



## How Restrictive Immigration Measures Undermine the Mental Health of Latino Migrants

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When Bartólo left southern Mexico and set out for the fields of California, he hoped that the money he sent home would help lift his family out of grinding poverty. However, the stress of border-crossing and the near-constant fear of capture by immigration authorities wore him down, affecting his ability to work. Laboring in the tomato fields, he said he and his compatriots were “treated like animals.” Bartólo developed symptoms he had never experienced before, including sadness, anxiety, and crippling fear.

Bartólo forced himself to keep working for a while, but soon he could endure no longer and returned to Oaxaca. When I met Bartólo as part of a 20-month investigation of mental health experiences, conceptions, and treatments in southern Mexico, it was at Oaxaca’s public psychiatric hospital, where he was being treated for anxiety and depression. Roughly one-third of patients at the psychiatric hospital had been migrants, and nearly all of these patients attributed their mental health problems to the migration experience. In particular, these former migrants often thought their psychiatric symptoms were caused by the unrelenting stress of living as an undocumented migrant in the United States, facing restrictive immigration policies.

### Policies that Affect Latino Immigrant Health

The militarization of the U.S. border with Mexico and a general emphasis on enforcement and deportation has created a population of informal, undocumented workers who not only risk their lives to enter the United States but live precariously once here.

- Tough border enforcement initiatives since the mid-1990s have pushed migrants into the most dangerous areas of the desert, contributing to significant spikes in mortality and other traumas caused by the growing people-smuggling industry. Migrants crossing the southern border are vulnerable to exploitation by hired guides, or coyotes, who currently charge several thousand dollars yet sometimes rob, assault, or abandon the migrants they are hired to help. For many migrants, then, the hazardous border-crossing becomes the first in a series of mental health stressors.
- Prior to migration, poverty and deprivation in migrants’ countries of origins may cause emotional distress, and migrants fleeing violence in their home countries are disproportionately at risk for trauma-related psychiatric illness.
- Restrictive U.S. immigration policies contribute to a climate of fear and anxiety for undocumented and documented immigrants alike. Many are reluctant to go out in public due to fears of being apprehended by police and immigration authorities. In states such as Arizona, where police are deputized to enforce immigration law, both immigrant and non-immigrant Latinos experience elevated levels of stress, anxiety, depression, and chronic trauma. Studies show that Latinos living in states with more exclusionary immigration policies have poorer mental health than those with more inclusive policies.

Fear of deportation and discrimination can also contribute to missing work and school and underutilization of the few public services available to undocumented immigrants. Fearful immigrants can be reluctant to report crimes, workplace health and safety violations, and wage-theft. What is more, President Trump’s recent executive order, “Enhancing Public Safety in the Interior of the United States,” drastically expanded the definition of who qualifies as high priority for deportation and reinstated the “Secure Communities” program that requires state and local police to enforce immigration law. These developments could have mental health consequences for both immigrant and non-immigrant Latinos, given that many undocumented immigrants live in mixed-status families. Fear of family separation due to detention and deportation can have devastating health effects for immigrants and their children, many of whom are U.S. citizens. Indeed, policies targeting

immigrants who are overwhelmingly law-abiding workers doing jobs not easy to fill in other ways, can be disruptive for entire communities.

## Healthcare Realities

Despite the mental health risks they face, both immigrant and non-immigrant Latinos experience considerable difficulty getting adequate mental healthcare. Few of the migrant returnees I interviewed in Oaxaca had had success finding care in the United States, and when they did, it was of poor quality. Latinos—especially the foreign born—are unlikely to have regular healthcare providers, and as few as five percent of Latinos experiencing psychiatric symptoms seek mental healthcare. This is due to a number of factors, such as a lack of affordable, culturally competent care; inadequate detection of psychiatric conditions; discrimination; stigma; and poor access to insurance programs. Federal legislation has created additional barriers. The Illegal Immigration Reform and Immigrant Responsibility Act and the Personal Responsibility and Work Opportunity Reconciliation Act, both passed in 1996, directly restricted immigrants' access to publicly funded health programs, and the Affordable Care Act of 2010 also prohibited undocumented immigrants from receiving most public health services.

## What Can be Done?

Short of comprehensive federal immigration reform with a path to legalization and citizenship, many kinds of state or local efforts can help improve conditions for Latino immigrants:

- “Sanctuary” policies discourage local police from enforcing federal immigration laws and prohibit state employees from inquiring about immigration status.
- Local public safety health clinics can provide care without regard to legal status, and states can decide to make health insurance available to all residents.
- School-based programs can raise awareness about the vital contributions and needs of immigrants in the community.
- Training for health care providers can help them provide culturally competent care.
- Community outreach to immigrants and their families can offer education about their rights and their potential access to mental health care and social services.