

IMMIGRANT MENTAL HEALTH

In North Carolina



A Landscape Analysis

OCTOBER 2024



El Futuro



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PURPOSE OF LANDSCAPE ANALYSIS

El Futuro is a community-based nonprofit organization that seeks to transform Latino-serving mental health care in North Carolina and beyond.^a With a desire to develop a network of organizations and individuals passionate about and/or providing immigrant mental health and well-being services, regardless of ethnicity or nationality, El Futuro collaborated with the North Carolina Institute of Medicine (NCIOM)^b to learn more together about immigrant mental health services in North Carolina. Through this partnership El Futuro and the NCIOM have explored the strengths and challenges of various immigrant groups in the state and potential opportunities to address policy issues impacting immigrant access to adequate services and supports for their mental well-being. This landscape analysis is intended to present the knowledge gained from this collaboration as of September 2024 and begin to build resources for those serving immigrants in North Carolina.

This work was supported by grants from the Blue Cross and Blue Shield of North Carolina Foundation and the Kate B. Reynolds Charitable Trust.

WHY IMMIGRANT MENTAL HEALTH?

Immigrant populations can face unique challenges and stressors that impact mental well-being. Understanding and addressing these specific needs is vital to ensuring equitable mental health care and promoting well-being in diverse communities. North Carolina's immigrant population has been steadily increasing.^c As our state becomes more diverse, it is important to address the mental health needs of immigrant communities now to close the existing gaps in understanding and service provision.

IMMIGRANT PERSPECTIVES ON MENTAL HEALTH AND ACCESSING CARE

Immigrant groups in the United States hold diverse perspectives on mental health and can face unique challenges in accessing mental health care services, shaped by cultural, socioeconomic, and systemic factors. While some of these challenges are shared by US-born individuals, for purposes of this report, we focus on the experiences of immigrants to

North Carolina that can impact mental health and access to services. Key themes related to immigrant perspectives on mental health and accessing care include:

- **Cultural perspectives and stigma** - Cultural backgrounds significantly influence how mental health is perceived and discussed among different immigrant groups. For many, mental health issues can be stigmatized, often viewed as a personal failing or a subject of shame rather than a treatable health condition.
- **Language related to mental health** - An individual's cultural background influences how they conceptualize and describe mental health, and different cultures will use language and metaphors that resonate more deeply with their background.
- **Perceptions of priority** - For many people, mental health may take a lower priority to physical health and other pressing needs. Economic survival can dominate immediate concerns for some immigrants, as securing stable employment, housing, and food are essential for the family's well-being.
- **Access and utilization barriers to formal mental health care** - Immigrants may encounter multiple barriers when they do attempt to access mental health services. Language can pose a significant challenge, as varying comfort levels with English and lack of interpreters may make it difficult to communicate symptoms effectively or understand treatment options.
- **Legal concerns and mistrust** - Concerns about legal immigration status can be a deterrent for immigrants who might otherwise seek mental health services. The fear of deportation or jeopardizing their or their family's ability to remain in the United States can outweigh the perceived benefits of seeking help.
- **Care through community** - Some individuals or families who are immigrants may turn to informal methods of mental health care within their own communities, especially when formal health care systems feel inaccessible or culturally distant. Community leaders, religious figures, and elders can play pivotal roles in providing support and guidance.

a Find more information about El Futuro at <https://elfuturo-nc.org/>.

b The NCIOM is a nonpolitical source of analysis and advice on important health issues facing the state. The NCIOM convenes stakeholders and other interested people from across the state to study these complex issues and develop workable solutions to improve health care in North Carolina. Find more information about the NCIOM at <https://nciom.org/>.

c <https://www.osbm.nc.gov/blog/2024/02/27/ncs-foreign-born-population-increased-eightfold-1990>

INFLUENCES ON THE MENTAL HEALTH OF IMMIGRANTS

People who immigrate to North Carolina experience a variety of internal and external influences on their mental health. These influences can be both positive and negative, significantly shaping their experiences and overall well-being. Below are descriptions of some of these positive and negative factors and quotes from interviews that illustrate these factors.

Positive influences include:

- Collectivist cultures
- Preservation of cultural traditions and practices
- Grit and resilience
- Sense of responsibility to family
- Welcoming nature of a community

Negative influences include:

- Patriarchal social structures
- Economic responsibilities and hardships
- Experiences of trauma
- Immigration status
- Political landscape and discrimination
- Unfamiliarity and isolation

BARRIERS TO CARE

Immigrants face a variety of barriers to accessing mental health care, including stigma, lack of insurance, language and cultural barriers, and misinformation. Addressing these barriers requires a multi-faceted approach, including increasing the availability of culturally competent providers, expanding access to insurance, providing community education to reduce stigma, and ensuring that mental health services are accessible and affordable. By addressing these challenges, we can improve mental health outcomes for immigrant populations and support their overall well-being. Key themes related to barriers to care for immigrants include:

- **Stigma** - In some cultures, mental health issues are viewed as a sign of weakness, moral failing, or spiritual affliction, leading to shame and reluctance to seek help. The fear of being judged or ostracized by their community can prevent individuals from acknowledging their mental health needs and can make it challenging to seek and receive support.
- **Access to insurance** - Insurance is a critical factor in accessing mental health services, and many immigrants face significant obstacles in this area. Immigrants who

lack legal immigration status are mostly ineligible for public health insurance programs like Medicaid in North Carolina or federal programs such as premium subsidies on the Affordable Care Act insurance marketplace and may not have access to employer-provided insurance.

- **Language barriers** - Finding providers who speak their native language is often difficult for immigrants. Communication barriers can lead to misunderstandings, misdiagnoses, and ineffective treatment. In addition, written materials are often only available in English.
- **Lack of culturally competent providers** - The scarcity of culturally competent mental health providers further complicates access to care. Culturally competent providers understand the cultural context of their patients' experiences and can offer more effective and respectful care.
- **Misinformation** - Immigrants may not be aware of the mental health resources available to them or may have misconceptions about the nature and efficacy of mental health treatment. This lack of accurate information can stem from inadequate outreach by mental health services or from cultural beliefs about mental health issues and treatments.
- **Legal and logistical barriers** - Immigrants who lack legal immigration status may fear deportation if they seek medical help, while others may be hesitant to use services due to concerns about privacy and the sharing of personal information.

FACTORS ASSOCIATED WITH EFFECTIVENESS OF MENTAL HEALTH RESOURCES

Effective physical and mental health care for immigrants requires health care providers who can provide culturally relevant care in the languages of the individuals being served. Other factors that can make mental health resources for immigrants effective include:

- **Navigation services** - Navigation of health care services can be helpful for immigrant populations by bridging gaps caused by language barriers, cultural differences, and unfamiliarity with the health care system. Skilled navigators can guide immigrants through the complexities of accessing care, understanding insurance options, and finding culturally competent providers.

EXECUTIVE SUMMARY

- **Partnership with trusted community leaders** – Leaders who are respected and well-integrated within their communities can serve as cultural liaisons, helping to bridge the gap between health care providers and immigrants. They can advocate for the community's needs, facilitate communication, and provide reassurance about the intentions and benefits of health care services.
- **Openness to non-traditional care** – Non-traditional services can include group gatherings and community building as methods of decreasing isolation, helping people build solidarity and trust and talk about their challenges
- **Building trust** – Trust is an important factor for immigrant communities in determining whether they will seek care. That can mean building a relationship over time with a health care provider or other service provider before engaging in discussion about mental health services.
- **Connecting with community outside of health care facilities** –Engaging with immigrants in community spaces such as cultural centers, schools, religious institutions, and local events allows for a more approachable and relatable introduction to mental health topics. These interactions can demystify mental health care, reduce stigma, and encourage open discussions.
- **Availability of culturally competent care** - Developing a culturally competent workforce for immigrant mental health is necessary to address the unique challenges faced by these populations.
- **Funding for community health programs** - State and local governments can allocate funds to community health programs that specifically address the needs of immigrant populations. These programs can offer services in multiple languages and incorporate culturally relevant practices, making mental health care more accessible and acceptable to immigrants.
- **Legal and logistical barriers** - State and local policies can either mitigate or exacerbate stress and anxiety for immigrants as well as the legal and logistical barriers to accessing mental health care. This includes policies related to law enforcement interaction with immigrants, requirements for health care providers to report undocumented patients, and local transportation policies that improve public transit options.
- **Education and outreach** - Policies that fund public awareness campaigns about mental health and available services can reduce stigma and inform immigrants about how to seek help. Schools and community centers can be leveraged as sites for disseminating information and providing initial screenings or referrals, especially in immigrant-heavy neighborhoods.
- **Research** - There are many gaps in our understanding of the need for mental health services among immigrants, preferred services and treatment strategies, and the workforce to serve the mental health needs of immigrants. There is also little to no data on the demographic characteristics of mental health providers that care for immigrant populations across the state. Having more data on these topics can help to understand the gaps in care and develop targeted solutions.

POTENTIAL AREAS FOR POLICY DEVELOPMENT OR ENFORCEMENT IN NORTH CAROLINA

State and local policies play a key role in determining the accessibility of mental health services for immigrants. These policies can either facilitate or hinder access through regulations that impact insurance coverage, funding for community health programs, and the availability of culturally competent care. There are a variety of potential policy changes that could positively impact the accessibility of mental health services for immigrants in North Carolina. Key areas for possible policy action include:

- **Payment for care** - Medicaid payment policy significantly impacts immigrant access to care, particularly through limitations on payment for interpreter services and the availability of providers. More broadly, Medicaid's lower reimbursement rate for services than that of private plans results in fewer mental health providers accepting patients enrolled in Medicaid or limiting the number of patients they serve.

CONCLUSION

Findings from this landscape analysis clearly demonstrate the need for coordinated action to help address the mental health needs of immigrants in North Carolina. El Futuro and partners will continue to seek opportunities to establish an Immigrant Mental Health Solidarity Network in North Carolina and develop strategies to move toward policy solutions.

INTRODUCTION



INTRODUCTION

PURPOSE OF LANDSCAPE ANALYSIS

El Futuro is a community-based nonprofit organization that seeks to transform Latino-serving mental health care in North Carolina and beyond.^d With a desire to develop a network of organizations and individuals passionate about and/or providing immigrant mental health and well-being services, regardless of ethnicity or nationality, El Futuro collaborated with the North Carolina Institute of Medicine (NCIOM)^e to learn more together about immigrant mental health services in North Carolina, the strengths and challenges of various immigrant groups in the state, and potential opportunities to address policy issues impacting immigrant access to adequate services and supports for their mental well-being. This landscape analysis report is intended to present the knowledge gained from this collaboration as of September 2024 and begin to build resources for those serving immigrants in North Carolina.

This work was supported by grants from the Blue Cross and Blue Shield of North Carolina Foundation and the Kate B. Reynolds Charitable Trust..

TERMINOLOGY

The term “immigrant” represents a wide variety of groups with various reasons for migration, varied cultural backgrounds, and differing economic, social, and linguistic contexts. While all immigrants are likely to encounter some level of challenge as they settle in a new culture and environment, these factors can lead to greater risks to mental health and well-being for some. Throughout this report, we use the term “immigrant” to include a variety of group and individual experiences. However, we acknowledge that there is significant nuance in immigrant experiences, beliefs, and values. This report provides a generalized discussion of the experiences that many immigrants in North Carolina may have related to mental health and access to care, which may not represent the experience of *all* immigrants in the state.

Appendix A provides a list of common terms related to immigration and immigrants and their definitions.

WHY IMMIGRANT MENTAL HEALTH?

Immigrant populations face unique challenges and stressors that can impact mental well-being. Understanding and addressing these specific needs is vital to ensuring equitable mental health care and promoting well-being in diverse communities. North Carolina’s immigrant population has been steadily increasing.^f As our state becomes more diverse, it is important to address the mental health needs of today’s immigrant communities to close the existing gaps in understanding and service provision.

Importance of mental health

Mental health is a critical component of overall well-being, influencing how we think, feel, and act in our daily lives. It affects our ability to handle stress, relate to others, and make decisions. Mental health is conceptualized in various ways across different cultures and is an essential component of overall well-being that enables us to contribute meaningfully to our families, communities, and workplaces. Mental health issues, if left unaddressed, can lead to severe consequences, including chronic health conditions, reduced quality of life, and increased mortality rates.^g Maintaining mental health is as important as maintaining physical health and requires proactive measures, including preventive care, timely interventions, and supportive environments. In this report, we will discuss the variety of ways that mental health is conceptualized across cultures, although we are not able to represent the extensive variety of all cultural experiences.

Impact of life circumstances on mental health

Our life circumstances significantly impact our mental health, shaping our experiences and resilience. Factors such as socioeconomic status, employment, education, and living conditions can either positively or negatively influence mental well-being. For instance, financial stability and a supportive social network are often associated with better mental health outcomes.^h Conversely, poverty, unemployment, discrimination, and social isolation can contribute to stress, anxiety, and depression. Additionally, traumatic experiences, such as abuse, loss, or major life changes, can have profound effects on mental health.ⁱ

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^e The NCIOM is a nonpolitical source of analysis and advice on important health issues facing the state. The NCIOM convenes stakeholders and other interested people from across the state to study these complex issues and develop workable solutions to improve health care in North Carolina. Find more information about the NCIOM at <https://nciom.org/>.

^f <https://www.osbm.nc.gov/blog/2024/02/27/ncs-foreign-born-population-increased-eightfold-1990>

^g Russell, R., Minhas, S., Chandan, J.S. et al. The risk of all-cause mortality associated with anxiety: a retrospective cohort study using ‘The Health Improvement Network’ database. *BMC Psychiatry* 23, 400 (2023). <https://doi.org/10.1186/s12888-023-04877-8>; National Institute of Mental Health. *Understanding the Link Between Chronic Disease and Depression*. Accessed July 24, 2024. <https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health/>; Fiorillo, A., Sartorius, N. Mortality gap and physical comorbidity of people with severe mental disorders: the public health scandal. *Ann Gen Psychiatry* 20, 52 (2021). <https://doi.org/10.1186/s12991-021-00374-y>

^h Åslund, C., Larm, P., Starrin, B. et al. The buffering effect of tangible social support on financial stress: influence on psychological well-being and psychosomatic symptoms in a large sample of the adult general population. *Int J Equity Health* 13, 85 (2014). <https://doi.org/10.1186/s12939-014-0085-3>

ⁱ Abraham A, Walker-Harding L. The key social determinants of mental health: their effects among children globally and strategies to address them: a narrative review. *Pediatric Medicine*. 2022(5). <https://pm.amegroups.org/article/view/6263/html>

INTRODUCTION

Unique strengths and challenges of immigrants

Immigrants to North Carolina bring unique strengths and face distinct challenges that impact their mental health and access to mental health services. The very act of migrating often involves overcoming significant hardships, demonstrating a high level of determination and adaptability. Many migrate with the hope of a better life for themselves and their families, often citing employment opportunities as a key motivator. Immigrants frequently maintain strong cultural and community bonds from their home country, which can provide crucial emotional and social support.

However, immigrants also face unique challenges that can adversely affect mental health and well-being. Language barriers, cultural differences, and unfamiliarity with the US health care system can make accessing mental health services difficult. The trauma of the migration experience and the factors causing migration need, such as war and political or religious persecution, can have lasting impacts on well-being. Additionally, immigrants may experience discrimination, social isolation, and economic hardship after arriving in the United States, which can exacerbate mental health issues. Safety and immigration status concerns can further add to stress and anxiety.

Despite these challenges, the strengths of immigrant communities—such as family ties, cultural traditions, and community solidarity—can be leveraged to improve mental health outcomes. Community-based interventions, culturally sensitive care, and policies that address the specific needs of immigrants are essential for supporting immigrant mental health and ensuring equitable access to services.

METHODS FOR LANDSCAPE ANALYSIS

To inform the landscape analysis, El Futuro and NCIOM convened an Advisory Council composed of 12 individuals with knowledge and experience related to immigrant resources, mental health needs, and policies that influence mental health and access to care of immigrants. Most members of the Advisory Council had a personal or family history of immigration to North Carolina. The Advisory Council met four times between January and August 2024 and provided perspective on the topics included in this landscape analysis, how to gather individual perspectives through interviews, questions to ask during interviews, and individuals to interview.

Following the Advisory Council discussion, most members participated in a virtual 45-minute to 1-hour key informant interview to gain deeper understanding about their:

- Professional relationship to immigration and mental health and well-being
- Individual or family immigration experiences and their impacts on mental health and well-being
- Knowledge about resources for immigrant mental health
- Ideas about rules, laws, or policies that impact immigrants' access to mental health care
- Desires for the future of mental health for immigrants in North Carolina

Most interviews were conducted by one member of the El Futuro team and one member of the NCIOM team. After conducting these initial interviews and gathering recommendations for additional key informants, project staff contacted representatives from other organizations or key sectors.

