Immigration and Mental Health in Mexican Immigrants: A Policy Brief

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Current flows of people, whether in country (e.g., migration and forced internal displacement) or transnationally (e.g., immigration and refugee flows) are at levels never before seen, not even during the two World Wars of the 20th century. The World Health Organization (WHO) estimates that one of every seven people in the world today is living in a condition of migration, representing over one billion migrants (WHO, 2019). A quarter of these world migrants (25.2% or 258 million) are living in a country other than their country of birth, an increase of 49% since 2000. Three quarters (74.7% or 763 million individuals) have migrated internally, within their home country (United Nations, 2017). While many are economic migrants, seeking the prospect of a better life for themselves and their families in countries with stronger economies and more job viable opportunities, many more are seeking protection, safety, and survival from religious, political, or ethnic/racial persecution, fleeing areas impacted by natural disasters, or trying to escape villages, towns, and countries ravaged by violence and war. Notwithstanding the cause, these rapid increases in movement of large populations across the globe have significant public health implications, and require immediate and empirically-supported responses from the health, mental health, and social services sectors.

In the Americas, we are particularly seeing unprecedented movement of people, especially from the Northern Triangle of El Salvador, Guatemala, and Honduras, where violence associated with transnational organized crime (cartels), other gang-related activity, and political instability, is forcing hundreds of thousands of men, women, and children to abandon their

homes and head North toward Mexico in the hopes of ultimately reaching the United States (WHO, 2018). In addition, migration from rural areas to urban centers across the Americas, and especially in Mexico, has been on the rise for several decades. Migration from rural Mexico to Mexico City, the country's capital, has produced an expansive metropolis of over twenty-one million people that is home to over one quarter of Mexico's total population (CIA World Factbook, 2018). With job markets in urban centers in Mexico reaching saturation, tens of thousands make the decision to continue on to the U.S., despite efforts by the U.S. government to curtail legal and unauthorized immigration.

Unfortunately, the terms migration and immigration have often become associated with divisive and hate filled rhetoric, having significant ramifications for immigration discourse and policy, and ultimately for the health and mental health of immigrants. In recent years, the U.S. has seen an upturn of negative sentiment toward immigrants, particularly those from nations with developing economies such as South and Central America (Pierce et al., 2018a; Gallup News, 2018). Mexican immigrants in particular have been enduring an onslaught of anti-immigration and anti-immigrant rhetoric, hate crimes, and discriminatory policies. Immigrants from Mexico have been increasingly and continuously portrayed as threats to national security and characterized as criminals involved in the trafficking of illegal narcotics, despite ample research evidence demonstrating that the vast majority of individuals immigrating to the U.S. from Mexico are doing so to increase legal economic opportunities and ensure safety for themselves and their families (Capps & Soto, 2018).

Research on flows of people typically focuses on the economic impact of immigrants on the communities they leave behind and continue to support through remittances, or on the communities where they arrive. Less is known about the health and mental health of immigrants

during their journey or shortly after they arrive at their destination. Moreover, while binational studies can help us gain a deeper understanding of immigrant health and health outcomes (Handley & Sudhinaraset, 2017), few studies have examined immigrants from the same destination country both in the country of origin and in a new host country. Our study, funded by the Program on Immigration and Health (PIMSA, for its English acronym), a program of the Health Alliance for The Americas in the School of Public Health at the University of California, Berkeley, sought to examine cultural values, immigrant identity, and mental health in a sample of in-country (rural Mexico to Mexico City) and transnational (Mexico to Houston, TX, U.S.) immigrants. Specifically, we set out to investigate how cultural values and identity are influenced by immigration and acculturation, and how they impact mental health, wellbeing, coping, and access to services.

