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Salud Mental: The Conceptualization and Experiences of Mental Health among Undocumented Mexican Immigrants

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**SALUD MENTAL: THE CONCEPTUALIZATION AND EXPERIENCES OF
MENTAL HEALTH AMONG UNDOCUMENTED MEXICAN IMMIGRANTS**

A Dissertation

Presented to

The Faculty of the School of Education

William & Mary in Virginia

In Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

by

Edith Gonzalez

March 2018

**SALUD MENTAL: THE CONCEPTUALIZATION AND EXPERIENCES OF
MENTAL HEALTH AMONG UNDOCUMENTED MEXICAN IMMIGRANTS**

by

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Dedication

This study is dedicated to my mom. *Mamá sin tu sacrificio y dedicación de brindarnos una vida mejor, nunca hubiera llegado a donde estoy hoy.*

This study is also dedicated to the undocumented Latinx population, especially my participants. Thank you for sharing your story.

“Ay, mi familia, oiga, mi gente, canten a coro nuestra canción.

Amor verdadero nos une por siempre, en el latido de mi corazón” (Coco, 2017)

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**SALUD MENTAL: THE CONCEPTUALIZATION AND EXPERIENCES OF
MENTAL HEALTH AMONG UNDOCUMENTED MEXICAN IMMIGRANTS**

ABSTRACT

This research study explored how undocumented immigrants define and experience mental health. A review of literature about undocumented Latinx immigrants emphasized that even in high distress, this population underutilizes mental health services. Data were analyzed through the lens of Latinx Critical Race Theory in an effort to conceptualize the role of multiple marginalization on the mental health state of undocumented Latinx immigrants. Eight undocumented Mexican immigrants in one city in a southern state were interviewed using semi-structured, open-ended questions. A transcendental phenomenology method was used to explore how this population experiences mental health. Data analysis revealed five themes that suggest that this population has a negative experience with mental health. The negative experience with mental health was influenced by family, community, and political climate. Additional findings are also discussed, along with implications for counselor education and clinical practice, limitations, and areas for further research.

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SALUD MENTAL: THE CONCEPTUALIZATION AND EXPERIENCES OF MENTAL
HEALTH AMONG UNDCOUMENTED MEXICAN IMMIGRANTS

CHAPTER ONE

The current social and political environment regarding undocumented immigrants in the United States negatively affects this population's well-being. For example, the push to build a wall on the U.S.-Mexico border, the pardoning of Sheriff Joe Arpaio, and the removal of the Deferred Action for Childhood Arrivals (DACA) have all provided an unsafe environment for Latinx immigrants. The possibility of deportation holds them in a constant state of uncertainty and fear of being separated from their families (Ayón, 2014). Immigration legislation may create an environment where unfair treatment and discrimination towards Latinx individuals is acceptable, thus increasing both barriers to and the need for mental health services among immigrant families (Ayón, 2014). For example, using the term "alien" to describe a foreign-born resident who has not acquired citizenship by naturalization has a negative connotation and distancing effect (Johnson, 1996). The term alien is a social construct and has increasingly become associated with immigrants of color (Johnson, 1996). Further, the division of "good" legal immigrants and "bad" illegal immigrants increases the tension within ethnic communities.

Undocumented Latinx Immigrants

An estimated 11,100,000 undocumented immigrants reside in the U.S., making up about 26% of all U.S. immigrants (Pew Hispanic Center, 2016a). More than half (52%) of the undocumented population originates from Mexico. Once in the U.S., a significant portion of the undocumented immigrant population resides in California, Florida, Illinois, New Jersey, New York, and Texas (Pew Hispanic Center, 2016a). The median

household income for this population, \$37,000, is significantly less compared to the U.S.-born citizen median household income of \$50,000 (Passel & Cohn, 2009). Many undocumented Latinx immigrants in the U.S. are male, alone or separated from some or all members of their nuclear families, with low levels of English proficiency and high levels of traditional Latinx values in extended family structures and gender organizations (e.g., Arbona et al., 2010; Passel & Cohn, 2009).

Undocumented immigrants with families are often in mixed-status households, that is families with at least one undocumented member. Approximately 8.8 million people in mixed-status households reside in the U.S., with 3.8 million of them being parents of U.S. born children (Passel & Cohn, 2009). About 7.3% of U.S. students enrolled in kindergarten through 12th grade are children of undocumented immigrants (Pew Hispanic Center, 2016a). Most of these students are U.S. born children who are U.S. citizens at birth, while a small number are undocumented immigrants themselves (Pew Hispanic Center, 2016a).

Immigrants become undocumented in a variety of ways: some travel to the U.S. without documentation; others arrive with documentation and overstay or violate their visas; and some follow underground routes without being inspected by an immigration officer to find employment or a better life (Cervantez, Mejía, & Mena, 2010; Dow, 2011). Some immigrants leave home with a hope of bringing family members once established in the U.S., also known as serial migration (Cervantes et al., 2010). Surrogate caregivers for the children who are left behind include grandparents, the remaining parent, aunts and uncles, a family friend, or multiple caregivers (Rusch & Reyes, 2012).

Identified needs for family well-being among undocumented Latinx immigrants include mental health, physical health care, employment, education, and information and support services (Ayón, 2014; L. R. Chavez, 2013). Mental and behavioral needs identified include prevention efforts, family interventions, counseling, and support groups (Ayón, 2014). There is a need for affordable, comprehensive health plans that include more than the general doctor for this population. Latinx immigrants often avoid seeking physical health care services until the pain becomes unbearable, at times leaving individuals to spend a week's salary on a single visit to the doctor (Ayón, 2014). Employment needs, especially for recent immigrants, include higher wages, nondiscriminatory environments, and stable employment (L. R. Chavez, 2013).

The identified educational needs of children in mixed-status families include tutoring services and information about higher education access (Ayón, 2014). In a study done by Ayón (2014), Latinx immigrants noted the need for acquiring information on all available services in the community such as job training and recreational activities (Ayón, 2014). Undocumented individuals want to be aware of new immigration laws, the impact of proposed laws if implemented, and clear information regarding their rights (Ayón, 2014). Undocumented immigrants are often unaware of the ins and outs of immigration legislation (L. R. Chavez, 2013). When faced with discrimination, many Latinx immigrants do not know whom to contact for help (Ayón & Becerra, 2013). There are also instances where individuals pose as lawyers when they are not, thus taking advantage of undocumented immigrants, “dangling the dream of security that comes with documentation” (L. R. Chavez, 2013, p. 192). Most of all, participants in the study done by Ayón (2014) stressed the need for a new immigration reform (Ayón, 2014). When

one member is undocumented, the whole family is affected. An immigration reform helping undocumented immigrants gain residency status will bring individuals tranquility over their legal status (Ayón, 2014). This type of immigration reform would change the racial climate, decreasing discrimination (Ayón, 2014).

Statement of the Problem

Among the variety of needs among undocumented Latinx immigrants, this study focused on the mental health needs of this population. Undocumented immigrants report a significantly greater number of psychological stressors than legal residents and U.S.-born citizens (Kriz, Slayter, Iannicelli, & Lourie, 2012). However, even in distress, undocumented immigrants are not likely to seek mental health services (Cavazos-Rehg, Zayas, & Spitznagel, 2007). The underutilization of services among undocumented Latinx immigrants warrants the need for strategies to increase the likelihood that undocumented Latinx immigrants utilize mental health services. Services that aim to promote family cohesion and an opportunity to vent and grieve over potential deportations and family separations are needed (Ayón, 2014). However, to develop such strategies, the ways undocumented immigrants define and experience mental health must first be explored.

When individuals do not know they are suffering from a mental health issue, concerns of underutilization are secondary to concerns over education about mental health (Ruiz, Aguirre, & Mitschke, 2013). To effectively help an individual, a clear understanding of family attitudes and beliefs about family's health is crucial (Hanson & Kerkhoff, 2007). Knowing how this population perceives mental health helps professionals better understand mental health among undocumented Latinx immigrants.

A Latinx critical race theory (LatCrit) framework with a critical theory paradigm was utilized to assess how undocumented Latinx immigrants perceive mental health.

Theoretical Framework

This research, developed within a critical theoretical paradigm, sought to understand the central role of power and politics in conceptualizing how mental health and mental health services among undocumented Latinx immigrants. As a function of engaging in a study grounded in critical theory, all methods and strategies adhered to critical principles and assumptions. As such, this qualitative study utilized a LatCrit framework within a critical theory paradigm. The use of a transcendental phenomenological approach as the research strategy enabled the exploration of perceptions of mental health and mental health services among undocumented Latinx immigrants.

