

Spotlight on Mental Health

Restructuring Care for Immigrant Families

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Summary

While the need for health services is universal, **because of migration processes, the U.S. immigration system, structural inequities, and exclusionary social norms, immigrant families face unique mental health risk and protective factors.** Research shows that there are several defining life experiences unique to immigrants and/or refugees that introduce risk factors for mental health, including but not limited to:

- Trauma as a cause or result of migration (including voluntary or involuntary displacement, separation from loved ones and places, and the migration journey)
- Lack of access to healthcare services and insurance
- Lack of legal status (including fear of detention/deportation and exclusion from work, housing, resources, and rights)
- Living in multigenerational households (increased proximity to effects of the criminalization of immigration, intergenerational cultural dissonance, discrimination and “othering”)
- Cultural and language barriers (including lack of access to diverse mental healthcare clinicians, linguistic isolation, and childhood language brokering).

Mental Health Service Landscape Gaps in Massachusetts

Unmet need for adult mental health services: In 2022, **33% of adults reported having an unmet need** for mental health services.

Unmet need for youth mental health services: In 2023, **64% of children with severe depression did not receive any mental health treatment.** Treatment access for children poses additional barriers because children and young adults are often reliant on older adults seeking treatment on their behalf.

Inequities in access to mental health services: In 2019, compared to 52% of white patients, **only 35% of Latino individuals and 37% of Black individuals** with mental health conditions received treatment.

Immigrants bring a wide range of culturally rooted, global, intergenerational practices and approaches to community well-being that are not currently represented in the U.S. healthcare system. Immigrant-led community-based protective factors and forms of resilience have the potential to inform and improve our current healthcare system. As immigrants arrive and settle in U.S. cities and communities, institutions and receiving systems must learn and adapt in order to effectively serve the newest members of our society. In this Spotlight, we highlight factors that uniquely contribute to mental health crises in immigrant families and identify current structural needs in mental healthcare for policymakers, advocates, healthcare leaders, mental health providers, and immigrants to consider. We need **tailored, trauma-informed, and culturally effective mental health services and policies to effectively address the unmet needs of our increasingly diverse population.**

Factoring in Structural Factors on Immigrant (Mental) Health

While previous studies noted that foreign-born residents in the United States tended to be healthier than U.S.-born residents—including having more positive mental health outcomes, despite the known associated mental health risks of migration—that pattern no longer holds true across the board. Widely known as the [“immigrant health paradox,” this paradox is primarily based on two assumptions](#): 1) that immigrants tend to have better health measures than their native-born counterparts despite having worse socioeconomic outcomes and 2) that immigrants’ health measures converge to fit those of native-born residents of the same ethnicity the longer they stay in the host country. However, [the paradox itself is observed inconsistently](#), varying across health outcomes, racial and ethnic groups, and [ages within the same racial groups](#). Recently, scholars have begun exploring the effects of [structural factors such as legal status, race, and racialized legal status](#) on immigrant health as an alternative model to the assumptions embedded in the immigrant health paradox.

Similarly, recent studies examining immigrant mental health have noted that [structural and contextual factors create substantial variation](#) in the formerly observed pattern of foreign-born immigrants having a lower risk for mental health disorders. [Structural conditions](#) such as food security, discrimination, income inequality, and lack of affordable housing affect mental health. To truly address and support immigrant mental health, we must address these root causes that negatively impact immigrant families’ and communities’ well-being. Programs like Weaving Well-being, a community mental health initiative of the Boston Mayor’s Office for Immigrant Advancement, are direct attempts to support the social integration and individual [resilience necessary to cope with discrimination](#) while simultaneously creating changes in our societal assumptions, institutions, and systems (see p. 8).

Mental Health and Wellness in Immigrant Families

As we collectively seek to improve our healthcare system to ensure that everyone receives the highest quality, most equitable care possible, we must consider the strengths, needs, and experiences of immigrants in the United States. Below, we synthesize existing research into five key factors influencing mental health and wellness in immigrant families. Although every immigrant's journey is unique, we see numerous opportunities to improve research, practice, and policy by grounding ourselves in these five factors as we seek to collectively advance immigrant health equity.

