OLDER IMMIGRANTS: LANGUAGE COMPETENCIES AND MENTAL HEALTH

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ABSTRACT

Later-life immigration and a lack of dominant language competency present many challenges to mental health for older adults. English as a Second Language (ESL) classes for seniors, often regarded as the sole domain of ESL teachers, offer mental health professionals opportunities for mental health promotion and education. This paper examines some of the mental health issues that emerged from stories written by older adults in an ESL for Seniors program. The program is presented as an example of best practices in an ESL for Seniors program because of its specific development to meet the needs of ESL older persons.

MEETING THE MENTAL HEALTH NEEDS OF LATER-LIFE IMMIGRANTS

Later-life immigrants face many challenges to their mental health and well-being. This article explores some critical mental health challenges identified through narratives written by 139 later-life immigrant participants in a seniors’ English as a Second Language (ESL) class. It presents best practices in an ESL for Seniors program focused specifically on the needs of older adults. Although focused on English language classes, we suggest that similar issues would also apply to older persons who settle into French communities without French language competencies. Throughout the paper, we will use the terms, older adults, older persons, and seniors interchangeably.

Integration and Language

The expectation of Canadian immigration policy is that immigrants will integrate into their new country and culture. The first step in the integration process is settlement. The Canadian Council for Refugees (CCR) notes that settlement generally refers to acclimatization and the early stages of adaptation, when newcomers make the basic adjustments to life in a new country. These include finding somewhere to live, beginning to learn the local language, getting a job, and learning to find their way around an unfamiliar society (1998). The United Nations Economic and Social Council defines integration as “a gradual process by which new residents become active participants in the economic, social, civic, cultural and spiritual affairs of a new homeland” (cited in Canadian Council for Refugees, 1998). Integration is impos-
Family-class immigration has made older persons from diverse cultures and languages one of the most rapidly growing populations in Canada (Centre on Aging, 1996; Lamba et al., 2000). Citizenship and Immigration Canada defines family-class immigrants as close relatives of Canadian citizens or permanent residents, including dependent parents or grandparents (Lamba et al.). Recent immigration statistics show that 9.3% of family-class immigrants were over 65 years of age and just over half (54.9%) did not speak English or French (Lamba et al.). Immigrants who lack skills in one or both of Canada’s official languages face enormous challenges in settlement and integration. They need to be able to access age and life-stage appropriate ESL classes. This is particularly important for those who immigrate later in life, facing the loss of social networks and the combined losses of a sense of geographical place and social situation.

Migration Stressors

Pre-migration and transit stages of immigration offer a variety of stressors for older immigrants. In the re-settlement stage, immigrants must adjust to the loss of: accepted and recognized status, family members, familiar routines, possessions, a sense of place, and life-long friends (Potocky-Tripodi, 2002). Previous patterns for handling all aspects of life can be ineffective due to cultural differences and the lack of language competency. The result is acculturation stress or “culture shock” (Williams and Berry, 1991; cited in Potocky-Tripodi, 2002). Stress behaviours associated with acculturation stress include: “anxiety, depression, feelings of marginality and alienation, heightened psychosomatic symptoms and identity confusion” (Williams and Berry, 1991; cited in Potocky-Tripodi, 2002, p. 258). Overcoming acculturation stress is part of the process of resettlement. Gonsalves’ (1992) five stage model, developed for refugees but also applicable to immigrants, identifies the need to learn the language, learn new customs and roles, develop a support group, and develop flexible cultural learning in order to achieve successful resettlement (Potocky-Tripodi).

Part of acculturation stress involves the longing for home and familiar things. Homesickness can affect all age groups and can last a lifetime (Clews and Taylor, 2001). Fisher defines homesickness as “a state with properties relating to grieving, yearning and constant preoccupation with the past” (1988, p. 314). This is congruent with the medical consideration of homesickness as a form of grief (Archer, Ireland, Amos, Broad, & Currid, 1998). Arredondo-Dowd’s (1981) three-phase model of grief for immigrants and refugees also identifies homesickness as a contributor to confusion, anger, and loneliness directed toward self or others (Potocky-Tripodi, 2002). Such reactions offer the potential for elder abuse or domestic violence.

