UNDOCUHEALTH REPORT

Mental Health And Wellbeing in United We Dream Community

PREPARED BY
Latinx Immigrant Health Alliance
United We Dream

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

A TIME OF MANY STRESSORS

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
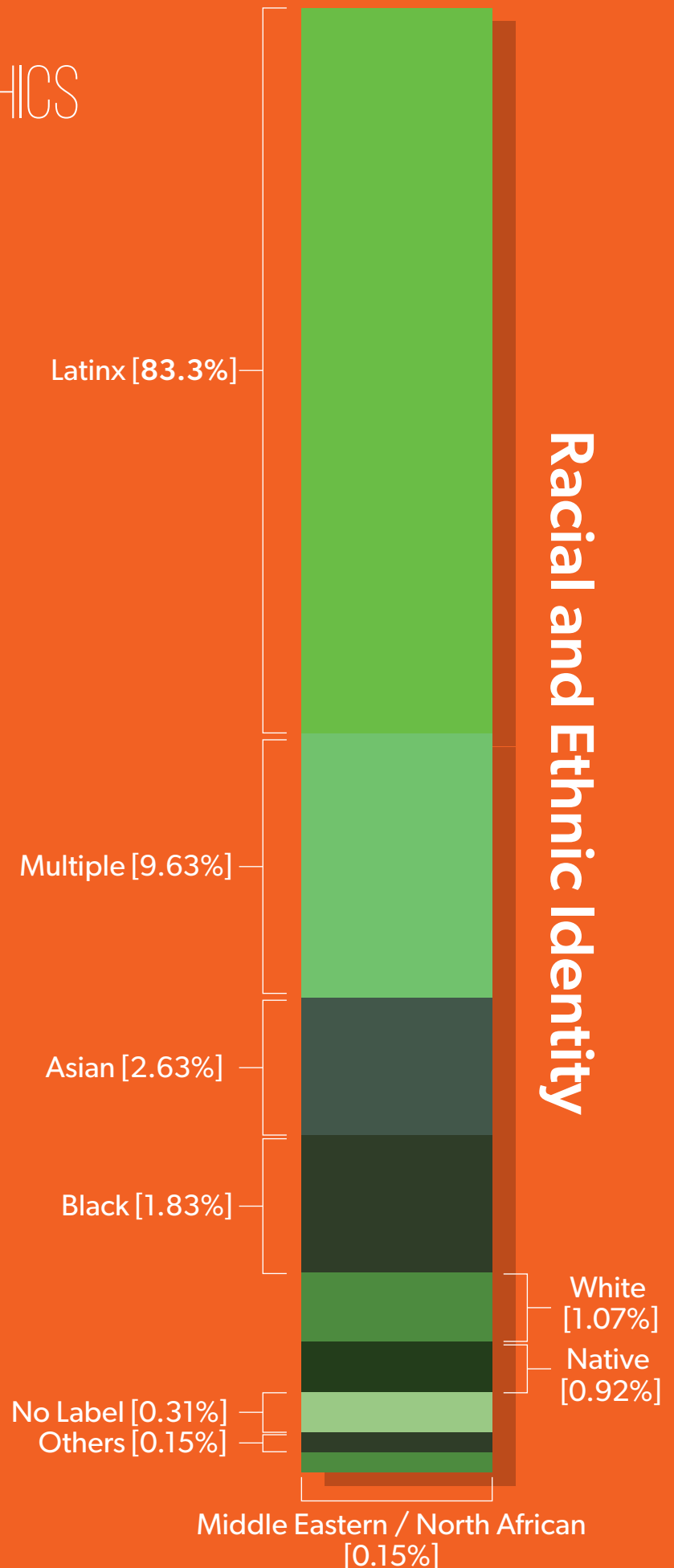
PARTICIPANTS DEMOGRAPHICS

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.**
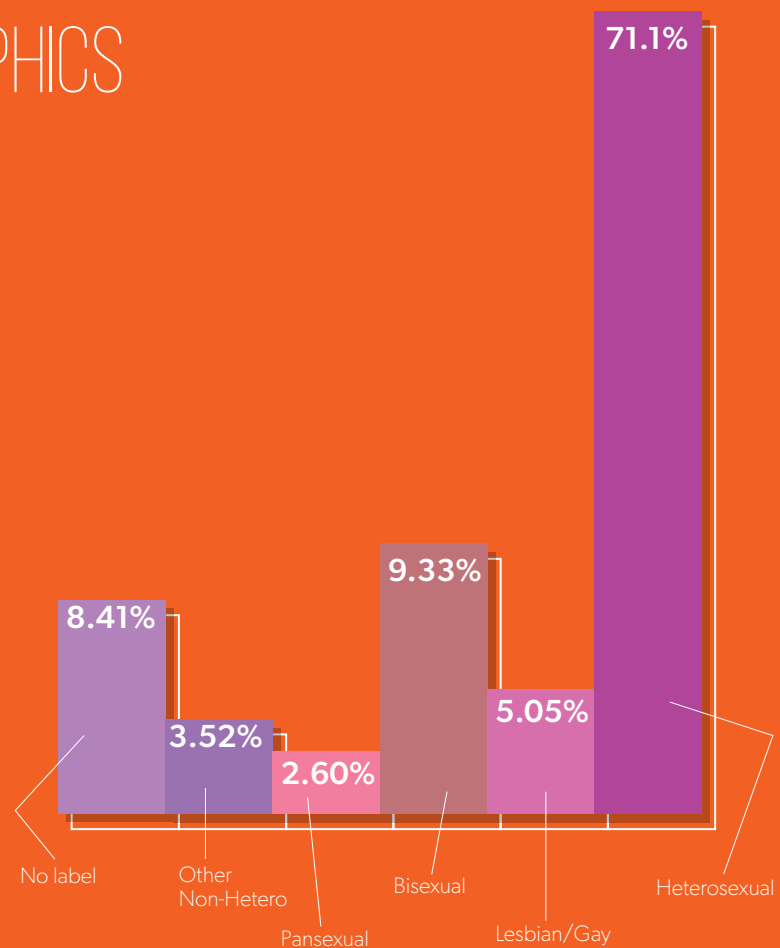
Latinx [**83.3%**]

Multiple [9.63%]

Asian [2.63%]

Black [1.83%]

White [1.07%]

Native [0.92%]

No Label [0.31%]
Others [0.15%]

Middle Eastern / North African [0.15%]

Racial and Ethnic Identity

PARTICIPANTS DEMOGRAPHICS

Sexual Orientation

Our community had diverse sexual orientations with nearly **30%** providing **nonheteronormative labels**

71.1%

9.33%

8.41%

5.05%

3.52%

2.60%

No label

Other Non-Hetero

Pansexual

Bisexual

Lesbian/Gay

Heterosexual

Gender Identity

Our participants were **primarily cisgender** and female, and 5 folks didn't respond.

