Mental Health And Wellbeing in United We Dream Community

PREPARED BY
Latinx Immigrant Health Alliance
United We Dream
A TIME OF MANY STRESSORS

United We Dream (UWD) and the Latinx Immigrant Health Alliance (LIHA) collected data to best understand how our community was feeling during the pandemic.

We collected data between August and November of 2020 and again between January and March of 2021. Both times coincided with major COVID-19 peaks. In addition there were many other stressors:

A demand for essential workers

DACA cases in the Supreme Court

Violence towards Blacks that propelled the Black Lives Matter movement

Impending election surrounded by a tense political climate

The Capitol siege
WHO DID WE LEARN FROM?
PARTICIPANTS DEMOGRAPHICS

**Ethnic Identities**

Our respondents were primarily Latinx — 545 or 83.3% — and lived in 41 states across the United States plus the District of Columbia.

By far the **largest number of participants were in California** ($n = 155, 23.7%$) which is also the state where most DACA recipients live (Migration Policy Institute, n.d.).

Participants were young ($M = 28.93, SD = 8.39$). Ages ranged from 18 to 86. **Nearly 90% of participants were between 18 and 36 years of age.**
WHO DID WE LEARN FROM?
PARTICIPANTS DEMOGRAPHICS

Sexual Orientation
Our community had diverse sexual orientations with nearly 30% providing nonheteronormative labels.

Gender Identity
Our participants were primarily cisgender and female, and 5 folks didn’t respond.
Our respondents were primarily first generation or 1.5 generation, meaning they were born outside the United States and immigrated as adults (1st) or children (1.5 generation).

Our participants were primarily undocumented (85.0%), and most undocumented participants had DACA status ($n = 447, 68.3\%$ of the sample).

In all, participants felt their socioeconomic status was “about the same” as compared to others like them ($M = 5.06, SD = 1.73$).
MARITAL STATUS & NUMBER OF CHILDREN

- 24.8% are Married
- 16.8% are Divorced
- 58.4% are Single

70% Did not have children
30% Did have children
Our participants showed high educational achievement, especially in light of their young age as many were still enrolled in college. Recent U.S. Census numbers show that naturalized citizens and children of foreign-born parents have higher educational attainment than children of U.S.-born parents.
People in our community told us that before March 1, 2020, that is, before the Coronavirus pandemic (i.e., COVID-19), most were working full or part-time (78.6%) and many were in school (27.7%). After COVID, more folx were unemployed and looking for work.
The majority of respondents were engaged in working and/or studying before and after the pandemic.

A majority of respondents (64.8%) were working or studying.

Many (13.0%) were both working and studying!
We asked 210 members of the United We Dream community if they were engaged in activism for immigrant rights, racial justice, and related to the 2020 election.

*Participants in our sample were socially active.*
1.5 generation immigrants had significantly more involvement than second (or beyond) generation immigrants. Although first generation immigrants had slightly lower mean activism ratings than the 1.5 generation, this difference was not statistically significant.

*1.5 Generation Immigrants are immigrants born outside of the U.S. and immigrated as children*
Participants' level of stress from their legal status was high. Participants' level of stress from COVID was high as well. Respondents had higher stress about their immigration status than about the pandemic.

Immigration status stress was much higher for undocumented persons. Undocumented persons reported higher distress ($M = 8.51$) than those with DACA ($M = 7.83$), and both reported significantly higher distress than those with permanent residency or U.S. citizenship ($M = 3.83$), $F(2, 569) = 72.27, p < .001$. 
First ($M = 7.78$) and 1.5 ($M = 7.88$) generation immigrants had much higher stress than second generation and beyond ($M = 2.30$), $F(2, 575) = 60.87$, $p < .001$.

Levels of stress due to COVID were significantly different for documentation groups. Specifically, undocumented persons reported significantly higher distress ($M = 7.82$) than those with permanent residency or U.S. citizenship ($M = 6.58$), $F(2, 575) = 60.66$, $p = .003$. DACA recipients’ level of stress was between the two groups ($M = 7.09$).

There were no differences in the reported levels of either stress for parents compared to nonparents or for LGBTQ compared to heterosexual people.
HAS A LOVED ONE OR SOMEONE WITH A SIGNIFICANT ROLE IN YOUR LIFE BEEN DEPORTED OR IS CURRENTLY IN DEPORTATION PROCEEDINGS?

- **YES**: 149
- **N/A**: 45
- **MAYBE**: 38

28.59% of participants were affected by deportation.

