Research Proposal for Identification of and Funding for Therapeutic Services for Undocumented Latino Clients in North Carolina

Immigrants generally serve as scapegoats during economic recessions in the United States. Though US businesses enjoy employing cheap labor, federal, state, and local governments are reluctant to offer vocational and educational opportunities as well as access to social services to a politically unpopular group of people. Undocumented Latino immigrants, particularly youth, face grave consequences with the denial of mental healthcare services in North Carolina. In this research proposal, I argue that mental healthcare agencies in North Carolina must advocate for service eligibility for undocumented youth. I discuss the impact of healthcare privatization and anti-immigrant policies on undocumented immigrants. I include a review of current mental health concerns among undocumented immigrant youth and identify a series of strengths and needs in this population. The proposal concludes with the identification of a mental healthcare agency that could expand evidence-based services to undocumented Latino youth with depression and anxiety, an outline for further research, and a list of references for a future literature review.

Undocumented Immigration: North Carolina Context

North Carolina is a hotbed for research on and controversy regarding undocumented immigration. The Pew Hispanic Center estimates that in 2010 there were 325,000 undocumented immigrants living in North Carolina, making North Carolina among the top ten states with the largest undocumented immigrant population (Passel & Cohn, 2011). The undocumented immigrant population also makes up 5.4% of North Carolina’s labor force (Passel & Cohn, 2011). The influx of Latino immigrants to the United States, and particularly in North Carolina, has caused discontent among lawmakers and some very vocal constituents. National and state policies that target undocumented immigrants serve to legitimize racism, ethnocentrism, and capitalist policies that take advantage of undocumented immigrants’ work but deny them access to basic social services.

In 1996, the passage of the Personal Responsibility and Work Opportunity Reconciliation Act and the Illegal Immigration Reform and Immigrant Responsibility Act caused immigrants, regardless of documentation status, to lose access to public benefits (Congress, 2009). Several counties adopted partnerships between local law enforcement and the U.S Immigration and Customs Enforcement (ICE) called 287(g) ICE ACCESS Programs. The partnerships allow local law enforcement to fulfill ICE responsibilities through their everyday work. For instance, law enforcement officers in participating counties may ask a driver stopped for violating the speed limit for proof of legal residency. Many argue that 287(g) partnerships encourage racial profiling and damage law enforcement’s relationship with immigrant communities (Provine & Doty, 2011). Several counties in North Carolina participate in 287(g) programs, though Alamance
County was recently suspended from the program after the Department of Justice found that the Alamance County sheriff’s department engaged in racial profiling, targeting Latino drivers (Ball, 2012). North Carolina, along with many other states, denies undocumented students access to higher education by prohibiting them from qualifying for in-state tuition. These discriminatory policies that aim to curb unauthorized immigration work hand in hand with mental healthcare reform in North Carolina and leave immigrant families to fend for themselves.

**Privatization of Mental Healthcare**

In 2001, North Carolina legislators passed a bill that promoted deinstitutionalization and privatization of mental healthcare, substance abuse, and disability services (Rash, 2012). Proponents of this version of mental health reform suggested that privatization would reduce bureaucratic obstacles by separating services from management, encourage the use of new and creative technologies, and improve the services through the promotion of competition between clinicians (Rash, 2012). The bill led to the replacement of community-based health centers and boards with local management entities (LMEs), which manage referrals, quality assurance, and distribution of funding by county (Swartz & Morrissey, 2003). Again in 2011, legislators made new changes to mental healthcare by pushing LMEs to consolidate into a smaller number of Managed Care Organizations (MCOs) in an effort to save money (Rash, 2012). Both LMEs and MCOs rely solely on Medicaid for funding, which means that most service providers are only able to afford to offer services to Medicaid-eligible populations. Since immigration laws bar undocumented immigrants from enrolling in Medicaid, they are quickly feeling the brunt of healthcare reform in North Carolina. For example, in April of 2012, the LME for Orange County, North Carolina merged with Piedmont Behavioral Health and became part of the MCO. Piedmont Behavioral Health prohibits the authorization of therapeutic services to undocumented clients. Piedmont Behavioral Heath gave Orange County therapists two weeks to terminate treatment with undocumented clients and their families. In January of 2013, many agencies predict that Durham’s MCO will also terminate all treatment of undocumented immigrant clients.

**Current Mental Health Concerns in the Undocumented Latino Immigrant Population**

Immigrants often experience a unique stressor called acculturative stress, a stressor that stems from the obstacles immigrants and their families face as they adjust to their new culture or country (Hovey, 2000; Rodriguez et al., 2010). Caplan (2007) suggests that predictors of acculturative stress fall under three categories: instrumental/environmental, social/interpersonal, and societal. These three categories are broken up into subcategories (see Table 1). Immigrants who report that they experience these immigration-related stressors are more likely to experience acculturative stress, and undocumented immigrants are more likely
Table 1: Dimensions of Acculturative Stress