1. Immigrants often [experience stress or trauma during migration and/or migrate due to traumatic experiences](#) in their home country.

Migration journeys can be both formative and traumatic and are experienced differently by every single individual, including members of the same family. Reasons for migrating, cultural beliefs and practices, age upon arrival, and preexisting health conditions can all shape individual and community mental well-being. Many [refugees](#), [asylum seekers](#), and [others who have experienced forced displacement](#) arrive in the United States and other receiving countries having survived various traumatic events. They are then required to navigate the painful complexity of the U.S. immigration system, layering on additional stress for many.

On its own, the process of migrating to the United States can be traumatic, with numerous occasions for traumatization (e.g., presenting to U.S. Customs and Border Protection, being held in detention, being bused across the country). In a 2019 survey of 101 Latino youth who migrated to the United States, [two-thirds of respondents reported experiencing at least one traumatic event](#) during migration and 20% of respondents who experienced a traumatic event experienced it during the migration process. [Experiencing stressful or traumatic events puts individuals at risk for developing mental health complications](#), including perceived stress, depression, anxiety, and post-traumatic stress disorder.

2. Immigrants are [less likely to have access to healthcare coverage](#) and are [less likely to be insured](#) for health services than native-born citizens.

We will never achieve health equity in the United States as long as immigrants are less likely to have healthcare coverage access and health insurance compared to U.S.-born citizens. [Decreased access to health services is a structural barrier to health](#) that immigrants encounter in the United States. As detailed in our [Spotlight on Access to Care](#), immigrants are also less likely to have health insurance—and therefore access to health services—than U.S.-born citizens. Not having health insurance bars treatment-seeking actions and deters treatment-seeking behavior. Uninsured individuals are less likely

Violence Is a Driver of Immigration

Of the nationally representative sample of 3,358 individuals who filled out the 2023 KFF/LA Times Survey of Immigrants, [nearly half \(46%\) cited escape from unsafe or violent conditions](#) as a reason for migrating to the United States.

Insurance Coverage

In Massachusetts, only [79% of non-citizens had continuous health insurance coverage](#)— defined as uninterrupted health insurance for the past 12 months— compared to 92% of U.S.-born residents in 2019.

to seek out preventive and primary care services and are more likely to rely on emergency services.

There are key differences in health insurance coverage among different segments of the immigrant population. [Legal status, income, and state residence](#) play important roles in determining whether immigrants have health insurance. As of 2023, 50% of undocumented immigrants¹ did not have health insurance, compared to 18% of lawfully present immigrants and 6% of

naturalized citizens, while 24% of lower-income immigrants were uninsured compared to 5% of immigrant households earning at least \$90,000. Immigrants who reside in states that offer fewer healthcare coverage options for immigrants are twice as likely as immigrants who live in states with more expansive coverage to be uninsured. Evidently, policies matter, with [states that have more immigrant integration policies—like access to state healthcare—demonstrating smaller health inequities](#) between U.S.-born residents and immigrants.

3. [Undocumented immigrants face significant mental stressors](#) from limitations due to legal status and fear or experience of deportation or detention.

Legal status and fear of detention and deportation can have negative impacts on immigrants' mental well-being. As of 2023, [an estimated 11.7 million undocumented immigrants are living in the United States](#), comprising almost a quarter of the foreign-born population in the country. Undocumented immigrants are at risk for separation from their family members or deportation back to their home countries. [Experiencing detention, deportation, or separation from family members](#) has been linked with anxiety, depression, and post-traumatic stress disorder. These stressors often build on [undocumented immigrants' existing mental trauma](#), stemming from their migration journey or traumas experienced in their sending nation.