There is a paucity of literature on elder abuse involving elderly new immigrants (Iecovich, 2005). Persidsky and Kelly (1992) identify the vulnerability of immigrants to abuse and neglect related to the challenges they face “in adaptation to a new and unfamiliar environment, including solitude, communication difficulties and inaccessibility to services” (Iecovich, p. 436). Given that many elderly immigrants enter as part of family re-unification, and are more likely to reside with relatives than native-born elderly are (Treas & Mazumdar, 2002), certain socio-demographic factors related to elder abuse should be emphasized. A familial relationships between the
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abused and the abuser has been identified in the research on elder abuse (Bobyk-Krumins & Holosko, 2004). The likelihood of abuse and neglect is higher is when older persons are “residing with someone rather than alone” (Iecovich, 2005, p. 438). Studies have shown that those of non-White ethnic origin are also at higher risk (Iecovich, 2005). Isolation, most importantly geographic, is also a factor in all forms of abuse (Bobyk-Krumins & Holosko, 2004).

Treas and Mazumdar (2002) found that family ties do not necessarily mean satisfaction or successful adjustment and that being dependent on family and conditioned by cultural family ideologies often resulted in older family members suppressing their own needs for those of the family. They found that older persons did not challenge family “even when things were not to their liking, even when they were lonely and bored” (p. 251). They also found that older immigrants’ unpaid work was not valued as much as earned income was, meaning that these older immigrants tended not to be empowered but rather to sacrifice and isolate themselves in order to empower other family members.

Resiliency, Health, and Mental Health

For the most part, immigrant families foster resiliency (Treas & Mazumdar, 2002). Literature suggests that there are two major parts to resiliency: protective factors and risk factors. In their discussion paper on the connection between health promotion and resiliency, Mangham, McGrath, Reid, and Stewart (1995) identify the following as individual protective factors: reading skills; feeling of control over one’s life; social competence and social and interpersonal skills; and support seeking. These authors also identify familial and social support factors including: “participation in extracurricular activities; positive school experiences, and opening of opportunities” (p. 4). However, interdependence in families can also be a risk factor because of the potential for coercion of the older adult to provide services to the family, and the potential for loneliness, boredom and isolation (Treas & Mazumdar, 2002). Furthermore, resiliency is threatened by low literacy levels, which have been associated with both physical and mental health problems. Literacy problems also affect healing and recovery because they can cause an inability to follow medication or treatment instructions (Schultz, 2002).

The Contribution of ESL Classes

ESL classes offer more than just language training; their curriculum is designed to help immigrants learn about Canadian culture and Canadian ways of behaving and acting. When ESL classes for seniors are located in seniors’ centres they are able to offer activities for fostering socialization and community involvement that are appropriate to seniors’ needs and interests. Older persons are less interested in job-training language and more interested in social communication (Bello, 1994). They need language for the activities of daily living, such as grocery shopping, handling financial issues and banking, answering the phone, greeting neighbours, communicating with health and helping professionals, and taking public transportation. They need to replace lost social networks. ESL classes offer opportunities to develop new social networks, provide education about health and social services, and foster new friendships among persons from diverse cultural backgrounds.
Best Practices Model

The Canadian Council for Refugees (1998) notes that there is a need for the systematic sharing of innovative programs within the settlement movement. The ESL for Seniors program, sponsored by Age and Opportunity in Winnipeg, MB, will be presented here as an example of best practices.

Potocky-Tripodi (2002) identified the following principles as best practices for social workers in the mental health care of immigrants and refugees: cultural competence; consumer-driven care; community-based care; managed care; natural support; collaboration and empowerment; holism; feedback; access; universal coverage; integration; quality; data-driven systems; outcomes and prevention. These are congruent with the principles developed by the Canadian Council for Refugees (CCR). The CCR notes that “best practices are those that have proven their worth and deserve to be emulated” (1998, p. 19) and has identified the following guidelines as best practices for newcomers:

1. Services are accessible to all who need them.
2. Services are offered in an inclusive manner; respectful of, and sensitive to, diversity.
3. Clients are empowered by services.
4. Services respond to needs as defined by users.
5. Services take account of complex, multifaceted, interrelated dimensions of settlement and integration.
6. Services are delivered in a manner that fully respects the rights and dignity of the individual.
7. Services are delivered in a culturally sensitive manner.
8. Services promote the development of newcomer communities and newcomer participation in the wider community, and develop communities that are welcoming of newcomers.
9. Services are delivered in a spirit of collaboration.
10. Service delivery is made accountable to the communities served.
11. Services are oriented to promoting positive change in the lives of newcomers and in the capacity of society to offer equality of opportunity for all.
12. Services are based on reliable, up-to-date information. (pp. 20-23).

