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BARRIERS IN IMMIGRANT MENTAL HEALTHCARE

Barriers in Immigrant Mental Healthcare: Women, Children and Fathers

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Departmental Honors Thesis

The University of Tennessee at Chattanooga

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Abstract

The American Psychological Association has identified immigrant families as a vulnerable population, whose access to mental healthcare is impacted by numerous barriers (DeAngelis, 2023). Within these communities there is a need for mental health resources, but due to the many barriers these communities face they are often left without care. In this literature review, I will identify the mental health needs, and the barriers that each member of the family (e.g., mothers, children, and fathers) uniquely faces. The discussion will review how these barriers are currently being addressed, specifically looking at changes within practices, use of logotherapy, and changing the point of access can have an impact on removing barriers of access. The conclusion will give recommendations as to how current work can be improved, as well as considering underutilized resources that can assist in connecting these individuals to the available resources. Through recognizing these barriers, steps can be made to remove and address the barriers within the community.

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Barriers in Immigrant Mental Healthcare: Women, Children and Fathers

The U.S. has an ever-growing and changing population with the addition of many immigrant families. There are several barriers that immigrant populations face which limit their access to health and mental health care. Immigrants and their children make up around 87.7 million people, or twenty seven percent of the United States population in the year of 2022 (Batalova et al, 2023). Additionally, the undocumented population of immigrants in the U.S. consists of an estimated 11.2 million immigrants as of 2021 (Van Hook et al, 2023). These are people who seek the same equality and opportunities as any other person living in America. These families come from many different countries, but the top ten countries that the US receives migrants from are: Mexico, India, China, Dominican Republic, Vietnam, Philippines, El Salvador, Brazil, Cuba, and South Korea (World Immigration Review, 2023). Mexico not only has the highest number of migrants to the U.S., but it is more than double that of any other country (World Immigration Review, 2023). Out of the immigrant population, around forty-six percent were Limited English Proficient (LEP; Batalova et al, 2023). LEP refers to an individual age 5 and older that recorded speaking English less than “very well” on the American Community Survey questionnaire (ACS) (Batalova et al, 2023). It is important to recognize the reason that many immigrants seek a life in the United States. Migrants may leave their countries because they strive for better economic opportunities, to join family, or to study. But many also leave because they need to get away from conflict, persecution, or large-scale human right violations (United Nations, n.d.). A major country that has contributed to the rise of immigrant migration to the United States is Mexico. Mexicans make up a large portion of the U.S. immigrant population (Batalova et al, 2023). Mexico has faced a crisis of violence, kidnappings and disappearances that has left more than thirty thousand people dead since 2018 (Council on

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Foreign Relations, 2023). In the early 2000s the Mexican government began a war on the crime in Mexico, however this fight just exposed more crime and just how deep it was imbedded in the country. The use of military force had only increased the crime violence and it was even assumed that the military was committing its own human rights violation. This war bears the greatest impact on the civilians, driving migrants to the U.S. border seeking new lives and opportunity (Council on Foreign Relations, 2023).

Many people still view immigrants in a negative light, especially in relation to the Latin American group they are viewed as “illegals” (Tamayo, 2023). People misunderstand the problems which just lead to the discrimination of these people. This makes it even harder for these individuals to adapt to this society and connect with their new home, leaving them lonely and misunderstood after leaving everything that was familiar behind. Loneliness is not the only thing these people feel, they also get the sense of “homesickness” (Tamayo, 2023). Handling these different struggles is often hard for these communities, making it difficult to adapt (Tamayo, 2023). Particularly for children, growing up in a country where you are new and misunderstood, both culturally and socially, can feel very isolating and limiting (Tamayo, 2023). At the core of any government, it should be a central obligation for universal coverage of health services for all its citizens. However, just having universal coverage does not mean there is universal access. Unfortunately, there are structural inequalities like socioeconomic status, race, ethnicity, and gender that limit access.

The focus of this literature review will be examining the barriers immigrant families face when accessing health and mental health care. In addition, there will be a focus on how specific members of the family unit experience barriers differently depending on their role

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e it. There are many hardships that immigrant families face that can have a great impact on the mental health of the parents as well as children, such as socioeconomic disparities, discrimination, trauma of migration, etc. When these families can access care, they are often met with cultural barriers and differences that also impact their treatment. While every immigrant family is different, they all have needs. The following sections will review mothers, children, and fathers specifically, identifying what their needs may be, and how those needs are not being met. The discussion will highlight current recommendations and practices, and the conclusion will address what improvements can be made and give suggestions for future research.