Legal status affects all aspects of undocumented immigrants' lives, with noted [higher rates of poverty and lower rates of health insurance coverage](#) compared to other populations. The change to the federal public charge rule in 2019 created historic levels of harm for immigrant families in the United States, as [millions of immigrant families—many mixed-status, with U.S- citizen children—withdraw from social safety net programs](#), including Medicaid and the Children's Health Insurance Program (CHIP), out of fear of jeopardizing their legal status. In 2023, [50% of undocumented immigrant adults were uninsured](#)—a structural barrier to healthcare access. Decreased expendable income combined with the high price of uninsured healthcare in the United States strongly deters undocumented immigrants from seeking medical care, including regular and preventive healthcare. The lack of access to

¹ We have chosen to use the term "undocumented" to refer to individuals living in the United States without formal approval from the U.S. government. Many undocumented immigrants have official documents from their countries of origin but are unable to secure formal authorization to live temporarily or permanently in the United States, have fallen out of status, or are in between statuses.

preventive care means that undocumented immigrants do not receive preventive care or regular screening for mental health needs through primary care or outpatient clinics. This in turn means that they are not being connected to mental healthcare services until they experience an acute need for mental healthcare and seek care, usually via hospital emergency departments.

Undocumented Immigrants in Massachusetts

As of 2022, [130,300 undocumented immigrants live in Massachusetts](#), comprising 10% of Massachusetts' immigrant population.

4. Immigrants are [more likely to live in multigenerational households](#) than their native-born counterparts, creating unique mental health challenges related to the criminalization of immigration and intergenerational cultural dissonance.

In 2021, [26% of immigrants in the United States lived in multigenerational households](#), while only 17% of U.S.-born citizens lived in multigenerational households. [Multigenerational households have numerous benefits](#), including familial caregiving and lower poverty rates. However, in recent years, multigenerational immigrant households have experienced higher levels of fear due to the increased criminalization of immigration and rise in anti-immigrant narratives. For multigenerational households with an undocumented family member, the threat of detention or deportation is tangibly felt. This toxic stress manifests itself physically (e.g., headaches) as well as mentally (e.g., depression, anxiety).

Immigrant Children in Massachusetts

In 2022, [Massachusetts was home to 438,000 children](#) who were first-, 1.5-² or second-generation immigrants.

Even for immigrant households who do not experience the fear of separation from family members, there still exist [various mental health challenges that are unique to the experiences of immigrants](#). Children of immigrants commonly experience [intergenerational cultural dissonance](#), a [cultural gap](#) between themselves and their parents related to adoption and observance of mainstream or heritage cultural values and norms. Varying rates of acculturation to the host country contribute to intergenerational cultural dissonance between parents

and children, which can [increase familial conflict](#) and [affect mental health](#). Discrimination based on country of origin, language differences, [employment barriers](#), and isolation are also some of the challenges immigrants face. In general, [children of first-generation immigrants suffer worse mental health outcomes](#) than their parents, with with increased acculturation heightening exposure to [discrimination and its consequences on mental health](#).

5. Lack of diversity among mental healthcare clinicians and cultural and language barriers are major factors in immigrants' ability to seek clinical mental healthcare.

A lack of diversity among behavioral health professionals can hold immigrants back from seeking clinical support for their children. Immigrants may find it more difficult to build rapport with a health professional whom they perceive as potentially not understanding their worldview or experiences,

² The term "1.5-generation immigrants" refers to individuals who immigrated as children.

which in turn hinders their ability to entrust the care of their children to that person. In 2021, [just 19% of active psychologists in the United States were people of color](#). This staggering statistic highlights the need for more behavioral health professionals of color—not just culturally competent white psychologists—to even begin offering immigrants the option of seeing a mental health professional from their culture if they so choose.