In total, 20 interviews were conducted with 21 individuals. Interviewees represented a variety of professional roles and immigrant backgrounds; however, a majority of interviewees represented a Latino immigrant and/or ethnic identity. These individuals include representatives from state and local agencies who serve all immigrant populations, regardless of country of origin. Other ethnic identities represented by interviewees included South Asian, Ethiopian, Hmong, and Montagnard. Representation by interviewees includes:

- Leader(s)/mentor(s) in the Ethiopian-Eritrean American community
- NC African Services Coalition
- A pediatrician in Durham, NC
- A bilingual therapist at FIRSTwnc
- North Carolina Community Health Worker Association
- El Futuro
- Chair of the Community Advisory Council at Montagnard Association of North Carolina, Inc.
- Behavioral Health Specialist for the NC Farmworker Health Program
- Camino Research Institute

INTRODUCTION

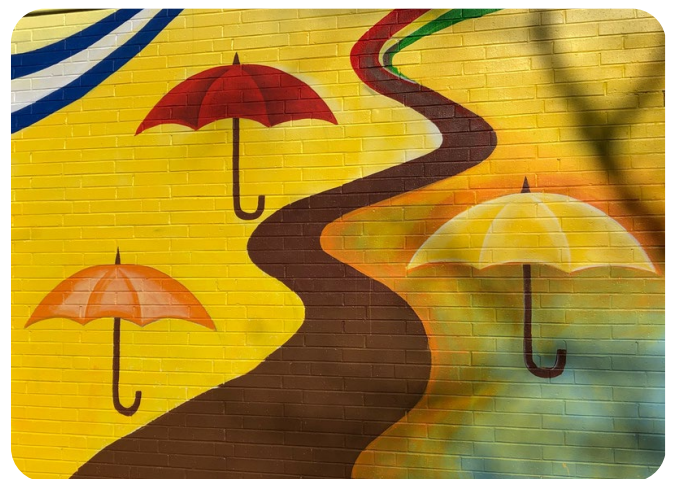
- The Center for New North Carolinians
- A local public health director
- Church World Service
- Centro Unido Latino Americano
- Office of Public Engagement, Office of Governor Roy Cooper
- Salud Mental Health
- North Carolina Department of Health and Human Services, Division of Child and Family Well-Being
- Wake County Public School System

Interviews were transcribed electronically and analyzed by NCIOM staff. NCIOM staff presented themes and quotes to the Advisory Council for review and comment to improve accuracy of findings. Quotes from interviews are presented in this landscape analysis to provide examples and highlight themes. All quotes are presented anonymously and have been reviewed for accuracy by the original speaker.

Advisory council members and interview participants were compensated for their time and contributions to this work.

This landscape analysis is further informed by a review of relevant research on the topic of immigration and mental health, data on immigrant populations in North Carolina, and a review of immigrant mental health resources in North Carolina that could be identified through internet searches.

This landscape analysis was drafted by NCIOM staff, reviewed and edited by El Futuro staff, and reviewed by Advisory Council members. Initial drafts of portions of this report were developed with the assistance of ChatGPT 4 and revised for accuracy.



BACKGROUND



BACKGROUND

HISTORY OF IMMIGRATION IN NORTH CAROLINA

North Carolina's current population is a result of immigration that began thousands of years ago as humans initially moved from Asia into North America over time and into the land that is now North Carolina. These individuals were ancestors of the groups that are identified now as indigenous to North America, or American Indian.^j The earliest non-indigenous groups that attempted to colonize the area of present-day North Carolina included Spanish explorers, though they were unsuccessful at establishing permanent settlements.^k

In the 17th, 18th, and 19th centuries, North Carolina saw significant immigration from European countries, primarily the British Isles, Germany, and Switzerland. The Moravians, a group of German-speaking Protestants, established settlements in the Piedmont region. Scots-Irish settlers also arrived, populating the Appalachian Mountains.^l

People from Africa who had been enslaved were brought to North Carolina from the 17th to the mid-19th century and by 1840 made up around a third of the state's population. These individuals primarily came from tribes in West Africa. The farms and plantations where enslaved people were forced to work were concentrated in the southeastern coastal plain and Piedmont regions. The unpaid labor of these individuals contributed significantly to the economic growth of North Carolina.^m

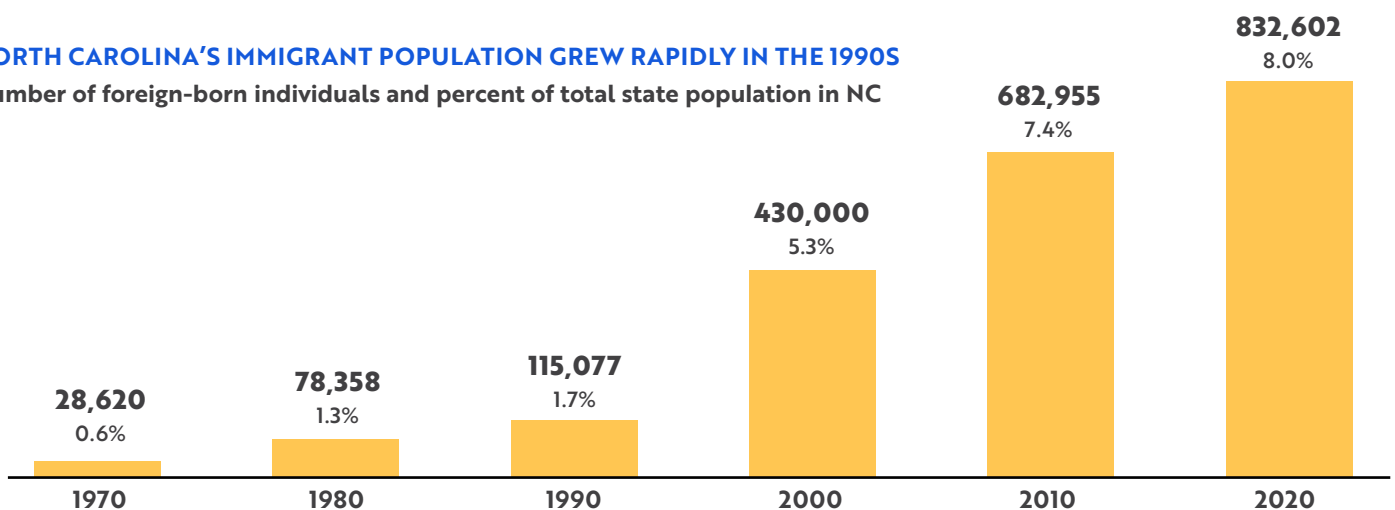
Few people immigrated to North Carolina in the early- to mid-19th centuries due to the state's reputation for minimal infrastructure and economic development. Migration out of the state took place until World War II, particularly by Black/African American individuals who faced repression and racial violence after the Civil War.^l

A more diverse group of immigrants began calling North Carolina home in the 1960s. Among other groups, Vietnamese, Hmong, Indian, Chinese, Japanese, and Korean immigrants have increased since that time. However, the fastest growing immigrant groups to North Carolina have been from Central and South America, with Cubans beginning to arrive in the 1960s followed by Mexicans in the 1970s and 1980s. Other groups have arrived from countries including El Salvador, Guatemala, Nicaragua, Peru, Columbia, and Venezuela.^l

Yet, in the 20th century, the immigrant population was small in North Carolina, around 1% or less of the state population until the 1990s.^m Today, immigrants make up 8% of our state's population (see graph).

NORTH CAROLINA'S IMMIGRANT POPULATION GREW RAPIDLY IN THE 1990S

Number of foreign-born individuals and percent of total state population in NC



Source: NC Department of Commerce. *The Impact of Immigration on North Carolina's Workforce*. <https://www.commerce.nc.gov/news/the-lead-feed/impact-immigration-north-carolinas-workforce>

^j Claggett SR. *Native American Settlement of North Carolina*. Revised by SLNC Government and Heritage Library, July 2023. Reprinted with permission from the Tar Heel Junior Historian. Spring 1995. Tar Heel Junior Historian Association, NC Museum of History. <https://www.ncpedia.org/history/early/native-settlement>

^k Gill H. *Immigration in North Carolina's Past: Learning From History*. November 2010. https://doi.org/105149/9780807899380_gill.6

^l Holland R, Williams WJ. *Immigration*. 2006; Revised by SLNC Government and Heritage Library, July 2023. <https://www.ncpedia.org/immigration>

^m NC Department of Commerce. *The Impact of Immigration on North Carolina's Workforce*. <https://www.commerce.nc.gov/news/the-lead-feed/impact-immigration-north-carolinas-workforce>

BACKGROUND

IMMIGRANTS IN NORTH CAROLINA, 2022

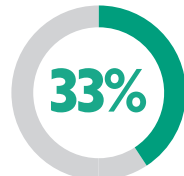
POPULATION



OF NC POPULATION ARE IMMIGRANTS



OF NC IMMIGRANTS ARE US CITIZENS



OF NC IMMIGRANTS LACK LEGAL IMMIGRATION STATUS

IN NC THERE ARE:



67,300
IMMIGRANT CHILDREN



OF NC CHILDREN HAVE A FOREIGN-BORN PARENT



24,400

ELIGIBLE FOR DACA
Deferred Action for Childhood Arrivals



49,800

LIKELY REFUGEES



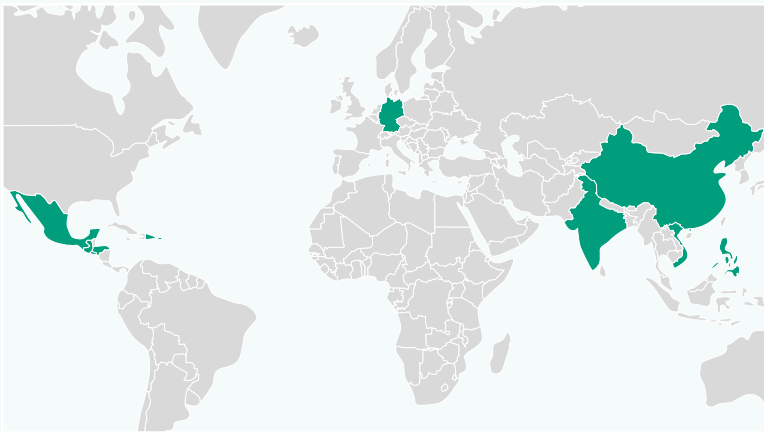
15,600

TPS HOLDERS
Temporary Protected Status



23,488

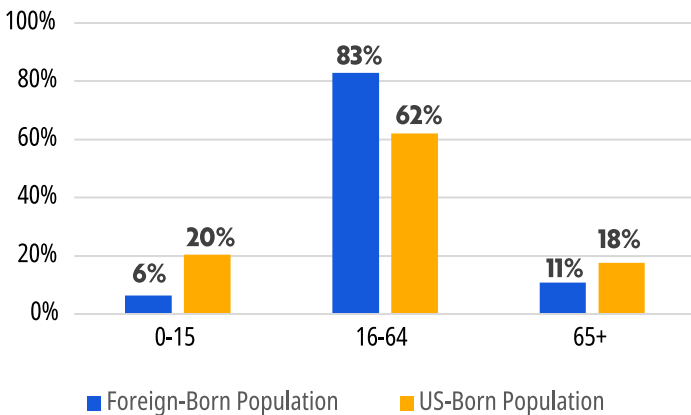
INTERNATIONAL STUDENTS IN NC COLLEGES AND UNIVERSITIES



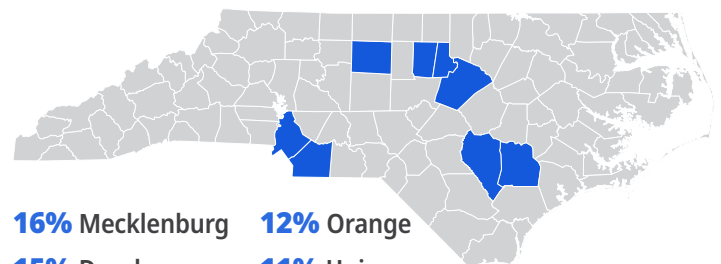
TOP COUNTRIES OF ORIGIN FOR NC IMMIGRANTS

- 25% Mexico
- 10% India
- 4% Honduras
- 4% El Salvador
- 4% China
- 3% Vietnam
- 3% Guatemala
- 3% Philippines
- 2% Dominican Republic
- 2% Germany

AGE DISTRIBUTION OF NORTH CAROLINA POPULATION



THE FOREIGN-BORN POPULATION ACCOUNTS FOR AT LEAST 10% OF THE POPULATION IN EIGHT COUNTIES

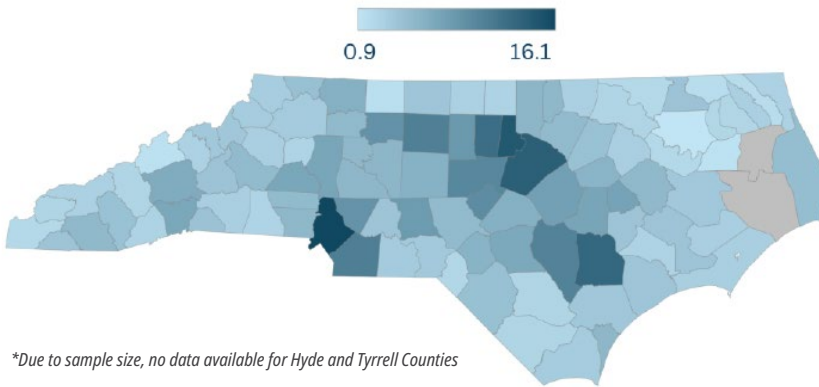


- 16% Mecklenburg
- 12% Orange
- 15% Durham
- 11% Union
- 14% Wake
- 11% Guilford
- 13% Duplin
- 10% Sampson

Sources: American Immigration Council. *Immigrants in North Carolina, 2022*. <https://map.americanimmigrationcouncil.org/locations/north-carolina/>; Perreira KM, Carlson L. *The Immigrant Community in North Carolina. Carolina Demography*. February 6, 2023. https://carolinademography.cpc.unc.edu/wp-content/uploads/2023/02/immigrant_community_nc-1.pdf; Migration Policy Institute. *North Carolina Language and Education*. <https://www.migrationpolicy.org/data/state-profiles/state/language/NC>.

BACKGROUND

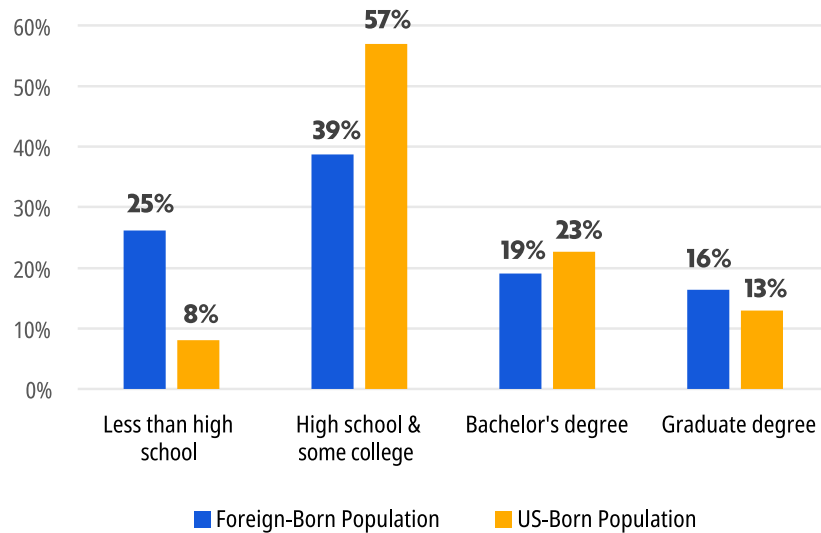
PERCENT FOREIGN BORN 2018-2022



*Due to sample size, no data available for Hyde and Tyrrell Counties

Source: North Carolina Office of State Budget and Management. NC's foreign-born population increased eightfold since 1990. <https://www.osbm.nc.gov/blog/2024/02/27/ncs-foreign-born-population-increased-eightfold-1990>

EDUCATIONAL ATTAINMENT OF NORTH CAROLINA LABOR FORCE



LANGUAGE



TOP LANGUAGES OTHER THAN ENGLISH SPOKEN AT HOME IN NORTH CAROLINA (NUMBER OF SPEAKERS, 2022)

Spanish	802,686 speakers
Chinese (Mandarin, Cantonese)	40,611
French	32,522
Arabic	30,725
Vietnamese	26,104