Participants reported on the immigration status of people in their household, immediate family, and emotional or financial support system.
We asked participants the documentation status of the people they depend on. The most common answers were Undocumented ($n = 434, 66.4\%$), U.S. Citizen ($n = 345, 52.8\%$), DACA Recipients ($n = 222, 33.9\%$), and Permanent Residents ($n = 117, 17.9\%$).

Most participants ($vt9.9\%$) depended on people with two or more statuses.
PARTICIPANTS' WORRIES ABOUT LOSING DACA

“My family would have to relocate. My [young child] doesn’t speak Spanish. Mexico is unknown to us. We know the culture, but we are often seen as outsiders because we are ‘too Americanized.’ I feel ashamed to say that even though I am proud to be a Mexican, the US is my home. It’s all I know.”

“I would lose everything, my job, my home, my life in the USA, which is the only life I know. I was raised here since I was 3 years old and never have gone to Mexico. If I got deported, I wouldn’t know where to start in Mexico, much less how to keep my family safe, especially my [toddler]. To me, DACA has changed my life. It has helped me provide for those that I love and, without it, I don’t think I could.”

“It would completely turn my life upside down. I am in the [health care] field and without it I would not be able to practice what I worked so hard for and what my parents sacrificed so much for.”
"Mi esposo puede perder cobertura de seguro si lo despiden temporalmente del coronavirus."

"[Have insurance through] marriage but I’m getting divorced so I’ll lose it."

"Yes, I have health insurance through my employer. However, I have [such] a huge deductible that I don’t use my insurance."

Over a third of the sample did not have insurance. This is striking in comparison to the 2019 estimate of 8% uninsured in the general U.S. population.
Over one fifth of participants (n = 123, 21.0%) reported experiencing chronic pain. Among a list of health conditions, by far the most common health condition reported by participants was overweight/obesity, with nearly a quarter (24.5%) of respondents affected by the condition.
More than half (n = 326, 54.2%) of our respondents said that if DACA were to end, their access to mental health treatment would be impacted. Of participants that provided information on their mental health (n = 482), a concerning number of people reported clinically significant levels of Somatization, Depression, Anxiety, and Global Severity. Global severity is overall mental health.

Participants that identified as part of the LGBQ community were alarmingly more likely to have clinical levels of mental health conditions than their heterosexual counterparts.
When we compared clinical levels of distress in parents and non-parents, non-parents were significantly more likely to be in the clinical range for:

Depression, $\chi^2(1, 481) = 16.90, p < .001$

Anxiety, $\chi^2(1, 481) = 10.86, p = .001$

Global Severity, $\chi^2(1, 481) = 11.87, p = .001$

The relationship was nearly statistically significant for Somatization, $\chi^2(1, 481) = 3.74, p = .054$.

It is possible that the parent role provides some protections for our community members.
"...the current political environment provokes all if not more discomfort and stress. The current political environment is constantly attacking my undocumented and DACAmented communities. I feel threatened on a daily basis as my future is at [the] hands of a political environment made of members who do not take the time to learn and understand the struggles [these] two communities face daily. Those political members take decisions for us without understanding or having background information on the negative effects their decisions will cause."

"Estrés al saber que aun no se pone en la mesa una solución a las personas que tenemos más de 10 años viviendo aquí, pagando impuestos y trabajando muy duro. Por que no calificamos para un TPS, DACA o que no tenemos la posibilidad de [tener] un estatus legal."

"Having family members with mixed status households makes me anxious for a solution for them. The hate, misinformation and fear-based rhetoric spewed by the general public, but especially from political leaders, is angering and draining at the same time."
Participants reported significant impacts to their life from COVID across all areas that we asked about. The greatest impacts reported were on emotional health and wellbeing ($n = 410$, 62.7%).

Nearly $1/10$ ($n = 63$, 9.6%) of the sample reported having COVID at the time of the survey or before. An additional 9.3% ($n = 61$) had symptoms, but did not get tested.

Only 4 people were hospitalized due to the virus and 38 people (5.8%) reported someone in their family died due to COVID.

Of concern, many participants noted that they or someone in their family could not engage in social distancing because:

- 22.0% ($n = 144$) said "I need to go to work."
- 50.8% ($n = 332$) said "At least one person in my household needed to go to work."
Our community is using lots of healthy coping strategies. In the table below, the light rows represent coping strategies that tend to uplift, while the darker rows represent strategies that tend to backfire.