Immigrants are less likely to seek mental health treatment than U.S.-born residents, with [language barriers and cultural differences](#) two key factors that often discourage immigrants from seeking clinical mental healthcare services. Language barriers can challenge the delivery of mental health care by making it harder for immigrants with LEP to establish much-needed rapport with their mental health care provider. [Rapport with one's mental healthcare provider improves the efficacy and impact](#) of mental health interventions, just as it does for healthcare overall. While professional medical interpreters can help bridge the gap between mental healthcare providers and immigrants with limited English proficiency (LEP), [medical interpreters are often poorly equipped to accurately and sensitively relay information](#) regarding mental health to immigrants for whom English is not a first language. Having an interpreter in the room may also contribute to privacy concerns during sensitive appointments with mental health providers.

Massachusetts Mental Health Resources

The Massachusetts Department of Mental Health (DMH) hosts the [DMH Multicultural Mental Health Resource Directory](#), which lists organizations that provide linguistically and culturally appropriate mental health and related services.

Zooming in: Children in Immigrant Families

In immigrant families, each family member can experience the same migration and integration journey very differently. In this section, we highlight **three factors that affect the mental health and well-being of children and youth in immigrant families**.

1. Childhood is a critical developmental period with implications for future mental well-being.

Research shows that [adverse childhood experiences are linked to poor mental health outcomes in adulthood](#) and affect [youths' overall transitions to adulthood](#). Compared to adults, children are also less likely to have developed healthy coping mechanisms and may not be able to modulate emotional responses as effectively, [contributing to the development of mental health complications later in life](#).

The process of migration and immigrant family dynamics can introduce stressors during the critical developmental periods for youth. Approximately [850,000 children in the United States are undocumented](#) and 4.4 million U.S.-born children live with an undocumented immigrant parent.

Mixed Status Families

In 2022, [47,600 U.S. citizen children lived with at least one undocumented family member in Massachusetts](#), while 30,100 U.S. citizen children lived with at least one undocumented parent.

Accordingly, on top of migration, factors such as fear of or trauma associated with detention or deportation, acculturation, language brokering, and discrimination can contribute to psychological stress and negatively impact the mental development and well-being of children in immigrant families.

2. Children of immigrants are often expected to be language and cultural brokers for their parents.

Immigrant Children Are Language Brokers

In 2019, [41% of immigrant parents of Massachusetts elementary school-aged children had limited English proficiency](#), totaling 121,000 adults.

The process of translating and interpreting for parents with limited English proficiency (LEP) has been termed "[language brokering](#)." Because children often learn languages and cultural habits quicker than adults, [language and cultural brokering are common](#) among immigrant and native-born children of immigrants with LEP. Children of immigrants also often efficiently [code-switch](#), alternating between languages or behaviors to accommodate their surroundings or emotions. The experience of being a language or cultural broker has been linked to [both positive and negative well-being outcomes in children of immigrants](#). Bilingual young adults who experienced childhood language brokering reported [significantly higher levels of anxiety and depression](#) compared to other bilingual young adults who were not required

to act as language brokers for their families. Negative experiences during language brokering were also found to be [associated with worse self-esteem](#). Considering that language brokering is such a prevalent experience among many 1.5- and second-generation immigrants, there exists a dearth of research on the effects of this brokering on mental health.

3. Mental health treatment-seeking actions for children and young adults are often reliant on parental or guardian efforts.

Parents and guardians cite a [lack of knowledge of available resources, administrative or policy issues \(such as waiting lists, inflexible policies, etc.\), and social stigma](#) as reasons for not seeking out mental health treatment for their children. Immigrant parents may be unfamiliar or uncomfortable with navigating the U.S. healthcare system, further compounding these barriers. Cultural dissonance can also contribute to the [fear of social stigma](#) within families when a child of an immigrant may hold a different perception of mental health than their guardian due to exposure to the mainstream culture. While the child might be willing to pursue clinical mental health treatment, their options are limited if their parents or guardians refuse to investigate or authorize the use of mental health services.