Purpose of Study

The purpose of this study was to explore how undocumented Latinx immigrants define and experience mental health with the intention of increasing awareness of mental health among this population. By providing participants a space to describe their attitudes, beliefs, and experiences related to mental health, this study allowed undocumented Latinx immigrants to describe how their experience shapes their conceptualization of mental health and mental health services. The process of exploring awareness of mental health may empower these participants to promote change in the mental health stigma. Results from this study were envisioned to increase the awareness of how this population experiences mental health.

Role of the Researcher

Transcendental phenomenology researchers focus less on personal interpretations and more on the description of the experience of participants (Moustakas, 1994). As the researcher, I perceived everything with no previous judgment and knowledge. I engaged in the epoché process to bracket my “prejudgments, biases, and preconceived ideas” of mental health conceptions among undocumented Latinx immigrants (Moustakas, 1994, p. 85). This process began in the Researcher Positionality section introduced in Chapter 3. The process continued in my reflexive journal, where I reflected my experience after each interview in a digital journal.

Research Questions

The following research questions helped guide the initial conceptualization of the perceptions and experiences of mental health among undocumented Latinx immigrants. The questions provided the structure and framework needed to explore the nuances of societal impact on how undocumented Latinx immigrants perceive mental health and mental health services.

1. How do undocumented immigrants define mental health?
2. What are the experiences of mental health among undocumented Latinx immigrants?

Definitions of Terms

This section defines the terms used in this study to provide the context and understanding this study utilized the terms.

Latinx

Latinx is used in this study to define a person who is of Latin American origin or descent (“Latinx,” n.d.). Latinx is used as a gender-neutral alternative to the term Latino/a to encompass the intersecting identities of Latin American descendants (e.g., “Latinx,” n.d.; Ramirez & Blay, 2017). For example, this term is inclusive of individuals who are trans, queer, and gender fluid (Ramirez & Blay, 2017).

Undocumented Latinx Immigrants

In this study, undocumented Latinx immigrants are individuals who identify as Latinx, came into the U.S. without documentation and inspection, and are currently not in possession of documentation confirming legal status. The term “undocumented” instead of “illegal” is utilized to represent this population better (Johnson, 1996). Immigrants can also come into the country with proper documentation and become undocumented by overstaying their permitted stay. For this study, participants were undocumented immigrants who entered the country without proper documentation.

Mental Health and Mental Health Services

Mental health in this study encompassed the “emotional, psychological, and social well-being” of an individual (U.S. Department of Health & Human Services, 2017). Mental health services include counseling (both individual and family), psychology, social work, and psychiatry.

Mixed-Status Families

In this study, mixed-status families are families who have at least one undocumented family member. Common variations of mixed-status families include at

least one undocumented parent with U.S. born children or documented parents with undocumented children.

Significance of the Study

The undocumented Latinx immigrant population faces extreme challenges and marginalization in the U.S. According to the literature, the challenges and marginalization of this population influence psychological distress. However, even when in intense distress, undocumented Latinx immigrants underutilize mental health services (Cavazos-Rehg et al., 2007). Previous researchers have called for an increase in a clinician's awareness of how mental health is experienced among undocumented Latinx immigrants. This study gave voice to this hidden, vulnerable population for how they define and experience mental health. Current literature attempts to link what undocumented Latinx immigrants experience to the underutilization of mental health without consulting, specifically, this population (Cavazos-Rehg et al., 2007). This specific exploration provides a point from which to develop outreach programs to increase utilization of mental health services among this underserved population. Finally, this study offers a means for understanding the role of culture in the conceptualization of mental health, informing the mental health field.

Methodology

This research relied on a qualitative research approach, employing a transcendental phenomenology method. Findings shed light on how a marginalized population perceives and experiences mental health. Strategies utilized included the exploration of the role of culture in conceptualizing and experiencing mental health.

The procedures used for data collection included individual interactive interviews with open-ended questions. The interview guides were intended to elicit rich descriptions of the participant's experience while providing room for the participants to guide and shape the interview process. After data transcription, a list of significant statements was developed (horizontalization of the data; Moustakas, 1994), avoiding repetitive and overlapping statements; this was followed by grouping the statements into themes. A textural description, with verbatim examples of the participants' experiences, and a structural description were then reported. Both the textural and structural descriptions were utilized in a composite description of the phenomenological study.

Summary

Undocumented Latinx immigrants underutilize mental health services, despite findings that this population is in great distress (Cavazos-Rehg et al., 2007). Research with this population tends to focus on the barriers that prevent Latinx immigrants to access services. The purpose of this study was to give voice to undocumented Latinx immigrants and explore their experiences of mental health given the current anti-immigration political climate. Using a LatCrit lens, findings shed light on the multiple, intersectional identities that undocumented Latinx immigrants experience that lead to a unique, multileveled oppression.

CHAPTER TWO

Selected Review of the Literature

This chapter begins with an overview of the current political climate in the U.S. as it relates to undocumented Latinx immigrants. An exploration of the protective barriers and challenges experienced by the undocumented Latinx immigrant population is follows. Current approaches to meet the social-emotional needs, barriers to mental health, and the need to increase the utilization of mental health services among this population is discussed. Current studies exploring the conceptualization and perception of mental health are highlighted. An overview of critical theory and LatCrit theory is also provided. Finally, a discussion of the gaps in research on mental health among undocumented Latinx immigrants is conducted, emphasizing areas for consideration in future studies.

The U.S. in 2017

The current political climate has brought diverse views on immigration across the country, particularly for Latinx immigrants. Some of President Donald J. Trump's supporters view Latinx immigrants, particularly those who are undocumented, as criminals and a burden to the country; many support the construction of a wall across the U.S.-Mexico border (Doherty, 2016; Pew Research Center, 2016b). On the other hand, many of Hillary Clinton and Bernie Sanders's supporters believed immigrants make a positive contribution to the U.S. (Pew Research Center, 2016b). Since Trump's presidential election win, Latinx immigrants, both documented and undocumented, have

been a target for discrimination (Southern Poverty Law Center, 2016). President Trump openly targeting Latinx immigrants in his campaigns has given others permission to openly discriminate against this population, even those who are documented (Southern Poverty Law Center, 2016). Recent events that have affected the undocumented Latinx population, aside from the possible construction of a wall on the U.S.-Mexico border, include the pardoning of Sheriff Joe Arpaio from Arizona and the removal of Deferred Action for Childhood Arrivals policy (DACA). DACA allows undocumented students to live and work in the U.S. legally on a temporary basis (Southern Poverty Law Center, 2016).

In August 2017, President Trump pardoned Arpaio from a 6-month jail sentence after he was convicted of criminal contempt related to his actions against Latinx immigrants (e.g., Kelly, 2017; Liptak, Diaz, & Tatum, 2017). His illegal racial-profiling tactics discriminated against both undocumented and documented Latinx immigrants (Liptak et al., 2017). Under Arpaio's instructions, deputies were detaining Latinx residents to inquire about their legal status (Kelly, 2017). Many individuals identified President Trump's pardon as a confirmation of his racist views against Latinx immigrants (Liptak et al., 2017).

In September 2017, Attorney General Jeff Sessions (United States Department of Justice, 2017) announced that the Trump administration would terminate DACA. During his speech at the Justice Department in Washington, Sessions asserted that DACA prompted an increase of undocumented immigrant minors to the U.S. and led to the denial of jobs to Americans in favor to "illegal aliens," both of which are false (Stern, 2017).

Protective Barriers Among Undocumented Latinx Immigrants

Researchers have identified strengths among the undocumented Latinx population that decrease the impact of the challenges this population experiences. The immigrant paradox and the utilization of social networks are among the top protective barriers among undocumented Latinx immigrants (e.g., Alegria et al., 2008; Dow, 2001; Falicov, 2009; Valdez, Padilla, & Valentine, 2013; Vega, Rodriguez, & Gruskin, 2009). The immigrant paradox describes the concept that first-generation immigrants are relatively healthier than U.S.-born individuals. Positive perspectives and optimism, as well as social networks, appear to have a positive influence on the emotional well-being of these immigrants despite societal stressors.

Immigrant Paradox

In the phenomenon of the immigrant paradox, foreign nativity is perceived as a protective barrier against psychiatric disorders despite the stressful experiences associated with immigration (Alegria et al., 2008). Latinx immigrants arrive to the U.S. relatively healthy, perceiving the U.S. society as a general improvement in standards of living, nutrition, and public health conditions compared to their country of origin (Vega et al., 2009). However, rapid assimilation to the American culture is linked to worse physical and mental health (Falicov, 2009). Alegria et al. (2008) confirmed this notion.