75.23%

Cis-Female

20.49%
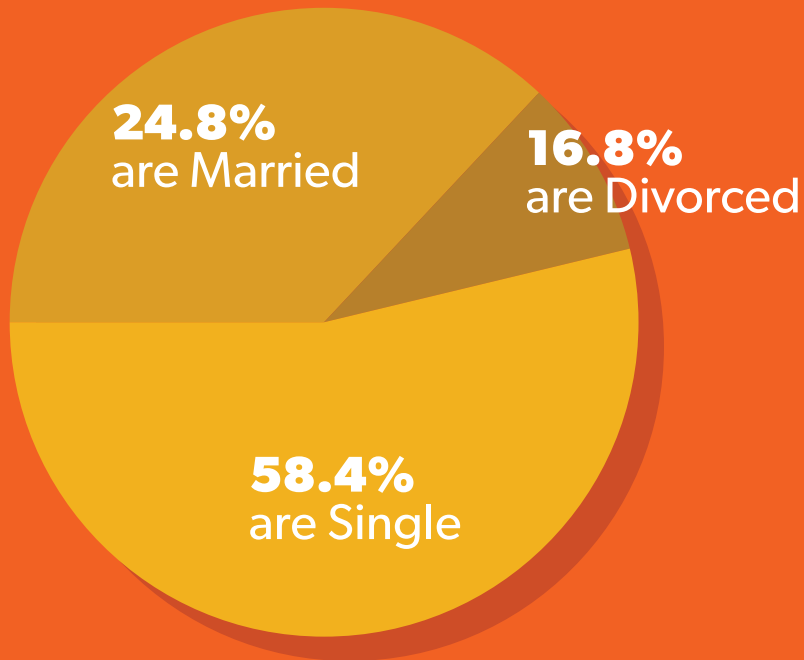
Gender Diverse

3.52%

Cis-Male
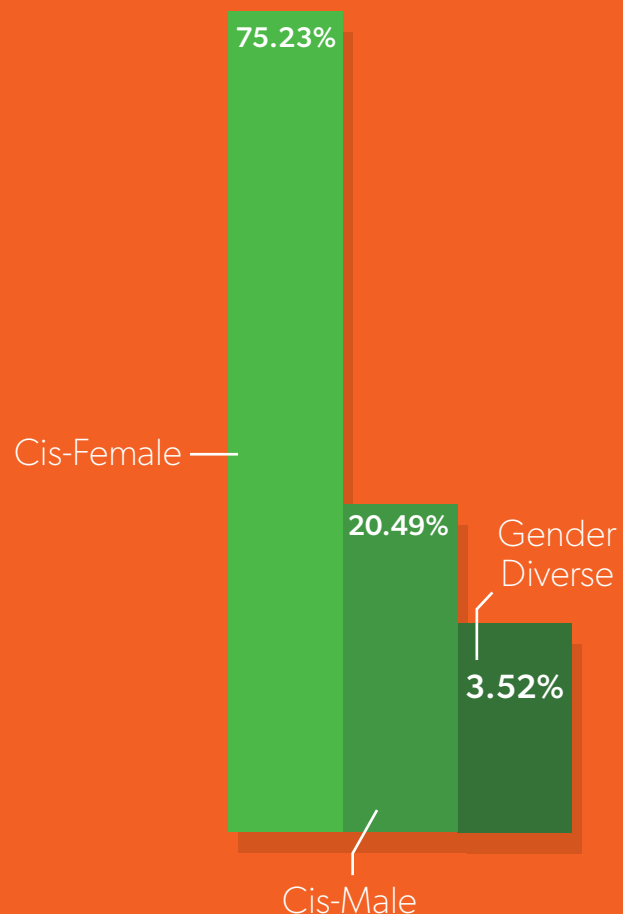
Our respondents **were primarily first generation or 1.5 generation,** meaning they were born outside the United States and immigrated as adults (1st) or children (1.5 generation).

2nd Gen, 4%

1st Gen, 28%

1.5 Gen, 68%

Undocumented

(Others Status: Visa holder, Permanent Residence, Asylum Seeker, Refugee, U.S. Citizen)

DACA

Our participants were t**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

CUT THE MONEY
DEPORTATION FORCE

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CUT THE MONEY
DEPORTATION FORCE

EDUCATIONAL ATTAINMENT
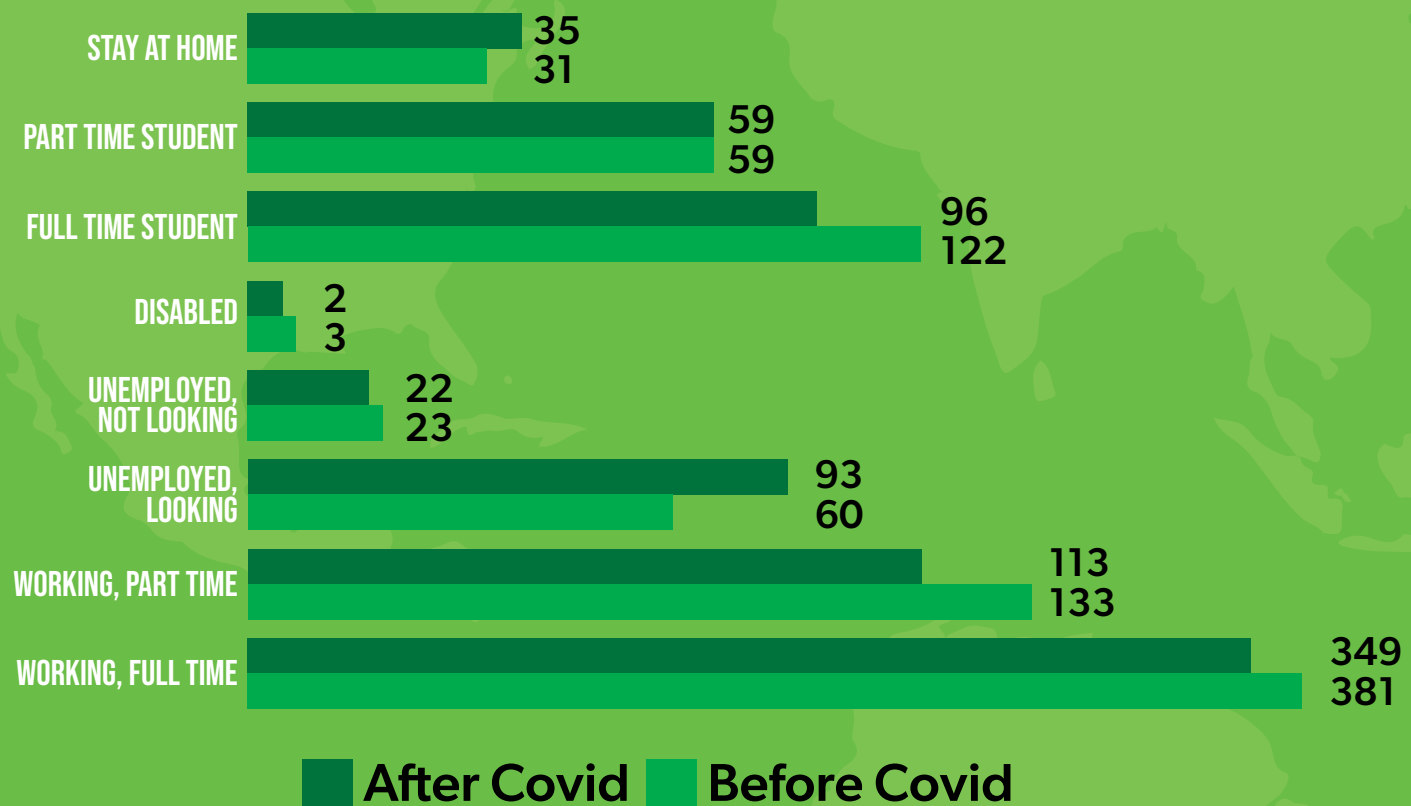
Our participants **showed high educational achievement,** especially in light of their young age as many were still enrolled in college. Recent U.S. Census numbers show that **naturalized citizens and children of foreign-born parents have higher educational attainment** than children of U.S.-born parents.

