead to long-term consequences if inadequately addressed by healthcare systems. While this review was unable to find any existing research on the healthy immigrant effect on LGBTQ+ Asian-Canadians specifically, these above factors should all be accounted for with any future research that does study the phenomenon directly. A considerable amount of the existing research examining the healthy immigrant effect utilizes cross-sectional data, which has limited applicability in establishing predictive relationships. As such, any research that examines this effect directly should use a longitudinal framework. Additionally, qualitative approaches may pose benefits for gauging the unique experiences of interactions between different subgroups of the diverse LGBTQ+ and Asian umbrellas. These considerations could help to address previous shortcomings as well as gauging the long-term, nuanced effects of health policy changes intended to address disparities in access and care.

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