Purpose and research question: This document summarizes the methods and results of a scoping review conducted as part of the Immigrant and Racialized Women’s Health Project funded by the MOHLTC-ON (2013–2014). The review was based on a framework proposed by Arskey and O’Malley (2005) and focused on the question: What is known from the existing literature about mental health issues and concerns of immigrant and refugee youth in Canada?

Method: CINAHL, Embase, HealthStar, Medline, Ovid Health Star, and PsycINFO databases were searched for primary health sciences research-based articles (in English, published between 01/1990 and 08/2013) that focused on mental health of youth (13–29 years) born outside Canada (regardless of immigration status in Canada). In total, 14 articles met inclusion criteria for the final review.

Study characteristics: Sample sizes ranged from 10–281. Eight studies were conducted in QC, 4 were in ON, and 1 in BC. Eight studies focused on refugee youth, 1 on immigrant youth, 1 included both groups, and 4 did not specify immigrant status of the study participants. One study focused on males, one on females, and 12 included male and female youth. Six studies included only one ethnic group and 8 included more than one ethnic group. In terms of study design, 2 were longitudinal and 12 were cross-sectional; 3 were qualitative, and 11 used both qualitative and quantitative methods.

Findings: Three major themes emerged: determinants of mental illness, rates of mental illness, and immigration experience. Determinants of mental illness included pre-migration experiences, number of years since immigration to Canada, as well as the post-migration family and school environment, in- and out-group problems, discrimination, and lack of equitable access to healthcare. Only a few common categories of mental illness emerged from the studies, and the burden of mental illness was shared differently across gender and immigration status. Female youth tended to experience more mental health problems than male youth. Some studies reported lower emotional and behavioural problems among refugee youth and others reported higher rates of psychopathology for refugee youth than their Canadian-born provincial counterparts. Pre-migration experiences and the kind of trauma experienced were of significant importance for refugee youth’s mental health.

Discussion: The 14 articles (over a timespan of 22 ½ years) demonstrated the paucity of research on the mental health of immigrant and refugee youth. As such, the results of this scoping review should be considered with caution. Determinants of mental illness included pre- and post-migration factors but the number of articles that examined the factors in each migration context were limited. Also, no studies explicitly compared the rates of mental illness for immigrant and refugee youth. Although gender differences in mental illness rates appeared across the articles, the nature of the studies made it difficult to extract specific challenges faced by female and male youth.

Limitations: A major limitation of our scoping review was the exclusion of grey literature, which often includes important research conducted by community organizations.

Implications: More research is needed to assess mental illness prevalence rates and determinants, as well as access to/use of mental health services by youth of various ethnic groups, genders, immigration status, and length of stay in Canada. Larger sample sizes would allow for more generalizability, and longitudinal research could assess the influence of time. Healthcare professionals must work across health, social, and settlement sectors to address the various determinants of mental health and provide more effective services based on how these have differential effects on different groups of youth. Engaging families in mental health care is another issue that requires considerable attention.