The ESL for Seniors program described here was developed in cooperation with Citizenship and Immigration Canada, Manitoba Labour and Immigration, ethnic community-based organizations, and through the programs Language Instruction for Newcomers to Canada (LINC) and Community-Based Language Training (CBLT). It was developed after an extensive needs assessment that involved key players from various multicultural communities in Winnipeg (Higgit & Greenslade, 1992). Beginning in 1989 with 87 seniors, it now serves almost 400 seniors (Doan, 2002). The ESL for Seniors program is offered at ten different locations, covering all areas of Winnipeg. In response to participants’ needs, there are over 40 sessions offered weekly and from 14 to 20 different two-hour classes per term, seven days a week. Approximately 15 different teachers are required to provide classes (Doan, 2002). Content is determined by participants at the beginning of classes, using pictograms to help students identify their needs.

The main goal of the ESL for Seniors program is to provide an opportunity for immigrants aged 55 and older to learn English, enhancing their participation in the community. The objectives include building self-confidence as language learners; enhancing active participation in the community; building awareness of activities and
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services; promoting relationships between ESL and non-ESL seniors; and facilitating continued integration into the community at large. The ESL for Seniors classes provide “one-stop” service shopping; in addition to the language classes offered, there are counselling and support services and social services, such as income tax and will preparation. Recreational, social, and educational activities, including a hot meal at lunch, are also available. All are programs are under the umbrella agency, Age and Opportunity Inc. The locations are primarily in seniors’ centres or recreation centres, are accessible by public transportation, and provide accommodation for persons with disabilities.

The ESL for Seniors program provides childcare, transportation, and, where possible, a teacher who speaks the “home” language of the majority of students in the class. Some classes are composed of students who share one language, while others are a mixture of several language and cultural groups. Visiting speakers address such topics as elder abuse, centre programs, and community resources. Class outings allow students to practice the skills they have specifically asked to learn (such as banking, and shopping). The ESL for Seniors program provides “language partners” so that ESL seniors can practice their English with a non-ESL senior. There is also an inter-generational component where seniors and public school students with similar interests are matched; the senior can practice English and the student can learn about the senior’s skills and home country. ESL senior students are encouraged to volunteer and participate in all aspects of the program and the seniors’ centres, thus supporting the principles of collaboration and empowerment.

Community outreach personnel liaise with the program manager and teachers to identify prospective students and to follow-up with students who are absent. Monthly meetings are held with all relevant personnel (teachers, community outreach personnel, participating government departments, and Age and Opportunity staff) to identify issues and concerns affecting the ESL learners. Feedback is received from the students in class evaluations and from the teachers and community-outreach staff. Every year a graduation ceremony takes place and recognition certificates are awarded to all ESL students. The demographic information from the ESL for seniors program shows that older persons are interested in developing language competencies. At the time of this study (2001-2002), 31.6% of participants were ages 55-65; the largest grouping at 50.7% were ages 65-75; a further 11.6% were 75-85; while 6% were 85 years or older; for 5.3% the age was unknown. Thirty language backgrounds were represented. The three largest language groups were: Chinese at 32% (102), followed by Hindi/Punjabi at almost 17% (53) and Russian at 6% (20). Almost 70% (222) were females, and 30% (96) were males. The program required 27 volunteer drivers who made approximately 1,500 round trips to transport the students to class, and a further 1,250 round trips were made available to students able to use public transportation. Childcare was provided for six children in order to enable ESL students who were caring for grandchildren to attend classes. Some of the learning goals for these classes included being able to talk to grandchildren and to neighbours, and to be able to go shopping, taking the bus on their own in order not to rely on relatives.

The program is innovative in that it focuses on the specific needs of older persons and is located primarily in seniors’ centres. This research project has promoted the program across Canada to encourage the development of more ESL for seniors classes. The program has met all of the best practices principles identified by the ccr and continues to reach out to new language groups.
Narratives were obtained from 139 older persons enrolled in the ESL for seniors program sponsored by Age and Opportunity of Winnipeg, Manitoba. Senior ESL learners were defined as students 55 and older. To be eligible for this ESL program, students must have immigrated later in life. The stories of both refugees and immigrants were included in the analysis although the researchers recognize that they represent two very different immigration experiences.