5%
**Some
High School**

18%
**High
School**

44%
Some College

33%
College+
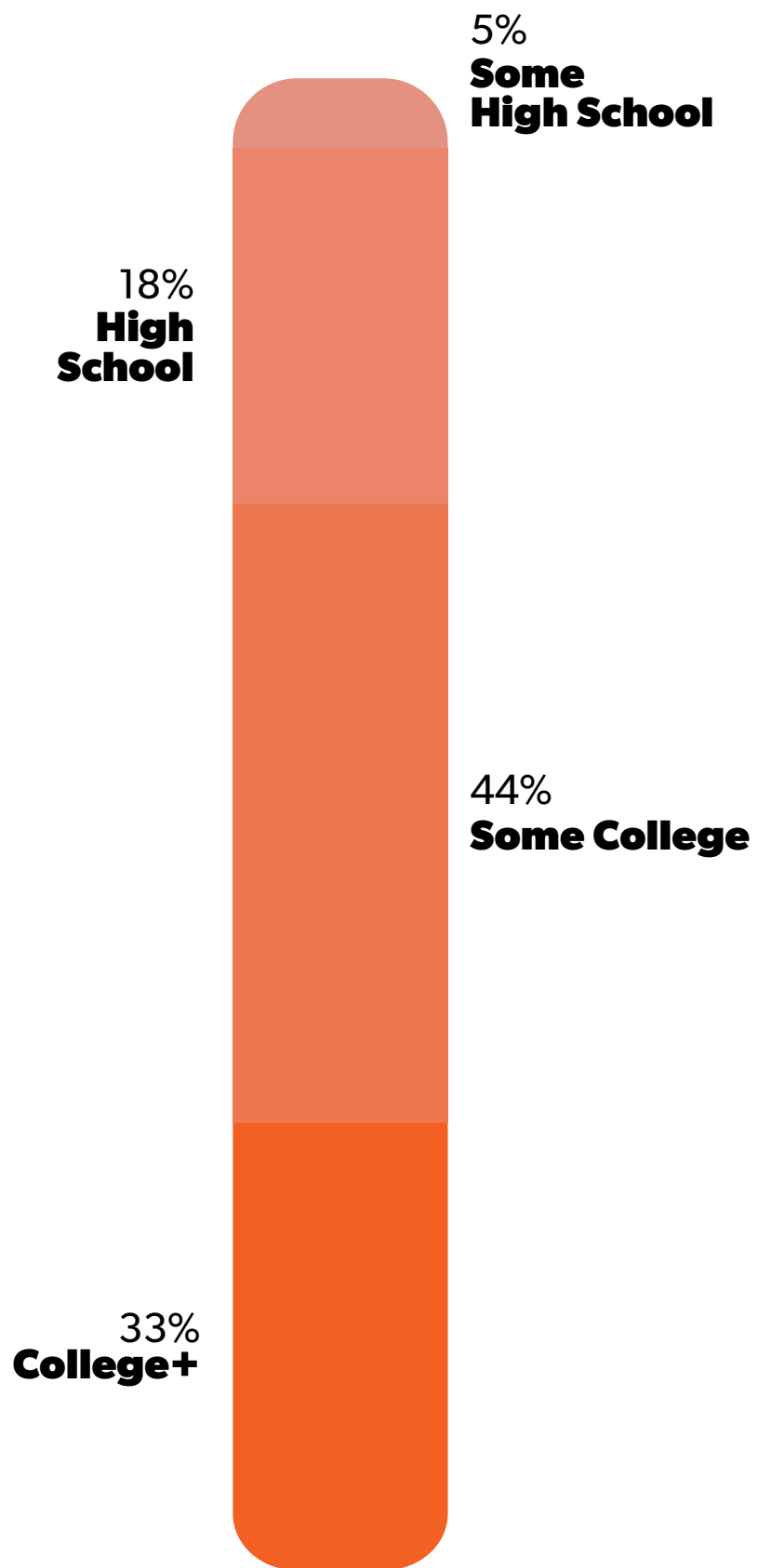
WORK AND SCHOOL DURING A PANDEMIC

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.

TIME AT WORK

Category	After Covid	Before Covid
STAY AT HOME	35	31
PART TIME STUDENT	59	59
FULL TIME STUDENT	96	122
DISABLED	2	3
UNEMPLOYED, NOT LOOKING	22	23
UNEMPLOYED, LOOKING	93	60
WORKING, PART TIME	113	133
WORKING, FULL TIME	349	381

■ After Covid ■ Before Covid

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

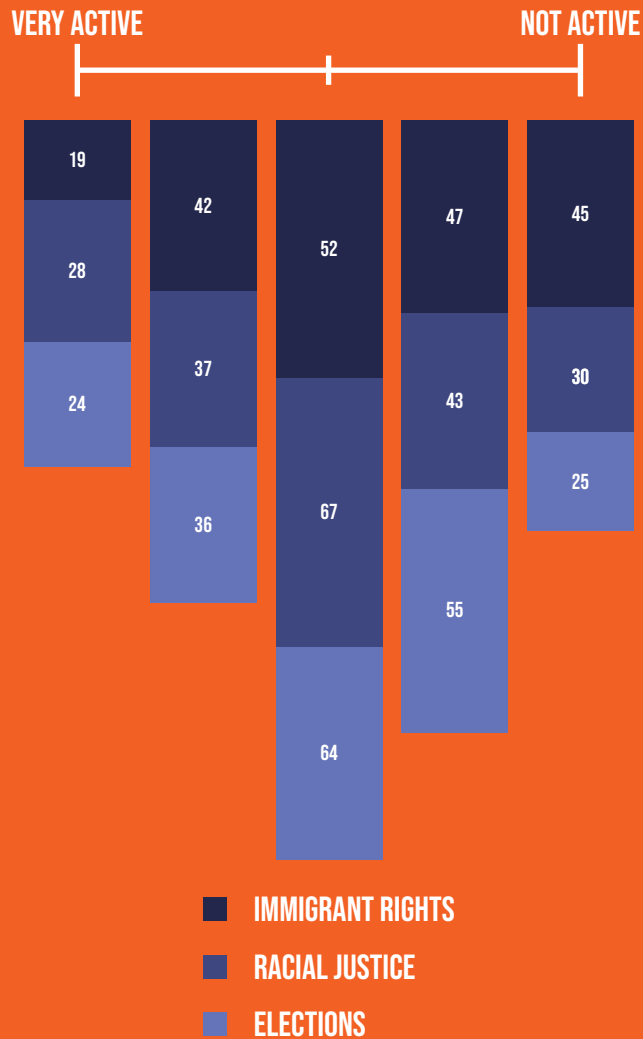Many (13.0%) were both working and studying!

