COVER LETTER

TITLE OF ARTICLE: Still on the margins: English language learning and mental health in immigrant psychiatric patients

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TITLE PAGE

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SUGGESTED RUNNING HEAD: English language learning and mental health in immigrant psychiatric patients

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ABSTRACT:

This qualitative study explores the reflexive relationships between mental illness and lack of English proficiency in five adult immigrants being treated at a Canadian psychiatric hospital. The research explores the additional challenges faced by the mentally ill when learning the host language and the extent to which English language acquisition is impeded by factors related to mental illness. Semi-structured ethnographic interviews are conducted with the patients. Data analysis is accomplished through grounded theory methods, specifically inductive coding, in order to identify patterns in the themes which arise in the interview transcriptions. Furthermore, the English language acquisition experiences of these five individuals are contrasted with second language acquisition theory to reveal that the many theoretical language learning advantages possessed by this group are inadequate to counter the impeding effects of factors related to mental illness. Policy recommendations are made to address this additional set of challenges for immigrants with psychiatric disorders.

KEYWORDS: mental health, second language acquisition, ESL, immigrant, social determinants of health

INTRODUCTION

Immigration is sometimes the result of a well-considered weighing of the home country's push factors against the new country's pull factors. Sometimes, it is a desperate decision to escape violence or persecution. Whatever the reason, there are hardships unique to the experience of migration and acculturation that can compromise mental health. Scholars have explored mental health challenges for immigrants in the pre-, during and post- migration periods by examining three different sets of life transitions: the loss of social networks, the transition into a new socioeconomic system, and the shift from one cultural 'script' to another [1]. *Pre-migration* stressors include leaving behind family, valuables and emotional supports. *During migration* stressors include finding employment, learning a new language, and navigating new cultural landscapes. *Post-migration* stressors include negotiating a new identity, experiencing discrimination and navigating inter-generational tensions [2, 3]. The acculturation process has been well-documented, with international studies indicating that access to psychological and social supports [3,4], achieving advanced proficiency in the new language [2,5,6], the absence of discrimination [7,8], increased contact with members of the receiving culture [9], and establishing friendships in the receiving culture [10] are among the most highly reported mediators against stress and depression. Being able to communicate in the language of the receiving culture is a key component of all of the mediating factors listed above, including feeling accepted, making contacts, developing friendships, and establishing social support systems.

In recent years, Canada's self-image as "a defender of social justice, universal health care and equity for all" has been significantly undermined by the government's marginalization of refugees and recent immigrants who may no longer have access to medical coverage for post-

traumatic stress disorder, depression or other mental health problems [11]. Similarly, other researchers [12] claim that the American health system is ill equipped to bring people without primary care access, such as refugees and many immigrants, into the mental health system, yet refugees are especially subject to conduct disorder, aggressive/sexual acting out behaviours, substance abuse and suicide [8, 13, 1, 14]. Due largely to the stigma attached to needing and seeking help, immigrants and refugees are also less likely to seek or be referred to mental health services [8], and when they do, they often experience structural and cultural barriers. Mental health factors which go unrecognized and untreated can adversely affect the immigrant's successful adaptation and functioning after immigration [15].

In this ethnographic research dealing with adult immigrants living with mental illness, we explore two questions:

1. What are the additional challenges faced by the mentally ill when acquiring a new language after immigration?

2. Does suffering from/being treated for mental illness significantly impede the language learning process?

We recognize the importance of education as a social determinant of health which impacts immigrants and English language learners just as significantly, if not more, than Canadian-born persons living with mental health issues. Such social determinants can increase or decrease one's vulnerability to mental illness; indeed, mental illness is usually the result of "a balance between factors that move you up or down the pathway" [16].