Ethics approval was obtained from the University of Manitoba’s Research Ethics Board. As part of ethical clearance, the researchers recognized that the recounting of immigration stories could cause emotional trauma and, when presenting the project, made ESL students and teachers aware of counselling services available through Age and Opportunity. All students who chose to participate did so voluntarily.

The Teacher Advisory Group suggested that the research team focus on story writing. The students were asked to write stories in either their home language or English. Our ESL Project Advisory Group (composed of teachers, Age and Opportunity staff, and representatives from participating ethnic communities) refined the guiding questions for use in the classroom.

Permission was granted to visit 14 classes where the project co-ordinator and project research assistant explained the project to approximately 175 students. It was explained to each class that this project was not connected to their ESL class activities but rather to a University of Manitoba research project on seniors who had immigrated to Canada in later life. Due to the language limitations of the class, confidentiality was explained in the simplest possible terms. Students were told that if their stories were used in professional presentations, we would ensure that they could not be identified. For some this was a strange concept as they wanted to be identified as the author of their story.

The students were asked to write a story about their experiences coming to and settling in Canada. The research team suggested they could talk about what they liked about their new country; what they did not like; what they missed from their old country; the differences between their old and new country; their experiences coming to Canada; what being in Canada was like for them; and anything that made them particularly happy or sad. However, we emphasized that those who participated could write whatever they wished to communicate about their immigration experience and new life in Canada. We returned to each class to collect the completed stories and pay a small honorarium for each story received. Of the 139 submissions, 55 are in English; the remainder have been translated from Vietnamese, Ukrainian, Spanish, Chinese, French, Hindi, Polish, and Farsi. Some writers sought help from family members or from their ESL teacher to complete their stories. Some stories were very simple and short, containing about five or six lines, one story was 32 pages long, and most consisted of one or two pages.

**Method**

**Story Translation and Analysis**

The stories were translated by four undergraduate students, one graduate student, one senior ESL graduate, and one ESL teacher. The translators were asked to provide a literal translation, meaning a first-level translation of the story only, with minimal grammar corrections and editing. None were professional translators but each was a home language translator.
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The analysis of the data was triangulated using both ethnographic and narrative analysis methods. We looked for patterned regularities (Wolcott, 1994) using previous work done on life-long immigration experiences of Canadian war brides (Clews and Taylor, 2001). Narrative analysis was conducted using two primary approaches: holistic/content analysis and categorical/content analysis (Lieblich, Tuval-Mashiach & Zilber, 1998). For holistic/content, all the stories were read completely three times to understand the overall narrative collection (Creswell, 1998). “Compelling texts” and patterns were identified for our overall category of immigration stories (Kohler Riessman, 1993). We found that many of our writers wanted to tell “leaving” or “journey” stories. These stories were detailed accounts of the planning undertaken to leave the home country; the details of the trip; and immediate first impressions of Canada. Some writers devoted considerable space to such stories and seemed to need to provide a rationale about why and how they left the old country.

The findings presented here are drawn from the categorical/content analysis. The stories were analyzed using Creswell’s (1998) recommendation of limiting categories to five or six. Our analysis found eight major categories. The categories were chosen by the frequency of occurrence through all stories, the strength of emphasis found in the written material, and congruence with guiding questions. The stories were set aside for a week and then re-read by the same reader for further development of categories. Coloured markers and page notes were used to identify the categories across stories. The categories that emerged were also congruent with categories developed in the analysis of 650 stories written by war brides reflecting on immigration that took place in young adulthood (Clews and Taylor, 2001). For each of the themes, textual tables were then developed.

For purposes of this paper, we have chosen to focus on the themes related to resiliency and mental health risk factors that have received limited attention in the literature on later-life immigration: homesickness; abuse in family re-unification; isolation through both language and weather; and the protective resiliency and mental health factors of participation in ESL for seniors’ classes.

FINDINGS

Homesickness

Homesickness was identified by participants as one factor contributing to their challenge of resettling in Canada. As one immigrant explains, “And at first we were very lonely. I always cry when I remember this...I wanted to go home” (E9).

For some a sense of a split or dual identity and love for both the home country and the new country caused sadness. “We are homesick; we are lonely from not seeing most of our family members. We miss the camaraderie of our friends and above all the hospitality of most of our countries’ peoples” (E14). Another older person spoke of the losses when leaving the home country in later life.