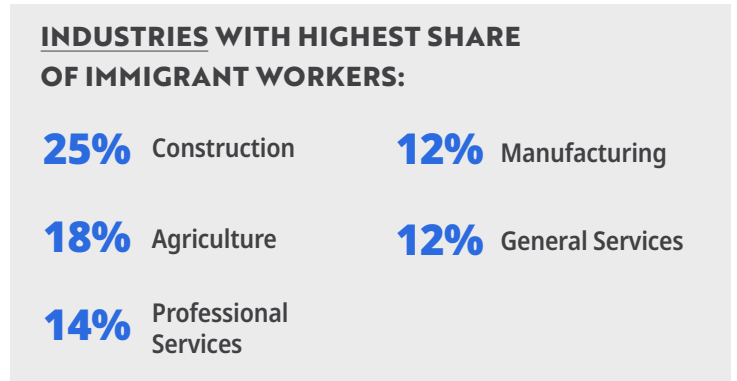
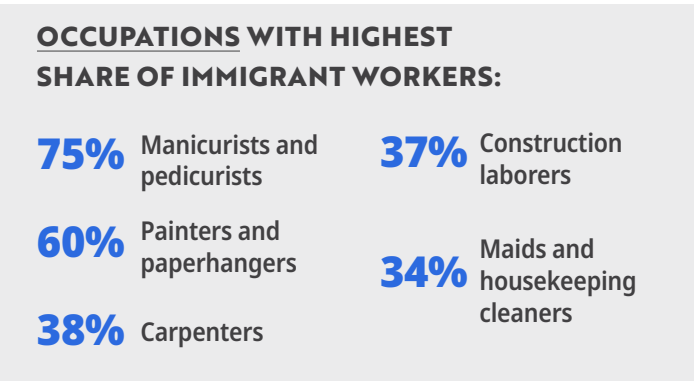
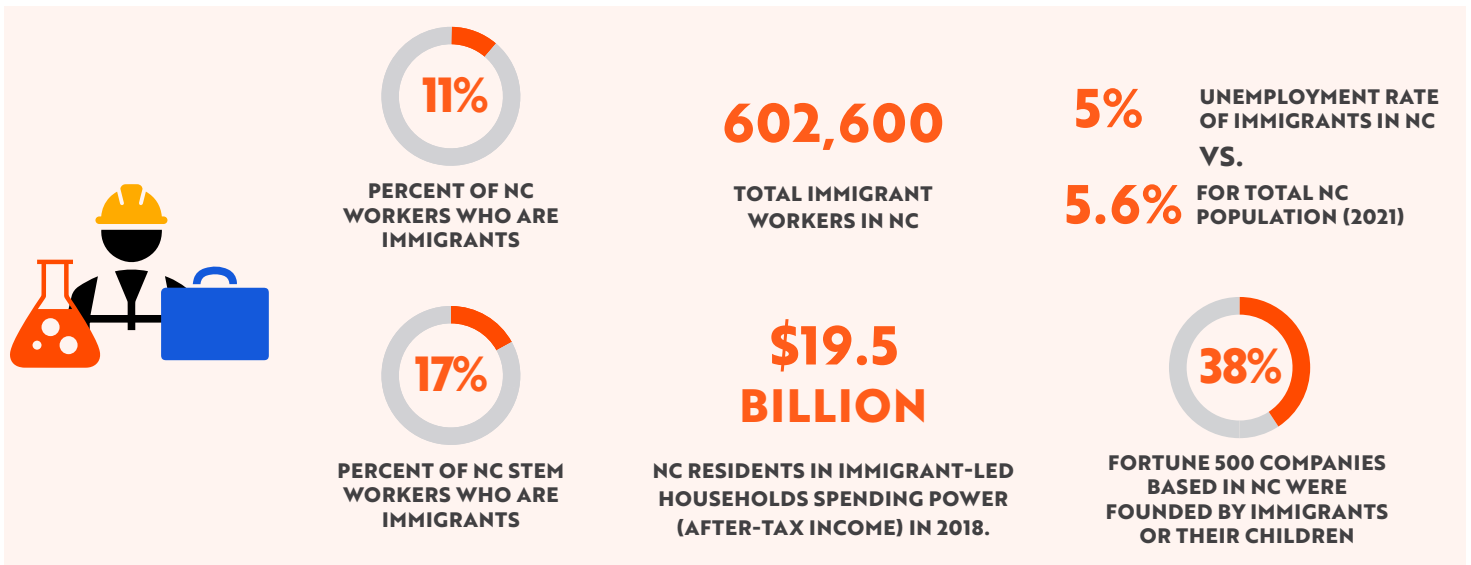
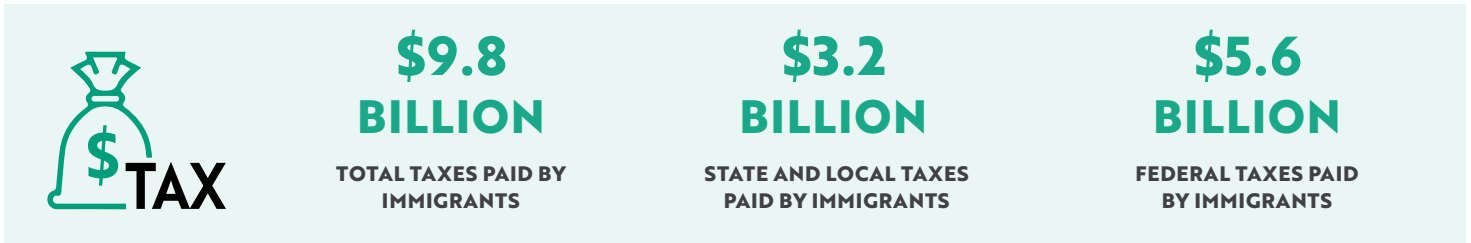
TOP 20 LANGUAGES WITH THE MOST SPEAKERS WHO ALSO SPEAK ENGLISH LESS THAN "VERY WELL" (NUMBER OF SPEAKERS, 2022)

Spanish	330,018 speakers
Chinese (Mandarin, Cantonese)	17,062
Vietnamese	13,592
Arabic	10,910
Korean	8,208
Gujarati	6,845
French	6,425
Russian	5,397
Telugu	4,860
Ilocano, Samoan, Hawaiian, or other Austronesian Languages	4,748
Thai	4,288
Amharic	4,121
Hindi	4,062
Hmong	3,912
Portuguese	3,885
Japanese	3,566
German	3,400
Tagalog	3,349
Nepali	3,104
Haitian Creole	3,012

Sources: American Immigration Council. *Immigrants in North Carolina, 2022*. <https://map.americanimmigrationcouncil.org/locations/north-carolina/>; Perreira KM, Carlson L. *The Immigrant Community in North Carolina. Carolina Demography*, February 6, 2023. https://carolinademography.cpc.unc.edu/wp-content/uploads/2023/02/immigrant_community_nc-1.pdf; Migration Policy Institute. *North Carolina Language and Education*. <https://www.migrationpolicy.org/data/state-profiles/state/language/NC>.

BACKGROUND

CONTRIBUTIONS OF IMMIGRANTS TO NORTH CAROLINA



Sources: 2022 American Immigration Council. *Immigrants in North Carolina*. <https://map.americanimmigrationcouncil.org/locations/north-carolina/>; Perreira KM, Carlson L. *The Immigrant Community in North Carolina*. *Carolina Demography*. February 6, 2023. https://carolinademography.cpc.unc.edu/wp-content/uploads/2023/02/immigrant_community_nc-1.pdf

MENTAL HEALTH AND IMMIGRATION



IMMIGRANT MENTAL HEALTH DATA

We do not have direct data to quantify the mental health needs of all immigrants in North Carolina. This is an important gap in information that could be improved by increased availability of disaggregated data from national and statewide surveys that ask respondents about mental health and well-being (e.g., the Youth Risk Behavioral Surveillance System [YRBSS] and Behavioral Risk Factor Surveillance System [BRFSS]).

However, existing research can provide some valuable insights. Findings tell us that:

- Upon arrival in the United States, immigrants tend to be healthier and have fewer mental health challenges than US-born counterparts, but this changes over time. However, this finding is not consistent across all research studies.ⁿ
- Migrant agricultural workers, refugees, and those without legal immigration status face special mental health challenges.^o
- Immigrants with food insecurity are more prone to psychological distress and lower life satisfaction. Having employment is associated with lower psychological distress and higher life satisfaction.^p
- Meeting social needs (such as food security, employment, and health care access) positively impacts mental health among immigrants.^p
- Immigrants are much less likely to use mental health services than US-born citizens.^o

A 2024 study conducted by Camino Research Institute evaluated the strengths and needs of the Latino population in Western North Carolina through a survey (91% of respondents were immigrants; 51% lacked legal immigration status) and interviews with community leaders. Survey respondents said that their top sources of worry were related to immigration, English skills, and family responsibilities. Other findings specific to mental health were that:

- 31% indicated a need for mental health services
- Most common symptoms of mental health challenges were difficulty managing stress (17%), persistent sadness (9%), and loss of interest in things they enjoyed (8%)
- 19% indicated that they or someone in their household had ever received counseling
- Reasons for not receiving counseling were that they say they do not want or need counseling (68%), cannot afford it (14%), and are uncomfortable using such services (8%)^q

FROM THE RESEARCH: EFFECTS OF ACCULTURATION

“Research on the health and mental health of immigrant groups has established that first generation immigrants (those born in one country, the ‘home’ country, that migrated to the U.S., here denominated as the ‘host’ country) are healthier, in terms of most physical and mental health outcomes than their U.S.-born counterparts. This initial advantage is often described as the ‘immigrant paradox’ due to the presumption that relatively [greater] socioeconomic disadvantage among immigrants should be reflected in poorer health. A second group of immigrants is categorized as the ‘1.5 generation’ to describe a group that falls in the middle – those who are foreign-born but arrived in the U.S. at a young age, such that the majority of their life has been spent in the host country. Second generation immigrants were born in the host country to one or two foreign-born parents. Both of these two later groups typically show lower health status as compared to the first generation, suggesting what has been called the acculturation hypothesis.”

“National studies of the two largest immigrant groups in the U.S., Latinos and Asians, have found lower rates of psychiatric disorders among foreign-born respondents compared with U.S. born. The general pattern of findings is that those who migrated during childhood have rates of psychiatric disorders similar to U.S.-born respondents of the same ethnicity, while those who migrated during adolescence or later have lower rates. The longer immigrants live in the U.S., the more their risk for psychiatric disorders approaches that of U.S. born.”

Source: Alegria M, Álvarez K, DiMarzio K. Immigration and Mental Health. *Curr Epidemiol Rep.* 2017 Jun;4(2):145-155. doi: 10.1007/s40471-017-0111-2. Epub 2017 Apr 22. PMID: 29805955; PMCID: PMC5966037.

ⁿ Okonji, A.I., Inungu, J.N., Akinmoladun, T.M. et al. Factors Associated with Depression Among Immigrants in the U.S.. *J Immigrant Minority Health* 23, 415–424 (2021). <https://doi-org.libproxy.lib.unc.edu/10.1007/s10903-021-01141-7>

^o National Center for Farmworker Health, Inc., *Agricultural Workers and Mental Health*. 2021. [https://www.ncfh.org/uploads/3/8/6/8/38685499/mentalhealth_2021_ba_3.10.21\[133\].pdf](https://www.ncfh.org/uploads/3/8/6/8/38685499/mentalhealth_2021_ba_3.10.21[133].pdf); Im H, Rodriguez C, Grumbine JM. A multitier model of refugee mental health and psychosocial support in resettlement: Toward trauma-informed and culture-informed systems of care. 2021, Vol. 18, No. 3, 345–364. doi: 10.1037/ser0000412; Rodriguez DX, Hill J, McDaniel PN. A Scoping Review of Literature About Mental Health and Well-Being Among Immigrant Communities in the United States. *Health Promotion Practice*. 22(2):181-192 (2021). <https://journals.sagepub.com/doi/10.1177/1524839920942511>

^p Adzrago D, Williams F. Mediation analysis of mental health characteristics linking social needs to life satisfaction among immigrants. *SSM-Population Health*. 24(2023). <https://doi.org/10.1016/j.ssmph.2023.101522>.

^q Camino Research Institute. *Western North Carolina Latino Community Strengths & Needs Assessment Report*. 2024. https://www.researchgate.net/publication/380599379_2024_Western_North_Carolina_Latino_Community_Strengths_and_Needs_Assessment_Report

FROM THE RESEARCH: REFUGEES

A systematic review and meta-analysis study of 181 surveys comprising 81,866 refugees from 40 resettlement and transition countries revealed a prevalence rate of 30.6% for [post-traumatic stress disorder] (PTSD) and 30.8% for depression related to ongoing insecurity and cumulative traumatic events, respectively (see Steel et al., 2009). Some refugee groups who have experienced protracted situations in refugee camps report a higher risk of mental disorders, such as a 48% PTSD prevalence among Somali refugees (Onyut et al., 2009) and a 36% depression prevalence among refugees from Burma (Schweitzer, Brough, Vromans, & Asickobe, 2011). Some studies estimate that 50% of refugees experience mental health issues to some degree (Harlem Brundtland, 2000), though a more recent and rigorous study conducted with migrants and refugees in high-income resettlement countries (i.e., a European region) showed a 15% PTSD prevalence (Priebe, Giacco, & El-Nagib, 2016). In fact, depending on methods, samples, and settings, there is wide variation in the prevalence of mental disorders among refugees in the literature. According to a critical review study (Hollifield et al., 2002), 4% to 86% of refugees in displacement or resettlement had PTSD, and 5% to 31% met criteria for major depression disorder. Such a wide range in mental disorders is also found in refugee children and adolescents (e.g., the prevalence rate of PTSD between 11.5% and 65% and depression between 11% and 47%; Ellis, MacDonald, Lincoln, & Cabral, 2008). The variability across studies reflects challenges and controversies in assessing and understanding the mental health needs in traumatized refugee populations.”

Source: Im H, Rodriguez C, Grumbine JM. A multitier model of refugee mental health and psychosocial support in resettlement: Toward trauma-informed and culture-informed systems of care. 2021, Vol. 18, No. 3, 345–364. doi: 10.1037/ser0000412.

FROM THE RESEARCH: MIGRANT AGRICULTURAL WORKERS

Among the 915,725 agricultural workers and their family members who received health care services at Migrant Health Centers in 2019, mental health disorders were one of the most commonly reported diagnoses. More than 41,000 (4.6%) were diagnosed with an anxiety disorder, and over 33,000 (3.6%) were diagnosed with a depressive disorder. Substance abuse and alcohol-related disorders were less common, as only 1.2% of the patient population was diagnosed with one of these disorders.

A study of 248 female adult agricultural workers in North Carolina found that nearly a third (31%) of participants had elevated symptoms of depression, significantly greater than the rate of depression among U.S. Hispanic females (11%).

According to the 2009–2010 National Agricultural Workers Survey, 9% of agricultural workers experienced elevated depressive symptoms (8% of men and 17% of women).”

Source: National Center for Farmworker Health, Inc. Agricultural Workers and Mental Health. 2021. [https://www.ncfh.org/uploads/3/8/6/8/38685499/mentalhealth_2021_ba_3.10.21\[133\].pdf](https://www.ncfh.org/uploads/3/8/6/8/38685499/mentalhealth_2021_ba_3.10.21[133].pdf).



IMMIGRANT PERSPECTIVES ON MENTAL HEALTH AND ACCESSING CARE

Immigrant groups in the United States hold diverse perspectives on mental health and can face unique challenges in accessing mental health care services, shaped by cultural, socioeconomic, and systemic factors. While some of these challenges are shared by United States-born individuals, for purposes of this report we focus on the experiences that immigrants to North Carolina may have that can impact mental health and access to services. Quotes below illustrate the variety of perspectives and concerns that we heard in interviews.

“I think about my grandmother right now who, you know, she's getting older. She's losing independence and so of course that's gonna impact her mental health. And the way my mom and her children speak to her is, 'you have nothing to worry about. Why are you so upset?' And so, I even see it there, right? I even see it there where it's not acknowledged that, hey, her mental health is declining. It is, 'why is she worried all the time? She has nothing to worry about.'”

“So, our symptoms usually show up physically as well, like you know my stomach hurts, my shoulders are tight. But then when I bring out, okay, maybe that's stress, maybe that's depression, your body talking to you, your body holding the trauma that you've [experienced]. Sometimes I get, "okay, well, but I don't wanna talk about that.”

“I think one of the best stories I can tell here is when there's something that's going on within an individual and this person is hurting, but they're going to relegate it to, 'oh, well, they lost their spirit.' That's the religious explanation, right? This person has lost her spirit, or the ancestors are mad at her. And that's why she's so worried. That's why she's so down. Those cultural implications I think are very real. And then they influence what that looks like here in this very Western, very American society when we talk about barriers and access. It's so complex.”

Cultural perspectives and stigma

Cultural backgrounds significantly influence how mental health is perceived and discussed among different immigrant groups. For many, mental health issues can be stigmatized and are often viewed as a personal failing or a subject of shame, rather than a treatable health condition. For instance, in many Latino and Asian communities, there is a strong cultural stigma associated with mental illness, leading individuals to avoid discussing these issues openly or seeking professional help for fear of social ostracism.

“[Camino Research Institute] did a study where we asked [Latino immigrants] 'how do you cope with stress?' ... We found in that study that a lot of people utilize mental disengagement coping strategies. So, they kind of ignore the situation and do other things to try to get their mind off of it. So, going to play with the kids and cooking and going to church so that you're not thinking about it when the stress comes. Or they'll turn to their faith, the higher power, and we saw that the reason that they were doing this was because they kind of saw stress as inevitable.”

“I find that [the youth are] more open to these types of concepts, or if they haven't heard them, the leap is not so hard to make in terms of what I'm bringing to them or any definitions I'm bringing them... With the parents, there's a much larger gap and it's really hard to fill.”

“Gaslighting that occurs with immigrant parents who did have to take a courageous act of like moving across the ocean, you know, we're always reminded of that. I'm also an immigrant and my parents are always like, 'We came all the way here with nothing and we took these risks,' you know, so, and that is courageous. But it's a selection bias thing, right? So those people had huge, obviously, resilience, mechanisms of coping, [and] there are many people who don't make that choice, you know. But then they expect that same level of coping from their youth as well. 'You have everything you need, you know, you don't understand.'”

Language related to mental health

Culture is closely tied to language and communication, which influence mental health descriptions and conceptualizations. When immigrating, individuals often go from fluently speaking the primary language of their country to learning English in the United States, impacting the way they describe mental health. For instance, in some cultures psychological distress might not be articulated in clinical terms but rather expressed through words like “worry” or “fear”. Manifestations of mental health issues may be perceived as related to poor upbringing, issues with spiritual beliefs, or as manifestations of physical health issues. There are also some languages that do not have direct translations to English for concepts such as mental health or anxiety. This variance in describing mental health may lead to misunderstandings in clinical settings where direct and precise medical terminology may be expected by the health care provider.

“I hear words like stress. I hear words like worry. I hear words like crazy... [In our] language, there’s not a one-on-one translation when I’m interpreting to say mental health... So, it’s like, ‘I have ways I’m worried. I’m worried. And I have a worrying kind of way right now,’ you know. And that’s the best way to describe it.”

“Our word for brain, for anything related in our head, is one word, right? And there’s no variety in that the same way when we just talk about medicine like to drink a pill and, you know, a liquid medicine and an IV and whatever, it’s all one word so it becomes very complicated when we have to, in an essence, further describe or even consent. So, when we talk about mental health, obviously it becomes more complex. And how we kind of navigate that is emotions, the most basic way to kind of explain it. ‘How are you feeling? Are you sad? Happy? Angry?’”

“Lately we’ve had a number of sessions around mental wellness. That word, the terminology, you know, ‘mental health,’ ‘mental wellness’ is not necessarily terminology our refugees resonated with. And so, trying to educate them on what the verbiage is... What does that mean and how can you connect with those words? Because you may be feeling things that have no way of defining what it is that you are experiencing.”

“[Latino immigrants] don’t really say ‘stress,’ like it’s not very common. It’s more like, ‘oh, it’s worrisome,’ is more so what people say. Like, ‘oh yeah, I’m a little worried, but it’ll be okay,’ because Latinos or Latino immigrants somehow are never stressed. But they do get worried, especially about family members. You know, the situation of their country or what’s going on [there].”