## DATA COLLECTION

Our research sample consists of five immigrants being treated in a large psychiatric hospital. Three of the five were in-patients. That is to say that they were residing in the hospital at the time of their interview. The two out-patients had been treated previously at the hospital,

but were living in their community at the time of their interviews. Hospital staff recommended participants who met the research criteria of 1) being diagnosed with mental illness and 2) being immigrants whose first language was other than English. All participants were enrolled in English as a Second Language (ESL) classes through the hospital's supported education program. The psychiatric facility is a public hospital in an urban centre in Canada, offering in-patient and out-patient support to individuals with complex and serious mental illness. With an operating budget of over 100 million dollars, and a staff of over one thousand, it provides vital treatment to youth, adults and seniors in the region of the province in which it is situated. Patients seek care voluntarily, through a loved one with power of attorney, or via the justice system. Treatment for psychotic, mood and cognitive disorders is provided on-site and in the community in supported housing. The participant group was comprised of four men and one woman. Their mother tongues were Chinese, Tamil and French. The self-reported diagnoses of the five participants were schizophrenia, clinical depression and severe anxiety. Three were single and two were married (to each other). These patients ranged in age from 24 to 56 years old, with the average age being 39. The three in-patients had been living in the hospital for an average of four years and two months. The two out-patients had each sought help for mental illness within the previous year. The participants had been living in Canada for an average of 12 ½ years, within a range of 3 to 19 years.

## METHODS

This project employed grounded theory methods, drawing upon ethnographic interviews with five immigrants being treated in a large psychiatric hospital. In addition, the data were considered through the lens of second language acquisition (SLA) theory in order to relate the language skills of the participants to typical stages in the language learning process and to

determine whether standard facilitative and impeding factors in the language acquisition process were applicable to these five individuals who were battling mental illness.

University and hospital research ethics board (REB) approvals were obtained and appropriate hospital orientation for the researchers was undertaken prior to the outset of this government-funded study. Not all the individuals in the supported education program recommended by hospital staff agreed to participate, but those who did were given an in-depth explanation of the purpose of the study and signed consent forms. Interviews took place in a private room adjacent to the main classroom and lasted an average of 45 minutes. The interviews were audiotaped with the participants' permission. The patients were able to remain anonymous through the use of pseudonyms in both the written notes and recorded interviews. This information was stored on an encrypted password protected hard drive.

The interview consisted of a combination of multiple choice, short answer and open-ended questions covering the following five major content areas: (a) Personal demographic information, (b) Mental health diagnosis and treatment, (c) Education prior to and after immigrating (including their current supported education program), (d) Self-perceptions regarding their English language proficiency, and (e) Employment and Education goals. The questions were designed to elicit descriptions of self-efficacy (or lack thereof) with respect to recovery, resuming their pre-diagnosis lives in terms of school, jobs, and communities, and acquiring the level of English language proficiency required to participate, to their satisfaction, in Canadian culture.

## DATA ANALYSIS

The recorded interviews were transcribed and researcher notes were used to assist with clarity when participants' responses were inaudible or when they switched from English to their

mother tongues. (One of the researchers in this study was able to speak two of the non-English languages used within this group of participants: French and Chinese.) Transcripts were analysed using grounded theory procedure [17]. When the inductive coding was undertaken, patterns and relationships between participants' responses were used to arrive at a vantage point from which to consider the research questions. Specific themes emerged which allowed for nuanced documentation of participants' experiences. The themes were as follows: Social Support Systems, Sense of Belonging, Perceived Progress in English learning, Mother/Other Tongues, and Self-Efficacy.

## RESULTS

Researchers studying the second language acquisition (SLA) process have determined that second language development follows a fairly predictable trajectory [18, 19, 20, 21]. One well regarded model [19] presents five SLA stages that are generally accepted as representative of both the child and adult process: *Pre-Production* (known elsewhere in the literature as the "silent period") during which the learner attends to semantics, pragmatics and even syntax without generating any speech of his/her own; *Early Production*, during which the learner continues to focus on listening, but begins to use words and short sentences; *Speech Emergence*, during which the learner's vocabulary grows and fewer errors are made; *Intermediate Fluency*, during which the learner has native-like ability in social situations and can communicate higher order thinking skills, but occasionally encounters knowledge gaps; and *Advanced Fluency*, at which point the learner is completely comfortable taking part in both social and academic contexts in his/her new language.