TIME AT SCHOOL

9

SOCIAL ACTIVISM

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.

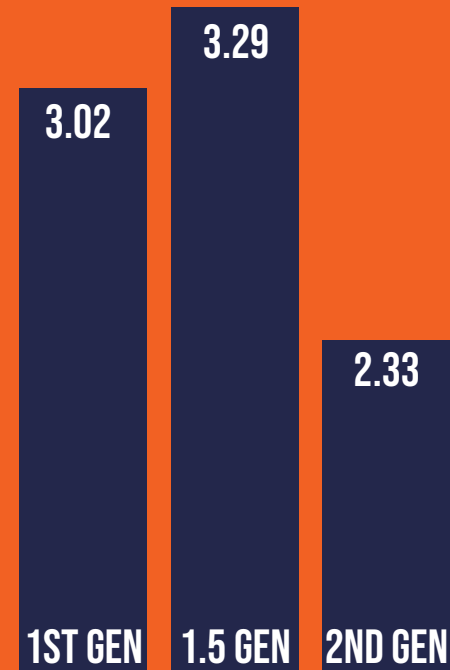*Participants in our sample were socially active.*

FREQUENCY OF ACTIVISM

VERY ACTIVE   NOT ACTIVE

19
28
24

42
37
36

52
67
64

47
43
55

45
30
25

■ IMMIGRANT RIGHTS
■ RACIAL JUSTICE
■ ELECTIONS

GENERATION

3.02 — 1ST GEN
3.29 — 1.5 GEN
2.33 — 2ND GEN

(5) ACTIVE   (1) NOT 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

STRESS STRESS STRESS STRESS

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.*

Immigration Status & Covid Stress

IMMIGRATION STATUS

No Stress   Mild Stress   Kinda Stress   Severe Stress   Very Severe Stress

COVID-19

No Stress   Mild Stress   Kinda Stress   Severe Stress   Very Severe Stress

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.

IMMIGRATION STATUS

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.**
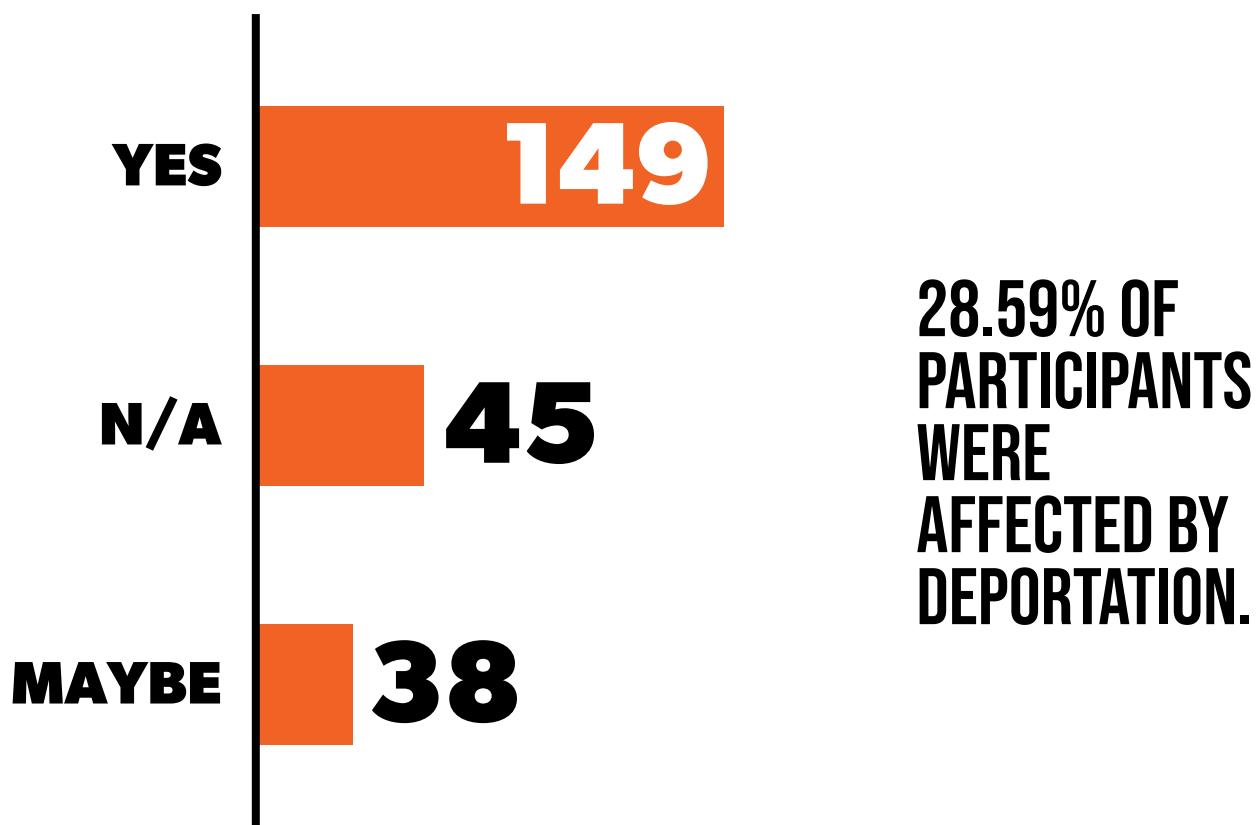
Participants reported on the immigration status of people in their household, immediate family, and emotional or financial support system.

DEPORTATION EXPERIENCES

PEOPLE THEY DEPEND ON

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.

