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Suffering in Silence: How Anti-immigrant Policies and Rhetoric Affect the Mental Health of Mixed-Status Families

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Executive Summary

Mixed-status immigrant families face mental health problems due to increased enforcement, anti-immigration rhetoric, and changes in immigration policies pushing for the funding of a wall. This need is exacerbated by the lack of federal resources creating the need for local funding of mental health services. About 16.7 million people in the United States have at least one undocumented family member (Mathema, 2017), and about 5.1 million children in the U.S. live with at least one undocumented parent (Capps et al. 2016). These mixed-status families suffer from an increase in symptoms of post-traumatic stress disorder, reduced house income, and are less likely to access health care than their citizen counterparts (Satinsky et al., 2013). Generally, the life expectancy for immigrants is high, many undocumented immigrants have poor physical and mental health (Satinsky et al., 2013). A study found that 36% of the undocumented participants reported having poor health and some reported not having a place for care or had delayed care in the

past year (Satinsky et al., 2013). As a solution, states should fund community-based organizations that work closely with underrepresented communities, which includes immigrant families, to address their mental health.

Background

Anti-Immigration Policies

Anti-immigration policies and increased law enforcement have made mixed-status families hyper-vigilant of being separated from their families, impacting their mental health (Nichols et. al., 2018; Nienhusser & Oshio, 2019). Mixed-status families are composed of members with varying legal status (e.g. citizens, visa holders, Deferred Action for Childhood Arrivals recipients, undocumented immigrants) (Mathema, 2017; Fleming et al., 2019).¹ Because of the composition of mixed-status families, it is difficult to enforce immigration laws without directly impacting millions of U.S. citizens.

Immigration restrictions were central to Trump's 2016 presidential campaign, which included promises to build "the wall" across the entire U.S.-Mexico border and limit legal

migration (Pierce & Selee, 2017; Morey, 2018). After taking office, Trump issued many executive orders that targeted millions of undocumented and documented immigrants already living in the U.S., including U.S. citizens. The following policies affect mixed-status families living in the U.S.:

- In January of 2017, Trump's administration implemented a travel ban² affecting nationals from eight countries, many of which were Muslim-majority countries, and reducing the number of refugees being admitted into the U.S. (Varadarajan, 2019).
- In September of 2017, the administration rescinded the Deferred Action for Childhood Arrivals (DACA)³ and reduced the Temporary Protection Status (TPS) classification for nationals from certain countries. Both programs provided work authorization and protection from deportation to a particular group of immigrants (USCIS, 2017; Chishti et al., 2017).
- In August of 2019, the public charge ground of inadmissibility,⁴

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the most recent change in policy, would prevent many low-income people from entering or gaining legal status in the U.S. and scare off mixed-status families from using their eligible benefits. (USCIS, 2019).

Changes in policies have increased chronic worry for DACA recipients, TPS holders, people affected by the travel ban, and the public charge rule. Travel limitations and loss of status can lead to family separation and vulnerability to deportation. Loss of work authorization ends employer-provided health insurance (Betancourt, 2017; Lopez & Mackey, 2018). These policies also have direct consequences on the health and mental health of family members, friends, and other community members.⁵

Anti-Immigration Policies

Mixed-status families live in fear of deportation and experience anti-immigrant hate speech and rhetoric made by public officials, the general public, and media portrayals of immigrants (Fleming et al., 2019). The fear of being separated from loved ones not only affects undocumented immigrants but also those with legal status (Nichols et al., 2018).

Mixed-status families' health is affected by discrimination as well as the unjust and prejudicial treatment of people from particular groups or nationalities (Ayón, 2015). Mixed-status families facing discrimination have reported feelings of anxiety and depression

(Singer et al., 2018). The negative impact of discrimination is evident in poor health outcomes and intensified by the barriers to accessing health services that arise from federal, state, or local policies (Ayón, 2015).

Barriers to Mental Health Services for Mixed-Status Families

Many barriers to accessing health and mental health services exist for immigrants and are intensified for mixed-status families.

Immigrant parents who are not eligible for health services may believe that their U.S. citizen children are also not eligible or may fear contact with public officials (Pereira, et al. 2012). The public charge rule has created a state of misinformation and fear, serving as barriers for mixed-status families from accessing health services that their U.S.-citizen children are entitled to (Bernstein, 2019). In families where parents have been detained or deported, children experience a mixture of behavioral and emotional problems, including lack of appetite, disrupted sleep, anxiety, withdrawal, anger, clinginess, depression and post-traumatic stress (Chaudry, et al. 2010; Satinsky, et al. 2013; Physicians for Human Rights, 2019).

Policy Recommendation

Funding Community-Based Organizations

An ideal solution to addressing the mental health of people affected

by anti-immigration policies and rhetoric is for congress to pass legislation providing health coverage to everyone - regardless of their immigration status. A more realistic solution is for states to fund community-based organizations (CBOs) that work closely with traditionally underserved communities, which includes but not limited to immigrant families. CBOs immerse themselves within communities to provide a variety of direct services such as health and mental health services. Immigrant communities trust CBOs since they are not directly speaking with a government agency (Crosne, et al. 2012). The funding for CBOs will go towards providing holistic services to immigrants with legal status, undocumented immigrants, and those in mixed-status families.

- The funding will increase education programs to lessen the stigma around mental health and to inform immigrants and mixed-status families about the resources they have access to.
- The funding will contribute to an increase in culturally competent health-care providers, able to help families recover from trauma-induced immigration policies and rhetoric. CBOs will also recruit highly qualified volunteers to provide assistance.

Given the different views on immigration in each state, the execution of funding CBOs will vary. Since CBOs and similar

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organizations already provide services to the general public, the funding will improve current efforts and benefit larger populations across the country.⁶ Increasing access to mixed-status families will increase the capacity of current providers to serve communities at large, benefiting everyone regardless of immigration status (Universal Class, 2020).

Conclusion

Harsh and discriminatory immigration policies have a substantial impact on mixed-status families' mental health. Trauma induced by family separation has lasting negative outcomes on all family and community members, especially children. Even if families are not physically separated, the constant worry of family separation takes an emotional toll that leads to depression, anxiety, and PTSD. Any immigration legislation introduced in the near future should include text that addresses the mental health of immigrants, both documented and undocumented, and their families. The funding of community-based organizations would have a great impact on addressing the health and mental health of families suffering in silence. Mental health issues, of course, go beyond immigrant families, but mixed-status families should not be targeted, discriminated against, or stuck in limbo for accessing the care they need.

Endnotes

¹ See [Mathema, 2017] For more information and statistics on mixed-status families.

² As of January 22, 2020, President Trump wants to add seven more countries to the list. See [Chappell & Ordoñez, 2020] for more information.

³ In November 2019, the U.S Supreme court heard oral arguments for DACA. The Supreme court will have to decide the fate of DACA in 2020. See [National Immigration Law Center, 2019] for more information.

⁴ As of January 27, 2020, The U.S Supreme Court ruled that the public charge rule would go into effect. See [Arnold, 2020] for more information.

⁵ For examples, see: [Flynn, 2019]

⁶ The UnidosUS Affiliates Network is composed of 272 community-based organizations serving the Latinx population around the country. If they receive more funding, they would expand on mental health services to reach more mixed-status families. See [UnidosUS Affiliate] for more information.

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