Overall, U.S.-born non-Latinx Whites reported higher rates of disorders compared with U.S. born Latinx individuals. U.S.-born Latinx subjects were at significantly greater risk than immigrant Latinx subjects for major depressive episode, any depressive disorder, social phobia, posttraumatic stress disorder, any anxiety disorder, alcohol dependence, alcohol abuse, drug dependence, drug abuse, and any disorder (Moreno &

Cardemil, 2018). Among this sample, spirituality had a significant negative relationship with the prevalence of depressive disorder, anxiety disorder, and substance use disorder (Moreno & Cardemil, 2018).

Interestingly, the immigrant paradox was only consistently observed for Mexican immigrants, since they reported significantly lower prevalence of most disorders compared to U.S.-born Mexicans (Alegria et al., 2008). Specifically, first-generation Mexican immigrants reported better self-rated health and chronic health conditions than U.S.-born Mexicans (Bostean, 2013). Further, immigrants who had lived in the U.S. for a longer period had higher odds of poor health than more recent immigrants, suggesting acculturation's effect on this population (Bostean, 2013). In one study, neighborhoods with a high concentration of immigrants had a negative relationship with intimate partner violence (IPV) and lower levels of IPV (Wright & Benson, 2010). Concentrated immigrant neighborhoods were found to have more control preventing violence between partners, specifically those with strong friendship ties (Wright & Benson, 2010). The extent of the immigrant paradox varies, depending on how this phenomenon is examined (Crosnoe, 2012). The variation of health outcomes among different immigrant groups, however, indicates that the immigrant paradox is not a generalized phenomenon (e.g., Bostean, 2013; Crosnoe, 2012; Reynolds, Chernenko, & Read, 2016).

Social Networks

The utilization of social networks among undocumented immigrants was found to be a prominent protective factor for negative emotional wellbeing (e.g., Ayón, Marsiglia, Bermudez-Parsai, 2010; Ayón & Naddy, 2013; Dow, 2011; Valdez et al., 2013). A positive consequence of immigration laws includes the increase of an immigrant's

reliance on social ties with other immigrant families and trusted community professionals (Valdez et al., 2013). In other words, there is a better transition into the new country when surrounded by ethnic-like communities (Dow, 2011). On the other hand, a lack of a social network limits the support of immigrants in a new country (Dow, 2011).

Social networks provide solidarity, compassion, and safety as well as instrumental, emotional, and financial support (Ayón & Naddy, 2013; Valdez et al., 2013). Members of an undocumented immigrant's social network can provide support by helping with babysitting, providing information and moral support, and allowing an immigrant to adapt to a new environment (Ayón, 2011; Ayón & Naddy, 2013). A social network is significant in navigating oppressive conditions and economic difficulties and gaining access to and awareness of available resources (Ayón, 2001; Ayón & Naddy, 2013).

Social networks can include both nuclear and extended family (Ayón & Naddy, 2013). Women often use mothers, sisters, and other female relatives as sources for support (Ayón & Naddy, 2013). Friends, neighbors, and coworkers included in an undocumented immigrant's social network tend to be other Latinx immigrants in the community, bonding over shared immigrant experiences. Ayón & Naddy (2013) found that parents reported their young children as an important source of support and motivation to overcome challenges.

Challenges Faced by Undocumented Immigrants

Once in the U.S., undocumented immigrants face a variety of challenges that affect both the home and work environment. Even when the family immigrates together to the U.S., the loss of culture, friends, and a way of life impacts each member (Dow,

2011). Stressors include unemployment and discrimination in the labor market, financial and socioeconomic status change, splitting and scattering of households, lacking knowledge of the host language, difficult family dynamics, the attitudes of the receiving community, racism and stereotyping, and acculturation (Cervantes et al., 2010; Dow, 2011; Hipolito-Delgado & Mann, 2012; Valdez et al., 2013).

Discrimination

The passage of anti-immigration legislation has intensified discrimination towards Latinx immigrants. Discrimination is experienced at both an institutional and individual level (Ayón & Becerra, 2013). At an institutional level, Latinx immigrants might feel racially profiled by police, educators, and social services (Ayón & Becerra, 2013). Professions children once depended on for help, such as police officers and teachers, have now become individuals the children fear (Ayón & Becerra, 2013). Due to anti-immigration legislation, children are exposed to hostile school environments no longer conducive to learning. For example, the 2016 presidential election increased bullying, harassment, and intimidation toward students who became verbal targets of the President-elect, including undocumented and documented Latinx immigrants (Southern Poverty Law Center, 2016).

Latinx immigrants might also feel discrimination because of their lack of English proficiency (Ayón & Becerra, 2013). They often encounter bilingual speaking workers who refuse to speak Spanish to them or encounter English-speaking workers who refuse translators (Ayón & Becerra, 2013). Undocumented immigrants are underemployed and often serve in jobs where they must endure abusive working conditions, are underpaid, and work more than required (Ayón & Becerra, 2013). Undocumented immigrants are

also prone to more exploitation and discrimination, are less likely to receive assistance when suffering from a mental or physical illness, and, in turn, are more vulnerable to stress and psychopathology (Dow, 2011). As legislation creates more opportunities for random local control and harsher punishments, immigrant families become isolated and fearful of the community (J. M. Chavez, Lopez, Englebrecht, & Viramontez Anguiano, 2012). Such negative experiences push undocumented immigrants to lead a hidden life, always in fear of being discovered.

On an individual level, Latinx immigrants experience discrimination among community members both within the Latinx community (horizontal discrimination) and from other ethnic/racial groups (Ayón & Becerra, 2013). Anti-immigration legislation makes some Latinx immigrants feel like second-class citizens (Ayón & Becerra, 2013). Immigration policies affect this population through employment stress (i.e., loss of employment or instability of employment), detention and deportation, and police intimidation (e.g., being followed, racist comments, and harsh actions for minor violations; Valdez et al., 2013). Among undocumented adolescents, anti-immigration messages can become internalized, leaving this population fearful, alone, and distrustful (Gonzales, Suárez-Orozco, & Dedios-Sanguinetti, 2013). The path from adolescence to young adulthood as an undocumented immigrant sometimes leads to feelings of anxiety, confusion, and frustration (Gonzales et al., 2013). In adolescence, perceived discrimination could become internalized; youth might not have the ability to overcome instances of discrimination (Ayón et al., 2010).

Adverse consequences of immigration policies include isolation, the perception of racial profiling, and heightened tension within the Latinx community (Ayón, 2014;

Valdez et al., 2013). The tension within the Latinx community includes negative feelings toward members who are able to escape deportation and judgments regarding who gets to stay in the U.S. and who does not (Valdez et al., 2013). Anti-immigration rhetoric can also give way to intragroup tensions by pinning groups against each other (Garcia, 1995). Exploring immigration laws with a LatCrit framework highlights the idea that “race-neutral” immigration policies are perpetuating racial subordination (Garcia, 1995). Johnson (2009) concluded that immigration laws “expressively define who can and cannot enter the United States and, not surprisingly, [mirror] the class and racial hierarchies that exist in American society” (p. 35).

Deportation

The fears and challenges that mixed-status families encounter predominantly originate from the fear of deportation. Latinx immigrants live in a constant state of uncertainty about the future (Ayón & Becerra, 2013). Some undocumented immigrants describe life in the U.S. as equivalent to being in jail (L. R. Chavez, 2013). Parents decrease interactions with schools due to the fear of being out in public and exposing their legal status (Valdez et al., 2013). Parents also avoid taking their U.S.-born children to the doctor, especially if a form of identification is required (Ayón & Becerra, 2013). For some undocumented immigrants, it is only when they are at home that they feel a sense of security (L. R. Chavez, 2013).

When deportation takes place, the family members left behind must decide whether to stay or leave. Often the deported family member is the sole provider of the household; thus, the source of income for the family is lost (Hipolito-Delgado & Mann, 2012). Mothers who decide to stay in the U.S. after their partner has been deported have

an increase of economic responsibilities and become single mothers, thus negatively affecting the relationship with the children, since children often misinterpret the mother's decrease of involvement as a lack of love (Valdez et al., 2013). Additionally, the remaining parent might also worry about children perceiving the detained parent as a criminal (Valdez et al., 2013).