40%

60%

● One Status

● Two or More
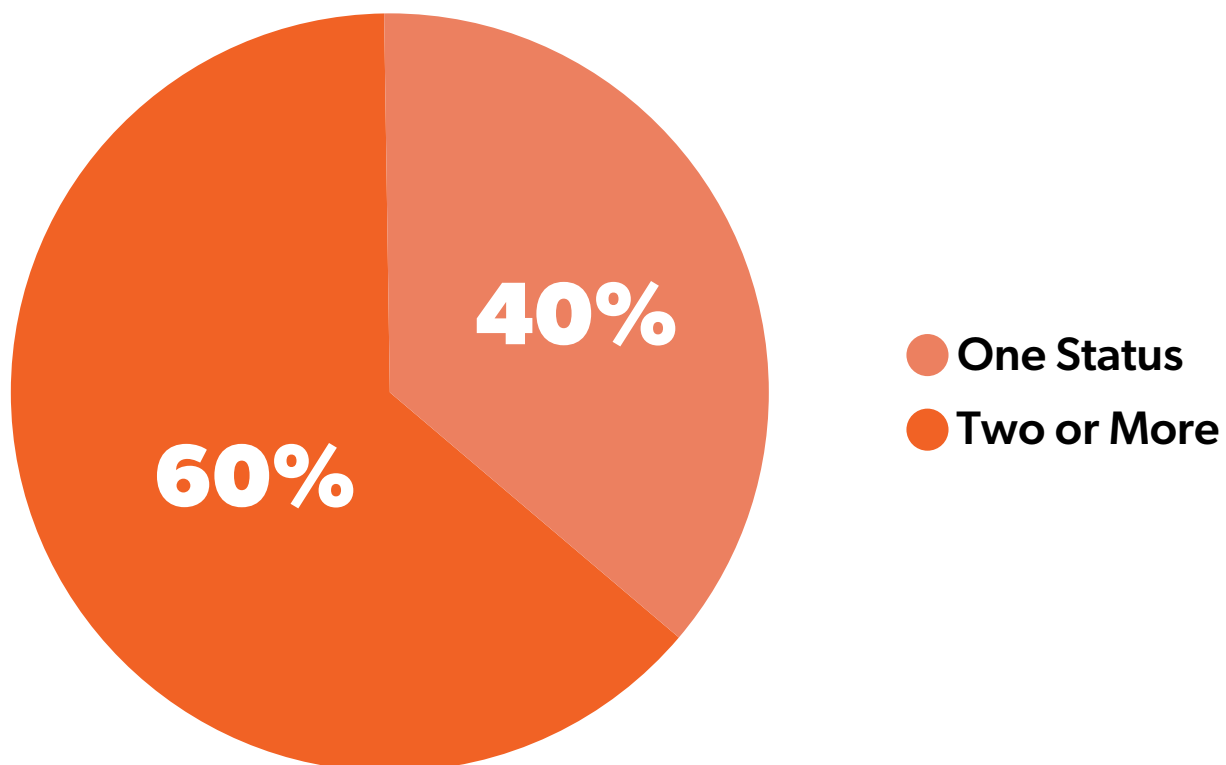
PARTICIPANTS' WORRIES ABOUT LOSING DACA

"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."

"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."

HEALTH

"Mi esposo puede perder cobertura de seguro si lo despiden temporarlmente 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."

Health Insurance

33% Don't Have Insurance

59% Have 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.

REPORTED HEALTH CONDITIONS

Diabetes

Chronic Fatigue

Hypertension

High Cholesterol

Asthma

Insomnia

Migraines

Obesity

0.0% 5% 10% 15% 20% 25%
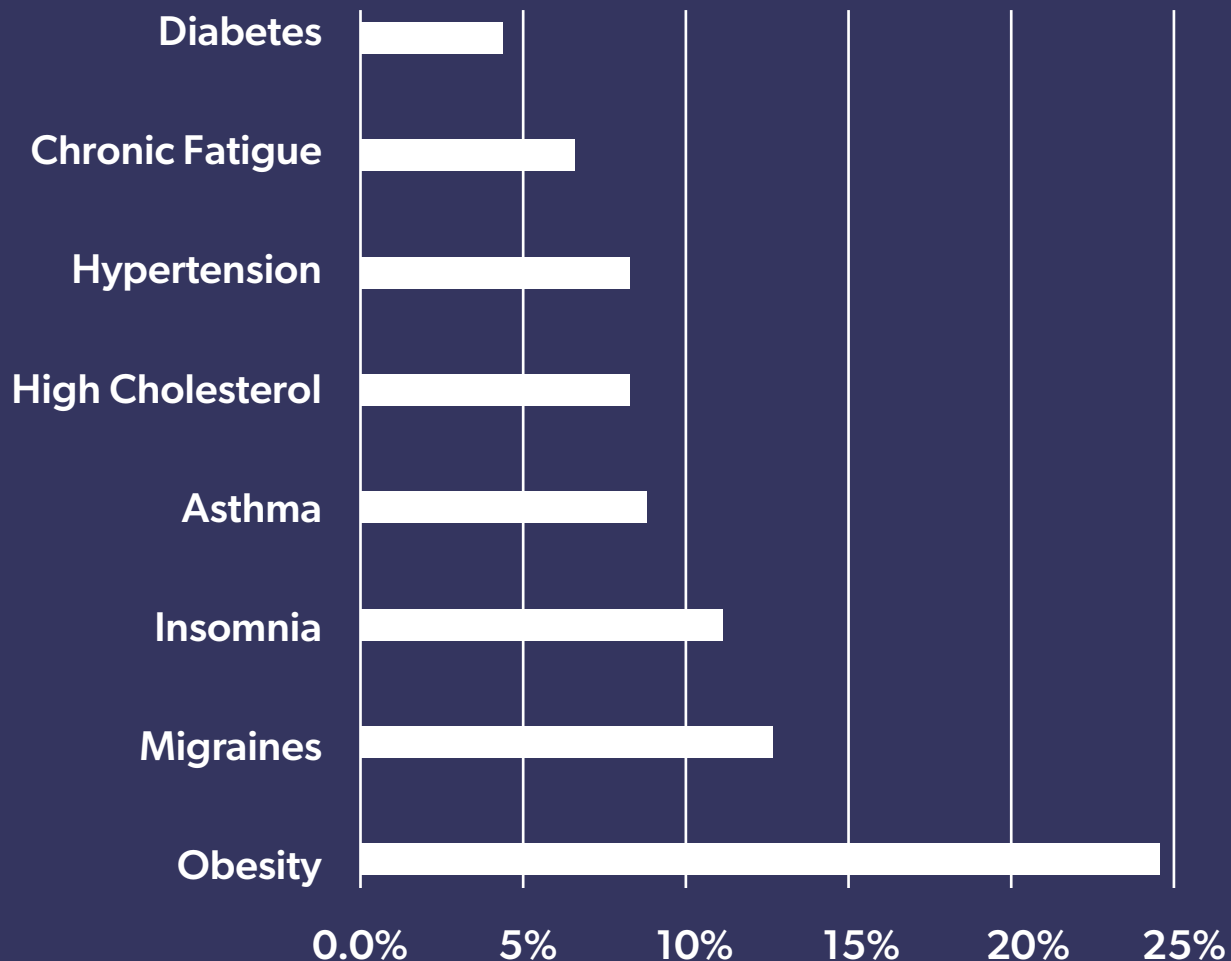
Over one fifth of participants (n = 123, 21.0%) reported experiencing chronic pain. Among a list of health conditions, by far the most common health condition reported by participants was overweight/obesity, with nearly a quarter (24.5%) of respondents affected by the condition.

