

System Challenges and Policy

Background

Federal laws, regulations, and enforcement practices play a critical role in the mental health, particularly trauma treatment services sought and received by Latino/Hispanic children and families (Dinan, 2005). Federal laws influence overall immigration levels, establish and define immigration categories, and influence the type of care received by Latino/Hispanic families (Dinan, 2005). Approximately 36 million foreign-born people live in the United States. Close to 30 percent or 10 million are undocumented and roughly ¾ of those are Latinos. Among children living in immigrant families, about 4.7 million have undocumented immigrant parents (Passel, 2005).

The federal government also determines the impact of immigrants' status on their eligibility for federal benefits. A key piece of legislation was the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (Dinan, 2005). PRWORA sought to limit access to cash assistance and to move welfare recipients into the workforce. In addition, many of PRWORA's provisions specifically targeted immigrants, creating new stratifications within legal immigration categories and imposing new restrictions on certain immigrants' access to government services. Today, most noncitizens are barred from key federal income and employment supports- food stamps, public health insurance, Supplemental Security Income (SSI) and Temporary Assistance for Needy Families (TANF). One result of the changes enacted in 1996 is that significant responsibility for determining legal immigrants' eligibility for government assistance has been shifted onto states. As a result, there is now substantial variation across the states in noncitizens' eligibility for governmental supports (Dinan, 2005).

The impact of 1996 legislation on immigrant families' access to government assistance has extended beyond direct eligibility restrictions. The changes adopted that year also reduced benefit participation even among immigrants who remained eligible for assistance due to confusion over the new eligibility rules (Dinan, 2005). Another important factor is fear of interacting with government officials. Changes adopted under PRWORA and other key initiatives included heightened immigration penalties and an increased role for state and local officials in immigration enforcement. Together, such policies have exacerbated immigrants' reluctance to seek any type of assistance, compounding the impact of linguistic and cultural differences and racial and ethnic discrimina-

tion. Many immigrants fear that any contact with government officials or even with county agencies for trauma treatment, could jeopardize their immigration status and/or lead to the discovery and deportation of undocumented family members (Staudt & Capps, 2004).



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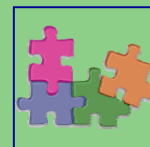
The long-standing awareness that the playing field is uneven for ethnic and racial minorities seeking mental health services has led to several federal initiatives to place the disparity issue on the national agenda. The Healthy People 2010 report (U.S. Department of Health and Human Services, 2000) focused attention on the nation's health disparities. One of the report's stated goals was to eliminate health disparities including those related to gender, race, ethnicity, education, income, disability, living in rural localities and sexual orientation.

There are some current initiatives that focus on improving services for immigrant families who have experienced trauma. For example, the Violence Against Women Act (VAWA) was established in 1994 and, among other things, created special routes to immigration status for certain battered non-citizens who are married to U.S. citizens or legal residents. If the victim has never been married to her abuser, or if her abuser is not a U.S. citizen or lawful permanent resident, then she does not qualify for residency under VAWA. However, she may qualify for a U-Visa. The U-Visa is designed for noncitizen crime victims. This includes women and children who have suffered “substantial physical or mental abuse” as the result of various forms of criminal activity, including rape, torture, trafficking, incest, domestic violence, sexual assault, etc. (for more information on VAWA and U-Visa, see www.womenslaw.org).

Other national initiatives have focused on improving the health and mental health care for Latinos/Hispanics and other ethnic populations: (1) National Agenda for Hispanic Mental Health developed at the SAMHSA-sponsored National Congress for Hispanic Mental Health in March 2000; (2) U.S. Surgeon General's 1999 report on mental health; (3) 2001 supplement to the Surgeon General's report on mental health, focusing on culture, race and ethnicity; and (4) NIMH Research Strategic Plan, which emphasizes investigation into mental health disparities among ethnic populations (see Resource section for links to these documents).

Statement of the Issue

Local, state and Federal laws, regulations, and enforcement practices play a critical role in influencing the services provided for and received by Latino/Hispanic families. These systems can play a crucial role in either positively or negatively impacting the services provided to Latino/Hispanic families and their perception of these services. In particular, key pieces of Federal legislation may exacerbate immigrants' reluctance to seek any type of assistance, compounding the impact of linguistic and cultural differences and racial and ethnic discrimination. Many immigrants fear that any contact with government officials or even with county agencies for trauma treatment, could jeopardize their immigration status and/or lead to the discovery and deportation of undocumented family members. Changes in health public policy are integral in improving the mental health status of Latinos/Hispanics.