Literature Review

Mothers

Drawing on data from a large sample reported by the World Health Organization (WHO), researchers have reported that women of vulnerable populations are more likely to get excluded from receiving both medical and mental health coverage (Ravindran, 2012). On top of that, if they can receive coverage, the packages often exclude the essential and routine health needs of women (Ravindran, 2012). By not receiving the proper medical and mental health care women are left with unmet needs, or the financial burden of choosing between themselves or their families.

It is deep rooted in the U.S. that women, no matter their background, carry a heavier load of childcare (Haines, 2023). Women being the primary caretaker for their children is due to many factors such as gender gaps and norms, as well as the increasing cost of childcare. Gender gaps are defined as undesirable or unfair differences between men and women in terms of

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opportunities, pay, status, etc. It has been found that among working parents, females were four times more likely to miss work to care for their children than males (Haines, 2023). Society and culture often impose gender norms on men and women, and those impact the roles that they take on within a family structure. For example, society typically expects women to be more nurturing, emotional, and compliant, while their male counterparts are assertive, competitive, and independent (United Way NCA, 2023). Some gendered household norms would be where the women are supposed to be responsible for cooking and cleaning, while men are responsible for the yard work and repairs (United Way NCA, 2023). It was found that the traditionally feminine chores in the house include home shopping, home cleaning, free-time family management, transporting kids from home to school and back, taking care of children, and helping with homework (Cerrato & Cifre, 2018). In that same study it was found that it was easier for men to maintain full involvement in their work because their feminine partner takes the responsibility of the children (Cerrato & Cifre, 2018). Mothers sacrifice their work to take care of their children thus cutting their wages while the fathers are able to continue their work fully. Therefore, mothers carry a heavy load of supporting the emotional needs of the family. This can put a lot of strain on the mother's mental health, and there is little help from the healthcare system in getting them the resources they need. Migrant women present a greater risk for mental illness, such as depression, schizophrenia, and post-traumatic stress, because of the psychosocial determinants (stress of migration, irregular status, language barriers, mobility, country of origin, etc.) (Almeida et al. 2016). According to the American Psychological Association, there are eighteen million Americans as of June 2023 that are "cost desperate," meaning they could not pay their medical treatment and skipped on prescribed prescriptions due to cost (DeAngelis, 2023). Out of

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the cost desperate population, fifty seven percent are women, and twenty five percent are Hispanic Americans (DeAngelis, 2023).

Children

While women and mothers carry many burdens and struggles, those factors can also get passed down to the children of the family as well. While mothers and fathers may experience traumatic events, the children do as well, and it shapes their future and mental health. According to the American Psychological Association (APA), people with lower incomes experience more severe stress and traumatic events in their childhood (APA, 2018). The APA also states that African Americans and U.S. born Hispanics also report more stress than their non-Hispanic counterparts and this is because of exposure to discrimination and violent traumatic events (APA, 2018). Along with violent traumatic events and discrimination, these children also carry the burden of caregiving at home. All this combined leads to a heavy burden on a child's mental health.

Many children of immigrants may be in the midst of a mental health crisis by time they seek help (Todd & Martin, n.d.). They not only feel the pressures of caregiving, but also lack the knowledge of how to seek care, and the struggle of believing that their trauma is trivial compared to what their parents have endured (Todd & Martin, n.d.). This causes many children to not seek mental health care (Todd & Martin, n.d.). Living with PTSD is already difficult, but if it goes untreated it can cause long-term effects on their mental health and well-being (Rynfield, 2023). Children who struggle with PTSD may also struggle with depression, anxiety, and substance abuse later in life (Rynfield, 2023). Living with untreated PTSD can also cause these children to have difficulty forming healthy relationships and experience problems with school or work

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(Rynfield, 2023). Besides having problems with school and substance use, immigrant children are also at higher risk of suicide than native-born children (Rynfield, 2023). The overwhelming feelings and inability to cope with their emotions may also cause these children to feel numb and disconnected with the world around them (Rynfield, 2023). As a result, the children may struggle with meaningful relationships, and experience joy or pleasure (Rynfield, 2023).