For undocumented immigrants, being discovered often means deportation and separation from family, affecting both the undocumented individual and family members (Gonzales et al., 2013; Valdez et al., 2013). Many children of undocumented parents experience anxiety over the possibility of being abandoned if parents are deported (Valdez et al., 2013). Thus, undocumented immigrants take steps to avoid exposure. Gonzales et al. (2013) noted that some undocumented immigrants create alternative narratives to keep their undocumented status hidden. Undocumented immigrants might offer various explanations as to why they are not working, spend less time in public spaces, and venture less often outside of similar communities. Their attempt to avoid disclosure of their legal status might make it hard to maintain relationships, thus severely affecting critical networks of support. Some such individuals feel a lack of belonging leading to uncertainty, stress, anger, and frustration. The uncertainty about the future could have a powerful effect on an undocumented immigrant's self-esteem, motivation, sense of personal empowerment, self-efficacy, self-advocacy, and purpose of life. The stigmatization and discrimination of being undocumented also has the potential to affect an immigrant's identity, relationships, and mental health immensely (Gonzales et al., 2013).

Undocumented men reported higher levels of concern over deportation than undocumented women (Arbona et al., 2010). Separation from family, lack of the English language fluency, and the endorsement of culturally congruent traditional values contributes to high levels of extrafamilial stress (Arbona et al., 2010). Deportations and detentions can also damage family relationships by creating emotional and marital uncertainty, distress, reorganization of roles, and disruptions to parenting (Valdez et al., 2013). Family separations among mixed-status families also create complex psychological reactions and periods of destabilization (Cervantes et al., 2010). Parental separation, as a result of immigration, may result in feelings of abandonment and loss for children (Cervantes et al., 2010). Psychological outcomes can include anxiety, depression, substance abuse, and general emotional and family stability (Cervantes et al., 2010).

Acculturative Stress

Acculturation can be defined as the ongoing process of integrating two different cultures and societies (Stephenson, 2000). At times, immigrants face competing beliefs causing distress, also known as acculturative distress. Latinx immigrants are most likely to have collectivistic beliefs competing with the U.S.'s individualistic values. Deportation, language barriers, separation from family, and discrimination contribute to acculturative stress (Arbona et al., 2010). Acculturative stress also is positively correlated with psychological distress (Cervantes et al., 2010). An undocumented immigrant's level of acculturation can affect mental health; immigrants who have acculturated to the U.S. are more likely to seek mental health services (Derr, 2016). Further, in line with the immigrant paradox, immigrants who have been in the U.S. for a

long period might be more likely to have poor health (Bostean, 2013). A strong social support system could decrease acculturative stress (Concha, Sanchez, de la Rosa, & Villar, 2013).

Family Dynamics

The lack of knowledge of the host language acts as a barrier in fulfilling parental duties and responsibilities and can lead to confusion and misunderstanding (Dow, 2011). Changes in family dynamics due to lack of the host language include role shifts and conflicts in family hierarchies (Dow, 2011). Families rely on others, including their own children, for language translation. Children acting as interpreters for their parents can lead to conflict, as well as a reversed parent-child hierarchy and low self-esteem for the parents (Dow, 2011). Additionally, some mixed-status families with undocumented parents struggle with family hierarchies when the U.S.-born children threaten to report the parent's undocumented status to officials (Valdez et al., 2013).

Spousal conflict can also arise when a family migrates to the U.S. Parents who acculturate to the new culture at different paces can change so extensively that they lose the basis for the original relationship (Dow, 2011). Changes in gender roles might challenge traditional dynamics, increasing the likelihood of domestic abuse (Hipolito-Delgado & Mann, 2012). Undocumented immigrants must often reshuffle family relationships, strain limited personal and family resources, and sustain worries about personal safety (Cervantes et al., 2010). If fear of deportation dominates the conversations between family members, fear and worry about the future could pervade the household, limiting the time for significant parent-child interactions (Valdez et al., 2013).

In some families, the political environment is difficult to explain to children because parents are unsure how to present the topic without frightening them (Ayón, 2014). Families with undocumented members sometimes struggle with adjusting to a new environment and new people, language, and traditions (Cervantes et al., 2010). The heightened level of stress in households caused by anti-immigration legislation leaves some parents to develop strategies to prevent dysfunctional anger and behavior that would affect their children and significant others (Ayón & Becerra, 2013).

Working and Living Conditions

Many undocumented immigrants come to the United States with high unrealistic expectations of the opportunities available to them, including housing and employment (Dow, 2011). Undocumented immigrants struggle to rent a house or apartment without a valid driver's license and social security card (Hipolito-Delgado & Mann, 2012). Further, some undocumented immigrants experience distress over the decrease in socioeconomic status (SES) once held in the country of origin, since professional and academic credentials are not often recognized in the U.S. (Dow, 2011). The loss of credentials limits an undocumented immigrant's options for employment, leaving them with low-income jobs. Immigrants who have lower SES and credentials in the country of origin might feel they have less to lose (Dow, 2011). Undocumented immigrants are more likely to have minimal education, limiting this population to low paying jobs that usually are less than minimum wage due to their undocumented status (Hipolito-Delgado & Mann, 2012). This population is also more likely to experience abusive treatment and underpayment because of their legal status (Hipolito-Delgado & Mann, 2012). Undocumented individuals are particularly vulnerable to discrimination because they lack

the legal standing to challenge injustices (Hipolito-Delgado & Mann, 2012). Their limited working and living conditions sometimes lead undocumented immigrants to anger and frustration (Cavazos-Rehg et al., 2007).

Current Approaches to Meet Social-Emotional Needs

Researchers have argued that increasing social support among Latinx immigrants is linked to better health outcomes among this population (Viruell-Fuentes & Schulz, 2009). As noted previously, social support systems and social capital are found to have a negative relationship with acculturative stress (Concha et al., 2013). Having a social support system is positively related to the presence of meaning of life (Dunn & O'Brien, 2009). Family and clergy or church members are commonly identified as the biggest support system among Latinx immigrants (Dunn & O'Brien, 2009).

Viruell-Fuentes and Schulz (2009) examined social supports systems among Mexican immigrants and recommended that professionals examine the variety of social support systems immigrants have. Among Mexican immigrants, local ties, social support systems living in their area, are important, because these elements help them settle into the U.S. (Viruell-Fuentes & Schulz, 2009). Such ties can also be a burden, since immigrants feel guilty for accepting help (Viruell-Fuentes & Schulz, 2009). Immigrants often feel like a burden (Viruell-Fuentes & Schulz, 2009). They could feel as if they are balancing wanting help with not wanting to overburden those who offer help. The amount of help from friends could be limited, since friends could be recent immigrants as well, struggling with similar stressors (Concha et al., 2013). Secondary ties, such as support systems like church institutions or community services could help immigrants' sense of

belonging, but might also present a challenge for them to acquire because of economic demands and transportation needs (Viruell-Fuentes & Schulz, 2009).

Transnational Ties

Viruell-Fuentes and Schulz (2009) also noted the importance of transnational ties, support systems that are in an immigrant's country of origin. Often identified as primary relationships, transnational ties help create a sense of belonging and preserve immigrants' identities. While Latinx immigrants are more likely to visit home more often and send remittance (sum of money; Tamaki, 2011), Latina immigrants rely more on support from family in their country of origin compared to Latino immigrants (Viruell-Fuentes & Schulz, 2009). Communication with family back at home helps keep immigrants' original culture in their lives. Providing economic support for family back at home might also increase self-efficacy, thus increasing an immigrant's well-being (Alcántara, Chen, & Alegría, 2015). However, transnational ties also have the potential to cause stress and frustrations. Transnational ties extend an immigrant's care-taking roles across borders (Viruell-Fuentes & Schulz, 2009). Immigrants spending more than 50% of their income on remittances might be more likely to experience financial strains (Alcántara et al., 2015).

Traditional/Indigenous Healing

In Latinx communities, individuals have used traditional healers (i.e., *curanderos*, *brujos*, *espiritistas*) to help with intrapersonal and interpersonal issues (Falicov, 2014; Maduro, 1983). Examples of illnesses among Mexican immigrants treated by traditional healers include *Caída de mollera* (an infant's fallen fontanel), *susto* (scared), *empacho* (intestinal blockage), *mal de ojo* (illness caused by staring), and *envidia* (illness caused

by envy; Tafur, Crowe, & Torres, 2009). Users of traditional healing are more likely to have a low yearly income, low English proficiency, and low educational levels, which are common characteristics of an undocumented Latinx immigrant (Mikhail, Wali, & Ziment, 2004). These traditional healers use herbs and massages to perform cleansing rituals (*limpias*) with plants, eggs, religious images, and candles specific to the unique problems (Falicov, 2014). Some Latinx individuals might underutilize health services because of the use of alternative indigenous healing methods (Applewhite, 1995; Falicov, 2014). Researchers have also noted that this population often uses both conventional medicine and traditional healing methods as opposed to one or the other (Becerra & Inglehart, 1995). Among Mexican immigrants particularly, Mexican professionals were trusted more than U.S. professional (Ransford, Carillo, & Rivera, 2010). Research supports the idea of integrating traditional healing methods with counseling (Hoogasian & Lijtmaer, 2010), given the humanistic values associated with this alternative healing method (T. A. Chavez, 2016).