Elsewhere, it has been demonstrated that adults proceed through the early stages of SLA more quickly than do children [22]. This can be explained by the transferable skills and benefits

of learning a second language after literacy skills in the first one are well established [23]. Movement through the five stages of SLA can take as little as five to seven years for adults, but as many as seven to ten years for children. This may seem counter-intuitive to most, given the ubiquitous notion that 'children are like sponges' who learn languages effortlessly. Although immigrant children seem to quickly acquire a level of English proficiency on par with that of their native born peers, that appearance is deceptive because the gap between the language and literacy skills of a seven-year-old native-speaker and those of a seven-year-old non-native speaker is much narrower than is the case for their thirty-year-old counterparts. In fact, the only advantages in language learning which can be directly attributable to youth are the ability to achieve native-like pronunciation (an edge that begins to diminish after about age twelve) and the high degree of contact with native speakers that comes with being in school full-time.

Furthermore, the distinction between BICS (Basic Interpersonal Communication Skills) and CALP (Cognitive Academic Language Proficiency) [24] explains that although immigrant children may appear to be virtually fluent in their new language within two years, they are nowhere near achieving native-like academic skills within that same time period. Adults, on the other hand, benefit from what is called CUP (Cognitive Underlying Proficiency), the established base of metalinguistic knowledge and skills which allow each language, beyond the first, to be learned with increasing ease.

Naturally each of these SLA theories allows for variability based on cognitive, personality, motivational, demographic and social-psychological factors that privilege some learners over others. An extensive review of the literature determined that a number of variables impacted upon an individual's ability to learn a language beyond his/her first [25]. For example, learners who have integrative motivations (e.g., those who are emigrating or marrying into a

different culture) have more success than those with instrumental motivation (e.g., job promotion). Individuals with high self-esteem and empathy are typically better at oral language performance. Extroverts are better at oral tasks, while introverts are better at reading and grammar. Reflective learners are more accurate readers than impulsive learners. Firstborn and only children have greater success at SLA. Females are generally better second language learners than males. Learners who employ metacognitive skills, such as self-monitoring and delayed production, achieve greater second language proficiency.

The various advantageous factors which ought to have resulted in the five participants in this study being able to speak English with at least intermediate fluency did not seem to facilitate their SLA to the degree one might have expected. Based on the SLA theories described above, it would be fair to predict that the three participants in this study who had been in Canada for more than 15 years (considerably more than the requisite 5-7 years) would have achieved advanced fluency in English. All five of the participants spoke at least two languages besides English, a factor which would normally have facilitated their acquisition of English. All five had integrative motives for achieving proficiency in English since all five had immigrated to Canada as adults. Four of the five had been employed in English-language settings, which would have increased their contact with native-speakers, a factor shown to expedite language learning. Two of the five had resided for more than five years in the hospital, where virtually all of their interactions with staff, medical personnel, counsellors, volunteers and educators would have been in English. In spite of the theoretical privileges these individuals brought to their English language learning experiences, each was still considerably limited by their proficiency level with respect to their employment and higher education options.

This suggests that factors related to their mental illnesses outweighed the benefits they ought to have enjoyed in the language learning process. One patient believed his language learning was limited by the medication he was required to take to treat his mental illness. "So this medicine, it's not very good for somebody, you know? When you get it, I tell you, you're tired, you can't do nothing, you still sleeping. [sic]" Another blamed the symptoms of the illness itself: "My problem is my headaches and numbness, my illness, is very hard…And I am hearing voices."