According to the American Academy of Pediatrics (AAP), newcomer children, immigrants and refugees to the United States are at a much higher risk of psychological stress and therefore more likely to develop anxiety, depression, or post-traumatic stress disorder (PTSD) (Academy of Pediatrics, n.d.). There are many children and their families that may also have the added traumatic experience of separations during immigration or losing a parent to deportation (Academy of Pediatrics, n.d). This can be difficult for children to work through, which is why mental health services are so important for these children (Academy of Pediatrics, n.d)

According to a study conducted by Cheng, children who are not English speakers at home are less likely to seek mental health services; this has been reported for immigrant and first-generation children alike (2022). Through this study they were able to see that many of the reasons that immigrant children were having such a hard time seeking mental health services was because information was not provided in their native language, and services not always being available in their community (Cheng, 2022). Some things they found that would improve immigrant children receiving care would be by providing families with childcare services, interpreters, flexible scheduling, in-home therapy, therapists that are bilingual, and therapists that share the same race/ethnicity as the child (Cheng, 2022). Limited accessibility to resources is an

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inter-generational trend among these families. The children grow up seeing the limited resource and it is passed down to their children and it becomes a cycle of generations of limited resources.

While not every immigrant child will experience immigration traumas, there are still financial, cultural, and emotional caregiving responsibilities they assume for their parents which ultimately takes an immense toll on their mental well-being, and this is similar to experiences for first generation children, as well (Todd & Martin, n.d.). Since there are many barriers for the parents, the children often pick up the slack and must financially and emotionally support their parents (Todd & Martin, n.d.). The U.S. system leaves these groups of people without federally mandated living wages, accessible healthcare, and affordable wages, and their children become brokers for the cultural and language barriers (Todd & Martin, n.d.). Nearly 5.5 million American born children of undocumented parents feel pressure to take on the identity of caretaker, which can raise anxiety, stress, and depression. Children of first-generation immigrant parents experience nearly double the psychological distress (Todd & Martin, n.d.).

Fathers

Even though fathers are often seen as the primary provider and often face several health and mental health issues as mothers, there has been little research regarding these issues as well as the barriers that keep them from treatment. Men and fathers are often expected to keep their emotions in and be less emotional compared to their female counterparts (Chaplin, 2015). Therefore, it is unsurprising that nobody has researched into why this group of individuals would also need care. While immigrant fathers have not been assessed directly for their particular barriers, they do face rigid gender norms that may impact whether they consider seeking assistance with their mental health. These gender norms discourage men from becoming more

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involved in caregiving and domestic responsibilities, but justify men being violent and controlling of their families (Alemann et al, n.d.). These harmful norms that underpin patriarchal systems and promote masculinity in the family headship, economic provisions, control, and ways of resolving conflict (Alemann et al, n.d.). Definitions of how men and women are supposed to act are still entrenched in society. Those restrictive norms include men being the financial provider and the authoritative head of the family in charge of decision-making (Alemann et al, n.d.).

There are a few limitations that need to be addressed. First, there is a limited amount of research conducted specifically with fathers and their access to mental health services. Secondly, the limitations of health services still lack resources to assist in communication between immigrants' families and doctors. Lack of good communication between patient and provider, or just the lack of a common language, can cause limitations in care. As seen in the section related to women, patients need to feel comfortable talking to their physicians, but it can be difficult because of those cultural barriers and biases. Another limitation is the lack of available financial resources. Low-income families often opt out of treatment and medications due to the lack of financial security. Potentially fathers are going to experience similar barriers that are identified for immigrant men broadly such as discrimination, violent traumas, gender biases, and racial biases. This can damage the mental health of the entire family in terms of interpersonal relationships between fathers and mothers, as well as with their children.

Discussion

The American Psychiatric Association (APsya) report has identified mental health risk factors for before, during and after immigration, and offers recommendations to better assist

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these individuals with their mental health (n.d.). Before immigration the stressors are financial issues, sense of failure, escape from violence, political oppression, threats, or disasters. During immigration they face violence, environmental hazards, abandonment/separation, and witnessing death. Lastly, after immigration individuals face limited resources given their status, inter- and intrapersonal conflict, stress from adjusting to a new environment, exploitation, and fear or deportation. First the APsyA recommends considering protective factors (n.d.). Protective factors are things like social support, pride in ethnicity, bilingualism and multilingualism, and spirituality (American Psychiatric Association, n.d.). To help address the protective factors they recommend encouraging and advocating for unification of families, connecting patients to resources, provide consistent and accessible follow ups, assess and incorporate the patients spirituality and faith if they desire, minimize language barriers to either offer resources in patients native language or offer opportunity to learn English if desired, and lastly collaborate with community organizations to help and support undocumented immigrants in multiple facets like family support (American Psychiatric Association, n.d.).