Perceptions of priority

For many people, mental health may take a lower priority to physical health and other pressing needs. Economic survival can dominate immediate concerns for some immigrants, as securing stable employment, housing, and food are essential for the family's well-being. While median income of the average immigrant household in North Carolina is slightly above that of households headed by a United States-born person, 15% of immigrant households have incomes below the federal poverty threshold (compared to 13% of native-born households).^r

Navigating legal challenges, such as securing legal immigration status or dealing with potential deportation threats, can be all-consuming. As a result, mental health care often becomes secondary to addressing these more immediate and visible challenges. Some also perceive mental health and mental health care as part of an "elite system" or a medical system designed for more affluent community members.

"In North Carolina, 24 percent of U.S.-born workers and 34 percent of immigrant workers make under two-thirds of the median wage. The immigrants who make up a disproportionate share of this group face numerous barriers in the labor market, from language to educational attainment, recognition of credentials, immigration status, or discrimination in the workplace."

Source: Immigration Research Initiative. *Immigrants in the North Carolina Economy: Overcoming hurdles, yet still facing barriers.* June 2023.
https://ncbudget.org/wp-content/uploads/2023/06/50-State_Earning-NORTH-CAROLINA.pdf

"What we've seen is [immigrants] come to [the US to] work, a lot of people, so they can provide for their families, but that can also lead to some stress. Like they just had this journey and you know their first thought is providing for the family, not so much dealing with the trauma of what happened through the [migration] journey and also at the detention centers that they're held at, leaving their family behind. It doesn't really come at the forefront. It's more like handling my responsibilities. I think that can catch up with people."

"Families can leave health situations at the end of the road and [think], 'I'm not gonna need any therapy because I don't need it right now'. [They are thinking,] 'in my mind I need right now food, I need right now how to pay my rent, I need my immigration case to be finished, and then I will see to my health.'"

Access and utilization barriers to formal mental health care

Immigrants may encounter multiple barriers when they attempt to access mental health services. Language can pose a significant challenge, as varying levels of comfort with English and lack of interpreters may make it difficult to communicate symptoms effectively, feel comfortable sharing emotions, or understand treatment options. Moreover, immigrants may not have necessary information about the mental health services available or how to navigate the complex health care system. Economic barriers also play a critical role, as many immigrants, especially those who do not have legal immigration status, lack health insurance and the financial resources needed to pay for care.

"And then I would say the refugee status, which is like, people who are able to access Medicaid and these sorts of things that have work permits and all, I would say for them it's just not knowing where the resources are and how to access them."

"And related to that I think is availability of interpretation services. So I will often have patients who tell [me] that when they don't see a Spanish-speaking provider they will decline an interpreter because they know it's a long wait, and sometimes the interpreter doesn't interpret that well and so they'd rather just deal with their broken English and the provider's broken Spanish and figure it out."

^r North Carolina Office of State Budget and Management. *NC's foreign-born population increased eightfold since 1990.* February 27, 2024. <https://www.osbm.nc.gov/blog/2024/02/27/ncs-foreign-born-population-increased-eightfold-1990>.

Legal concerns and mistrust

Concerns about immigration status can be a deterrent for immigrants who might otherwise seek mental health services. The fear of being deported or jeopardizing their or their family's ability to remain in the United States can outweigh the perceived benefits of seeking help. Additionally, there may be a deep-seated mistrust of government and institutions, which can stem from negative experiences in their home country or the United States.



“They’re mostly scared about this thing called the ‘public charge’. So that’s a real thing. If you take certain resources from the government, it can negatively affect your immigration status and your ability to become a citizen. And there’s a lot of mistruths about what the public charge is and who it applies to and how it can affect you. And like the rumors are just running wild about what it is and how it can affect their immigration, how [it] can affect their asylum claims. And so, that makes them more initially hesitant to access a resource. Whether it’s a mental health resource or anything.”

PUBLIC CHARGE TEST

“Some people who apply for a green card (lawful permanent resident status) or a visa to enter the US must pass a ‘public charge’ test – which looks at whether the person is likely to depend primarily on government services in the future. Immigration officials look at all of a person’s circumstances, including their age, income, health, education or skills, family situation and their sponsor’s affidavit of support.”

According to regulations implemented September 2022:

Programs in NC that **CAN** negatively impact someone for a public charge test:

- Cash assistance programs that offer ongoing payments – Supplemental Security Income (SSI) and Temporary Assistance for Needy Families (TANF)
- Long-term institutional care paid for with government assistance

Programs in NC that **CANNOT** negatively impact someone for a public charge test:

- Medicaid, ACA, free or sliding-scale clinics (except for long-term institutional care paid for by Medicaid)
- Supplemental Nutritional Assistance Program (SNAP, also known as food stamps)
- Vaccinations provided by county health departments or community clinics
- Unemployment benefits
- Limited or one-time financial assistance
- Public housing
- Women, Infant, and Children’s Nutrition program (WIC)
- Free or reduced-price school lunch/breakfast
- Food banks or shelters

Source: North Carolina Justice Center. *Public Charge: A new rule is final!*. Updated November 2023. <https://www.ncjustice.org/publications/public-charge-the-law-has-changed/>

Previous policies

While the current 2024 policy excludes most forms of assistance that immigrants may be eligible for from the public charge test, policy determinations are dependent on presidential administrations.

“In 2019 the Trump Administration issued new regulations that broadened the scope of programs that the federal government would consider in public charge determinations to include previously excluded health, nutrition, and housing programs. The regulations also redefined a public charge as an ‘alien who receives one or more public benefits for more than 12 months in the aggregate within any 36-month period (such that, for instance, receipt of two benefits in one month counts as two months),’ and defined public benefits to include federal, state, or local cash benefit programs for income maintenance and certain health, nutrition, and housing programs, including non-emergency Medicaid for non-pregnant adults, the Supplemental Nutrition Assistance Program (SNAP), and several housing programs.”

Source: Pillai D, Artiga S. *2022 Changes to the Public Charge Inadmissibility Rule and the Implications for Health Care*. KFF. May 5, 2022. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/2022-changes-to-the-public-charge-inadmissibility-rule-and-the-implications-for-health-care/>

Care through community

Some individuals or families who are immigrants may turn to informal sources of mental health care within their own communities, especially when formal health care systems feel inaccessible or culturally distant. Community leaders, religious figures, and elders can play pivotal roles in providing support and guidance. For example, in many immigrant communities, religious leaders or faith-based groups provide counseling and spiritual support that align with the cultural and religious values of the community. Additionally, traditional healers may offer treatments rooted in cultural practices and beliefs. These informal caregivers are trusted because they share a common language, cultural understanding, and often a holistic view of health that resonates more deeply with immigrant experiences. This form of support not only addresses the stigma associated with mental health but may also bridge gaps in health care due to language barriers, immigration status, or mistrust of formal medical systems.

“Of course, leaders, the trusted messengers and leaders, are a key point in their communities. Because if I trust you, I’m really sure that you can provide me the best way to connect with somebody. In my language or even not in my language. Somebody who can provide me interpretation service that is going to be ideal for my situation.”

“Especially for Latinos, our communication is very circular. So, it’s like, you asked me a question and I ended up telling you all my whole life and that’s that thing that is a cultural, like we talk about everything at the same time... So, when people go to these events, they do the same thing, like, ‘oh, thank you very much for this box of food. Like, by the way, my baby has been sick and by the way, I have been depressed’. So, they start talking when they feel safe and have that connection.”

FROM THE RESEARCH

“Religion, in the form of consultation with religious leaders and support from coreligionists or religious practices, emerged as an important avenue of informal mental health care across various immigrant groups. Among Latino immigrants, 36% of one sample consulted religious leaders for psychological problems, and in another study, participants reported that they were more likely to seek help from a priest, minister, or rabbi rather than from other sources. The most frequently cited treatment strategy for African immigrants was spiritual healing; it was endorsed by 22% of Ethiopian immigrants and 23% of Nigerian immigrants. Eighty-one percent of a sample of Latina and African immigrant women endorsed faith as a means to cope with mental health problems....”

The use of alternative treatment for mental health issues, such as acupuncture, naturopathy, and traditional healers, was the subject of several studies; in particular, these studies examined whether such use decreased the likelihood of receiving care from general medical providers or formal mental health providers. Findings suggest that use of alternative services did not result in decreased use of mental health services from general medical providers or mental health specialists. For Cambodian refugees, alternative service use was positively associated with seeking Western medical services, and only 5% of the sample used alternative medicine exclusively. In a study of Chinese immigrants, the use of alternative medicine was unrelated to other mental health service use.”

Source: Derr AS. Mental health services use among immigrants in the United States: A systematic review. *Psychiatr Serv.* 67(3):265-275. <https://doi.org/10.1176/appi.ps.201500004>

INFLUENCES ON THE MENTAL HEALTH OF IMMIGRANTS

A variety of internal and external influences significantly impact the mental health of people who immigrate to North Carolina. These influences can be both positive and negative, shaping people's experiences and overall well-being. Below are descriptions of some of these positive and negative factors and quotes from interviews that illustrate these factors.

Positive Influences

Collectivist cultures - One of the most notable positive upstream influences is the presence of collectivist cultures among many immigrant communities. Collectivism emphasizes the importance of family, community, and social networks, which can provide a robust support system.⁵ This support network can help mitigate stress, offer emotional care, and provide practical assistance during challenging times. The sense of belonging and mutual aid within these communities can enhance resilience and improve mental health outcomes.

“And I think that’s one of our biggest strengths, is the fact that we are a collectivist culture and we’re gonna be thinking about not just what’s good for me, but what’s good for my entire family. If I make this decision, if I go down this path, how is that going to impact my family? And the legacy that we leave for our families, you know, family honor, family legacy, is something that’s really important to us.”

“Even being out for a while, laughing, cracking jokes, or being with someone else who speaks your language, bonding with others who share your culture—I think that can also make significant strides for someone’s mental health.”

Sense of responsibility to family - A sense of responsibility to family can serve as a protective factor for the mental health of immigrants. This responsibility fosters a strong purpose and motivation to overcome challenges and succeed in a new environment. The drive to support family members, both financially and emotionally, can strengthen resilience and promote positive coping strategies. Additionally, close family ties offer a support network that provides comfort, advice, and understanding, mitigating feelings of isolation and stress.

“Family strength, which is incredibly character-building... and I see this especially in the young people I work with, because those ties of family will often be the things that keep them from engaging in risky behavior and not that; you know, ‘we’re all afraid of what our mom might do if she finds us doing this, that, or the other,’ but they often have perhaps a heightened sense of responsibility. Like, ‘my father is not at home because he works and I’m the oldest kid in the house. And if I do this, my little brother will see it, so I really can’t mess up.’”

Preservation of cultural traditions and practices - Another positive influence is the preservation of cultural traditions and practices that immigrants bring with them. These cultural practices often include rituals, religious activities, and community gatherings that foster a sense of identity and continuity. Engaging in familiar cultural practices can provide comfort and stability, reducing feelings of isolation and alienation in a new country.

⁵ APA Dictionary of Psychology. Collectivism. Accessed July 24, 2024. <https://dictionary.apa.org/collectivism>

Grit and resilience - Perseverance and passion for long-term goals helps immigrants persist through the challenges of adapting to a new environment. Resilience—the ability to recover from setbacks—enables immigrants to cope with the stressors of migration, such as cultural adjustments, language barriers, and potential discrimination. These traits foster a sense of agency and hope, empowering immigrants to navigate difficulties and maintain psychological well-being despite adversities.

“So, I think [there are] many positive attributes of the immigrant experience that can buttress against mental health challenges. I would say number one is grit. Because so many immigrants have had a clear vision of a better life.... So, you know, that kind of grit is really just for me inspiring. And it inspires all the times that I see immigrant families who have worked so hard in the face of financial distress, fear, and incredible challenges to power through for this very clear vision of a better life for them and their family. I would say it is an incredible source of resilience for most of the immigrants that I work with.”

“We’re also pretty innovative people. Like they tend to figure out ways to, you know, make things work or overcome the challenges that they face. So, I think, being innovative and creative, it really I think it helps with the mental challenges.”

Welcoming nature of a community - The welcoming nature of a community can profoundly influence the mental health of immigrants. In communities that embrace diversity and inclusivity, immigrants are more likely to feel valued, supported, and celebrated, which can help decrease feelings of isolation and stress. Such environments provide social networks, access to resources, and opportunities for cultural exchange, fostering a sense of belonging and stability. Conversely, unwelcoming communities can exacerbate mental health issues by perpetuating social exclusion, discrimination, and hostility.

Negative Influences

Patriarchal social structures - Patriarchal social structures present in many immigrant communities can negatively impact mental health, particularly for women and other marginalized groups. Patriarchy can enforce rigid gender roles and limit opportunities for personal and professional growth, leading to increased stress and mental health issues among all genders. Women in such structures may face additional burdens, such as domestic responsibilities and limited autonomy, which can exacerbate feelings of depression and anxiety.

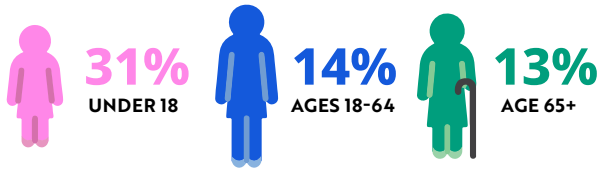
“And because we are a patriarchal culture, we just don’t talk about it, right? Because the men are supposed to be providers. They’re supposed to be strong. And the moment we cry or the moment we talk about our feelings, then we’re seen as weak.”

Economic responsibilities and hardships - Many immigrants face barriers to employment, resulting in financial instability. This economic pressure can lead to chronic stress, negatively impacting mental health. Additionally, immigrants often encounter systemic discrimination and xenophobia, which can further deteriorate mental well-being by creating an environment of exclusion and hostility.

MENTAL HEALTH AND IMMIGRATION

The foreign-born unemployment rate in NC is **5%** compared to **5.6%** for US-born, however many immigrants live in poverty:

Below 100% Federal Poverty Level in 2021



Few immigrants are participating in public assistance programs:



Source: Perreira KM, Carlson L. *The Immigrant Community in North Carolina*. Carolina Population Center. https://carolinademography.cpc.unc.edu/wp-content/uploads/2023/02/immigrant_community_nc-1.pdf

Experiences of trauma – People who immigrate to North Carolina may have experienced a variety of traumas in their home countries and/or during the process of migrating to the United States. These experiences can include war, sexual violence, domestic abuse, poverty, and exploitation, among others. These experiences and the transmission of the effects of trauma from one generation to another can significantly impact the mental health of immigrants. Immigrant families can carry the psychological burden of past traumatic experiences such as war, persecution, displacement, and loss, which can manifest as anxiety, depression, and PTSD in subsequent generations.¹ This trauma can influence family dynamics, parenting styles, and stress responses, creating a pervasive environment of psychological distress. The compounded stress of adapting to a new culture while managing unresolved ancestral trauma can further exacerbate mental health challenges. Concern for family and friends still in the home country can also contribute to stress and anxiety.

“It’s heartbreaking when you see it with the kids, as well. And that just really disrupts what we know about healthy children who develop well, [which] is when they have these reliable ties to people who love them no matter who those people are.... And so, when you see those ties stretched, ripped, broken through these traumatic events or even just the stress that carries over, it shows up in the ways that child develops and learns how to have healthy relationships themselves.”

“I’ve heard stories about young, young children as old as like, 10 years old, and the Americans are shoving guns into their hands and asking them to fight in the war... And so, what that does to a young child and how that impacts his growth and development over time. Oh my gosh, I can’t even imagine.

And then what that does to the women because then that bleeds over to the family unit and then it’s really up to the women to be the nurturer, to be the place of comfort, not just for her husband, but then for her children. And it’s a lot for women to carry and how that impacts us as the leader, the nurturer within our household and how we show up as the primary caretaker for all things health and home. It’s gonna have a really tremendous impact on the family unit.”

Immigration status - Immigration status can profoundly impact the mental health of immigrants, introducing a range of stressors and anxieties. Immigrants who lack legal immigration status often live in fear of deportation, which can lead to chronic anxiety or depression. Uncertainty about the future and the potential separation from family members exacerbate these mental health challenges. Additionally, barriers to accessing health care and other essential services due to immigration status can prevent immigrants from seeking necessary mental health support.

“[In the Mecklenburg County Latino Community Strengths and Needs Assessment] every single category of service needed was higher for undocumented [individuals]. And [also], when we look at how much people worry about certain topics like money, housing, mental health, physical health... So, we’re seeing a ton of burden on the undocumented community, but they’re also in this space where they feel like they don’t have any rights in this country because they’re undocumented.”

¹ Sangalang, C.C., Vang, C. *Intergenerational Trauma in Refugee Families: A Systematic Review*. *J Immigrant Minority Health* 19, 745–754 (2017). <https://doi-org.libproxy.lib.unc.edu/10.1007/s10903-016-0499-7>

Political landscape and discrimination - Policies and rhetoric involving deportation, asylum restrictions, and family separations can create an environment of fear and uncertainty. This can exacerbate feelings of anxiety as immigrants navigate the risks of policy changes that could affect their immigration status and personal safety. Additionally, anti-immigrant sentiments and discrimination fueled by political discourse can lead to social isolation and psychological distress.

“I really only started feeling discriminated when I came to the United States. [In my home country] you can see discrimination there. Like, people discriminate like because other people have lower incomes.... I don't understand, but yeah, I start feeling the microaggressions, especially living in rural North Carolina and people look at you different and people say things. I've had some things that have happened to me like I go to a supermarket, I'm buying my groceries and I have like cleaning supplies and the cashier asked me 'Oh, how much do you charge for cleaning the houses?' So, the assumption is that I clean houses.”