Barriers to Mental Health Services

In general, Latinx immigrants have lower rates of mental health service use compared to U.S.-born individuals (Alegria et al., 2008; Derr, 2016). Latinx immigrants who speak primarily in Spanish reported less use of mental health services when compared to U.S.-born Latinx individuals (Alegria et al., 2008). Additionally, immigrants who recently arrived to the U.S. had significantly lower service use rates than those who have established a life in the U.S. (Alegria et al., 2007). Immigrants who had acculturated to the U.S. were more likely to use mental health services (Derr, 2016) and immigrants who had been in the United States for a longer period were more satisfied

with services than those who had just arrived (Alegria et al., 2007). Mexicans, in particular, however, were less likely than other Latinx subgroups to report satisfaction with mental health services received (Alegria et al., 2007). Compared to U.S.-born Latinx individuals and documented Latinx immigrants, undocumented Latinx immigrants had lower rates of mental health service use, fewer mental health appointments, and lower use of inpatient and outpatient services (e.g., Derr, 2016; Pérez & Fortuna, 2005).

Language and cultural barriers have been among the most prominent factors immigrants identified as impediments to the access and quality of mental health services (e.g., Ayón & Becerra, 2013; Barrio et al., 2008; Dow, 2011). Mental health problems in Mexico are resolved through psychiatry, psychoanalysis, and psychology (Suck, Kleinberg, & Hinkle, 2013). The terms counselor and counseling can mean a variety of different things, such as adviser, lawyer, or consultant. Thus, there could be confusion about what a counselor's role is (Suck et al., 2013).

Immigrants have also reported difficulty in applying for government assistance due to a lack of information about available programs (Barrio et al., 2008). Latinx immigrants might have limited ability to obtain and understand basic health information and services, thus affecting their utilization of health and mental health services (Coffman & Norton, 2010). Additionally, Latinx individuals perceive mental health problems on the continuum of health and illness (Barrio et al., 2008). Family members often refer to physical health when probed about unmet needs for mental health services (Barrio et al., 2008), thus further decreasing the chances of this population choosing to seek mental health services. For example, reports of lack of motivation due to age instead of depression are common. Cultural factors, such as stigma and norms about

mental health, influence the underutilization of mental health services among Latinx immigrants (Derr, 2016).

Undocumented immigrants might be afraid of government buildings due to the risk of having their immigration status exposed (Barrio et al., 2008). This fear is also extended to health service buildings. Undocumented immigrants seeking services are in a vulnerable position because of the potential risk of exposure, rejection, discrimination, and maltreatment (Barrio et al., 2008; Cavazos-Rehg et al., 2007; Derr, 2016). They might be more likely to delay health services for fear of deportation; therefore, when this population presents for care, they could be in more serious conditions (Dow, 2011). Further, some undocumented immigrants might withhold information, hindering mental health assessments (Dow, 2011). Thus, the fear of deportation affects both the utilization of mental health services and treatment effectiveness. Structural barriers to mental health service utilization include lack of money or insurance, limited availability of providers and services, lack of transportation availability, lack of knowledge of services, and the fear of being labeled as mentally ill (Barrio et al., 2008).

An undocumented Latinx immigrant's social network could also serve as a barrier to mental health services. Salgado-de Snyder, Diaz-Perez, and González-Vázquez (2001) found that Mexican individuals first attempted to utilize self-care when experiencing a symptom. Turning to a friend or family member was a second step for seeking help. If the problem is not solved by then, external sources (e.g., a physician) might be sought. Mental health services were hardly ever sought (Salgado-de Snyder et al., 2001).

Ayón and Naddy (2013) concluded that Latinx immigrants heavily rely on family, friends, neighbors, and community entities for emotional, moral, instrumental, and

financial support. A highly valued cultural trait in Hispanic cultures is family interdependence, also known as *familismo* (Smith-Morris, Morales-Campos, Alvarez, & Turner, 2012). Additionally, Latinx immigrants were more likely to consult with and seek support from a religious leader or a traditional healer for psychological problems (Derr, 2016; Suck et al., 2013), rather than a mental health professional. In another study, Latina women endorsed religious faith as a means of coping with mental health concerns (Derr, 2016; Nadeem, Lange, & Miranda, 2008). The Latinx immigrant population's heavy reliance on social support systems may be a barrier to using mental health services.

Current Approach to Increase Utilization of Mental Health Services

The following section discusses the current approaches suggested by research to increase utilization of mental health services among undocumented Latinx immigrants. Suggested approaches include training culturally sensitive counselors, exploring an immigrant's experience as a Latinx immigrant, using culturally sensitive interventions, and implementing outreach programs to introduce services to the community.

Counselor Training

Before counselors can effectively provide services to families with undocumented immigrants, researchers have suggested that assessment is needed to address any obvious biases that could affect counselors' ability to be ethical, culturally competent, and professional when providing services to this population (Cervantes et al., 2010). Acknowledgment of mixed or negative feelings is needed to move forward professionally. Once undocumented immigrants attend counseling, counselors are encouraged to learn more about the challenges, strengths, and experiences this population

encounters (e.g., Ayón & Naddy, 2013; Cervantes et al., 2010; Dow, 2011; Hipolito-Delgado & Mann, 2012).

Gathering Information

Dow (2011) suggested assessing the pre-migration, migration, and post-migration history of families with undocumented members. Topics to be explored include reasons for migration, traumatic events experienced before and while migrating to the U.S., whether the whole family migrated, and any new family roles adopted once in the U.S. (Dow, 2011). Counselors must also understand the challenges, the sociopolitical needs, and the mental health concerns of undocumented immigrants to comprehensively understand an undocumented immigrant's experience (Hipolito-Delgado & Mann, 2012).

Falicov (2009) additionally suggested for counselors to consider cultural diversity like *familismo* (importance on family) and *respeto* (respect) when providing counseling services to this community. Along with recognizing the challenges this population faces, counselors should also acknowledge the strengths, family resources, and the observed healthy abilities of undocumented immigrants to instill hope and support the therapeutic alliance (Cervantes et al., 2010). Counselors must also be aware of the rights of immigrants and the rights of children in mixed-status families to best link families to different services (Ayón & Naddy, 2013).

Findings related to exploring personal biases and learning the experiences of undocumented immigrants are limited, since undocumented individuals who are not participating in counseling are not included in previous research. As previously discussed, undocumented immigrants are more likely to underutilize mental health

services significantly. Thus, findings on the personal biases of counselors regarding immigrants are limited only to those individuals who attend counseling sessions.

Intervention Tools

When working with immigrant families, counselors must be culturally sensitive to a family's environment and needs. A cultural adaptation approach to counseling is the process of modifying aspects of psychological constructs or therapeutic approaches to tailor them to a cultural group's worldviews or values (Falicov, 2009). A cultural adaptation approach to counseling reduces the risk of counselors encouraging rapid acculturation and in return decreases stress. Each family faces different encounters and challenges that must be taken into account (Cervantes et al., 2010; Hanson & Kerkhoff, 2007).

The three categories of cultural adaptations are the investigation of the applicability of existing concepts and typologies to Latinx clients, adaptation of evidence-based prevention and interventions to use within this population, and development of culturally informed treatments with innovative treatment tools. Falicov (2009) further discussed therapeutic interventions within the counseling session, such as engagement strategies to build trust. For example, counselors should check in with mixed-status families, so the entire family feels respected and heard. The counselor ideally will self-disclose aspects that would connect themselves to their clients to humanize the therapeutic relationship and become more approachable (Hipolito-Delgado & Mann, 2012).

Like the previous approach, using a cultural adaptation approach to counseling provides effective counseling to the small number of undocumented individuals who

attend counseling sessions. Given the number of challenges and the specific and general oppression this population encounters, increasing the chances that mixed-status families will attend counseling services could be beneficial. Thus, a shift in focus from undocumented clients to undocumented individuals not in counseling is warranted to increase the utilization of mental health services in this population.

