

Policy Brief

Improving Health Equity: Immigrant Health

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Issue

Approximately 1 in 5 children in the United States are part of an immigrant family. Of these children, eighty percent of them are US citizens, and 53% live in mixed-citizenship families. The families of these children are among the poorest, least educated, least insured, and least able to access health care. Immigrant children are accessing mental health services at much lower rates than other children. This is due to many factors, including language barriers, lack of information about services, fear related to accessing services, and cultural factors such as feeling misunderstood by providers. For these reasons, immigrant families are in need of support to navigate the various mental health care systems.

Importance

Immigrant families are an underserved population, with immigrant youth being at greater risk for developing mental health symptoms and exacerbation of pre-existing mood disorders as a result of migration and the acculturation process (Yearwood et al., 2007). However, many immigrant children and families are not receiving much-needed mental health services.

This leads to untreated mental illness and unrecognized developmental delays, which do not allow children to reach their full potential within their homes, families, schools, and communities. Additionally, these stressors create a strain on our educational and medical systems, as children with untreated mental illness are at greater risk for poor outcomes including school dropout, incarceration, and even suicide (Child Mind Institute, 2015). Furthermore, untreated mental health conditions contribute to later economic loss for youth and adults by increasing school and work absenteeism and dropout rates, healthcare expenditure, and unemployment (Nguie et al., 2010).

The Child Mind Institute described untreated child mental illness in the US as a “public health crisis.” One study found that nearly 50% of youth in the US will have a diagnosable mental

illness at some point during childhood, and 22% will have a serious impairment. However, only 7% percent of those children will go to a mental health visit in a year (Merikangas et al., 2010). Rates of accessing services among immigrant families may be even lower than these due to language barriers, cultural differences, and stigma of participating in services. Therefore, it is important that professionals working with this population understand the complexity and barriers that these immigrant families experience and the psychological strain these have on children and their families that may prevent them from seeking out appropriate mental health services. Additionally, cultural factors and stigma associated with seeking mental health services are important considerations to take into account that may act as barriers to accessing services.

Need

Our goal is to improve access to mental health services among immigrant children and families in the LA area. More specifically, we propose increasing funding to assist families in navigating the behavioral and mental health care systems. We propose obtaining funding by applying for grants through the American Psychological Association and/or other common mental health resources such as NIH (e.g., perhaps including participation in a research study in order to adequately fund services).

Our main recommended proposal is to partner with an established non-profit agency in the LA area that focuses on addressing the needs and barriers of immigrant families. This will include an outreach and awareness campaign to connect families to services. More specifically, we recommend that families be instructed on how to navigate the healthcare system clearly as a way to create a space of trust where they can share their experiences and thus be able to join the new system with more optimism. Further, through shared experiences, families can model to others that it is possible to make positive changes without leaving behind their own cultural values and customs. It is also recommended that trainings on how to navigate the healthcare system be conducted in agencies such as community resource centers for immigrant parents in order to maintain an atmosphere of respect for their culture and language. We will collaborate with these agencies and provide them with appropriate guidance as to how they can best connect families to appropriate mental health services. Lastly, we recommended conducting a pilot program to evaluate and consider changes that may favor the transition of immigrant youth and families into our healthcare system in the future, based on findings from families involved in our proposed programs and outreach.

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