Supporting Mental Health of Immigrant Communities

America Paredes
Immigrant Population in U.S.

- In 2015, U.S. immigrant population was 43.3M or 13.5% of total U.S. pop
  - Data from 2016 shows immigrants and U.S. born children now make up 27% of pop or 84.3M
- Immigrants are spread across the U.S., though make-up of immigrant population is different in each community
- Immigrants are not just one group of people – i.e. Mexicans
Documented Immigrants (Citizens and Legal Residents) 

Undocumented Immigrants 

U.S Born Children of Undocumented Immigrants 

DACA/TPS Recipients
What does immigration population look like in my community?

- Knowing the breakdown of your community population is important in identifying and developing appropriate resources
- Cultural and linguistic components must be taken into account when working with these communities
Mental health across immigrant communities

• Documented immigrants
  o Trauma
  o Acculturation
  o Impact of family unit

• Undocumented immigrants
  o Chronic and severe distress
  o Decreased self-esteem, helplessness
  o Hypervigilance and increased depression and anxiety

• U.S. Born children of undocumented immigrants
  o Parents must prepare for potential risks of being deported requiring designation of legal guardians to avoid foster care
  o Children remain silent despite constant anxiety/fear/depression by potential future situations
  o Estimates note 10%-15% of children living in immigrant families exhibit symptoms of depression

• DACA recipients
  o At risk for increased psychological distress
  o The increased responsibility/burden of loss of DACA/TPS status leaves individuals with increased anxiety, fear
Migration-related stressors and protective factors influencing mental health outcomes among undocumented immigrants in the United States

DACA recipients by top countries of origin (excluding Mexico)

Source: Quartz Media, Dreamers live in every US state and don’t just come from Mexico
Mental health risk factors

• The migration process by which an individual arrived in host country can have greater impact on mental health
• Various traumatic experiences (family separation, sexual and physical trauma, exposure to violence)
• Lack of social supports may lead to dysfunctional behaviors (i.e. substance use, domestic violence)
• Act of consistently hiding current status and remaining hypervigilant of surroundings and changing environment
• Age of migration and acculturation
• Loss of identity and decreased self-worth
Barriers to mental health treatment

• Immigrants are less likely to access mental health treatment when compared to their U.S. born counterparts

• Cultural
  o Individuals may be more inclined to reach out to informal support networks (family, friends, faith community) thus delaying treatment and waiting till point of crisis
  o Stigma and lack of education on mental illness/mental health
  o Varied idioms of distress – the way in which an individual talks about illness can impact help-seeking, diagnosis, and treatment

• Structural
  o Cost, lack of insurance
  o Long wait times
  o Lack of culturally and linguistically appropriate mental health professionals
  o Fear due to immigration status
Videos


TO QUALIFY FOR DACA
- came to the US before age 16
- in school, a high school degree or GED
- honorably discharged from US military
- no threat to national security or public safety

https://www.youtube.com/watch?v=wCMw2VFz6Jk
Who can you work with in your local communities

- Your MHA affiliate
- Religious institutions
- Counseling centers
- Human rights and advocacy organizations
- Community centers
Resources/References

- Migration Policy Institute Data Hub - [https://www.migrationpolicy.org/programs/migration-data-hub](https://www.migrationpolicy.org/programs/migration-data-hub)
- Pew Hispanic Research Center - [http://www.pewhispanic.org/2017/05/03/facts-on-u-s-immigrants-current-data/](http://www.pewhispanic.org/2017/05/03/facts-on-u-s-immigrants-current-data/)

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