Unfamiliarity and isolation - Unfamiliarity with new systems can be stressful for people who immigrate to North Carolina. For example, the American school system and its expectations of parents can be very different from those in immigrants' home countries, and these differences are not necessarily explained. Isolation can be an issue for immigrants who move to communities in the United States where there are few other immigrants from their home country. For example, Latino immigrants in Western North Carolina, where there is a smaller Latino population, have reported that it can be hard to have a sense of cultural pride and shared celebrations.

GROUPS WITH SPECIFIC MENTAL HEALTH NEEDS

Everyone has unique mental health needs and challenges, and it can be helpful to understand how some aspects of identity can influence these needs and challenges. These can include country of origin, gender, sexual orientation, employment category, and immigration status. The following section describes how specific identities may influence mental health and well-being.

Men and women - Male and female immigrants face distinct mental health challenges shaped by gender-specific experiences and societal roles. Some male immigrants may grapple with the pressure to fulfill traditional provider roles, leading to stress, anxiety, and potential feelings of inadequacy if they struggle to find stable employment. The focus on work and responsibility to provide for their families can potentially lead to challenges making social connections. They may also face increased experiences of social isolation related to cultural expectations of stoicism. Female immigrants, on the other hand, may encounter unique stressors such as domestic responsibilities, caregiving, and potential exposure to gender-based violence. Additional factors may influence the mental health of women who are:

- Pregnant
- From a culture where communication with men is more limited
- Survivors of abuse or sexual violence
- People who experienced child or other forced marriage

Older adults/elders - Older adult immigrants can face unique mental health challenges that stem from a combination of life transitions, cultural displacement, and socioeconomic factors. Some older immigrants experience profound isolation due to language barriers, separation from extended family, and unfamiliarity with the new cultural environment. They may struggle with a loss of social status and professional identity. Additionally, older adults can face physical health issues that can compound mental health concerns. The stress of adapting to a new health care system, the potential lack of social support networks, and potential stress of burdening adult children with whom they live may further intensify these challenges. Older adults who experienced war or other traumas may suffer from post-traumatic stress disorder (PTSD).

FROM THE RESEARCH: OLDER ADULT IMMIGRANTS AND MENTAL HEALTH

“Undocumented adults worry about deportation, family separation, and state surveillance (Dreby, 2015; Valdez et al., 2013). Older-age immigrants likely have added worries related to aging such as being stressed about not being able to afford care (Ayón et al., 2020). One qualitative study used focus groups with older Latinx older individuals in North Carolina and found that they report high levels of ‘nervios’ (nerves/anxiety; Larson et al., 2017). Boen and Hummer (2019) found that Latinx foreign-born had more depressive symptoms compared with white older adults even after taking into account socioeconomic status and stress. Guo and colleagues (2019) found that Chinese immigrants who arrived at the United States in the older ages were more likely to have depressive symptoms. A study of Chinese immigrants in Chicago documented feelings of loss due to distance from relatives in immigrants’ home country (Dong et al., 2012). All of these factors may dampen the mental health of older undocumented adults.”

Source: Flores Morales J. Aging and undocumented: The sociology of aging meets immigration status. *Sociology Compass*. 15(4):2021. <https://doi.org/10.1111/soc4.12859>

Individuals experiencing discrimination - Immigrants to the United States may encounter racism for the first time upon arrival, experiencing discrimination based on their country of origin, ethnicity, language, or cultural background. This can manifest in various forms, such as social exclusion, derogatory comments, or biased treatment in workplaces and public services. These experiences can be shocking and distressing, leading to feelings of isolation and heightened stress.

International students - International students may face unique mental health challenges due to cultural adjustment, academic pressure, social isolation, and financial stressors. They can struggle with homesickness and the stress of adapting to a new educational system. Language barriers and cultural differences can make it difficult to form social connections, exacerbating feelings of loneliness. Additionally, the fear of academic failure and visa-related uncertainties can heighten stress levels. These students may also lack access to financial assistance that American students may have access to.

“And so, there’s a lot of stress associated with that, especially student visas, you know, these youth that come by themselves, their parents just send them to school, and they come here and they’re having to navigate things, you know. I have referred a college student who’s really struggling to kind of figure that out and then they have to get a job, but they’d have to make sure that their job is going to sponsor them... It’s incredibly stressful. And the concern also is their family, so they always feel the burden of their family who sent them to the US for a better life and then the ideas that they would be successful in America and then help their families back home, that’s the immigrant story. So then if you fail, you’re failing your entire community back home. So, they are carrying all this weight on their shoulders while being 18, 19, 20, so they do end up facing a lot of crisis.”

Children and youth - Younger immigrants face unique mental health challenges as they navigate the complexities of adapting to a new culture while maintaining their cultural identity. They often bear the stress of acting as cultural interpreters for their families, leading to role reversals and additional pressures. Balancing two different cultures can create internal conflicts, especially when parents have different expectations about acculturation and preserving cultural values than their children do. For some groups, differing cultural values—such as views on educating female children—add to the stress. Additionally, making independent decisions for their mental health like taking medication can be difficult if they need to keep these choices from their parents. These multifaceted challenges necessitate supportive interventions that respect the dual cultural identities and unique pressures faced by children and youth.

“Immigrants having to essentially be life interpreters for their parents. They have to code switch often not just in language but in culture, and while in many ways that builds character for them, it’s often very stressful because at 11 years old they may have to be interpreting at a medical appointment for their mom, which should never happen, but it happens all the time. Or the stress that a young child may feel because they’re having to talk to the electric repair person. An 8-year-old doesn’t know what it is, but they have a tummy ache every day at school because that’s how the body expresses that permanent level of anxiety.”

“And for the youth, they can’t even imagine not telling their parents [about mental health needs] because they’re used to having this close relationship where they tell them everything. So, I’m like, I know your parent loves you, I know that they care about you, but if they’re like, ‘don’t start medicine,’ you do not have to get their permission. You are adults. You have a doctor. You are smart. You’re well educated.”

“There is definitely a group [of adults] that vigorously rejects [mental health concerns of youth]. They will say things like, ‘they need to get over it,’ or, ‘I went through all these worse horrible things, I don’t see what their problem is with their little issue in their perfectly safe American town, you know, they don’t have any of the laundry list of things I went through. How could they possibly feel bad? They’re just spoiled or bratty or whatnot.’ So, there is a component of that.”

Immigrants with, or parents of children with, disabilities - Immigrants with disabilities or immigrant parents of children with disabilities face unique mental health challenges, including navigating a complex health care system that may not be fully accessible or culturally sensitive. They can encounter language barriers and lack of adequate support services, which can lead to feelings of isolation and stress. The stigma surrounding disabilities in both their native and host cultures can exacerbate mental health issues. Additionally, the need to advocate constantly for appropriate care and education for their children can lead to chronic stress and burnout. These issues can be exacerbated in rural areas, where access to services may be more limited.

“So, it’s very different than when you are an American mom; we need resources and you speak the language. And then your son is diagnosed with autism. Like you have all these resources, and they connect with all these programs and everything. We start treatment immediately. But when you are a Latina and you don’t have the language, you feel completely lost. But you don’t know where to go. The waiting list is crazy because the providers who speak Spanish are almost nonexistent.”

Farmworkers, agricultural workers, and non-agricultural workers – Farmworkers and agricultural worker immigrants face distinct mental health challenges shaped by their demanding work and living conditions. The concept of mental health may be unfamiliar to members of this group, necessitating education. Long work hours and the need to maximize earnings create barriers to accessing care, as time away from the fields means lost wages. Poor living conditions, often without basic amenities like air conditioning and private space, and lack of health care access make telehealth options impractical. The transient nature of agricultural work, with many farmworkers staying only 8-9 months in one location, may lead to compartmentalizing mental health issues and reluctance to voice concerns about living or working conditions. This group includes seasonal farmworkers who live in the same place year-round, migrant workers traveling within the country, and H-2A visa holders from other countries, such as the over 10,000 H-2A workers in North Carolina annually from April through September. Each subgroup faces unique challenges related to their mobility and employment status, further complicating their mental health care needs.

H-2B visa non-immigrant workers perform non-agricultural labor or services in the United States. The employment must be of a temporary nature for a limited period of time, such as a one-time occurrence, seasonal need, peak load need, or intermittent need. They have the pressure to look for housing close to work sites, which presents some issues in remote areas.

Refugees - Refugees face unique mental health challenges due to the traumatic experiences that often precede their displacement, such as war, violence, and persecution. These experiences can lead to PTSD, anxiety, and depression. The resettlement process adds additional stressors, including

cultural adjustment, language barriers, and uncertainty about the future. Refugees may also struggle with grief and loss from being separated from loved ones and their homeland.

Others - Other groups with specific needs that were not discussed during landscape analysis interviews include:

- **LGBTQIA** - LGBTQIA immigrants face unique mental health challenges due to compounded experiences of discrimination and marginalization. They may encounter stigma and rejection both within their own cultural communities and in broader society. This dual-layered discrimination can lead to heightened levels of stress, anxiety, and depression.
- **People who lack legal immigration status** - People without legal immigration status, recipients of Deferred Action for Childhood Arrivals (Dreamers), and mixed-status families face unique mental health challenges due to constant uncertainty and fear of deportation. The stress of living with an uncertain future can lead to chronic anxiety and depression. Dreamers, who have grown up in the United States, can struggle with identity and belonging, feeling American but lacking legal recognition. Mixed-status families face additional stressors, as members with legal immigration status worry about the safety and stability of family members who lack legal immigration status. These challenges are compounded by limited access to mental health services and support due to legal and financial barriers.
- **Survivors of human trafficking** - Survivors of human trafficking who are immigrants often face unique and severe mental health challenges due to the traumatic experiences they endured. These challenges can include complex PTSD, severe anxiety, depression, and a pervasive sense of fear and mistrust. The trauma from exploitation, combined with the stress of navigating a foreign environment, can lead to significant psychological distress. Additionally, survivors often struggle with feelings of shame and guilt, compounded by cultural stigma associated with their experiences.

FROM THE RESEARCH: LGBTQIA ASYLEE AND REFUGEE MENTAL HEALTH

"[LGBTQI + refugees and asylees] frequently reported trauma symptoms such as hypervigilance, avoidance, depression, suicidality, and social alienation. Mistrust and fear were two common negative feelings reported by participants due to consecutive calamitous stress-inducing life events (i.e., persecution, humiliation, arbitrary arrest, torture, brutal beating, and rape, mainly before asylum). Almost all included studies addressed trauma. Two case reports specifically described traumatic symptomatology, including anxiety, grief, and suicidality.

Coping strategies and support resources were two other emerged themes across data. Various coping mechanisms such as drinking or using drugs, ignoring discrimination, hope and staying positive, community engagement, activism, and religious activities were adopted by participants to relieve distress. Participants utilized different strategies to negotiate their interactions with their community; staying in the closet in their countries and avoiding diaspora community after migration were two common strategies to avoid stigma and discrimination. Some participants either hid or negotiated their queer identity with diaspora to maintain connections. Ally friends or relatives, affirmative service providers, and LGBTQI + organizations were considered sources of support."

Source: Nematy, A., Namer, Y. & Razum, O. LGBTQI + Refugees' and Asylum Seekers' Mental Health: A Qualitative Systematic Review. *Sex Res Soc Policy* 20, 636–663 (2023). <https://doi.org/10.1007/s13178-022-00705-y>

FROM THE RESEARCH: HUMAN TRAFFICKING AND MENTAL HEALTH

“The psychological trauma experienced by survivors of trafficking may be considered as potentially devastating to their mental health. In a recent study of persons trafficked into or within the United States, high rates of depression (71%) and PTSD (61%) were found. It is interesting to note that, although only 61% met full criteria for PTSD, 91% of the sample (N = 131) endorsed various symptoms of PTSD; 45% reported suicidal ideation, and 59% endorsed comorbidity of PTSD and depression. Lederer and Wetzel (2014) studied the physical and mental health consequences reported by women and girls (N = 106) trafficked in the United States. In this study, the most frequently reported mental health problems included depression (88.7%), anxiety (76.4%), nightmares (73.6%), flashbacks (68.0%), low self-esteem (81.1%), and feelings of shame and guilt (82.1%) Poorer mental health outcomes were found for women with histories of previous violence, abuse, and neglect and for those who were trafficked for 6 months or more. Extensive and persistent health problems are associated with complex trauma and PTSD.”

Source: Stevens S, Acker S, Green K, et al. Understanding the mental health impact of human trafficking. *Journal of the American Association of Nurse Practitioners*. 2019; 31 (12): 699-704. doi: 10.1097/JXX.0000000000000225

- **Immigrants with work visas** - Immigrants with work visas face unique mental health challenges stemming from the pressure to meet job expectations and maintain their legal immigration status. The fear of job loss, which could result in losing their visa, can result in anxiety and stress. Additionally, they may experience isolation due to being away from family and familiar support systems. The high demands of their jobs, possibly coupled with long hours, can lead to burnout and mental exhaustion. Navigating cultural differences in the workplace can further compound these stressors.
- **Unaccompanied minors** - Unaccompanied minor immigrants face unique mental health challenges related to the significant trauma and stress associated with their migration journey. These children often endure separation from their families, exposure to violence, and hazardous travel conditions, leading to anxiety, depression, and PTSD. The uncertainty of their immigration status and fear of deportation further exacerbate these issues. Once in the host country, they may struggle with language barriers, cultural adaptation, and isolation, lacking the familial and community support critical for emotional stability.

FROM THE RESEARCH: UNACCOMPANIED MINOR REFUGEES AND MENTAL HEALTH

“Across interviews and surveys, [Unaccompanied Minor Refugee] (URM) program staff emphasized youth resiliency. Youth were described as adaptive, hardworking, quick learners, family/community-minded, goal-oriented, and big-hearted. Program staff emphasized that youth are skilled at building community and developing connections with other people, focusing on goals, advocating for themselves, and developing mechanisms to cope with the trauma they have experienced. As one URM program staff described, ‘Their biggest strength is just their resiliency. They made it here and have overcome so much already. They know so much and have so many skills.’...

On the survey and in interviews, URM program staff named a few common mental health diagnoses among URM youth, including adjustment disorder, PTSD, and depression. Staff also reported that these mental health conditions may take time to manifest and diagnose. They described a ‘honeymoon’ period when youth first arrive where they are often quiet and adjusting to their new environment. After this initial period, youth may start to exhibit new behaviors; sometimes these behaviors are positive (e.g., opening up and discussing their feelings), and sometimes they are negative (e.g., showing signs of PTSD, anxiety, or depression). Additionally, URM program staff discussed that because youth have often lived independently with little supervision in other places, they may “rebel” after being placed in a foster family with household rules and restrictions.”

Source: Wasik, H. (2021). Youth mental health in the Unaccompanied Refugee Minors program: Findings from a descriptive study, OPRE Report #2021-36, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. <https://www.acf.hhs.gov/sites/default/files/documents/opre/URM%20STR%20Youth%20Mental%20Health-april-2021.pdf>

ACCESS TO MENTAL HEALTH CARE FOR IMMIGRANTS IN NORTH CAROLINA



STANDARD TREATMENT FOR MENTAL HEALTH IN THE UNITED STATES

The traditional standard of care for mental health conditions such as anxiety and depression in the US typically involves a combination of psychotherapy, medication, and lifestyle modifications.

Psychotherapy - Often referred to as talk therapy, psychotherapy is a cornerstone of mental health treatment. Cognitive behavioral therapy (CBT) is one of the most common approaches, focusing on identifying and changing negative thought patterns and behaviors. Other types of psychotherapy include dialectical behavior therapy (DBT), psychodynamic therapy, and interpersonal therapy. These methods aim to provide individuals with coping mechanisms and strategies to manage their symptoms effectively.

Medication - Medications can be another treatment resource for anxiety and depression. Antidepressants are frequently prescribed to help balance neurotransmitters in the brain that affect mood and emotional state. For anxiety, benzodiazepines or beta-blockers may be used for short-term relief. Medication is recommended to be used in conjunction with psychotherapy for optimal results.

Lifestyle modifications and social support - Lifestyle changes can support mental health treatment. Regular physical activity, a balanced diet, sufficient sleep, and stress management techniques like mindfulness or meditation can significantly improve symptoms of anxiety and depression. Social support from family and friends, in addition to engaging in activities that promote well-being and reduce stress, is equally important.

Integrated care - An integrated approach to care involves collaboration between primary care providers, mental health specialists, and other health care professionals. This can help create a holistic treatment plan that addresses all aspects of an individual's health and meets the person where they are with their conception of mental illness.

Monitoring and follow-up - Continuous monitoring and follow-up are essential to assess the effectiveness of treatment and make necessary adjustments. Regular check-ins with health care providers can help manage any side effects from medications and provide ongoing support for psychotherapy.

NEED FOR CULTURALLY SENSITIVE CARE

American standards of mental health care may not align with the needs of some immigrant populations who are more likely to prioritize community support, holistic approaches, or spiritual practices. Cultural differences in expressing and understanding mental health issues can lead to misunderstandings and mistrust of conventional treatments. For instance, some cultures might view mental health problems as a family issue rather than an individual one, preferring collective intervention over private therapy. These differing priorities can sometimes be disparaged by those in the American medical system. Recognizing and integrating these cultural preferences is crucial for providing effective and culturally sensitive mental health care.

BARRIERS TO CARE

Immigrants face a variety of barriers to accessing mental health care, including stigma, lack of insurance, language and cultural barriers, and misinformation. Addressing these barriers requires a multi-faceted approach, including increasing the availability of culturally competent providers, expanding access to insurance, providing community education to reduce stigma, and ensuring that mental health services are accessible and affordable. By addressing these challenges, we can improve mental health outcomes for immigrant populations and support their overall well-being.

Stigma

Stigma surrounding mental health is a pervasive issue in many immigrant communities. In some cultures, mental health issues are viewed as a sign of weakness, moral failing, or spiritual affliction, leading to shame and reluctance to seek help. The fear of being judged or ostracized by their community can prevent individuals from acknowledging their mental health needs and can make it challenging to seek and receive support.