MENTAL HEALTH CONDITIONS

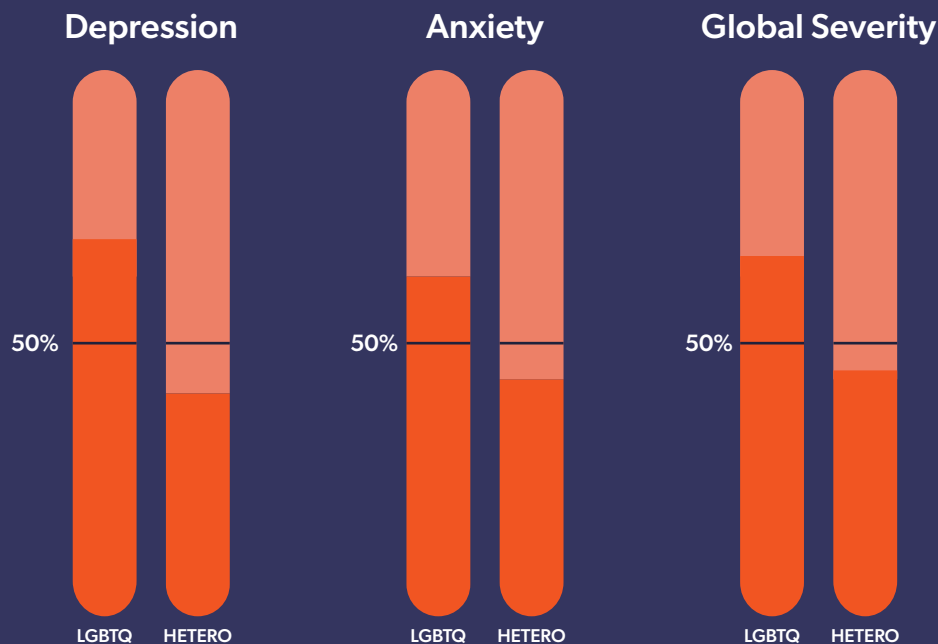More than half (n = 326, 54.2%) of our respondents said that if DACA were to end, their access to mental health treatment would be impacted. Of participants that provided information on their mental health (n = 482), a concerning number of people reported clinically significant levels of Somatization, Depression, Anxiety, and Global Severity. Global severity is overall mental health.

Global Psychological Distress

Anxiety

Depression

Somatization

50%

Clinical ⬤   ⬤ Not Clinical
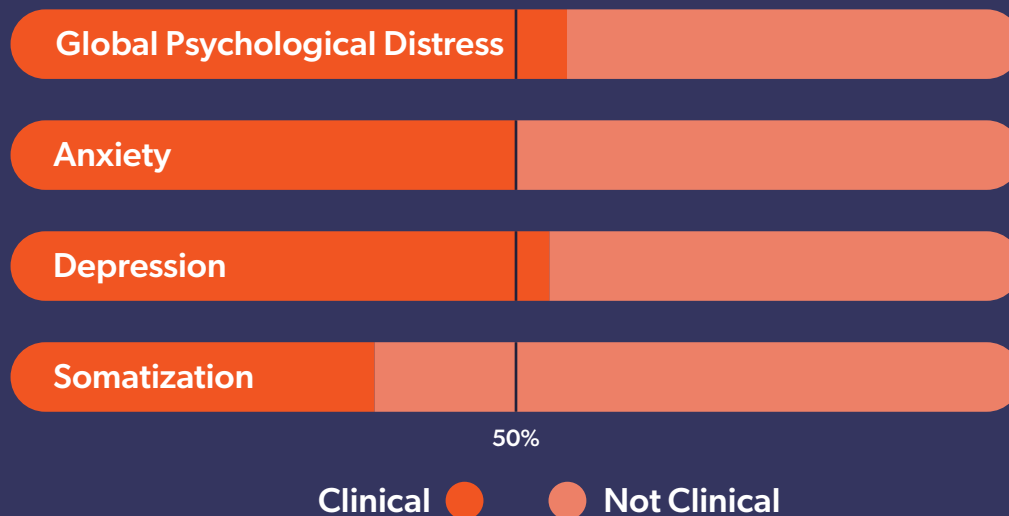
SEXUAL ORIENTATION & CLINICAL DISTRESS