Outreach

The noted barriers for undocumented immigrants utilizing mental health services include fear of being discovered, language barriers, inability to pay for services, and lack of familiarity with counseling services (Ayón & Becerra, 2013; Barrio et al., 2008; Hipolito-Delgado & Mann, 2012). Researchers have suggested that counselors actively participate in outreach endeavors to build rapport with this community and to overcome such obstacles (e.g., Barrio et al., 2008; Hipolito-Delgado & Mann, 2012). Outreach sessions conducted by bilingual and culturally informed counselors are recommended to educate the community and reduce mental health stigma (Barrio et al., 2008). Educational presentations could help expand awareness of mental health, like information on depression and anxiety (Ruiz et al., 2013). Informational workshops done in schools and religious institutions provide an opportunity for mental health professionals to introduce themselves to the community and provide information about available services (Hipolito-Delgado & Mann, 2012). This approach aligns with the notion of reaching out to undocumented immigrants not currently using mental health services. However, what this approach does not address is how undocumented immigrants understand and conceptualize mental health. A study that explores how undocumented Latinx immigrants currently define and conceptualize mental health is warranted.

Current Studies Exploring Conceptualization and Perception of Mental Health

Rastogi, Massey-Hastings, and Wieling (2012) explored how the Latinx community in the Midwest perceived mental health services, the barriers to mental health services, and what recommendations might improve utilization of mental health services. The researchers recruited 18 members of the community who were over 18 years of age and self-identified as Latinx. Focus groups were conducted in Spanish, with two to five participants in each group. The researchers used constant comparison analysis methods to construct meaning and themes from data. To ensure trustworthiness of results, two Spanish and English proficient research assistants completed the initial analysis. Themes from the Spanish translation and English translation were compared.

Rastogi et al. (2012) found two levels of barriers prevented immigrants from accessing mental health services: individual level barriers and family level barriers. Individual-level barriers included ignorance about mental health and fear of invasion of privacy, embarrassment, denial, or pride. Family-level barriers included the possibility of being stigmatized, family members feeling ashamed, and fear of social criticism. Participants reported the need to increase awareness and education about mental illness and mental health services through either media or distribution of information through school personnel and community leaders. The results further emphasized the need to reach out to the community and identify the mental health services in the area to increase the utilization of mental health services among the Latinx community.

Rastogi et al. (2012) highlighted the need to engage the community and understand how undocumented Latinx immigrants perceive mental health and mental health services. A limitation of Rastogi et al. (2012) study is that the Latinx sample could

include both immigrants and U.S.-born individuals, therefore, the findings are not generalizable to a specific population. Additionally, there is no context for understanding how important mental health is for this population. If mental health is not viewed as important, receiving mental health services will not be a priority for undocumented Latinx immigrants.

Dupree, Herrera, Tyson, Yuri, and King-Kallimanis (2010) used a zetic approach to examine barriers to mental health services as well as mental health care-seeking preferences among younger and older Hispanic adults. The researchers recruited 255 Hispanic adults over the age of 18 through a convenience and purposeful sampling method. In total, 199 participants were under 65 years of age; the remaining 136 participants were over the age of 65. The researchers adapted a 47-item questionnaire developed by Dupree, Watson, and Schneider (2005) to identify participants' mental health preferences and barriers. Study variables were compared using *t*-tests and Chi-Squares with a *p*-value of 0.05. Logistic regression was used to determine the effect of age group membership on mental health preferences and barriers. Logistic regression was conducted for each item of mental health care preferences and barriers. For all analyses, gender, education, and the nation of birth were controlled.

Dupree et al. (2010) found that older Hispanic adults in their study attributed mental health problems to physical problems and reported utilizing a family doctor or family members for mental health issues. Younger adults were most likely to seek a family physician, get help from a family member, or consult with a psychologist for mental health concerns. Younger adults endorsed psychiatrists, psychologists, individual counseling, and group counseling for mental health services. Both age groups noted

transportation, cost, hours, and disbelief of effectiveness as barriers to mental health services. Younger adults particularly reported family member disapproval as a barrier to mental health (Dupree et al., 2010).

Dupree et al. (2010) addressed how Hispanics conceptualize mental health, the preference for mental health services, along with the barriers to the utilization of mental health services. However, the study did not address how undocumented Latinx immigrants viewed mental health. While this study addressed whom Hispanic individuals prefer to seek for mental health-related issues, it did not fully address whom undocumented Latinx immigrants prefer for mental health-related issues.

Jang, Chiriboga, Herrera, Tyson, and Schonfeld (2011) explored the attitudes of Hispanic older adults towards mental health services. The researchers recruited 297 participants who were over the age of 60, living in public housing, and had sufficient cognitive ability to understand and complete the questionnaire. Three items from the Older American Resources and Services Questionnaire were used to assess subjective perception of health. A short version of the Center for Epidemiologic Studies-Depression scale (CES-D) was used to assess depressive symptoms. Six items from the National Mental Health Association survey were also included to inquire about the misconceptions and personal beliefs of depression. The Attitudes Toward Seeking Professional Psychological Help Scale-Short Form, consisting of 10 items, was used to measure mental health treatment attitudes. Hierarchical regression was conducted to develop a regression model that predicted attitude toward mental health services. Significant predictors of negative attitudes towards mental health services included disappointing

family members and the belief that counseling brings up too many negative feelings (Jang et al., 2011).

Some participants in Jang et al.'s (2011) study identified depression as a normal part of the aging process while others thought depression was a sign of weakness, thus leading to a decrease in utilization of mental health services. Participants who were more advanced in age were more likely to have negative attitudes toward seeking mental health services. One significant contributor to negative attitudes towards mental health was the fear of disappointment from family members. Jang et al. (2011) suggested that because of this fear, counselors who provide services to Hispanic older adults should target strength-based positive emotions rather than problem-oriented negative emotions. In other words, counselors should focus on their client's resilience. Similar to the recommendations of Rastogi et al. (2012), Jang et al. (2011) emphasized the need to promote public knowledge and awareness of mental health services. To reach out to the Latinx undocumented immigrant community, a study that first explores how mental health and mental health services are conceptualized in this population is warranted. Outreach programs and workshops could cater presentations to address the questions this community may have.

Bridges, Andrews, and Deen (2012) emphasized that while there is a significant amount of research noting the underutilization of mental health services among Hispanic immigrants, reasons for attending services and satisfaction with such services from recent immigrants in different parts of the country is lacking. Bridges et al. (2012) assessed mental health needs and service utilization patterns among a convenience sample of Hispanic immigrants. The researchers recruited 84 Hispanic participants over the age of

18. The Mini-International Neuropsychiatric Interview (MINI) was used to assess mental illness, consistent with the Diagnostic and Statistical Manual of Mental Disorders. The Acculturation Rating Scale for Mexican Americans-II (ARSMA), a 30-item self-report scale, was used to assess acculturation to native and host cultures. The Service Utilization Interview was used to assess past year use of health and mental health services, satisfaction with services, and perceived barriers to service utilization. The researchers were interested in prevalence rates of mental illness, service utilization patterns, and acculturation. In this multimethod study, Fisher's exact and *t*-tests were utilized to explore differences among the variables.

The most frequently cited reasons for using mental health services in Bridges et al.'s (2012) study included depression, family problems, and domestic violence. Participants reported consulting with religious leaders for help with psychological problems, including problems related to intimate relationships, parenting, sadness, and worry. Additionally, men in the study were more likely to believe that services would not help their problem while women believed services would be helpful. Bridges et al. (2012) emphasized the need to reduce health disparities for Hispanic immigrants. The researchers identified participants' most common reasons to attend services and their preferences for whom to go to for help with psychological problems. As with the studies previously noted, this study did not explore the experiences of Latinx undocumented immigrants.

Research on the Latinx immigrant population tends to be related to the underutilization of and perceived barriers to using counseling services. Very few studies include reasons for referral. Additionally, few researchers have drawn participants

specifically from the Latinx undocumented immigrant population, although they are often present in the sample. Most of the populations in studies broadly encompass all Latinos or Hispanics. Some samples specifically target immigrants, U.S.-born Latinx, or a mixture of both. Given the within-group diversity among the Latinx population, using a broad Latinx or Hispanic population is problematic (Arredondo, Gallardo-Cooper, Delgado-Romero, & Zapata, 2014). Using the broad population of Latinxs fails to develop an adequate understanding of the undocumented population and could produce misleading results (Arredondo et al., 2014). The term *Latino* is adopted by various generations and can represent both U.S.-born and foreign-born Latinxs (Arredondo et al., 2014). Therefore, when addressing the relationships between mental health and Latinx undocumented immigrants, the sample needs to be as specified as possible.

Critical Theory

Critical theory attempts to “understand, analyze, criticize, and alter social, economic, cultural, technological, and psychosocial structures and phenomena” influenced by oppression and injustice (Bentz & Shapiro, 1998, p. 146). The foundational premise of critical theory includes the critique of the current social state and what needs to be done to reach the desired state (Given, 2008). Critical theory has changed since its origin from the Frankfurt School (Given, 2008; Swindal, 2013). Fundamental theorists of critical theory include Karl Marx, Max Horkheimer, Theodor Adorno, Herbert Marcuse, and Jürgen Habermas (Given, 2008).