Next the recommendation is recognizing culturally specific concepts of distress, normative cultural factors, and cultural humility. This means being sensitive to culturally specific phenomena during treatment, but also treating each patient as an individual and what their culture means to them (American Psychiatric Association, n.d.). An example they use is in Latino cultures PTSD symptoms are attributed to “soul loss” instead of being seen as a mental illness (American Psychiatric Association, n.d.). Next the APsyA suggests for clinicians to look at their own implicit and explicit biases (American Psychiatric Association, n.d.). This is helpful to consider because it helps cultivate an environment that these individuals feel safe in. They

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suggest regular training that promotes self-examination and awareness to address implicit bias, and then evaluate, challenge, and address structural and practice level factors that may continue to cause explicit bias, discrimination and inequalities for immigrants and vulnerable populations (American Psychiatric Association, n.d.).

The APsya also recommends considering the external and internal factors that influence the course of a person's life, this can be considering the interplay of an individual, relationships, community, cultural, and societal factors that are impacting their mental health, as well as conducting a psychiatric test that accommodates the individual's culture and/or language (American Psychiatric Association, n.d.). It is also recommended to combat psychosocial stressors by assessing the needs using standard instruments or assessments, employing an early assessment, identifying accessible social services, consult partnerships with other organizations, and increase follow ups and continue to connect patients (American Psychiatric Association, n.d.). Screening for trauma is also important to see exposure and symptoms, the impact of violence on development and coping and recovery, to consider early interventions, as well as re-examining policies (American Psychiatric Association, n.d.). It is also important that these patients are informed of their rights because it provides patients with knowledge they can advocate for themselves, decreases separation from family, and protects mental health (American Psychiatric Association, n.d.). Using narrative therapy and cognitive restructuring is also recommended, and it allows patients to their story and narrative (American Psychiatric Association, n.d.). Lastly, they encourage self-advocacy and empowerment of patients (American Psychiatric Association, n.d.).

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The APsyA's suggestions are very informative and well thought out, however it should also address how to get this training to larger group clinics and hospitals and get them to take the time to practice and implement it. There is also a limitation in how to ensure that clinicians do their part in removing the biases and looking at the flaws of the clinic and group. This requires them to admit faults and issues which some might be less inclined to admit.

Lou and colleagues have studied different methods to improve women's mental health, which can apply to mothers, by specifically looking at home visit programs, asset-building mental health interventions, cognitive-behavioral interventions, nursing interventions, perinatal education interventions, and mindfulness interventions (2022). The research found that home visit programs and asset-building mental health interventions had the most positive results in helping with depressive symptoms and mental health (Luo et al, 2022).

Another barrier that immigrant women face centers around trust of the broader health field. Feelings of distrust are common for these women and may prevent them from even seeking out services that they need (Sheppard et al, n.d.). Trust is an important part of a patient-provider relationship. If there is not trust between the patient and provider, then the quality of their treatment and the likelihood of following provider advice were lessened. Sheppard and colleagues were interested in identifying factors that created more trust between immigrant women and healthcare professionals (2015). They determined that continuity of relationships, effective communication, demonstration of caring and perceived competence were factors that aided in building that trust (Sheppard et al, 2015). The study also found that women had more trust with lay health workers (LHWs) and nurses than with primary physicians. This could be because there is more time spent with those individuals than with the physician (Sheppard et al,

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2015). Sheppard concluded that through prenatal care there are unique ways in which providers can develop a greater patient-providers relationship (Sheppard et al, 2015). Through prenatal care women can receive treatment for physical needs, but also social needs such as depression. Another thing that can improve trust is a focus on communication between patient and provider (Sheppard et al, 2015). Another study found that when there was good communication between women and their provider, they were seventy one percent less likely to experience discrimination (Sheppard et al, 2015). Lastly, since it was found that there was more trust in nurses and LHWs, finding a way to better integrate those workers into prenatal care systems could help with that trust (Sheppard et al, 2015).