Depression
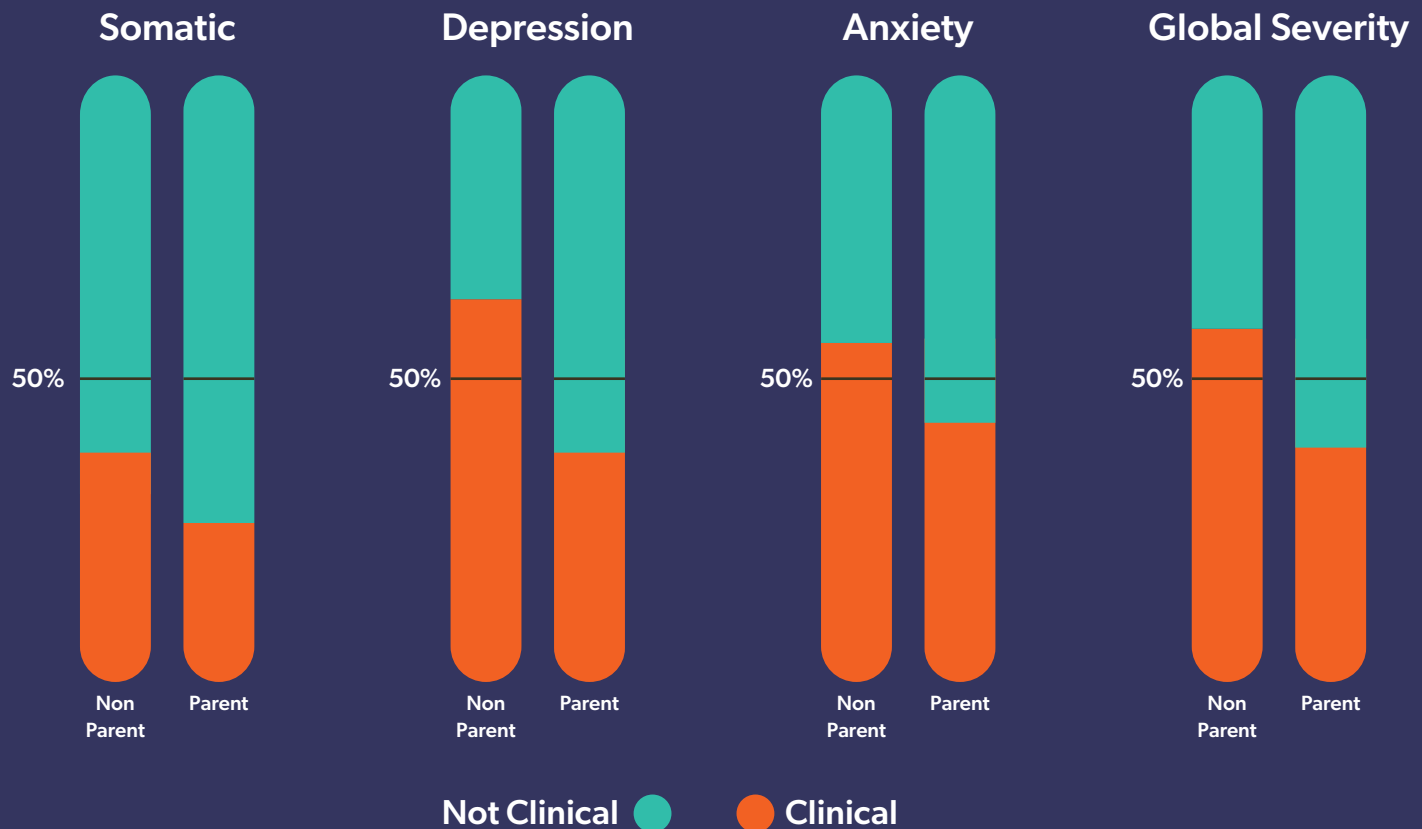50%
LGBTQ   HETERO

Anxiety
50%
LGBTQ   HETERO

Global Severity
50%
LGBTQ   HETERO

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.

MENTAL HEALTH CONDITIONS

PARENTAL *STATUS* & CLINICAL DISTRESS

Somatic	Depression	Anxiety	Global Severity

50% (Somatic)
50% (Depression)
50% (Anxiety)
50% (Global Severity)

Non Parent / Parent (for each chart)

Not Clinical ● ● **Clinical**

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 sq. *(1, 481) = 16.90, p < .001*

Anxiety, chi sq. *(1, 481) = 10.86, p = .001*

Global Severity, chi sq. *(1, 481) = 11.87, p = .001*

The relationship was nearly statistically significant for Somatization, chi sq. *(1, 481) = 3.74, p = .054.*

It is possible that the parent role provides some protections for our community members.

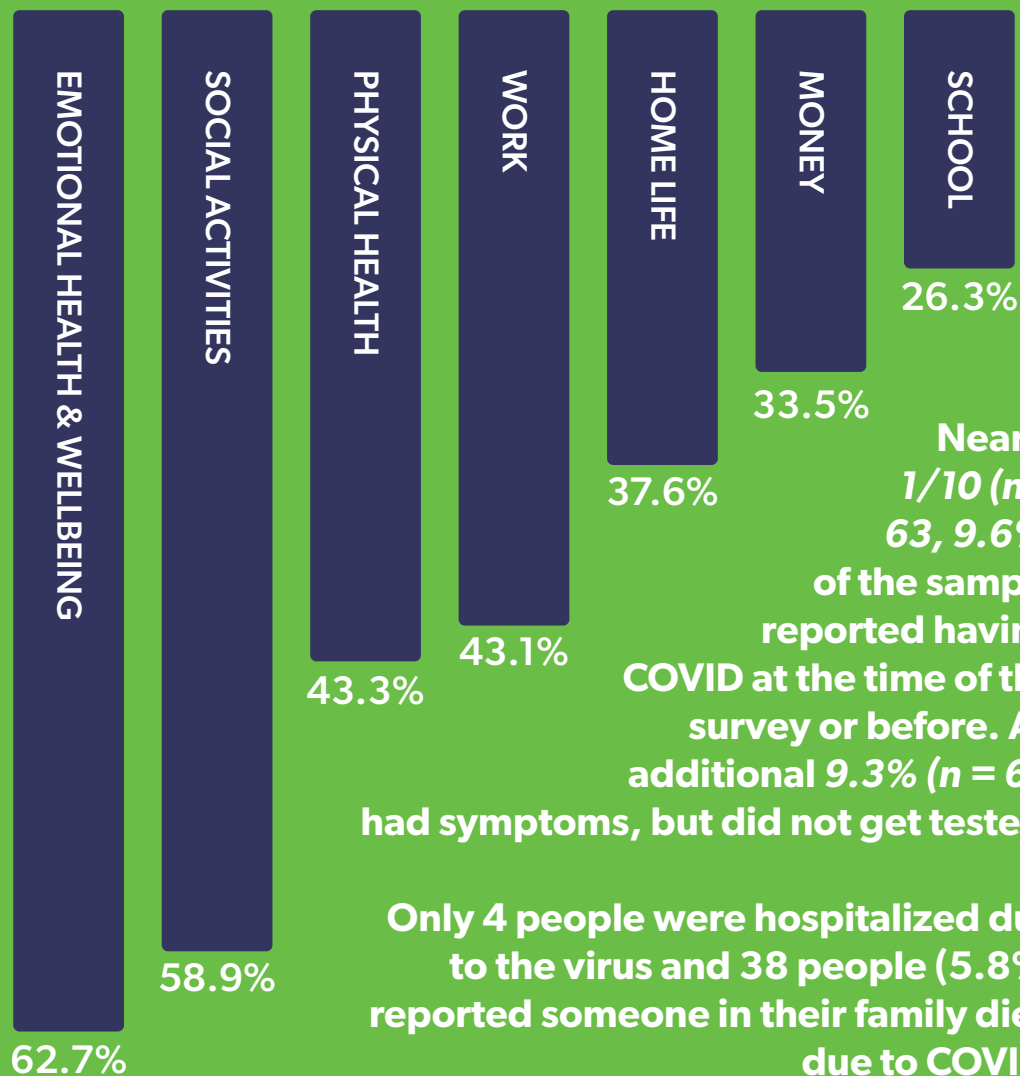# THE POLITICAL ENVIRONMENT IMPACTED MENTAL HEALTH

"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."

"…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."

"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."

IMPACT OF COVID-19

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%)*.

EMOTIONAL HEALTH & WELLBEING

SOCIAL ACTIVITIES

PHYSICAL HEALTH

WORK

HOME LIFE

MONEY

SCHOOL

26.3%

33.5%

37.6%

43.1%

43.3%

58.9%

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."

RESILIENCE & COPING

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.

Strategy	Value
Acceptance	6.09
Self-Distraction	6.07
Planning	5.61
Active Coping	5.49
Positive Reframe	5.31
Emotional Support	4.86
Religion	4.63
Venting	4.44
Behavioral Disengagement	3.37
Denial	2.97
Substance Use	2.92

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

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

"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 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 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 ocassional 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."

How Did You Practice Wellness?

"Exercise, coloring, binge watch Netflix."

"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."