Under critical theory, individuals are historical agents, both participants and subject to action (Given, 2008). Individuals are empowered to overcome constraints placed on them by race, class, and gender (Fay, 1987). A critical theorist examines

societal action, the impact of policies on the behaviors of individuals, and class differences (e.g., what is good for one class may hurt another; Given, 2008). Historical analysis is perceived as particular and not universal (Given, 2008). To fully understand a phenomenon, critical theory researchers take into consideration context (Bentz & Shapiro, 1998).

Data collection methods associated with critical theory include observations and interviews (Given, 2008). To elicit responses that can indicate if society influences perceptions, the interview process under critical theory must be not be directed solely by the interviewer (Given, 2008) and thus includes the participants. A critique of ideology is used to assess whether ideas benefit certain interest groups in society (Bentz & Shapiro, 1998). In using a critical theory framework, the researcher is considered part of both the historical and social context and thus is required to self-reflect on current bias to ensure objectivity (Bentz & Shapiro, 1998).

LatCrit Theory

LatCrit theory evolved from Critical Race Theory (CRT), which split off from Critical Legal Studies (Johnson, 2009). Both approaches call into question “race-neutral” policies and include discussion of how such policies perpetuate racial insubordination (e.g., Crenshaw, 1989; Delgado Bernal, 2002). LatCrit emerged during the 1990s as a critique of the Black-White paradigm of CRT (Valdes, 1996). LatCrit theory provides a lens for exploring environmental justice issues affecting not only just Latinx communities but other marginalized ethnic groups overlooked by CRT (e.g., Anguiano, Milstein, De Larkin, Chen, & Sandoval, 2012; Valdes, 1996) and addressing issues ignored by critical race theorists (e.g., Delgado Bernal, 2002; Kiehne, 2016). Adopting a Black-White

paradigm oversimplifies issues of racism (Delgado & Stefanfic, 2000). LatCrit is meant to supplement CRT by adding the lived experiences of the Latinx population (Valdes, 1996).

LatCrit theorists aim to produce critical and interdisciplinary knowledge, promote social transformation, expand and interconnect anti-subordination struggles, and cultivate community and coalition among outside scholars (Valdes, 1999). Populations are empowered through consciousness-raising and self-advocacy to promote social transformation. People of color are seen as the creators of knowledge (Delgado Bernal, 2002). LatCrit promotes a “critical, activist, and inter-disciplinary discourse on law and policy towards, Latinas/os” (Latina and Latino Critical Legal Theory, n.d). LatCrit looks at multidimensional identities, including language and immigration, and addresses the intersectionality of “racism, sexism, classism, and other forms of oppression” (Delgado Bernal, 2002, p. 108). LatCrit emphasizes that multidimensional discrimination leads to a greater degree of marginalization (Villalpando, 2004).

A core concept among LatCrit theorist is nativism, particularly the discrimination based on an individual’s birthplace (Kiehne, 2016). Additional issues addressed include immigration policy, accent- and origin-discrimination, and hate speech (Delgado & Stefanfic, 2000, 2012). Thus, Critical Theory and LatCrit theory are vehicles for exploring experiences of mental health among undocumented Latinx immigrants, with the intent to empower these individuals to play a more active role in addressing barriers to mental health service utilization. LatCrit has been used to frame the experience of undocumented Latinx immigrants, including undocumented Latinx immigrants, students,

and parents (e.g., Benavidez Lopez, 2010; Gonzalez, & Portillos, 2007; Huber, 2010, Soltero Lopez, 2014; Velez, 2012).

Gaps in Research

Literature that discusses undocumented Latinx immigrants' perspectives of mental health and mental health services is scarce. Most of the knowledge acquired relies on studies done on Latinx populations with no specification of legal status. Primarily, the research about undocumented Latinx immigrants explores reasons for migration, adverse experiences during migration, and the challenges faced (i.e., discrimination and oppression) upon arrival to the U.S. The focus of literature related to mental health services and Latinx immigrants concentrates on this population's perception of the barriers to mental health service utilization (e.g., Bridges et al., 2012; Dupree et al., 2010; Rastogi et al., 2012). Few researchers have focused on the attitudes towards mental health services among the Latinx immigrant population (Jang et al., 2011). Research that explores immigrants and mental health services should include under-researched demographic categories, including undocumented immigrants (Derr, 2016).

The gap in research of how legal status influences Latinx undocumented immigrants' conceptualization and experiences of mental health and mental health services prevents the development of successful support and engagement strategies. Few studies give voice to undocumented Latinx immigrants as to how their legal status influences their conceptualization and experiences of mental health. Current literature attempts to link undocumented Latinx immigrants' experience to the underutilization of mental health without consulting the individuals in this population. Studies that examine

how and where this population identifies barriers to the utilization of mental health hold the assumption that Latinx immigrants know what mental health, without regard for their conceptions of mental health. Few researchers have explored such constructions, as well as how important mental health is among undocumented Latinx immigrants. Such gaps in the research inform the purpose and course for developing a new approach to provide mental health services for undocumented Latinx immigrants.

Conclusion

Chapter 2 provided an overview of current research related to the protective barriers of undocumented Latinx immigrants and the challenges experienced by this population. Additionally, this chapter provided an overview of the current approaches to meet the social-emotional needs and increase the utilization of mental health services among the undocumented Latinx immigrant population. Current studies exploring the mental health experiences of this population and gaps in extant literature on this topic were discussed. Finally, the chapter concluded with an overview of critical theory and LatCrit theory. This selected literature review validates the need to explore the experiences and conceptualization of mental health among undocumented Latinx immigrants to better increase utilization of mental health services within this population.

Previous research related to increasing the use of mental health services among undocumented Latinx immigrants indicates a high dropout rate of services and thus clarifies the need to prepare counselors adequately to provide effective counseling services for this population (Baranowski, 2014). Suggestions include multicultural training; continuous self-reflection; an increase of contact with the undocumented population; and the use of creative, non-traditional therapeutic functions (Baranowski,

2014; Chung, Benmak, Ortiz, & Sandoval-Perez, 2008). However, these approaches to help increase utilization of mental health services ignore the undocumented Latinx immigrants who are not using mental health services.

Researchers have recommended that for utilization of mental health services to increase, practitioners should reach out to these communities. A new approach that focuses on how to develop effective outreach programs for undocumented Latinx immigrants who are not utilizing mental health services is needed. Gaining knowledge of how Latinx undocumented immigrants conceptualize mental health and mental health services will aide in better structuring the recommended outreach programs, as described in the LatCrit framework.

Educating this population on issues related to mental health will increase awareness, and could in turn, increase mental health services use. When professionals were asked to report challenges related to providing mental health services to undocumented Latinx immigrants, common barriers cited included the professionals' lack of training in working with the undocumented population (applying ethics and legal barriers), concerns about language competency, cultural and identity differences, and the professionals' own prejudice and assumptions (Baranowski, 2014). Illuminating the conceptualization of mental health for this population could help clinicians better understand the cultural differences between themselves and clients by eliminating biases towards this population.

CHAPTER THREE

The purpose of this phenomenological study was to explore perceptions and experiences of mental health among undocumented Latinx immigrants. This study addressed the need for further research related to how undocumented Latinx immigrants experience mental health. Exploring the attitudes and beliefs of mental health among undocumented Latinx immigrants added to the research of this population's unmet mental health needs. Finally, this study gave voice to this underserved population. This study explored and examined the attitudes, beliefs, and experiences of mental health among undocumented Latinx immigrants. The following guiding research questions to helped the researcher explore this phenomenon:

1. How do undocumented Latinx immigrants define mental health?
2. What are the experiences of mental health among undocumented Latinx immigrants?

A qualitative methodology using a Latinx critical race theory LatCrit theory perspective, within a critical theory paradigm, was utilized to examine how mental health is defined and experienced among undocumented Latinx immigrants. The present chapter provides a rationale for using a qualitative study, a LatCrit framework, and methods associated with transcendental phenomenology. Further, this chapter discusses the researcher's positionality, data collection procedures (i.e., site and sample selection and participants), data analysis procedures, strategies for validating findings, and anticipated ethical issues.