It is very difficult after one year and four months in immigration to return to the point when I made a decision to leave the country where I spent almost all of my life. I still feel nostalgia for my home . . . It was difficult to leave graves of our relatives, even to give up some special things, books that made our life a little bit more beautiful all these years. We knew that we were moving to the beautiful country that gave shelter for my son (TU1).
Abusive Situations

Family re-unification is usually considered a protective resiliency factor; however, there is also the possibility of neglect and abuse, helplessness, and hopelessness. This was an unanticipated finding in our narratives. The authors were struck by one story in particular, in which the writer demonstrated the “invisibility” and vulnerability of new immigrants who lack language competencies and knowledge of resources, Canadian laws, and social network supports. This older person describes such an experience:

I was living with my relatives, where I give him money every month as room and board, and part of meals. I also vacuum, mow the lawn; shovel the snow to supplement my stay in my relatives’ home. Despite my hard work I still haven’t earned their favour . . . Gradually there are more hard words and inattentive treatment (Tch3.1).

The experience with employment this older person experienced also demonstrates how vulnerable new immigrants are when they lack language and knowledge of their rights and freedoms. “Besides, the fact the work is hard enough already, I often work overtime which is not paid for, thus I can only sigh and hide my frustrations within me” (Tch3.3). This senior continues by describing his life after moving into a seniors’ complex and beginning ESL classes:

I feel very lucky that during those long hard times, when it seems all is becoming hopeless that I didn’t do anything stupid that I may forever regret. From that point on, my health and my mood are becoming more stable, and I feel happy, active and in great health. I believe that my life will only get better (Tch3.2).

The Isolation of Canadian Winter

Canadian winter emerged as a major isolating factor for many later-life immigrants. Winter is an isolating factor for many older persons and is particularly isolating for those with no previous experience of ice, snow, and cold temperatures. As one contributor said:

[First winter in Canada] The winter here is too long and too cold . . . This is the first time I have truly experienced the meaning of winter. Due to the wintry weather and snow, which also freeze my body, I seldom go out. I spend most of my time in the house (Tch7).

As another older person succinctly stated: “In the winter time, I do not go out so often because it is too cold for me” (E23).

Lack of Language and the Role of ESL

It is difficult for many service providers to comprehend the daily anxiety of living with a lack of language and cultural competencies and to recognize the subsequent dependency and isolation. As one senior reported:

It is very difficult when an immigrant cannot speak English. I felt like a small child because I always followed behind my children. I could not go to church or to the grocery store without them. I did not answer the phone because I always thought the caller was Canadian. When I went to the laundromat, I did not want to be with Canadians because I did not know what to say if they talked to me. But things changed when I started coming to this school. . . Now I can answer the phone and once in a while I can go grocery shopping on my own . . . I hope this class continues so I can learn more (E11).
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ESL classes offer seniors a sense of belonging for as one senior noted:

I have learned a lot of Canadian life style and the same time we have learned basic everyday English . . . Now I know how to make/answer a phone call, how to ask the bus driver for direction, how to see a family doctor, how to use bank machine to withdraw money, and how to conduct social talk. Last Christmas a friend of mine invited me to attend her tree-trimming party; I learned how to use ornaments to decorate a Christmas tree (Tch24).

The following stories capture the isolation experienced by a lack of language competencies. As one participant explained, “I am very interested in learning English. Now that I am attending an ESL program, everything is different for me. I am not isolated anymore. I have met warm and friendly people” (TSP2). Another student captured the fear that occurs with a lack of language:

In my apartment I felt lonely and isolated, such a prison. I did not want to go out just to avoid meeting any Canadian for I was unable to speak English. I guess the previous tenant in the apartment I was living in left some unfinished business, so the telephone was always ringing. I had to answer those phone calls and I almost fainted. I thought I was going to die when people spoke to me in English (TSP3).

Participants valued the opportunities to build social networks. As one participant explained:

The classes not only gave us an opportunity to learn English, but allow me to become very close and intimate friends. We always go and do Tai Chi, drink coffees, talk about our lives, our classes, our past, our present and our future. The time we shared truly enrich my life and make my days more interesting (Tch7).