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<tr>
<th>Dimension</th>
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<tr>
<td>Instrumental/Environmental</td>
<td>Financial</td>
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<td></td>
<td>Language barriers</td>
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<tr>
<td></td>
<td>Lack of access to health care</td>
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<td>Unsafe neighborhoods</td>
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<td>Unemployment</td>
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<td>Lack of Education</td>
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<td>Social/Interpersonal</td>
<td>Loss of social networks</td>
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<td>Loss of social status</td>
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<td>Family conflict</td>
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<td>Societal</td>
<td>Discrimination/stigma</td>
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<td>Legal status</td>
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<td>Political/historical forces</td>
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Table 1 Dimensions of Acculturative Stress (Caplan, 2007)

to experience specific stressors associated with their immigration status (Arbona et al., 2010). High levels of acculturative stress serve as risk factors for depression and anxiety (Hovey & Magaña, 2000). Latino youth and young adults who experience high levels of acculturative stress may face dire consequences. For example, in a recent study, emerging Latino adults who reported experiencing forms of social acculturative stress and discrimination also reported a history of past suicide attempts (Gomez, Miranda, & Polanco, 2011). Latino adolescents, particularly Latino adolescent girls, have higher rates of depression than non-Latino youth (Cespedes & Huey, 2008). Mental health providers have an ethical obligation to offer therapeutic services to all clients but especially to such a vulnerable population.

**Strengths and Needs of Undocumented Latino Immigrant Youth**

Though undocumented immigrants in North Carolina face tremendous challenges, it is important to discuss the sources of resilience and protective factors within this population in the face of these obstacles. Much has been written about the so-called Latino or immigrant paradox. The Latino or immigrant paradox notes that despite low socioeconomic status and challenges of immigration, foreign-born Latinos in the United States have better health outcomes in certain categories than nonimmigrant, non-Latino populations (Alegria et al., 2008; Abraido, Chao, Florez, 2005). Foreign-born Latinos are less likely to receive diagnoses of anxiety or depression than U.S. born Latinos or non-Latino Whites (Alegria et al., 2008). Though there is still much research needed to understand the Latino or immigrant paradox, the phenomenon suggests that Latino cultures have protective factors that shield Latino immigrants from many of the expected health outcomes of low income populations. The Latino or immigrant paradox also suggests that acculturation to the US dominant culture serves as a risk factor for worse health outcomes. The strengths of undocumented immigrant Latino communities extend to the school environment as well. In a study of resilience among undocumented Latino students, researchers found that involvement in school activities, caregiver support, and strong peer groups contribute to undocumented students’ academic success (Perez, Espinoza, Ramos, Coronado, & Cortes, 2009).
Though Latino immigrants to the United States are a resilient group of people, it is clear that acculturative stress and other factors impact their health and mental health outcomes over time. As immigrant Latinos and their families become more acclimated to US culture, there is an increase in mental health concerns, especially among youth. The privatization of mental healthcare combined with draconian immigration laws leave undocumented immigrants and their families without access to quality mental healthcare. Though most mental healthcare agencies must comply with MCO eligibility guidelines, mental health agencies must find means to provide mental health services to undocumented immigrants. Agencies must find ways to offer low-cost services to undocumented families.

**Carolina Outreach, LLC**

Carolina Outreach, LLC is a for-profit mental health service agency located in Durham, North Carolina. The agency offers mental health services to children and families in the Triangle Area through intensive in-home therapy, outpatient therapy, assertive community therapy, and community support. The agency includes a Latino Services unit, which includes four intensive in-home therapy teams of bilingual staff who work with Spanish-speaking clients in Orange, Durham, and Wake counties. With the recent merger of the Orange County LME with Piedmont Behavioral Health, Carolina Outreach was pressured to eliminate services for undocumented clients and families in Orange County. Carolina Outreach continues to offer some services to undocumented clients in Durham County, but many therapists are concerned that they will have to terminate therapy at the beginning of the next year. The majority of staff members are social workers, who have an obligation to the National Association of Social Workers Code of Ethics to advocate against discrimination based on immigration status.

**Research Outline**

I aim to research ways that Carolina Outreach can offer therapeutic services to undocumented youth past 2013. Since a Latino Services unit already exists within the intensive in-home services department, perhaps the unit can expand to include less expensive but effective therapeutic services for undocumented Latino youth with the two most common mental health diagnoses, depression and anxiety. I plan to find evidence-based interventions for undocumented Latino youth with depression and anxiety. My primary concern regarding this research lies in my expectation that agency leaders, therapists, and MCO directors may argue that they cannot afford to spend financial, social, and political capital advocating for a population that is politically unpopular during an economic recession. Because Carolina Outreach, like most mental healthcare agencies since privatization, is for-profit, it will be difficult for the agency to find available funding for therapy programs for undocumented clients. It is possible that there is little or no funding available for services for undocumented immigrants. Another obstacle I may face is finding evidence-based interventions for this
particular population. The evidence-based interventions for depression and anxiety in youth may only have been tested on non-Latino, nonimmigrant youth.

My next step in my research process is to identify evidence-based mental health interventions for undocumented youth with depression and anxiety, taking into account the strains associated with acculturative stress. I then plan to find possible funding sources for mental health services for undocumented clients. By November 1, 2012, I plan to interview Tim Brooks, co-owner of Carolina Outreach, on possible ways to provide evidence-based mental health services to undocumented clients. I may also interview one of the therapists in the Latino Services unit, Mary Wise, to learn about her experience discharging undocumented clients in Orange County during the merger.
References