“I know my mother and some of my older siblings when they hear the word ‘mental health’ it really gets them. Gives them a lot of anxiety because for us, anytime you say the word ‘mental’ it brings a negative deficit thought, you know, of, ‘we’re not crazy’. But I think it’s how we socialize the term. But if you say ‘well-being,’ it’s a different story. They’re more receptive to getting assistance and advice.”

“There’s just a lot of stigma, a lot of fear. A lot of my clients tell me, ‘you know, I don’t want my family to know that I’m here talking to you.’”

“People don’t really seek help, professional help until it’s way too--not too late, but it’s really, really bad, because of that stigma. You know, ‘I’m not crazy. I don’t need that.’ You know, we always hear people saying that ‘[therapy is] for crazy people,’ but it’s really not.”

Access to insurance

Insurance is a critical factor in accessing mental health services, and many immigrants face significant obstacles in this area. Immigrants who lack legal immigration status are mostly ineligible for public health insurance programs like Medicaid in North Carolina or federal programs such as premium subsidies on the Affordable Care Act insurance marketplace and may not have access to employer-provided insurance. Immigrants with legal immigration status may face waiting periods to qualify for public programs, restrictions based on their immigration status, or lack knowledge about how to access programs and services. Even with insurance, navigating the US health care system requires health literacy and language skills that can pose another barrier to immigrants (e.g., terms like co-pay, deductible, and in-network) and accessing care can include additional costs. Without insurance, the cost of mental health care can be prohibitively high, preventing many immigrants from obtaining the care they need.

“I don’t think refugees are exempt from a lot of the challenges and systemic barriers and struggles that immigrants in general face. There seems to be a more direct pathway towards resources and obtaining services. This applies to mental health, housing assistance, language assistance, job trainings, or different federally funded programs that serve refugees. There is an inequity in service provision that leads to varying experiences for many of our asylum seekers and undocumented brothers and sisters.”

Language barriers

Language barriers are substantial obstacles to accessing mental health care for immigrants; finding providers who speak their native language is often difficult. Communication barriers can lead to misunderstandings, misdiagnoses, and ineffective treatment. In addition, written materials are often only available in English. Even when immigrants would be willing to use interpreters, health care providers can be hesitant to provide those services or refuse care altogether. Accessing interpretation for less common languages and dialects through language services can also be a challenge.

“And related to that I think is availability of interpretation services. So, I will often have patients who, when they don’t see me, will decline an interpreter because they know it’s a long wait and sometimes the interpreter doesn’t interpret that well and so they’d rather just deal with their broken English and the provider’s broken Spanish and figure it out that one time.”

“Sometimes even when we have interpretation service, we have a specific dialect in the interpretation service that sometimes they cannot carry. And they don’t know how to find somebody. I mean, even though the interpretation company has more than 200 languages, it is not enough because we have specific dialects down there.”

“In Western Carolina, the need is more than in the Triangle area. We don’t have [many] bilingual therapists. We don’t have bilingual information sessions.”

Lack of culturally competent providers

The scarcity of culturally competent mental health providers further complicates access to care. Culturally competent providers understand the cultural context of their patients' experiences and can offer more effective and respectful care. For example, some cultures might express psychological distress through physical symptoms, which may not be adequately addressed by providers unfamiliar with these cultural nuances. However, there is a significant shortage of such providers, making it difficult for immigrants to find appropriate and sensitive care. This lack of culturally competent care can lead to a lack of trust in the health care system and discourage immigrants from seeking help.

“And I guess it really depends on what you're talking about... I feel like mental health is a very broad term. I'd say when people are just dealing with every day, I'm gonna call it everyday anxiety... there are a few more resources. But then if you move to people who are experiencing bipolar disorder or something, obviously the resources are so much more limited, especially for children. Like they can go to the hospital, but once the hospital discharges them, there's no real place they can go for follow-up care other than the hospital.”

“I'm oftentimes reluctant to refer them to any community-based mental health because...I would hate for them to have a bad interaction or a bad experience and then deter them... and for fear that there are providers that might not understand [our culture].”

Misinformation

Misinformation about mental health and available services is another barrier. Immigrants may not be aware of the mental health resources available to them or may have misconceptions about the nature and efficacy of mental health treatment. This lack of information can stem from inadequate outreach by mental health service providers or from cultural beliefs that misinform about mental health issues and treatments. Efforts to educate immigrant communities about mental health and available resources are essential to overcoming this barrier.

“I think the bias I see is that immigrant communities are often still very connected to their home countries on their WhatsApp channels and social media. And so, they'll get the misinformation feed that's running in their home country and the misinformation feed that's coming here.”

“Oh, but I heard if you start my kid on this ADHD medicine, they're gonna get addicted to drugs their whole life.' And so combating misinformation with real information in the language that people know and speak, not just the words, but the cultural nuances.”

Legal and logistical barriers

Immigration status can also pose a barrier to accessing mental health care. Immigrants who lack legal immigration status may fear deportation if they seek medical help, while others may be hesitant to use services due to concerns about privacy and the sharing of personal information. Logistically, immigrants may also face challenges such as lack of transportation, inconvenient service hours, and difficulty navigating the health care system.

“[People] also think about [their] future... I would like to eventually be a permanent resident or a citizen. But I also know that there's things that could be flagged. In the quick of a change of administration, they could be like, now this is public charge.”

FACTORS ASSOCIATED WITH EFFECTIVENESS OF MENTAL HEALTH RESOURCES

Effective physical and mental health care for immigrants requires health care providers who can provide culturally relevant care in the languages of the individuals being served. Other factors that can make services for immigrants effective include:

Navigation services - Navigation of health care services can be helpful for immigrant populations by bridging gaps caused by language barriers, cultural differences, and unfamiliarity with the health care system. Skilled navigators can guide immigrants through the complexities of accessing care, understanding insurance options, and finding culturally competent providers. They can also educate immigrants about available services and how to utilize them effectively, improving access to timely and appropriate care. This support not only improves health outcomes but also fosters trust in the health care system, empowering immigrants to take charge of their health and well-being.

Partnership with trusted community leaders - Partnering with trusted community leaders can help health care providers improve access and build trust among immigrant populations. Leaders who are respected and well-integrated within their communities can serve as cultural liaisons, helping to bridge the gap between health care providers and immigrants. They can advocate for the community's needs, facilitate communication, and provide reassurance about the intentions and benefits of health care services. Such partnerships enhance the credibility of health care initiatives, increase participation in health programs, and help providers create more culturally relevant services. It is important to note that integration of community leaders in care partnerships should include proper training and opportunities to compensate them for their time and efforts.

“There are least 3 or 4 pastors [that have] my number on speed dial so they call me when they have someone in their congregation who is there experiencing a crisis or needing services. So as facilitators go, the church has been key.”

“Of course, the trusted messengers and leaders are a key point in their communities. Because if I trust you, I’m really sure that you can provide me the best way to connect with somebody. In my language or even not in my language. Somebody who can provide me interpretation service that is going to be ideal for my situation.”

“We have plenty of community leaders that are trusted and respected and I think the challenge is compensating them for their time. But also providing the appropriate training because often there are many leaders who say, ‘I see this as a problem and I want to help but I don’t know exactly what to do yet,’ and then a lot of times the trainings that are offered are by entities that are very traditional and rooted in non-immigrant services.”

Openness to non-traditional care - Landscape analysis interviewees consistently discussed the importance of non-traditional services that can help improve the mental health and well-being of immigrants. These include group gatherings and community building as a way to decrease isolation and help people build solidarity, build trust, and talk about their challenges.



Building trust – Trust is an important factor for immigrant communities in determining whether they will seek care. That can mean building a relationship over time with a health care provider or other service provider before engaging in discussion about mental health services. Trust should be built with the entire community, not just individuals, as both positive and negative experiences will be shared by word-of-mouth within the community.

“Interestingly enough, we talk about trust a lot. We typically find that Latino immigrants are, on the front end, willing to trust their health care provider, but it’s easy to lose trust. What I’ve seen is that people call somebody doctor who’s not even doctor - a nurse, a therapist, or a community health worker - because they are entering the relationship deferentially and with trust. Unless that health care provider has been off-putting in some way, they are willing to trust and provide information, even very sensitive information. But as soon as that health care provider seems like they’re not worthy of the trust, it not only affects the patient-provider relationship but ripples out. People in the community talk and soon not only the provider but the clinic or organization the health care provider is associated with gets a reputation of a person or place you can’t trust.”

“I think kind of building those bridges of solidarity has such a huge impact on people’s mental health and I think even when it comes to community meetings, I’ve had people come up to me after and be like, ‘This is what I was missing, I was missing just sitting down and talking to people who have shared similar struggles’. That common notion of you are not alone. You have a community behind you who is going through similar things.”

“By and large, for me personally, I would say they are very open to hearing more about [mental health] because we have a long-standing relationship of trust and I have helped them in the past with many other things so they’re willing to listen and not cut me off.”

Connecting with community outside of health care facilities – Providing services and hosting events outside of health care can be an effective strategy to raise awareness about, and access to, mental health services. Engaging with immigrants in community spaces such as cultural centers, schools, religious institutions, and local events allows for a more approachable and relatable introduction to mental health topics. These interactions can demystify mental health care, reduce stigma, and encourage open discussions, making it easier for immigrants to seek help when needed and integrate mental wellness into their daily lives.

“[She] was in the front of the church giving this bold [talk about mental health] but people were so welcoming because when we were like infusing spirituality and [she] talked about the spiritual idea as a string and how it can help motivate and I think that really makes people feel like, okay I’m ready to listen.”

“I would say the support groups definitely have been an integral part in providing the support because if we can train the community to support one another, that at least gives us some resources in the community.”

“The model of accessing health care at health care centers that involves the community coming to the medical provider as opposed to medical providers to the community. And for a lot of our community there are so many steps. There’s having a driver’s license, having a car going there, knowing the bus route.”

ACCESS TO MENTAL HEALTH CARE FOR IMMIGRANTS IN NORTH CAROLINA

MENTAL HEALTH RESOURCES AND PROGRAMS FOR IMMIGRANTS

The following is a list of resources related to mental health care for immigrant populations in North Carolina. Organizations listed were identified through interviews and internet searches.

This is likely not a complete list of mental health resources for immigrants. Most are concentrated in central North Carolina, with few available in the Western and Eastern parts of the state. The resources in the following table are listed in alphabetical order.

ORGANIZATION	LOCATION	NOTES
WESTERN NC		
CENTRO UNIDO	McDowell County	Instructors in teen and youth mental health, QPR (Question, Persuade, Refer) Suicide Prevention, trauma, and resilience; working to break stigma of mental health; educational forums; coordinate telehealth therapy sessions with a Spanish-speaking provider from another organization.
MAHEC (MOUNTAIN AREA HEALTH EDUCATION CENTER)	All counties in Western NC	Provides comprehensive psychiatric and behavioral health services for children, adolescents, and adults. Includes bilingual staff.
UNIDXS	Jackson and Graham Counties	Help people or groups impacted by social, economic, educational, and cultural inequities by working to promote social inclusion, equality, and solidarity through the development and implementation of educational, social, and cultural projects.
VECINOS	Cherokee, Clay, Graham, Jackson, Macon, and Swain Counties	Vecinos is a free clinic, serving 100% uninsured and underinsured patients with free primary and behavioral health care.
CENTRAL NC		
ACCESS FAMILY SERVICES, INC.	Charlotte, NC	Listed as a resource by the Center for New North Carolinians.
ALLIANCE MEDICAL MINISTRY	Wake County	Listed as a resource by the Center for New North Carolinians.
ANOTHER LEVEL COUNSELING SERVICES	Charlotte, NC	Interpreters available; has provided refugee mental health services; listed as a resource by the Center for New North Carolinians.
ART THERAPY INSTITUTE	Carrboro, NC	Provides school-based mental health services, clinic-based counseling, refugee women's support groups through grants; listed as a resource by the Center for New North Carolinians.
BEHAVIORAL HEALTH CAROLINAS HEALTHCARE	Charlotte, NC	Listed as a resource by the Center for New North Carolinians.
BEHAVIORAL HEALTH CENTER- CMC RANDOLPH	Charlotte, NC	Listed as a resource by the Center for New North Carolinians.
CAARE CLINIC	Durham and surrounding counties	Free for uninsured individuals; listed as a resource by the Center for New North Carolinians.
CAMINO HEALTH CENTER	Mecklenburg and Cabarrus Counties	Bilingual staff connect people with resources to meet basic needs, provide therapy, and peer support; training Latinos across the state on peer support; training Latino pastors to be community leaders, providing resources and referrals.

ACCESS TO MENTAL HEALTH CARE FOR IMMIGRANTS IN NORTH CAROLINA

ORGANIZATION	LOCATION	NOTES
CENTRAL NC <i>CONTINUED</i>		
CATHOLIC CHARITIES OF THE DIOCESE OF RALEIGH	Raleigh, NC	Provides professionally trained clinical counseling services to individuals, couples, and families; counseling is provided by licensed mental health therapists in English or Spanish.
CENTER FOR PREVENTION SERVICES	Charlotte, NC	Substance use counseling; listed as a resource by the Center for New North Carolinians.
CRISIS	Charlotte, NC	Mecklenburg County mobile crisis team; emergency mental health, substance abuse, developmental disability crisis; listed as a resource by the Center for New North Carolinians.
EL CENTRO HISPANO	Several counties in Central NC	Works to strengthen the community, build bridges, and advocate for equity and inclusion; health promotion and prevention programs include integrated health, diabetes prevention, mental health, preventive health, STD prevention, substance use prevention, COVID-19 vaccines, and health education.
EL FUTURO	Durham and Siler City, NC	Comprehensive bilingual and culturally responsive mental health and substance use services for the Latino community. Also provide training and educational activities for improving Latino Mental Health in North Carolina and beyond-listed as a resource by the Center for New North Carolinians.
EL PUEBLO	Raleigh, NC	Build collective power through leadership development, organizing, and direct action; provide some direct services, including canvassing at supermarkets and local Latine businesses, giving out at-home COVID-19 tests, providing mental health support, and the Faith Action ID program.
FAITHACTION INTERNATIONAL HOUSE	Greensboro, NC	Serves and advocates alongside over 3,000 new immigrants and refugees and their families from over 60 diverse nations each year; bilingual staff (Spanish, English, and French); provides mental health services to people without legal immigration status; also has an Immigrant Assistance Center, FaithAction ID Program and Network, Stranger to Neighbor Programs; provide one on one help with services for basic needs (food and diapers, health care, and housing issues); safe spaces and accompaniment for domestic/sexual violence survivors, and emergency assistance to families facing detention and deportation.
FAMILY OUTREACH AND COUNSELING CENTER	Charlotte, NC	Listed as a resource by the Center for New North Carolinians.
FAMILY PRESERVATION SERVICES	Charlotte, NC	Listed as a resource by the Center for New North Carolinians.
FAMILY SERVICES OF THE PIEDMONT	Greensboro, NC	Services for anxiety, depression, PTSD, sexual assault, domestic violence; listed as a resource by the Center for New North Carolinians.
GUILFORD ORANGE CARD PROGRAM	Guilford County	People can qualify for health-related services at reduced cost, sliding-scale fees if they do not have a regular primary care doctor; are not eligible for state or federally sponsored health insurance including the ACA Health Insurance Marketplace (Exemption Required), Medicare, Medicaid (except a Family Planning Waiver) or Veteran's Administration; live in Guilford County (only); min. 3 months, 6 months preferred, and annual income is between 0-200% of the federal poverty level.
HOPE COMMUNITY CLINIC OF EAST CHARLOTTE	Charlotte, NC	Integrated care clinic serving the uninsured and the underinsured; focuses on the whole person, blending primary care, behavioral and mental health, and specialty care.

ACCESS TO MENTAL HEALTH CARE FOR IMMIGRANTS IN NORTH CAROLINA

ORGANIZATION	LOCATION	NOTES
CENTRAL NC <i>CONTINUED</i>		
IMMIGRANT AND FAMILY HEALTH	Chapel Hill, NC	Provides health screenings, health educational resources, language-specific infographics to educate the community about health-related topics and resources, and provides support in finding care, comparing and signing up for insurance, making health appointments, and understanding the US health system, among other services.
INSTEPP	Durham, NC	Hosts the Nueva Vida program, a culturally specific program for Hispanic-Latino immigrant women who are victims of crimes (e.g., domestic violence, sexual assault, human trafficking), unemployed or underemployed. All workshops are conducted in Spanish.
INSTITUTE FOR FAMILY CENTERED SERVICES	Charlotte, NC	Listed as a resource by the Center for New North Carolinians.
KELLIN FOUNDATION	Greensboro, NC	Reduced rate or free; services for mental health, trauma, substance abuse; listed as a resource by the Center for New North Carolinians.
LINCOLN COMMUNITY HEALTH CENTER, BEHAVIORAL HEALTH CLINIC	Durham, NC	Must be registered patient for health care with Lincoln Community Health Center; listed as a resource by the Center for New North Carolinians.
MENTAL HEALTH ASSOCIATION	Charlotte, NC	Education and referrals; listed as a resource by the Center for New North Carolinians.
MENTAL HEALTH ASSOCIATION OF CENTRAL CAROLINAS	Charlotte, NC	Listed as a resource by the Center for New North Carolinians.
MOBILE CRISIS	Charlotte, NC	Available by phone and will come to patient location; listed as a resource by the Center for New North Carolinians.
NORTH CAROLINA AFRICAN SERVICES COALITION	Greensboro, NC	Provides services to refugees, asylees, and human trafficking victims who settle in Greensboro, NC; case managers support refugees with special needs for their self-sufficiency and integration into new communities, including special programs for those from Afghanistan and Ukraine; Refugee Youth Empowerment (RYE) staff help refugee youth overcome economic, social, financial, and psychological barriers to access higher education, utilizing peer mentors to reach long-term economic self-sufficiency.
PINTANDO FLORES	Greensboro, NC	Monday night groups; services for identity, anxiety, and depression; listed as a resource by the Center for New North Carolinians.
REFUGEE SUPPORT CENTER	Carrboro, NC	Volunteer-based organization established to facilitate the transition of local North Carolina refugees to a new life by providing them services, helping them access resources, and developing their skills to promote self-sufficiency; direct and as-needed services include housing, employment, transportation, health care/social service access, financial literacy, driver education, free tax assistance, pro bono legal counseling, enrichment activities for children, navigation of education, health care, safety net, and financial systems, and revolving loan fund.
RHA COMMUNITY CLINIC	Burlington, NC	Listed as a resource by the Center for New North Carolinians.