Other researchers have attempted to identify different therapeutic techniques that are successful with immigrant populations. One such therapy is logotherapy, which is a meaning based, value-centered psychiatric therapy developed from work done by Viktor Frankl in the early 2000s (Rahgozar et al, 2020). The main motivator is the principle that human beings need to find purpose or meaning in life (Rahgozar et al, 2020). The logotherapy interventions are based on three primary techniques: paradoxical intention, dereflection, and Socratic dialogue (Rahgozar et al, 2020). Paradoxical intention is when you attempt to help patients face the situations that fear them the most (Rahgozar et al, 2020). Dereflection is derived from the idea that a person suffering with mental health issues, they are more likely to be more hyper-reflective, therefore focusing more on themselves and their perception (Rahgozar et al, 2020). Using dereflection patients are able to deflect internalization of perpetual self-examination, and instead seek an external meaning to those experiences and behaviors (Rahgozar et al, 2020). Lastly is Socratic dialogue which is interview-based therapy that uses questions to guide the

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patient to take personal responsibility for their life's meaning and purpose (Rahgozar et al, 2020). These questions are to help the patient find meaning behind their traumatic experiences (Rahgozar et al, 2020). The effectiveness of logotherapy is in helping patients to find meaning and purpose in their experience, and then apply this to the various mental health struggles (Rahgozar et al, 2020).

Some low-cost ways that we can incorporate this therapy would be through inclusion in medical school training, part of mental health and social work graduate schools. By incorporating those ways into curriculum and training it eliminates the need for government funding, and instead requires community mental health intervention. In other ways, implementations would have a broader impact on practitioners of the future due to it being a part of their core learning in their disciplines. After reviewing the particular needs and barriers that our immigrant population faces, there are additional recommendations that can be developed from the information provided by the American Psychiatric Association. First would be to help physicians to understand ways to approach patients. By using the information, providers can be informed on how to understand the barriers and hardships they have faced, remove their biases, and create a space that immigrants feel they are understood and can open up in. Once that space is created, the focus can shift to what type of therapy to use. Another way to make spaces more comfortable for patients would be by integrating lay health workers into offices. Another recommendation is to use the information regarding logotherapy. This therapy helps guide patients to change their outlook on their traumatic events. It helps patients to face their fear, remove internalization of self-examination and instead guides them to find external meaning, and lastly take responsibility and control of their lives and future. By implementing these together

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patients would be able to feel trust with providers which would improve continuity of care and remove barriers between patients and providers.

Conclusion

To summarize the findings, it is apparent that immigrant families are still very limited in their resources and access to care to this day. It is difficult to see that our system provides such little assistance for this group of individuals. It is important that certain changes be made to this system to assist in taking care of, and supporting, these families just as it does for their white counterparts. Some changes that would help these individuals would be a focus on improving communication between patient and provider. Improving communication also requires a focus on building more trusting relationships with patients. Another factor that negatively impacts communication is language barriers. By providing more access to translators or providers that speak their native language, it can create a sense of familiarity and comfort that can generate openness.

Continuity of care is another big factor in helping these families receive the care they need. Through research that has already been done it is important for these families to receive social support and connections through providers to community organizations, and home visits. It is also important for providers to adjust their therapy practices such as ensuring they remove any personal biases, recognizing cultural differences that may impact their therapy. To aid in being able to connect with their patients it is important for patients and providers to be able to address the interplay between a person's background impact on themselves, their relationships, their community, and social integration. Trust is also an important factor for continuity of care and building a relationship with providers. By implementing the above practices, it will help

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immigrant patients trust their providers, overall improving care. It can also be beneficial to incorporate lay health workers into care due to patients being more trusting and comfortable with them. By also implementing logotherapy into practices, patients may feel better connected to their providers and to want to continue care but also teach them ways to grow from traumas instead of defining them and their future.

Implementing solutions that solely depend on the government and funding is challenging. I believe that an unidentified source of outreach for children specifically is the role that a school psychologist can play as a point of contact between the immigrant family and accessing mental health resources. By changing the point of contact there could potentially be more widespread outreach. Utilizing school functions like open houses, parent teacher nights, and school registration days can be places where brochures and information tables can be set up where parents can learn about resources. By using the children as a way to send home information there could be more potential for outreach. Within these communities' word of mouth is an important way to spread information, so if the children can bring home information to the parents, then it can then be passed on to others in their community therefore spreading outreach and support. If word of positive information about resources spreads throughout the community this can have a greater influence on these communities. Not all outreach and change have to be through the government and health providers. Change can come from within schools using connections within to bridge the gaps. All these factors combined will help remove the cultural and societal barriers, and give the families a space to open, grow from their traumas and better adapt to society and feel integrated into their new home.

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