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

WHEN ASKED ABOUT SELF-CARE PRACTICES, EXERCISE, HEALTHY FOODS, PETS, AND FUN ACTIVITIES ABOUNDED
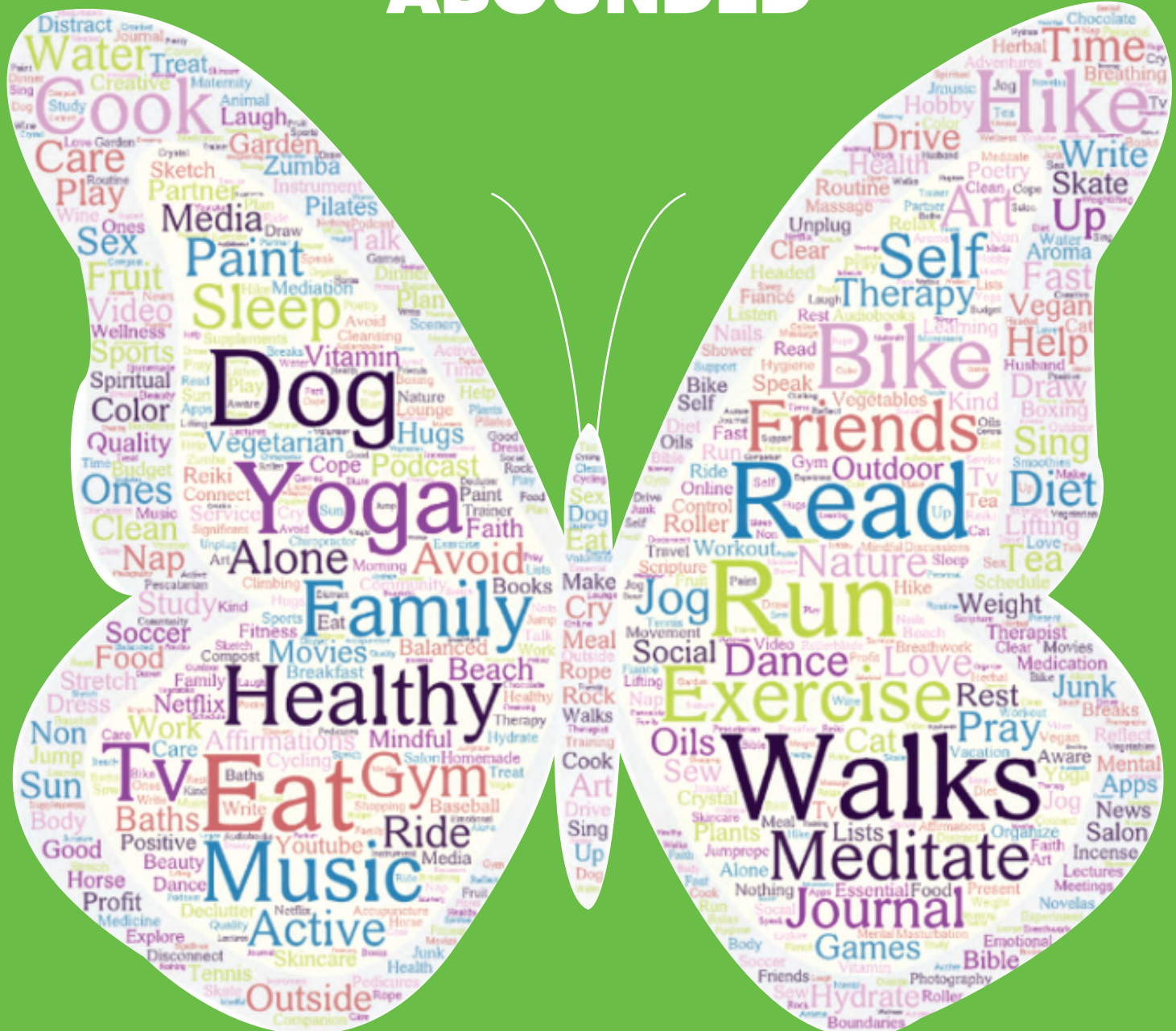
The word cloud is from all respondents' answers and the larger words represents more frequently shared themes.
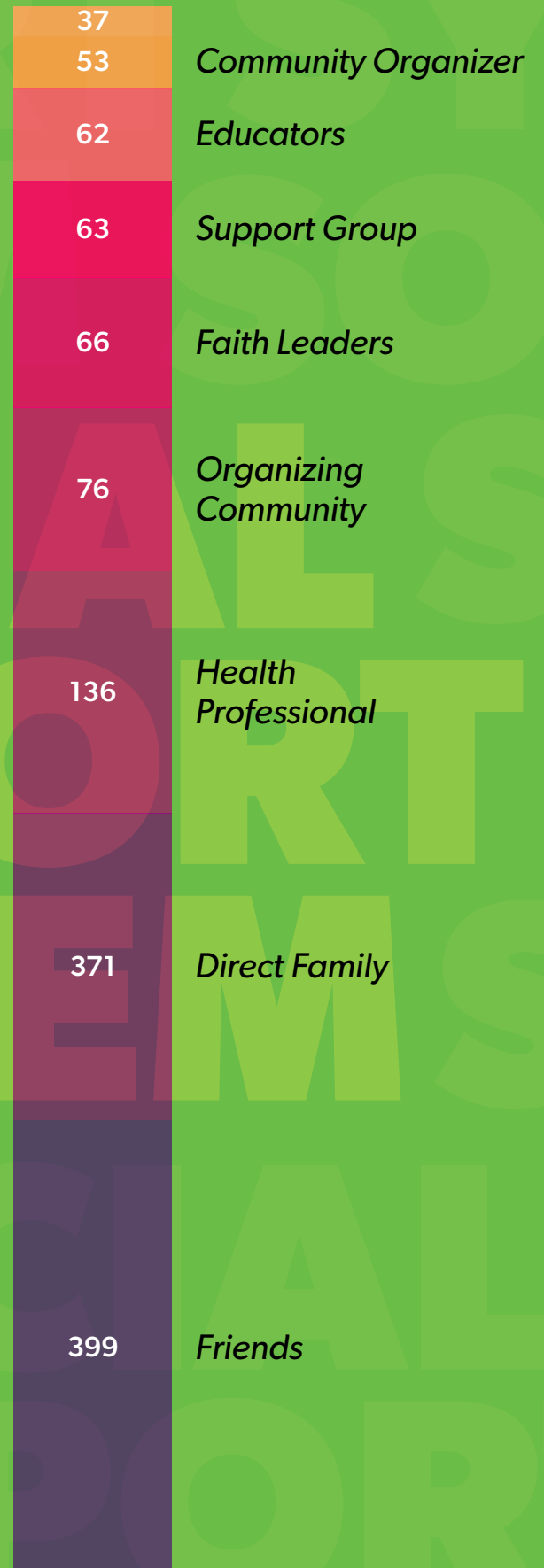
Participants most often reported opening up to family members and friends or chosen family.

Participants had 1 to 8 sources of support *(M = 2.2, SD = 134).*

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.

Extended Family

Value	Category
37	
53	*Community Organizer*
62	*Educators*
63	*Support Group*
66	*Faith Leaders*
76	*Organizing Community*
136	*Health Professional*
371	*Direct Family*
399	*Friends*

POLICY RECOMMENDATIONS |

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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