ACCESS TO MENTAL HEALTH CARE FOR IMMIGRANTS IN NORTH CAROLINA

ORGANIZATION	LOCATION	NOTES
CENTRAL NC <i>CONTINUED</i>		
SANCTUARY HOUSE	Greensboro, NC	Must have major mental illness in order to receive services; provides support and network for individuals; listed as a resource by the Center for New North Carolinians.
SANDHILLS CENTER FAMILY SUPPORT AND COMMUNITY COLLABORATION	Greensboro, NC	Listed as a resource by the Center for New North Carolinians.
STRONG MINDS, STRONG COMMUNITIES	Greensboro, NC	Research study at UNC Greensboro; offers free meetings with trained community health workers to support personal growth, build coping skills, and connect you with resources in the community; listed as a resource by the Center for New North Carolinians.
SYNERGIE OF WELLNESS	Charlotte, NC	Substance use counseling; listed as a resource by the Center for New North Carolinians.
THERAPEUTIC ALTERNATIVES	Greensboro, NC	Free, mobile crisis services; listed as a resource by the Center for New North Carolinians.
THOMPSON CHILD & FAMILY FOCUS	Charlotte, NC	Listed as a resource by the Center for New North Carolinians.
TRINITY CHRISTIAN COUNSELING	Greensboro, NC	Services for depression, anxiety, sexual abuse, grief, parenting, anger management; listed as a resource by the Center for New North Carolinians.
UNITED FAMILY SERVICES	Charlotte, NC	Listed as a resource by the Center for New North Carolinians.
EASTERN NC		
CATHOLIC CHARITIES OF THE DIOCESE OF RALEIGH	Newton Grove, NC	Provides professionally trained clinical counseling services to individuals, couples, and families; counseling is provided by licensed mental health therapists in English or Spanish.
EPISCOPAL FARMWORKER MINISTRY	Dunn, NC	A joint project of the Episcopal Diocese of East Carolina and the Episcopal Diocese of North Carolina; work with agricultural workers (farmworkers, meat processing plant workers, and workers from nurseries, packing houses and poultry, swine, or livestock farms) and immigrant families in Eastern rural NC; coordinates direct services, leadership programs, community education programs, and advocacy in support of the community.
NC FIELD	Eastern NC	Dedicated to meeting the needs identified by farmworkers and their children in Eastern North Carolina; has a program called Healthy Roots that is addiction prevention and recovery for uninsured residents, offered in Spanish and English.
ULECAN - UNION OF LATINOS IN EASTERN NORTH CAROLINA	Carteret, Craven, and Pamlico Counties	Peer support, and to help community members in challenging social, economic, educational, or cultural situations.

ACCESS TO MENTAL HEALTH CARE FOR IMMIGRANTS IN NORTH CAROLINA

ORGANIZATION	NOTES
STATEWIDE	
AMEXCAN	Promotes the appreciation, understanding, and prosperity of the Mexican and Latino community, through advocacy, culture, education, leadership, health, and binational programs; has a health program called North Carolina Latino Health Alliance; currently involved in initiatives in 16 counties.
CHURCH WORLD SERVICE	Have mental health counselors for immigrants; empowering and equipping immigrant and refugee leadership, building relationships through community events and activities; multiple locations throughout North Carolina.
CURAMERICAS GLOBAL	Partnered with Guatemalan Consulate in Raleigh to improve access to health care for Guatemalans living in the Carolinas; offer health care screenings and information on how to access health care providers, including those who serve persons without health insurance.
LOCAL HEALTH DEPARTMENTS	Health departments across the state have a variety of programs and/or work with immigrant-serving groups to provide services.
MONARCH	A trauma-informed company that provides support to people with intellectual and developmental disabilities, mental illness, and substance use disorders in North Carolina; provide services throughout North Carolina.
NATIONAL SUICIDE HOTLINE	The 988 Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week in the United States.
NC FARMWORKER HEALTH PROJECT	Operated by the North Carolina Office of Rural Health; behavioral health component involves integrating sites with behavioral health, including FQHCs, nonprofits, free and charitable clinics; can contract for teletherapy; 95% of population speaks Spanish or indigenous languages; educate agencies about farmworker needs; mental health services vary at sites across the state and may not be available; specific sites are Vecinos (Cullowhee, NC), AppHealthCare (multiple locations in Northwest NC), Good Samaritan Clinic (Morganton, NC), Surry Medical Ministries (Mount Airy, NC), Piedmont Health Services (multiple locations in Central NC), Rural Health Group (multiple locations in North Central NC), NC Farmworkers' Project (health program has mobile medical unit), and Black River Health Services/Manos Unidas (Atkinson, NC).
NORTH CAROLINA PARENT TEACHER ASSOCIATION	Education for PTAs across the state about resources that National PTA offers on mental health; 3 workshops in Spanish and English.
PUBLIC SCHOOL DISTRICTS	Some school districts host information sessions for families on mental health issues.

ACCESS TO MENTAL HEALTH CARE FOR IMMIGRANTS IN NORTH CAROLINA

ORGANIZATION	LOCATION	NOTES
REFUGEE SERVICE PROVIDERS (Listed by NC Department of Health and Human Services, https://policies.ncdhhs.gov/wp-content/uploads/raxb.pdf)		
NC AFRICAN SERVICES COALITION, INC. (ECDC) GREENSBORO	Guilford, Forsyth, Alamance Counties	Case Management, Employment, Social Adjustment Services, Interpretation and Translation, Transportation, Educational and Vocational Training, Information and Referral, Skills Recertification, Drivers Training, Youth Services
CAROLINA REFUGEE RESETTLEMENT AGENCY, INC. (HIAS) CHARLOTTE	Mecklenburg, Gaston, Union, Cabarrus Counties	Case Management, Employment, Interpretation and Translation, Immigration and Citizenship, EAD, Educational and Vocational Training, Health and Wellbeing Support, Citizenship, Driver's Training, Transportation.
CATHOLIC CHARITIES DIOCESE OF CHARLOTTE (USCCB) CHARLOTTE	Mecklenburg, Gaston, Cabarrus, Union, Lincoln, Iredell Counties	Case Management, Employment, Interpretation and Translation, Social Adjustment Services, Information and Referral, Driver's Training, Youth Services, Information and Referral
CATHOLIC CHARITIES DIOCESE OF CHARLOTTE WESTERN REGIONAL OFFICE - ASHEVILLE	Buncombe, Avery, Burke, Haywood, Henderson, Jackson, McDowell, Macon, Madison, Polk, Rutherford, Transylvania, and Yancey Counties	Case Management, Employment, Information and Referral, Interpretation and Translation, Information and Referral, Youth Services
CENTER FOR NEW NORTH CAROLINIANS - UNC GREENSBORO	Guilford, Alamance, and Forsyth Counties	Immigration and Citizenship, Outreach, and Interpretation and Translation to Afghan clients
CHURCH WORLD SERVICE (CWS) DURHAM	Alamance, Cumberland, Durham, Orange, and Wake Counties	Case Management, Employment, English Language Training, Educational and Vocational Training, Child Care, Citizenship, Interpretation and Translation, Skills Recertification, Civics Training, Information and Referral
CHURCH WORLD SERVICE (CWS) GREENSBORO	Guilford, Rockingham, Stokes, Forsyth, Davidson, and Randolph Counties	Case Management, Employment, English Language Training, Educational and Vocational Training, Child Care, Citizenship, Interpretation and Translation, Skills Recertification, Civics Training, Information and Referral, Health Promotion
CHURCH WORLD SERVICE (CWS) WILMINGTON	New Hanover, Pender, Brunswick, and Cumberland Counties	Case Management, Employment, English Language Training, Educational and Vocational Training, Citizenship, Interpretation and Translation, Skills Recertification, Information and Referral
ELON UNIVERSITY SCHOOL OF LAW HUMANITARIAN IMMIGRATION LAW CLINIC GREENSBORO	Statewide	Citizenship, Transportation, Interpretation and Translation
INTERFAITH REFUGEE MINISTRY (EMM) NEW BERN	Craven, Carteret, Lenoir, Duplin, Pitt, Onslow, and Sampson Counties	Case Management, Employment, English Language Training, Citizenship Instruction, Interpretation and Translation, Social Adjustment Services, Transportation, Educational and Vocational Training, Driver's Training, Information and Referral, Youth Services

ACCESS TO MENTAL HEALTH CARE FOR IMMIGRANTS IN NORTH CAROLINA

ORGANIZATION	LOCATION	NOTES
REFUGEE SERVICE PROVIDERS <i>CONTINUED</i> (Listed by NC Department of Health and Human Services, https://policies.ncdhhs.gov/wp-content/uploads/raxb.pdf)		
INTERNATIONAL HOUSE OF METROLINA CHARLOTTE	Mecklenburg, Cleveland, Catawba, Union, Gaston, Rowan, Stanly, Iredell, Cabarrus, Lincoln, Davidson, Burke, Caldwell, and Anson Counties	Immigration and Citizenship, EAD, Outreach, Interpretation and Translation
LUTHERAN SERVICES CAROLINAS (LIRS) ASHEVILLE	Buncombe, Henderson, Haywood, Madison, and Transylvania Counties	Case Management, Employment, Interpretation and Translation, Transportation, English Language Training, Educational and Vocational Training, Drivers Training, Skills Recertification, Day Care/Childcare, Civics Instruction, Outreach, Youth Services
LUTHERAN SERVICES CAROLINAS (LIRS) RALEIGH	Wake, Durham, Orange, and Cumberland Counties	Case Management, Employment, Interpretation and Translation, Transportation, Educational and Vocational Training, English Language Training, Drivers Training, Skills Recertification, Day Care/Childcare, Civics Instruction, Outreach, Youth Services, Information and Referral
LUTHERAN SERVICES CAROLINAS (LIRS) SALISBURY	Rowan, Iredell, Davie, Davidson, Guilford, Cabarrus, Union, Stanly, and Mecklenburg Counties	Case Management, Employment, Interpretation and Translation, Transportation, Educational and Vocational Training, Drivers Training, Skills Recertification, Day Care/Childcare, Outreach
MONTAGNARD ASSOCIATION OF NORTH CAROLINA, INC.	Guilford, Forsyth, Randolph, and Alamance Counties	Case Management, Employment, Interpretation and Translation, Social Adjustment Services, Day Care, Information and Referral, Transportation, Educational and Vocational Skills Training, Driver's Training
NEW ARRIVALS INSTITUTE GREENSBORO	Guilford, Alamance, Davidson, Forsyth, Rockingham, Randolph, Ashe, Watauga, Wilkes, Yadkin + all 100 counties (virtually)	Case Management, English Language Training, Day Care, Interpretation and Translation, Transportation, Health and Well-Being Support, Educational and Vocational Training, Civics Instruction, Outreach, Youth Services, Driver's Training, Employment services, Skills Recertification, Information and Referral
NEW ARRIVALS INSTITUTE WESTERN NC OFFICE	Ashe, Watauga, Wilkes, and Yadkin..... And all 100 counties (virtually)	Case Management, English Language Training, Interpretation and Translation, Educational and Vocational Training, Outreach, Driver's Training, Employment services, Skills Recertification, Information and Referral
OURBRIDGE, INC. CHARLOTTE	Mecklenburg County	Youth Services
REFUGEE SUPPORT SERVICES OF THE CAROLINAS CHARLOTTE	Mecklenburg, Union, and Cabarrus Counties	Case Management, Outreach, Employment Support, Civics Instruction, Translation and Interpretation, English Language Trainings, Information and Referral, Transportation
SENIOR RESOURCES OF GUILFORD GREENSBORO	Guilford County	Case Management, English Language Training, Interpretation and Translation, Transportation, Outreach, Information and Referral, Citizenship and Civics Instruction

ORGANIZATION	LOCATION	NOTES
REFUGEE SERVICE PROVIDERS <i>CONTINUED</i> (Listed by NC Department of Health and Human Services, https://policies.ncdhhs.gov/wp-content/uploads/raxb.pdf)		
US COMMITTEE FOR REFUGEES AND IMMIGRANTS (USCRI) RALEIGH	Chatham, Cumberland, Durham, Edgecombe, Forsyth, Johnston, Lee, Nash, Orange, Wake, and Wilson Counties	Case Management, Employment, English Language Training, Interpretation and Translation, Social Adjustment Services, Skills Recertification, Transportation, Educational and Vocational Training, Driver's Training, Youth Services
WAKE TECHNICAL COMMUNITY COLLEGE RALEIGH	Durham, Orange, Sampson, Franklin, Harnett, Johnston, and Wake Counties	English Language Training, Civics Training, Information and Referral, Skills Recertification, Transportation, Educational and Vocational Training, Civics Training
WILBERFORCE CENTER FOR JUSTICE & HUMAN RIGHTS	Alamance, Chatham, Durham, Forsyth, Guilford, Randolph, and Rockingham	Immigration and Citizenship, Outreach, and Interpretation and Translation to Afghan clients
WORLD RELIEF REFUGEE SERVICES (WR) DURHAM	Durham, Alamance, Wake, Orange, Forsyth, Franklin, and Johnston Counties	Case Management, Outreach, Employment, Interpretation and Translation, Social Adjustment Services, Transportation, Educational and Vocational Training, Driver's Training, Health and Well-Being Support, Child Care, Information and Referrals

IMMIGRATION MENTAL HEALTH EVALUATION

While not required, some types of immigration cases for legal immigration status are strengthened by having an immigration evaluation. These are “assessment[s] conducted by a licensed clinician to explain the mental health state of an individual in an immigration case”. There are different forms of these assessments, and they can be conducted by a licensed social worker, mental health counselor, or psychologist. Typically, these assessments would be used to help strengthen cases for the following types of immigration cases:

- **U Visa** – “U visa gives undocumented immigrants who have been victims of a serious crime the right to live in the United States. Psychological evaluations can help u visa petitioners prove the mental and emotional consequences of the crime.”
- **T Visa** – “T visa provides victims of human trafficking with the right to live and work in the United States. A psychological evaluation can help an immigration court understand how human trafficking affected the petitioner emotionally.”
- **Asylum** – “Political asylum is given to undocumented immigrants who are forced to flee their country as a political refugee. Immigration mental health evaluations can help asylum seekers show evidence of persecution in their home country.”
- **Spousal Abuse (VAWA)** - This petition allows spouses and children who are victims of domestic violence to obtain a green card. A mental health evaluation can help document the consequences of the abuse, such as post-traumatic stress disorder and other trauma-related problems.
- **Extreme Hardship** - Psychological evaluations can be used to show that deportation would cause extreme hardship to qualifying family members, such as US citizen children.
- **Cancellation of Removal** - A psychological evaluation can be used to help support a deportation cancellation of removal order.”^u

^u NYC Immigration Evaluations. Understanding Immigration Evaluations. <https://nycimmigrationevals.com/blogs/what-is-an-immigration-evaluation>

North Carolina immigration evaluation therapists

An Immigration Evaluation Therapist Directory identifies 14 individuals who provide this type of evaluation as of June 2024: ^v

- Irina Baechle, LCSW – Wake Forest, speaks Russian
- Janet Vaughn, PhD, LCSW, BCD – Hope Mills
- Shakoya Hicks, LPCS, LCMHCS – remote
- Vanessa Servellón, LCSW – remote, speaks Spanish
- Alison York Sanderson, LCMHC – Apex
- Julie Bridges, LCMHC, LPC – remote
- Tora Kincaid, PhD – Morganton
- Nick Harper, LCSW, LAC – Durham
- Callie McBroom, MSW, LCSWA, CSW – Hillsborough
- Amanda Mead, PhD – remote
- Carolina Robles, LCSW – Asheville, speaks Spanish
- Gatewell Therapy Center, LLC – remote, speaks Spanish
- Robinson Psychological Services, LLC – remote
- Camilia Pulgar - Academic Faculty Clinician - Winston Salem capulgar@wakehealth.edu /

OTHER STATE ACTIVITIES RELATED TO IMMIGRANT MENTAL HEALTH

The development of a broader immigrant mental health network should include and consider other activities in North Carolina related to immigrant mental health. Landscape analysis interviews helped to identify some of these activities, which include:

- **NC Extension** is conducting research on mental health terminology with farmworkers. Findings are scheduled to be released in November 2024.
- **Connecting Latino Communities to Advance Advocacy for Health Equity** – This is a project funded by Blue Cross Blue Shield NC Foundation with the following organizations involved:
 - *Asociación de Mexicanos en Carolina del Norte AMEXCAN*
 - *Centro Unido Latino Americano*
 - *El Centro Hispano, Inc.*
 - *El Pueblo, Inc.*
 - *Episcopal Diocese of East Carolina*
 - *FaithAction International House*
 - *NC Field, Inc.*
 - *Western North Carolina Workers Center*



^v NYC Immigration Evaluations. Understanding Immigration Evaluations. <https://nycimmigratorevals.com/blogs/what-is-an-immigration-evaluation>

POLICIES THAT INFLUENCE IMMIGRANT MENTAL HEALTH



POLICIES THAT INFLUENCE IMMIGRANT MENTAL HEALTH

POTENTIAL AREAS FOR POLICY DEVELOPMENT OR ENFORCEMENT IN NORTH CAROLINA

State and local policies play a key role in determining the accessibility of mental health services for immigrants. These policies can either facilitate or hinder access through regulations that impact insurance coverage, funding for community health programs, and the availability of culturally competent care. Landscape analysis interviewees shared a variety of potential policy changes that could positively impact the accessibility of mental health services for immigrants in North Carolina.