Many participants expressed their gratitude for ESL classes. As this participant explained:

Canadian government welcome new immigrants and try to provide better living condition for newcomers. The ESL for Seniors is a very good example. The program intends to assist new comers to overcome the language barriers, integrate into the main stream of the society, and to live independently in this new country. I like Canada. I will study hard and learn more from old immigrants about this country. I will abide the law, fulfill our obligations as a citizen, and work together with others to build our new home. Canada a better place to live in the world. I like Canada! (Tch101).

DISCUSSION

In this research, we learned the importance of providing an opportunity for ESL seniors to “gain a voice” through the telling of their stories. There are many losses associated with resettlement; while most of the participants in this study were retired at the point of immigration, some who had not retired in their home country were frustrated by the lack of recognition of their professional qualifications. As one immigrant stated, “we feel insulted when our diplomas are not accepted in this country” (E16). This is an ongoing controversy but its effect on the immigrants who are denied opportunities to take up their professional roles in a new country needs to be explored.

Lack of language, cultural understanding, knowledge of resources, and social networks outside the family increase dependency upon family members and foster the need to comply with family demands. This creates possibilities for many forms of elder abuse for a population that is largely “invisible” and isolated. The vulnerability of later-life non-dominant language speakers should be a major concern for ethnic-community outreach workers, mental health workers, and policy-makers.
ESL classes located in seniors’ centres build language competencies, cultural awareness, and knowledge of resources as well as facilitating involvement in other centre-based activities. ESL seniors in this study expressed their feelings of inclusiveness at the centres. They also spoke about how they had been empowered by the development of language competencies. Their comments lend support to our identification of this program as a model for “best practices” for ESL seniors’ programs.

We encourage mental health workers to advocate for more ESL programs for all age groups but in particular for older adults who must put aside a lifetime of familiar circumstances and begin to create a new life in a new country. ESL classes for seniors provide older persons with the tools to combat depression, anxiety, abuse, and isolation. They foster the development of social networks and friendships and offer opportunities for older persons to volunteer, becoming active in the mainstream community. Policy-makers need to consider ESL classes for seniors essential as family re-unification programs expand.

CONCLUSION

The stories presented have focused on homesickness, abuse, isolation through weather and language, and the contribution of ESL for seniors classes not just to language development but also to provide the development of new social networks and cultural understanding. Our stories have also presented the multiple losses faced by those who immigrate in later life: loss of social networks; loss of country and culture; loss of familiar surroundings; and loss of independence through lack of language and cultural competencies. We have identified and described a best-practices model for community mental health services that brings together ESL classes and social services for older persons.

Mental health practitioners and policy-makers have overlooked the multiple functions of ESL classes and underestimated the importance of available and accessible ESL classes for older persons and later-life immigrants. The best-practices model presented here locates ESL classes in facilities developed for older adults. This location enables not only the development of language competencies but also encourages older persons to participate in social activities with those in similar circumstances. Mental health professionals have a unique opportunity to advocate for more ESL for seniors programs as a means of increasing social well-being and health, as a means of fostering resettlement, and as a means of promoting social justice.

ESL classes for seniors challenge ageism in our global village but, most importantly, they are a first line of protection against threats to the mental health and resiliency of later-life immigrants. Safeguarding the health of later-life immigrants aids their integration into new communities. Canadian communities are enriched by such life experience and active participation.

NOTE

1. We recognize that many social gerontologists have chosen to use the term “older adults” to describe the age group population from which our sample is chosen. We have tended to favour the term “seniors” as this is the title of the program of study (ESL for Seniors Program of Age & Opportunity Inc. Winnipeg, MB.). It is also the title under which the program is
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funded. We do use “older adults” and “older persons” at points throughout the text when we are commenting on the population or referring to other sources.

RÉSUMÉ

L’immigration à un âge avancé et le manque de compétence dans la langue dominante posent de nombreux défis à la santé mentale des aînés et aînées. Or les cours d’anglais langue seconde (ALS) pour aînés et aînées, parfois considérés comme champ d’action réservé au corps enseignant, fournissent aux professionnels et professionnelles de la santé mentale une occasion de promotion et d’éducation en matière de santé mentale. Cet article analyse certaines questions de santé mentale qui ont émergé de textes rédigés par des adultes d’âge mûr inscrits à des cours d’ALS pour aînés et aînées. Le programme décrit ici est présenté comme un modèle de bonnes pratiques à adopter dans le domaine de l’ALS pour aînés et aînées, en raison du fait qu’il a été spécialement adapté aux besoins de cette population.

REFERENCES