Recommendations from the Field



- The federal government could **assist some of the most vulnerable children of immigrants by increasing opportunities for undocumented immigrants to gain legal status and by granting undocumented children access to public health insurance and other federal benefits** (National Council of La Raza, 2005).
- **Designate mental health, and the impact of trauma on mental health, as a formal health disparity category.** Mental health must be designated as a health disparity category to validate the understanding that mental health is a part of overall health and, therefore, warrants increased national attention (Chapa, 2004).
- **Increase access to mental health services for all Latinos/Hispanics.** Latinos/Hispanics, particularly those most vulnerable, must be provided with comprehensive mental health care. This includes National and state-level advocacy efforts to promote open access to mental health treatment and services for Latinos/Hispanics are critical to reducing barriers in the health delivery system; culturally and linguistically relevant mental health care is essential to facilitate early diagnosis and keep costs to a minimum; and funding for services for Latinos/Hispanics who lack health insurance or are unable to pay for diagnosis and treatment, especially for undocumented Latinos/Hispanics.
- **Educate government and elected officials on the short- and long-term effects of trauma on physical and mental health.** The short- and long-term effects of trauma are well-documented (Felitti et al., 1998). Policy makers need to take this linkage into account when considering mental health legislation.
- **Mount public education campaigns to create awareness of trauma within Latino/Hispanic communities and the need for appropriate assessment and treatment of issues such as acculturative stress for recent immigrants** (Viccora, 2001).
- **Ensure funding for Latino/Hispanic-specific mental health education and training programs is proportional to the growing demographics and need** (Viccora, 2001).
- **Educate government and elected officials on Latino/Hispanic specific needs and issues.** This includes Latino/Hispanic culturally appropriate and sensitive training for national, State, local government and elected officials and the federal fund of training of elected officials specifically on culturally appropriate and sensitive Latino/Hispanic mental health by a Latino/Hispanic organization (National Congress for Hispanic Mental Health, 2000).
- The Department of Health and Human Services (DHHS) Agencies should **mandate Latino/Hispanic representation on all mental health national boards and at all levels of professional organizations** (National Congress for Hispanic Mental Health, 2000).

*Donde hay gana,
hay maña.**



Resilience

- Educate government and elected officials on Hispanic cultural values and norms that are connected to promoting resilience, including values such as *familismo* and spirituality (National Congress for Hispanic Mental Health, 2000).
- Educate government and elected officials on the importance of a strengths-based approach when creating policy that impacts Latino/Hispanic children and families (National Congress for Hispanic Mental Health, 2000).

Family/Youth Engagement

- Include Latino/Hispanic representation on national, State, and local mental health advocacy group boards in order to address Latino/Hispanic issues and concerns in the development of all programs and policy recommendations. Ensure that public funds are not dispersed to any organizations that lack Latino/Hispanic representation and that private mental health funding sources only finance culturally competent programs (California Institute for Mental Health, 2002).
- Create and finance a national Latino/Hispanic Mental Health Consumer and Family network. This will help promote consumers and families as equal partners with decision makers in policy development, funding allocation, program design, and service delivery models. Funded programs must demonstrate the inclusion and incorporation of consumers and families in all design and implementation processes for initial receipt and continuation of funding (California Institute for Mental Health, 2002).
- Provide federal funding to train and educate Latino/Hispanic consumers and family members to become leaders in order to educate and inform Congress. Selected Federal agencies should fund Latino/Hispanic-specific sponsors to establish and enhance community-level coalitions. Selected Federal agencies should fund Latino/Hispanic-specific initiatives to educate and train Latino/Hispanic consumers/families on public-speaking, data issues, policy development, grant writing, program development, and self-sufficiency for sustainability (California Institute for Mental Health, 2002).
- Educate funding sources on the importance of supporting relevant Latino/Hispanic community issues for consumer/family driven community-based research (California Institute for Mental Health, 2002).

Community Examples/Best Practices



- **Child Welfare League of America, Policy information** - Provides information on current legislation and initiatives that impact children and the child welfare system.
⇒ Website: www.cwla.org/advocacy/default.htm
- **National Institute for Latino Policy (NILP)** - One of the leading think tanks in the Latino community organizing an action research model. NILP is involved in a wide range of policy issues affecting the Latino community.
⇒ Website: www.latinopolicy.org
- **The Tomás Rivera Policy Institute (TRPI)** - TRPI advances informed policy on key issues affecting Latino/Hispanic communities through objective and timely research contributing to the betterment of the nation.
⇒ Website: www.trpi.org
- **The Urban Institute: Nonpartisan Economic and Social Policy Research** - The Urban Institute gathers data, conducts research, evaluates programs, offers technical assistance overseas, and educates Americans on social and economic issues.
⇒ Website: www.urban.org

Resources



American Humane Association. (2006). *The intersection of immigration and child welfare: Emerging issues and implications*. Retrieved November 8, 2008, from <http://www.americanhumane.org/assets/docs/PC-mwcn-forum-intersection.pdf>

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WomensLaw.org - www.womenslaw.org. Provides on-line legal information to victims of domestic violence and sexual assault, including information on immigration laws.

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**Dichos translation: Where there is a will there is a way.*

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