Several of these policy actions are also outlined in the Urban Institute's November 2023 report **Supporting North Carolina's Immigrant Families: Addressing Barriers and Promoting Solutions for a More Inclusive Safety Net** - <https://www.urban.org/research/publication/supporting-north-carolinas-immigrant-families>.

Payment for care

Medicaid payment policy significantly impacts immigrant access to care, particularly through limitations on payment for interpreter services and the availability of providers. When Medicaid does not adequately cover interpreter services, language barriers can lead to ineffective communication or to providers choosing not to serve patients who do not speak English. More broadly, Medicaid's lower reimbursement rate for services than that of private plans results in fewer mental health providers accepting patients enrolled in Medicaid or limiting the number of patients they serve.

Access to Medicaid coverage in general can be a challenge for immigrants due to the need to navigate unfamiliar systems and the application process.

Potential for policy action:

- Identify opportunities for monitoring and enforcement of current linguistic accessibility policies for health care settings.
- Increase health care provider awareness and education about requirements and tools to provide linguistically accessible services.
- Increase awareness and education for immigrants to know their rights related to linguistic accessibility in health care settings, ways to advocate for themselves, and what to do when language access is not provided.
- Evaluate possible impacts that Medicaid managed care could have on linguistically accessible health care services and access to culturally relevant mental health services.
- Reduce the complexity of Medicaid application process and increase awareness of eligibility for the program.
- Clarify income calculation for purposes of applying for public benefits in multi-generational households.

“The incentives aren't always there. I would say at a federal or state level. You know, it's not like it's raining down dollars to have all these interpreters trained, high quality, and easily available. The system right now doesn't make it easy to do the right thing. And I think on the state level there are no incentives for providers really to use interpretation services because anytime you have a visit in another language it's going to take you twice as long to have that visit, but you don't get paid for twice the visit. You have the same 15 minutes.... Again, most of the time it's not intentional. It's just the reality.”

MEDICAID AND PAYMENT FOR INTERPRETER SERVICES

“All providers who receive federal funds from [Health and Human Services] for the provision of Medicaid/CHIP services are obligated to make language services available to those with Limited English Proficiency (LEP) under Title VI of the Civil Rights Act and Section 504 of the Rehab Act of 1973. However, language interpretation services are not classified as mandatory 1905 services.

States are not required to reimburse providers for the cost of language services, nor are they required to claim related costs to Medicaid/CHIP. States may consider the cost of language services to be included in the regular rate of reimbursement for the underlying direct service. In those cases, Medicaid/CHIP providers are still obligated to provide language services to those with LEP and bear the costs for doing so. Still, states do have the option to claim Medicaid reimbursement for the cost of interpretation services, either as medical-assistance related expenditures or as administration.”

Source: Medicaid.gov. Translation and Interpretation Services.

<https://www.medicaid.gov/medicaid/financial-management/medicaid-administrative-claiming/translation-and-interpretation-services/index.html>

POLICIES THAT INFLUENCE IMMIGRANT MENTAL HEALTH

Availability of culturally competent care

Developing a culturally competent workforce for immigrant mental health is necessary to address the unique challenges faced by these populations. Training health care providers in cultural awareness and cultural humility can improve understanding and respect for diverse backgrounds.

Encouraging immigrant or first-generation youth to pursue careers in mental health can further enhance this workforce. These individuals often possess bilingual skills and firsthand cultural knowledge, making them well-equipped to bridge gaps in care and effectively serve their communities, thereby promoting better mental health access and outcomes for immigrants. As with other workforce challenges in health care, rural areas have a particular challenge as youth sometimes prioritize moving to urban areas as they seek education and careers.

Adult immigrants credentialed in mental and behavioral health care provide another possible resource for culturally competent care. Often these credentials do not easily transfer to the US system, and it can be costly to go through the process of education and recertification.

Finally, philanthropic organizations have an important role in funding community-based organizations that provide care, particularly for low-income and uninsured immigrants. Culturally relevant care may include different types of services than are traditionally considered part of mental health care in the United States. Flexibility with funding to provide relevant services, such as group activities and community building, can help to support access to these effective strategies.

Potential for policy action:

- Identify strategies to support youth who are immigrants, come from immigrant communities, and/or speak a language other than English to explore careers and pay for education related to the mental health workforce.
- Identify opportunities to help immigrants transfer skills and credentials in mental and behavioral health from their home country to the United States.
- Encourage philanthropic organizations to be flexible with the types of services they will fund.

Funding for community health programs

State and local governments can allocate funds to community health programs that specifically address the needs of immigrant populations. These programs can offer services in multiple languages and incorporate culturally relevant practices, making mental health care more accessible and acceptable to immigrants. For example, funding can support the training of bilingual and bicultural mental health professionals, the establishment of community health centers in immigrant neighborhoods, and outreach programs to educate immigrants about available services.

Potential for policy action:

- Increase funding for school counselor resources.
- Ensure predictable funding for community health workers.
- Create incentives for community-based programs intended to serve immigrants.

Legal and logistical barriers

State and local policies can either mitigate or exacerbate stress and anxiety for immigrants as well as the legal and logistical barriers to accessing mental health care. Policies related to law enforcement interaction with immigrants can influence the level of fear of deportation among undocumented immigrants. Policies that require health care providers to report undocumented patients can deter immigrants from using mental health services. Additionally, local transportation policies that improve public transit options can make it easier for immigrants to travel to mental health appointments, especially in underserved areas, and access to internet services can impact the ability to participate in telehealth appointments.

Potential for policy action:

- Identify state and local immigration-related policies that may impact immigrant likelihood to access mental health services based on fear of legal action (both real and perceived).
- Increase access and reduce cost of using public transportation and broadband internet service.

Education and outreach

State and local governments can also impact mental health access through education and outreach initiatives. Policies that fund public awareness campaigns about mental health and available services can reduce stigma and inform immigrants about how to seek help. Schools and community centers can be leveraged as sites for disseminating information and providing initial screenings or referrals, especially in immigrant-heavy neighborhoods.

Potential for policy action:

- Identify opportunities to work with communities to increase awareness of mental health and well-being and resources to provide support.

Research

There are many gaps in our understanding of the need for mental health services among immigrants, preferred services and treatment strategies, and the workforce to serve the mental health needs of immigrants. There is also little to no data on the demographic characteristics of mental health providers that care for immigrant populations across the state. Having more data on these topics can help to understand the gaps in care and develop targeted solutions.

Potential for policy action:

- Identify funding and research partners to create a data development plan to more fully understand immigrant mental health needs and the mental health workforce to serve immigrants.

CONCLUSION



CONCLUSION

Findings from this landscape analysis clearly demonstrate the need for coordinated action to help address the mental health needs of immigrants in North Carolina. El Futuro and partners will continue to seek opportunities to establish an Immigrant Mental Health Solidarity Network in North Carolina and develop strategies to move toward policy solutions.

WISHES FOR THE FUTURE

Landscape analysis interviewees were asked to discuss their wishes for the future of immigrant mental health in North Carolina. Their responses are reflected here.

Campaigns to normalize mental health

Consistent funding for community health workers

Funding primary care providers so that the right thing is easy to do (i.e., providing interpreter services)

More programs catered specifically for immigrants

Linking systems statewide so that immigrants who move around do not lose track of data and programs they are enrolled in

Apps to help people navigate health care services, language issues, etc.

Equitable access to services across all areas of the state

Awareness and inclusion of indigenous languages in care

Every person that seeks help is able to get the help that they need within a week or two

More funding for community grassroots efforts towards mental health counseling

Equitable access to affordable housing

More monitoring of language access in health care

Confidence to access services without judgement and with a provider who understands language and culture

Scholarships for youth who want to pursue mental or behavioral health care careers



"I would love to see a world where all of our residents regardless of documentation status can access [mental health care] without any barriers, would feel comfortable accessing it where there's not fear, where there's not nervousness about it, where there's not stigma related to it. 'I'm going to seek care because I know that I need help and I don't need an interpreter to come with me. I don't need anybody else to come with me because I feel comfortable going. I feel comfortable reaching out for help.'

I know that we have so much work to do in this space, but wouldn't it be beautiful if we ever got to a place where we could just access [care] without being afraid, to where we can make those calls knowing that there's gonna be somebody who looks like me who understands all of me, all of my cultures, my religion, all of the background, the history of everything that I am."



1. **Agricultural worker** – “As a nonimmigrant class of admission, this is a noncitizen coming temporarily to the United States to perform agricultural labor or services, as defined by the secretary of Labor.”
2. **Asylum seeker** – “An individual who is seeking international protection. In countries with individualized procedures, an asylum seeker is someone whose claim has not yet been finally decided on by the country in which he or she has submitted it. Not every asylum seeker will ultimately be recognized as a refugee, but every recognized refugee is initially an asylum seeker.”
3. **Climate migration** – “The movement of a person or groups of persons who, predominantly for reasons of sudden or progressive change in the environment due to climate change, are obliged to leave their habitual place of residence, or choose to do so, either temporarily or permanently, within a State or across an international border.”^x
4. **Country of origin** – “In the migration context, a country of nationality or of former habitual residence of a person or group of persons who have migrated abroad, irrespective of whether they migrate regularly or irregularly.”^x
5. **DACA (Deferred Action for Childhood Arrivals)** - “People who came to the United States as children and meet several key guidelines may request consideration of deferred action for a period of 2 years, subject to renewal, and, if approved, will then be eligible for work authorization if they can demonstrate economic necessity.”
6. **Displacement** – “The movement of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters.”^y
7. **Dreamers** - Young people impacted by DACA and the Development, Relief and Education for Alien Minors (DREAM) Act are often referred to as “Dreamers.”^z
8. **First generation immigrant** – A person born outside the United States who immigrates to the United States.
9. **Immigrant** – “From the perspective of the country of arrival, a person who moves into a country other than that of his or her nationality or usual residence, so that the country of destination effectively becomes his or her new country of usual residence.”^x
10. **Integration** – “The two-way process of mutual adaptation between migrants and the societies in which they live, whereby migrants are incorporated into the social, economic, cultural and political life of the receiving community. It entails a set of joint responsibilities for migrants and communities, and incorporates other related notions such as social inclusion and social cohesion.”^x
11. **Labor migration** – “Movement of persons from one State to another, or within their own country of residence, for the purpose of employment.”^x
12. **Latino vs Latine vs Latinx vs Hispanic** – “At the most basic level, the terms Hispanic and Latino refer to two different, partially overlapping groups*:
 - Hispanic refers to a person with ancestry from a country whose primary language is Spanish.
 - Latino and its variations refer to a person with origins from anywhere in Latin America (Mexico, South and Central America) and the Caribbean.”^{aa}
 - Latine and Latinx are terms that acknowledge the gender binary inherent in the Spanish language and attempt to be inclusive of the entirety of the gender spectrum. Latine, in particular, is a term generated from within the community and is also more linguistically congruent with Spanish language structure than the term Latinx.”^{bb}
13. **LEP (Limited English Proficiency)** – “Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English are limited English proficient, or LEP.”^{cc}

w US Citizenship and Immigration Services. Glossary. <https://www.uscis.gov/tools/glossary>

x United Nations International Organization for Migration. Key Migration Terms. <https://www.iom.int/key-migration-terms>

y US Citizenship and Immigration Services. Frequently Asked Questions. https://www.uscis.gov/humanitarian/consideration-of-deferred-action-for-childhood-arrivals-daca/frequently-asked-questions#what_is_deferred_action

z Anti-Defamation League. What is DACA and who are the Dreamers? <https://www.adl.org/resources/tools-and-strategies/what-daca-and-who-are-dreamers>

aa Duke University School of Medicine. Ask the OEDI: Hispanic, Latino, Latina, Latinx - Which is Best? <https://medschool.duke.edu/blog/ask-oedi-hispanic-latino-latina-latinx-which-best>

bb La Mesita Latine Mental Health Professional Network. What is La Mesita? <https://elfuturo-nc.org/training-and-research/la-mesita-latine-mental-health-provider-network/>

cc NC Cooperative Extension. Limited English Proficiency (LEP). <https://evaluation.ces.ncsu.edu/civil-rights/limited-english-proficiency-lep/>

- 14. LOTE (Language Other Than English)** – Refers to individuals who need to use a language other than English to communicate effectively.
- 15. Migrant** – “An umbrella term, not defined under international law, reflecting the common lay understanding of a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons. The term includes a number of well-defined legal categories of people, such as migrant workers; persons whose particular types of movements are legally-defined, such as smuggled migrants; as well as those whose status or means of movement are not specifically defined under international law, such as international students.”^x
- 16. New Americans** – “Encompasses people who might consider themselves new arrivals in the US and anyone who is a non-native English language speaker. New Americans might be immigrants, refugees, or temporary or long-term visitors. New Americans may be here with or without legal documentation. New Americans might be born here to immigrants or have newly arrived themselves. New Americans may come from any place, including countries that are affluent and those that are under-resourced.”^{dd}
- 17. Refugee (1951 Convention)** – “A person who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.”^x
- 18. Second generation immigrant** – A person who was born in the United States who has parents who were born outside the United States.
- 19. Temporary Protected Status** – “A temporary immigration status provided to nationals of certain countries experiencing problems that make it difficult or unsafe for their nationals to be deported there.”^{ee, ff}
- 20. Unaccompanied Minor/Child** – An immigrant who is under the age of 18, does not have legal immigration status in the United States, and has no parent or legal guardian in the United States or no parent or legal guardian in the United States is available to provide care and physical custody.
- “Entered the United States without presenting themselves for inspection at an official checkpoint to obtain permission to enter the country (e.g. crossing the border without inspection).”
 - “Entered the United States with legal status (e.g. student visa) and then remained in the country after their ‘duration of status’ date (found on their I-94) or after their visa expired.”
 - “Have been granted temporary reprieve from deportation through the federal government’s Deferred Action for Childhood Arrivals (DACA) program. Additionally, individuals who had DACA in the past, or will be eligible to request DACA later if the program is fully reinstated.”
 - “Are pursuing legalization (e.g. U.S. Citizen Spouse Petition, Asylum petition, or U-visa pending, etc.) but currently have no legal status.”
 - “Immigration status is in ‘limbo’ or puts them ‘at-risk’ for being targeted by immigration enforcement. This could occur due to many factors, such as politics (e.g. TPS program is at risk due to policy shifts), to U-visa recipients who cannot adjust their status due to personal circumstances (e.g. lack of funds, missing a deadline).”^{hh}

^{aa} Duke University School of Medicine. Ask the OEDI: Hispanic, Latino, Latina, Latinx - Which is Best? <https://medschool.duke.edu/blog/ask-oedi-hispanic-latino-latina-latinx-which-best>

^{bb} La Mesita Latine Mental Health Professional Network. What is La Mesita? <https://elfuturo-nc.org/training-and-research/la-mesita-latine-mental-health-provider-network/>

^{cc} NC Cooperative Extension. Limited English Proficiency (LEP). <https://evaluation.ces.ncsu.edu/civil-rights/limited-english-proficiency-lep/>

^{dd} New Americans Library Project. Part 1: Summary of Research Findings. <https://newamericans.ala.org/white-paper/part-1/>

^{ee} American Immigration Council. Temporary Protected Status: An Overview. Feb. 27, 2024. <https://www.americanimmigrationcouncil.org/research/temporary-protected-status-overview>

^{ff} As of June 2024, individuals from the following countries can request Temporary Protected Status: Afghanistan, Burma, Cameroon, El Salvador, Ethiopia, Haiti, Honduras, Nepal, Nicaragua, Somalia, South Sudan, Sudan, Syria, Ukraine, Venezuela, and Yemen

^{gg} Cornell Law School Legal Information Institute. 6 U.S. Code § 279 - Children's affairs. <https://www.law.cornell.edu/uscode/text/6/279>

^{hh} Immigrants Rising. Defining Undocumented. <https://immigrantsrising.org/resource/defining-undocumented/>

Supporting North Carolina's Immigrant Families: Addressing Barriers and Promoting Solutions for a More Inclusive Safety Net -
<https://www.urban.org/research/publication/supporting-north-carolinas-immigrant-families>

2022 Latino Strengths and Needs Report – Mecklenburg County -
<https://simplebooklet.com/2022lcsna#page=1>

Mental Healthcare for Immigrants and First-Generation Families: Erasing the Stigma and Creating Solutions -
<https://digitalcommons.law.umaryland.edu/cgi/viewcontent.cgi?article=1399&context=jhclp>

Access and utilization of mental health services for immigrants and refugees: Perspectives of immigrant service providers -
<https://www.cpsp.pitt.edu/wp-content/uploads/2022/11/Int-J-Mental-Health-Nurs-2018-Salami-Access-and-utilization-of-mental-health-services-for-immigrants-and-refugees-.pdf>

United We Dream – UndocuHealth – Mental Health Toolkit - <https://unitedwedream.org/resources/mental-health-toolkit/>

State and city immigrant mental health networks or initiatives:

- **Refugee Community Wellness Workgroup and Coalition for Immigrant Mental Health workgroup on Children, Families and Trauma** – Illinois, <https://ourcimh.org/the-history-of-cimh>
- **North Indiana Hispanic Health Coalition – Immigrant Mental Health Summit,**
<https://nihhc.com/immigrant-mental-health-summit/>
- **New York Immigration Coalition** - Just and Equitable Behavioral Health for Immigrant New Yorkers: A Policy Agenda,
<https://www.nycic.org/our-work/health/behavioral-health/>
- **Health Care For All** – Massachusetts, Immigrant Health Toolkit, <https://hcfama.org/immigrant-health-toolkit/>
- **Society of Refugee Healthcare Providers** – nationwide, <https://refugeesociety.org/>