

Addressing the Mental Health Needs of Immigrants and Refugees

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Grantmakers Concerned with Immigrants and Refugees

In the year 2001, the foreign-born population in the United States increased by almost 1.6 million, or approximately 5 percent, according to the U.S. Census Bureau. This continues the record-breaking levels of the 1990s, when over 13 million immigrants entered the country. Many of these immigrants and refugees have endured significant hardships in their native countries, including poverty, war trauma, and persecution; but few may have anticipated the family stressors that awaited them in their new homeland.

Resettling in a new country brings a unique set of mental health challenges for immigrants and refugees. Most immigrant parents who arrive in new communities are faced with immediate challenges to their survival – securing a job, finding a place to live, buying food, and enrolling their children in school.

POPULATION TRENDS

How important are these issues? Immigrants and refugees are now a significant portion of the United States' population. Consider the following national statistics:

- One in four low-income children lives in an immigrant family (Urban Institute 2001).
- Three in five low-income noncitizens are uninsured (Brown et al. 1999).
- One in five K-12 school children is an immigrant or has an immigrant parent (Hernandez et al. 1998).

The 2000 U.S. census confirmed that immigrants and refugees no longer live only in urban hubs, but are now an important part of communities across the country. New gateway states witnessed a tremendous increase in immigrants over the past 10 years. North Carolina saw the largest increase at 274 percent, and other high immigrant growth states have included Georgia (233 percent), Arkansas (196 percent), Nevada (202 percent), Utah (170 percent), and Colorado (160 percent), among others. How prepared are new gateway communities to respond to the mental health needs of immigrant and refugee families? There is a significant amount of work that needs to be done, as awareness is just now growing about these national trends.

CULTURAL ADJUSTMENT

Few immigrant parents are prepared for the changing family dynamics that often occur as their children rapidly become more “Americanized.” Because they do not fully understand the U.S. legal system, some immigrant parents fear that exerting their traditional parenting roles, which in some cases can be authoritarian and may include corporal punishment, will lead to deportation. Therefore, they may feel that they have no means to discipline their children. There is also a new set of community expectations regarding the parent's role, including a high level of involvement in schools and advocating for children in receiving basic services, such as health care. Many times parents from other cultures have not navigated these types of systems, nor have they had such expectations placed on them.

Children, on the other hand, tend to learn English much more quickly than their parents. This causes parents to develop a reliance on their children for help with language interpretation and with understanding how to navigate community systems. This change in power dynamics can be detrimental, eroding the respect children typically have for their parents. Children face enormous pressure from their parents to stay true to their culture while simultaneously feeling pressure at school to fit in with their peers by acting more “American.”

Of all family members, seniors are especially at risk for social isolation. The level of respect given to adults, and particularly the elderly, is different in American culture, which tends to idolize youth. Seniors are less likely to feel comfortable speaking English. Their adult children often work full time, and the rapid Americanization of their grandchildren may cause them to feel uncomfortable. In larger communities, some ethnic-specific services for seniors are available through immigrant-based organizations, but mainstream senior services often do not meet their cultural needs.

These stressors may have painful effects on these individuals' mental health during this temporary stage of cultural adjustment. Furthermore, family dysfunctions may also result, leading to such problems as depression, substance abuse, family violence, or dropping out of school.

OBSTACLES TO RECEIVING QUALITY MENTAL HEALTH SERVICES

In many cultures, discussing mental health issues or receiving such services is taboo, and some individuals are unwilling to even admit that they experience stress lest they are thought of as “crazy.” Even when immigrants do seek mental health care, they face significant obstacles. In many communities, few services are provided in languages other than English. Bilingual mental health providers are in high demand and short supply. Other mental health providers may not have cross-cultural experience to fully understand the nuances related to mental health in other cultures. Most interpreters do not have training in mental health issues and may not understand their full ethical obligations. Furthermore, little funding exists to help immigrants pay for mental health care.

ADDRESSING THE PROBLEM

In 2000, The Colorado Trust launched its *Supporting Immigrant and Refugee Families Initiative*, an effort to address the mental health and cultural adjustment of immigrants and refugees in Colorado. Mental health is defined broadly in order to support programs that address mental health issues in a culturally competent manner. Hence, the 23 programs receiving support provide services to a wide array of immigrant and refugee families across the state. These services include direct counseling, social support programs, English as a second language programs with cultural adjustment content, parenting classes, and community education activities.

Because many immigrant-based organizations face high demands and have few resources, providing technical assistance throughout the two consecutive three-year grant cycles has been a priority of the initiative. Grantee capacity building needs are identified through an organizational assessment process, which serves as a mechanism for grantee staff and boards to discuss their strengths and weaknesses and develop technical assistance work plans. In addition, grantees receive regular opportunities to network with each other to share ideas and problem solve.

Other foundations across the country are also considering how their grantmaking can be responsive to the needs of immigrants and refugees. Beyond working with immigrant-based organizations, which tend to be trusted by immigrants and refugees, foundations are increasingly recognizing the need to place greater emphasis on how the so-called receiving communities themselves can be more responsive to immigrant needs. This includes mainstream institutions such as health care providers, schools, law enforcement, and local government. Immigrant resettlement must shift toward immigrant integration, advocating both for the immigrant and their receiving community to take mutual responsibility for the adaptation process. This collaborative process is a model that many find attractive because it does not place the entire burden on the individual family, but acknowledges that mainstream institutions and community members also have important roles to play. In keeping with this, The Colorado Trust will begin shifting its funding strategy in

2004. The next phase of its *Supporting Immigrant and Refugee Communities Initiative* will focus on helping local communities work with mainstream institutions to plan for and implement strategies that enhance integration as it relates to the mental health and cultural adjustment of immigrants and refugees.

FOUNDATIONS AND COMMUNITIES WORKING TOGETHER

What can foundations do to support immigrants and refugees in their own communities?

- Begin by getting to know their communities’ immigrant groups and cultural traditions.
- Speak with immigrant-based organizations and consider investing in strengthening their capacity.
- Discuss immigrant integration with mainstream institutions like health care providers and schools to understand how they are responding to immigrant families and what gaps exist.
- Consider convening groups to address this issue broadly and develop action plans.

All indications are that immigrants and refugees will continue to play an increasingly important role in communities across the United States. Advancing their contributions while addressing their mental health needs will be critical for keeping communities strong, cohesive, and vibrant. Foundations have important roles in ensuring that this happens.

SOURCES

Brown, Richard E., Roberta Wyn, and Victoria D. Ojeda, *Noncitizen Children’s Rising Uninsured Rates Threaten Access to Health Care*, Policy Brief 99-5 (Los Angeles, CA: University of California, Los Angeles Center for Health Policy Research, June 1999).

Fix, Michael, Wendy Zimmermann, and Jeffrey S. Passel, “The Integration of Immigrant Families,” The Urban Institute, <<http://www.urban.org/url.cfm?ID=410227>>, accessed February 3, 2004.

Hernandez, Donald J., and Evan Charney, eds., *From Generation to Generation: The Health and Well-being of Children in Immigrant Families* (Washington, DC: National Academies Press, 1998).

An important resource for foundations considering grantmaking in this arena is Grantmakers Concerned with Immigrants and Refugees (GCIR), a national network of foundation professionals that provides information, data, advice, and networking opportunities. Visit GCIR on-line, at www.gcir.org.

For more information on the The Colorado Trust’s *Supporting Immigrant and Refugee Communities Initiative*, contact Susan Downs-Karkos, program officer, at 303.837.1200.

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