Houston, Texas is the 4th most populous city in the United States, with over seven million people residing in the greater Houston Metropolitan Statistical Area[2] (HMSA). Houston is also home to the 3rd largest (and growing) Hispanic population in the U.S., with 43.8% of Houston residents identifying as Hispanic/Latino (U.S. Census, 2018). Mexican Americans make up the largest percentage of Houston's Hispanic community, with approximately 75% of greater Houston's Hispanic population identifying as Mexican American (Pew Research Center, 2016). This large representation of people of Mexican ancestry in Houston, TX is due to longstanding historical connections (e.g., Texas used to be part of Mexico), geographic proximity (i.e., Houston is 5 hours from the U.S.-Mexico border), and to vibrant economic exchange between Houston and Mexico. Moreover, about a quarter of the greater Houston population is foreign-born, one of the largest immigrant concentrations in the country (U.S. Census, 2018).

Our study was prompted by the need to assess the psychological wellbeing of Mexican immigrant communities in Houston amidst the increasing anti-immigration and anti-immigrant national climate that is being fueled by nationalism and White Supremacist movements that once were on the fringes and now take center stage. This relentless assault on immigrants appears to be taking a toll on the wellbeing of immigrant and non-immigrant Mexican American and broader Hispanic communities, as evidenced by informal conversations with community leaders and stakeholders and with organizations that work with the Mexican American and immigrant communities. In this context, we sought to assess the levels of psychological distress and clinically significant depression in a sample of Mexican-American immigrants, and determine if length of time since immigration and area in Mexico from which they emigrated were related to levels of last month alcohol use, depression, or overall psychological distress.

In our research study, over 300 (N=310) Mexican immigrants in Houston were recruited with the help of community-based, educational, and faith-based organizations. Participants completed a battery of instruments that assessed aspects of physical health (e.g., general health and somatic concerns), mental health (e.g., symptoms of anxiety, depression, and psychological distress), substance use behaviors, cultural values, and identity, in addition to collecting key demographics. The group's average age was 41 years old, and they had been in the U.S., on average, 17 years, most of that time in Texas. Almost three quarters (73.4%) had a spouse or domestic partner, and most (83.3%) were still caring for their children. Almost three-quarters (72.3%) were primarily Spanish-speakers. Two-thirds of the sample (65.7%) worked outside the home, with a median income of $1,500 per month, denoting a community struggling financially. Most reported migrating from high (57.45%) or very high (21.5%) conflict areas in Mexico.

Results indicate that recent arrivals (those immigrating since 2015) are experiencing a higher frequency of global mental health distress and a much higher frequency of clinically significant depressive symptomology than immigrants who have been in the U.S. for longer amounts of time. This suggests that, for this group, the Hispanic health paradox is not holding true, and that the protective effects usually seen in recent immigrants do not appear to be working for this particular population of Mexican-American immigrants. Moreover, last month alcohol use was not significantly related to time since immigration, and levels of mental health symptomology were unrelated to the area in Mexico from which one immigrated.

This study clearly suggests that changes in immigration policy and related increases in anti-immigration/anti-immigrant rhetoric that targets particular groups, in this case Mexican immigrants, is clearly having a negative impact on the psychological health and well-being of the Mexican American immigrant community. As such, our recommendations for improvements in policy in this area should include:

1. Increase screening for mental and physical health in settings this community already engaging with (e.g., community-, educational-, and faith-based agencies), given this community's consistently low engagement with traditional health and mental health care systems.

2. Develop new pathways of access, engagement, and navigation into immediate care for individuals who screen positive for mental health concerns.

3. Develop awareness, educational, capacity building, and supervisory initiatives for present and future mental health practitioners, to help them become self-aware of their own prejudices and implicit biases when working with this population and other immigrant communities, and to increase their awareness of their client's cultural

values and how they may be similar to or different from their own, which can help eliminate health disparities (Nadeau & Measham, 2005).

4. Multimedia campaigns that highlight the many positive contributions of this community to the U.S. economy and to the fabric of U.S. society, to counteract the negative portrayals and hate-filled rhetoric aimed at these communities.

5. Educational campaigns within immigrant communities about how to identify common mental health concerns (e.g., signs of trauma or depression) in family or community members and where to seek help.

6. Additional community-based supports for recent immigrants, including assistance cultural brokerage and targeting social determinants of health such as housing, employment, education, literacy, and others.

7. Increase research efforts on prevention, early detection, and treatment of mental health concerns in immigrant communities, with could be of use with broader minority communities.

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