Willingness to Seek Therapy

In Boston, [67% of immigrant adults who have been in the United States for fewer than 10 years and 69% of immigrants who have been here for more than 10 years are willing to seek therapy in an emotional crisis](#), compared to 76% of U.S. citizens.

City of Belonging: The Weaving Well-Being Initiative

In 2022, the City of Boston Mayor’s Office for Immigrant Advancement (MOIA) launched the [Mental Health Mini-Grants initiative](#). This pilot program funded seven community-based organizations to offer nonclinical mental health programming to community members. MOIA engaged the Leah Zallman Center for Immigrant Health Research (LZC) as the research and evaluation partner; through interviews with program leaders and a participant survey, we identified five common program strategies:

1. Framing mental health as skill building for holistic wellness
2. Utilizing trauma-informed and culturally rooted healing techniques
3. Providing group-based, engaging, age-appropriate activities
4. Supporting community-embedded, culturally and linguistically responsive, and interdisciplinary staff
5. Facilitating peer-led, slow trust work that cultivates culture.

[The pilot was a success](#), with participants describing greater social integration and cohesion and increased resilience and well-being as a result of their involvement in their respective programs, which featured interventions like group yoga, art sessions, reiki, and Mindfulness-Based Stress Reduction (MBSR). These community-driven nonclinical interventions served as destigmatizing on-ramps to discussions about mental health. Among survey respondents, 84% were able to identify people who supported them or form new supportive relationships, and 95% reported learning a skill or practice that would help them get through a difficult time.

It was so nice to be able to connect with other moms, wives, and partners that have been through or are going through issues with ICE. It’s not like most of my friends can relate to how scary it is.
- Participant

In 2023, MOIA launched the second phase of “Weaving Well-being,” funding 18 immigrant-serving organizations in Boston. Incredibly, these 18 organizations reached a total of 2,177 immigrants in the Greater Boston area with mental health resources and services—highlighting both the success of community-based organizations in serving immigrants and the ongoing need for mental health supports. Findings from the participant survey include that 91% of respondents felt that they could be themselves in their program, 89% learned to identify supportive resources in difficult times, and 94% reported learning a skill or practice.

This year, the third round of Weaving Well-being is supporting 21 community-based organizations with funding to provide nonclinical mental health interventions in their unique, community-specific programs. These efforts will support MOIA’s vision of building a “City of Belonging” for all.

“This program is very special to me, because it helps you understand what’s going on in your mind.”
- Participant

Programs like Weaving Well-being should be made available to all families in need of mental healthcare support in Massachusetts and throughout the country. The clear success of the initiative so far has demonstrated the value of community-based, culturally rooted programming for immigrants’ mental health. Integrating community-based, nonclinical mental health programs with primary care and mental health services will provide increased options for mental healthcare for all.

Problem-Solving: Quality Mental Healthcare for All

By investigating observed trends in immigrants and mental health, we seek to derive natural and practical recommendations to improve access to culturally sensitive and holistic mental health treatments and a diverse provider force. This issue brief is by no means comprehensive and, as mentioned before, immigrants have unique migration experiences that cannot be generalized. Through this brief, we highlight the unique mental health implications of migrating to the United States and living here as a first-, 1.5-, or second-generation immigrant. The observed inequities in immigrant mental health highlight the need for us collectively to pay more attention to mental health from a policy perspective.

As demand grows in the country for mental health treatment, the necessity of improving access to mental healthcare services becomes increasingly urgent. While U.S residents face structural, personal, and financial barriers to accessing mental health treatment across the country, the problem of access is more pronounced for ethnic minorities—even those who are native-born citizens—and immigrants because of language barriers, cultural differences and stigma, and a lack of a diverse mental health workforce. Below we list four common barriers to mental health treatment access and proposed solutions for each.

Table 1. Barriers to Accessing Mental Health Treatment and Proposed Solutions

Barriers to Mental Health Treatment Access	Proposed Solutions
Long waitlists	<ul style="list-style-type: none"> • Invest in administration and health technology, such as telehealth or online screening, to save time and improve the efficiency of mental health clinics. • Streamline pathways or incentivize uptake of mental health professions to increase the pool of mental health providers and availability through avenues such as offering free tuition for certain clinical training courses or creating more robust loan repayment programs.