It is great that the healthier coping strategies are used more often. However, the numbers can be a little deceiving. A "6" on acceptance means that people use this strategy "a medium amount." None of our strategies were used "a lot" and that might signal that there is some room for practicing these skills.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptance</td>
<td>6.09</td>
</tr>
<tr>
<td>Self-Distraction</td>
<td>6.07</td>
</tr>
<tr>
<td>Planning</td>
<td>5.61</td>
</tr>
<tr>
<td>Active Coping</td>
<td>5.49</td>
</tr>
<tr>
<td>Positive Reframe</td>
<td>5.31</td>
</tr>
<tr>
<td>Emotional Support</td>
<td>4.86</td>
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<tr>
<td>Religion</td>
<td>4.63</td>
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<tr>
<td>Venting</td>
<td>4.44</td>
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<tr>
<td>Behavioral Disengagement</td>
<td>3.37</td>
</tr>
<tr>
<td>Denial</td>
<td>2.97</td>
</tr>
<tr>
<td>Substance Use</td>
<td>2.92</td>
</tr>
</tbody>
</table>

2.0 not use at all 6.0 use sometimes
"[I] try to really enjoy what feel like mini vacations every time I see my significant other who lives in another state. This brings me unsurmountable happiness and peace during these stressful times...."

"I enjoy praying, working out, journal writing, cleaning/organizing."

"I tried exercises but give up and find no point in doing it after a few days. Motivation is missing. I entertain myself by painting and sewing."

"I talk to my cat. I used to have a therapist before I got laid off, but I can no longer afford her."

"I walk, paint, sing and try to cook a new recipe at least once every two weeks. I also have been incorporating Spotify's wellness playlist to get me through days when I need to slow down and elevate my mood. I make sure to care for my plants and spend some time decluttering each week."

"I try to disconnect from the Internet every so often because social media can be toxic. I also take walks, even if it's just for 30 minutes."

How Did You Cope With The Uncertainty Of Losing DACA?
"I tend to write/journal since I keep serious stress to myself usually. I may go on long drives with loud music to help me relax and/or few occasional walks/hikes."

"For me connecting with nature, by going outside and taking deep breaths, let the wind, sun and ground connect with me, to remind me that I’m still here, and that this world has so much to offer. Spending quality time with my kids and family."

"Exercise, coloring, binge watch Netflix."

"Trato de no pensar en los problemas de afuera, juego con mi niño, y a veces salgo [a] correr tomando fotografías."

"I meditate using apps such as Calm, and meditation on Spotify. I track my weight, meals, and eating habits on Noom, there I also have a health coach. I have a monthly call with my therapist. One new habit is I make sure to have breakfast, I normally am not a breakfast person. I force myself to have a healthy home made green juice for breakfast."
WHEN ASKED ABOUT SELF-CARE PRACTICES, EXERCISE, HEALTHY FOODS, PETS, AND FUN ACTIVITIES ABOUNDED

The word cloud is from all respondents' answers and the larger words represents more frequently shared themes.
Participants most often reported opening up to family members and friends or chosen family.

Participants had 1 to 8 sources of support ($M = 2.2$, $SD = 1.34$).

Participants that accessed more supports, reported lower stress, $r(576) = -.101$, $p = .016$.

There were no significant differences in the mean number of social supports by sexual orientation groups, parent status, immigration status, or generation.
It is clear to us by these survey results that our immigrant communities live in precarious circumstances. Their immigration status, lack thereof, or that of their family members, friends and community members, deeply affect their mental health negatively.

Accessibility and affordability of healthcare, including mental healthcare, for all, regardless of immigration status would be an excellent first step to addressing these issues. Inclusion of immigrants into the Affordable Care Act is paramount to the well being of these populations.

However, it should be noted that the circumstances that lead to anxiety and depression within these populations are policy choices made by our legislators, and not intrinsic to people. With that in mind, our policy recommendations must go beyond only addressing the symptoms, but also address the root causes of these harmful outcomes.

If deportation exposure creates risk for negative outcomes, then deportations should be stopped along with detention. These are policy choices we make as a country that are harmful and ineffective. Detention and deportation of immigrants do not deter further migration nor does it make our communities safer. They hurt the individual going through the processes as well as their families and communities.

Furthermore, living in limbo, with uncertain immigration status, within mixed status families, even without the fear of deportation, can also affect one’s mental health. The fear of having a work permit expire or taken away, not being able to provide for one’s family, can also be detrimental to one’s mental health, for example.

The ultimate solution to these problems is not only to eliminate the cruel detention and deportation systems, but provide these populations with the protection only a permanent legal status can provide. Congress must act to pass citizenship for all 11 million undocumented people presently in the United States. It must create a robust, people-centered, just and humane immigration system that can provide dignity to those who choose or are forced to seek a better life in this country and who will continue to arrive at our borders.
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REPORT REFERENCE

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