In spite of being very positive about the ESL program and the teaching staff, the participants generally did not perceive themselves as making great gains in their English proficiency. One participant rated his original reading level as a zero, and when asked if he had made any progress since then, his response was "Everything is zero. I don't know English and it's only four years in this country [sic]." Another participant, when asked to describe her English proficiency level on a scale of one to five, responded like this: "When I came here, my English was two. [And] now, I can't know because I cannot see myself. I don't know how to say." When encouraged to consider whether or not her English had improved, she said "Yeah I get better…I've gone up to three."

An important theoretical consideration is the *affective filter* which can be described as the filter created by negative emotions such as anxiety and stress which impede the language acquisition process [26]. The filter derails comprehensible input so that it does not get put to use for language learning purposes. Individuals with high affective filters seek fewer opportunities to access language input from native speakers, and even when they do, the input will not reach the part of the brain responsible for language acquisition, due to the obstructing forces of the anxiety and stress. Given what is known about the unique stressors that are central to the

experience of migration and the experience of mental illness, it is fair to theorize that the affective filter may have played a role in limiting or delaying the acquisition of English for the five participants in this study.

## DISCUSSION

Our findings have important implications for policy at both the government and institutional levels. According to the World Health Organization [27, 28], limitations due to lack of adequate policy and legislation protecting and supporting those living with mental health problems prevent individuals from integrating fully into society and leads to isolation which can make the mental health of immigrants even more precarious. Access to supported education that is aimed at English language learners is key to ensuring that those immigrants who are living with mental health issues are able to be integrated as fully participating members of Canadian society. Indeed, principle 13 of the United Nations Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care requires that those living in psychiatric hospitals have access to the living conditions of the same standard as in the community, including education facilities and vocational training [28]. For immigrants being treated for mental illness, this means that access to ESL classes is required.

Described as "a blueprint for change," *Changing directions, changing lives: The mental health strategy for Canada* [29] sets out a strategic direction to:

> …foster recovery and well-being for people of all ages living with mental health problems and illnesses, and uphold their rights. The key to recovery is helping people to find the right combination of services, treatments and supports and eliminating discrimination by removing barriers to full participation in work, education and community life.

This statement suggests that all persons should have access to full participation in education; by extension, immigrant patients should have access to ESL classes, since the inability to speak the

language of their receiving countries is most certainly a barrier to full participation in all aspects of life. Nevertheless, references to education within the document do not include strategies for ensuring that individuals living with mental health issues can continue or restart their education. There is no specific acknowledgement of the importance of education to recovery and rehabilitation, yet without access to education at appropriate levels and with suitable content, those living with mental illness will continue to be at a disadvantage when attempting to re/integrate into their communities, and immigrants with mental illness are doubly disadvantaged.

## CONCLUSION

The five adult immigrants in this study who were being treated for mental illness in a large Canadian psychiatric hospital did not demonstrate the level of English language proficiency that adult SLA theory would suggest they should have achieved. Despite receiving ESL instruction in the hospital's supported education program and meeting many of the theoretical, demographic and circumstantial criteria for expedited SLA, this group of individuals generally rated themselves (accurately) as lower than average speakers, readers and writers of English. There is little existing research that focusses on the educational needs of English language learners who are living with mental health issues. This qualitative study makes a contribution to the discourse on the social determinants of mental health through exploring the unique needs of this group. Given the increasing extent of transnationalism and mobility, and the corresponding heightened recognition of mental health concerns associated with migration, this research serves to help shape more informed education policy, as well as settlement and immigration policy. Immigrants experiencing the isolation and stigma of mental illness are further removed from access to the neighbours and neighbourhoods that would enable them to achieve the level of

language proficiency required for cultural competence and for reaching their educational and occupational goals. One participant put it best when asked if finding a restaurant job, like the one he had before being hospitalized, would help his English to improve. He responded by saying “No. Restaurant is just simple English.” When asked to speculate on how one could learn English most effectively, he answered “You need to go to community. Speak, out with people.” Second language researchers and educators would agree.

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