<p>Insurance</p>	<ul style="list-style-type: none"> • Expand eligibility for all immigrants in state Medicaid programs such as MassHealth to reduce the number of uninsured immigrants, increasing access to mental healthcare, and increase Medicaid reimbursement rates for clinicians. • Enforce CLAS (culturally and linguistically appropriate services) standards in all areas, including healthcare coverage enrollment. Provide insurance counseling services in multiple languages to support immigrants in signing up for health insurance. Require insurance providers to pay for medical interpreter services for mental healthcare and reimburse at a higher rate for interpreters with a specialization in mental health.
<p>Stigma and lack of knowledge and on-ramps</p>	<ul style="list-style-type: none"> • Equip community leaders and organizations with mental health resources to identify mental health needs and treatments and address the stigma often associated with mental health disorders and care-seeking. Support and grow the pool of community health workers (CHWs) to offer outreach and support to community members and develop on-ramps to clinical care.
<p>Lack of linguistically and culturally effective organizations and services</p>	<ul style="list-style-type: none"> • Diversify the mental health workforce to help overcome the language and cultural barriers experienced by immigrants. • Hold mandatory cultural sensitivity trainings for providers working with immigrants that are specific to the populations they expect to interact with, embedding these trainings in licensure requirements. • Hold mandatory cultural sensitivity trainings for professional medical interpreters to ensure they have the correct vocabulary and are positioned to help immigrants feel more comfortable during mental health sessions. Embed these trainings in licensure or certification processes or require proof of training for reimbursement.

Supporting the mental well-being of immigrants in Massachusetts as well as improving access to mental healthcare services requires a multi-pronged approach that takes into account cultural background, age, migration journey, trauma, discrimination, and other factors that impact immigrant mental health. Many organizations, such as [MOIA](#), [Boston Medical Center's Immigrant and Refugee Health Center](#), and the [Refugee and Immigrant Assistance Center \(RIAC\)](#), have already taken promising first steps to establish tailored programs that support immigrant mental health. Boston is a city rich in physical and mental health resources and facilities, with many more organizations than mentioned in this brief serving the health and well-being of immigrants, including hospital systems, institutions of higher education, and community centers. How can we pool our research, services, resources, and skills to equitably reach and serve our immigrant community members?

Special considerations need to be given to understanding and supporting the mental health of 1.5- and second-generation immigrants. More research is needed to identify the stressors they experience during their migration journey and life in the United States as children of immigrants that may impact their development. Policy, research, and community must join forces to disarm the stigma of mental health and combat pejorative narratives about immigrants.

To truly make a difference, we need a collective movement towards immigrant health and health equity. We need more than just a clinical approach—we need our community services, educational institutions, medical clinics, research shops, and government agencies to come together and establish an environment conducive to immigrant mental well-being. We must build and emphasize an [approach that centers mental health in all of our services and policies](#). We invite you to join us on that journey.

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The Leah Zallman Center for Immigrant Health Research (LZC) is a center at the Institute for Community Health. We believe community knowledge, social science, and socio-political context provide valuable insights to understand how health and equity are structured in our current world. Our *Spotlight Series* is designed to brief readers about time-sensitive issues related to immigrant health, shine a light on findings from our research and the work of our partners, and encourage cross-sector dialogue and action for social change. We would like to thank the following reviewers for their input on this Spotlight Brief: Marcia Bernbaum, PhD; Robert P. Marlin, MD, PhD, MPH; and Courtney White, MA, MSW.

Read our past *Spotlights*:

- [Spotlight on Access to Care: Immigrant Access to Health Care in Massachusetts](#)
- [Spotlight on Asylum: Health Equity and Care for Asylum Seekers in Massachusetts](#)