Philosophical Assumption of Qualitative Research

There are four philosophical assumptions in qualitative research: ontological, epistemological, axiological, and methodological (Creswell & Poth, 2018). The ontological assumption of qualitative research is the acknowledgment that there are multiple realities. That is, different participants and groups will bring different perceptions of the same reality to each study. The epistemological assumption of qualitative research is that knowledge is gained through subjective experiences with participants in a study. The axiological assumption of qualitative research is that the researcher's values influence research, thus the researcher must make his or her values about the study known. The methodological assumption of qualitative research is the emergent design of a study as well as the use of inductive logic. The open-ended, semi-structured interview questions in this study met both the ontological and epistemological assumption of qualitative research by giving the participants an opportunity to share their experiences related to mental health without the researcher imposing any assumptions. The axiological assumption is met through the epoché process, where the researcher discussed biases and experiences with this topic. The data analysis procedures, as described later in this chapter, meet the methodological assumption.

The philosophical worldview of qualitative research is a constructivism approach. Social constructivists believe that individuals seek to understand the world and develop the meaning of experiences (Glesne, 2011). The purpose of qualitative research is to understand (Glesne, 2011). In this study, the researcher sought to understand how undocumented Latinx immigrants define and experience mental health. Qualitative research questions, usually open-ended questions, are broad and general so that

participants are allowed the space to construct the meaning of a situation. The interview questions for this study can be found in Appendix A. Researchers acknowledge that bias influences interpretations of findings and position themselves in the research to acknowledge that interpretations flow from personal and cultural experiences (i.e., the epoché process). In a qualitative study, theory is used as a broad explanation for behavior and attitudes, shapes the types of questions being asked, and informs data collection and analysis (Moustakas, 1994).

For this study, a LatCrit framework was utilized to examine mental health among undocumented Latinx immigrants and to interpret findings. In a qualitative study, the researcher is a key instrument. Qualitative research is an approach for exploring and understanding an individual's meaning, involves emerging questions and procedures, and relies on data analysis procedures that build inductively to general themes (Creswell & Poth, 2018).

Rationale for Theoretical Framework

Past and current immigration laws are historically intertwined with racial prejudice leading to target populations feeling distressed (Garcia, 1995). Undocumented Latinx immigrants face high amounts of stress due to discrimination (e.g., Ayón & Becerra, 2013; J. M. Chavez et al., 2012; Dow, 2011; Valdez et al., 2013) and fear of deportation (e.g., Arbona et al., 2010; Gonzales et al., 2013; Hipolito-Delgado & Mann, 2012; Valdez et al., 2013) that come with anti-immigration policies. To decrease the chances of exposure, undocumented Latinx immigrants often limit their interactions with potential support systems, like school personnel and community agencies (Valdez et al., 2013).

This study utilized a LatCrit theory perspective within a critical theory paradigm. A critical lens allows for the examination of how dominant social groups have control and are favored while simultaneously disempowering other social groups due to “their race, culture, and language” (Nunez, 1994, p. 19). A LatCrit lens explores the intersection of an undocumented immigrant’s multidimensional identity. Through the lens of a LatCrit framework, the researcher explored the environmental injustices this population faces to promote social transformation (Delgado Bernal, 2002; Valdes, 1999). Findings of this study provide insight about how mental health is experienced among undocumented Latinx immigrants and how to better serve this population.

Qualitative Research Design: Transcendental Phenomenology

A phenomenological approach describes the search for common meaning for multiple individuals’ lived experiences of a concept. The purpose of a phenomenological approach is to condense individual experiences with a phenomenon to a description of universal themes (Moustakas, 1994). Phenomenological methods are based on the work of Edmund Husserl (Moustakas, 1994). Husserl disagreed with natural science methods and believed that truth lies in the interpretation of subjective experiences. Husserl criticized positivists’ conceptualization of the world as objective fact. A fundamental principle of Husserl’s phenomenology was the examination and suspension of all assumptions about the nature of reality (Moustakas, 1994).

Husserl’s transcendental phenomenology emphasized subjectivity and discovery of a shared experience (as cited in Moustakas, 1994). Phenomenology effectively develops the understandings of experiences and perceptions of individual perspectives (Moustakas, 1994). Phenomenological approaches describe, in-depth, the experiences of

participants by making voices heard, which is necessary with the hidden population of undocumented Latinx immigrants. A transcendental phenomenological research design includes the epoché process, where prejudgments and biases related to the experiences of mental health among undocumented immigrants are set aside (Moustakas, 1994). The epoché process is the reflection of personal experiences surrounding this research topic. The epoché process is outlined in the next section of this chapter, Research Positionality. The procedures described by Moustakas (1994) for transcendental phenomenology include the formulation of the question, completion of literature review (see Chapter 2), development of criteria for participant selection and development of instructions and guiding questions for the interviews. For data collection, the researcher engaged in the epoché process and conducted semi-structured and open-ended question interviews. Once data were collected, the researcher organized the data and performed analysis, with the intent of discovering textural and structural messages (Moustakas, 1994).

Researcher Positionality

Moustakas (1994) recommended researchers engage in the epoché process when conducting a transcendental phenomenological study. When engaging the epoché process, a researcher sets aside any “prejudgments, biases, and preconceived ideas” about a phenomenon to eliminate biases as a “basis for truth and reality” (Moustakas, 1994, p. 85). No position is taken before and during a study.

The researcher’s experience with undocumented Latinx immigrants are both personal and professional. Personally, I have family members and friends who were or still are undocumented Latinx immigrants. My mom entered the U.S. as an undocumented immigrant before she became a permanent resident and then later a U.S.

citizen. Listening to how hard her journey was and the challenges she faced once she arrived was my first exposure to the life of an undocumented Latinx immigrant. As I grew older, I became more aware of family members who were undocumented and noticed how their interactions with their surroundings were limited because of their status. Seeing their struggle solidified for me that if some chose to be undocumented in this country, their life in their country of origin had to be worse. Seeing friends struggle to gain a higher education while I had no trouble made me aware of how privileged I was.

There are certain experiences that made me question this populations' available community support systems, which ultimately led me to the field of counseling. My earliest recollection of deportation was while I was in high school. As I got off the bus, I saw U.S. Immigration and Customs Enforcement (ICE) officers around my next-door neighbors' house. As I got close to my house, I saw the ICE officers drag both mom and dad out of their house. My undocumented neighbors were arrested and deported. An hour later, the elementary school bus arrived. My neighbor, their young daughter, got off the bus and went home to an empty house and no explanation as to why her parents were not home. I remember looking at the window, asking my mom what we were going to do. My mom, though at the time documented, was too afraid to go out and told me to go to my room. The little girl's grandmother, also undocumented, lived on the same street but did not come out to get her. Seeing a small girl looking around in the middle of the street for help sparked a deep interest in seeking support systems for this population. This was also my first realization that even documented immigrants still fear deportation. Thus, my interest in how mental health is experienced among undocumented Latinx immigrants.

The stigma of seeking mental health services among the Latinx population is also something that I have experienced within my own family. During my time as an undergraduate, I sought out the university's counseling services. It took me one semester to look up and make my first appointment. I was very hesitant to seek out services and was not comfortable enough to share this process with my mom. I could attend sessions without my family knowing because during that time I was living on campus. I had to, unfortunately, end services once I was no longer able to hide my visits from my family. The 10 free sessions that the university fees paid for ended and I had to move back home. My therapist suggested that I broach with my family the fact that I had been attending counseling sessions, but I could not do it. The fear of what they, particularly my parents, would think of me outweighed the benefits of attending sessions. After 2 years I was finally able to broach this topic with my mom in hopes of improving our communication. She asked if I was still sick. I said no. She nodded and left the room. It was not discussed ever again.

Professionally, I have provided family counseling services to mixed-status families. When servicing such families, my first few sessions have often involved explaining family counseling and explaining the difference between psychology and counseling. Families often assume I am a psychologist or a doctor. Depending on their country of origin and how long they have been in the U.S., families are often confused about the purpose of counseling. Psychoeducation is often involved when I work with this population. This population is not often in tune with their mental health needs.

Based on my personal and professional experience with this population, I came into this study with the assumption that it is a challenge for this population to define

mental health. Particularly, I came with the assumption that undocumented Latinx immigrants do not prioritize mental health because of this challenge in addition to any cultural beliefs. An additional assumption includes that mental health is a topic that is not broached with family and friends. By noting these biases and assumptions prior to beginning my research, I attempted to set them aside and to interpret participants' true experiences with the phenomenon (Moustakas, 1994).

Data Collection Procedures

This section describes the site and sample selection for the research study, including participant criteria and location. Methods for data collection are also discussed.

Site and Sample Selection

For this study, participants were recruited through one religious institution from a city in a southern state. I networked and recruited through leaders and members of this religious institution. This recruitment method was selected to ensure a trusting environment to help increase the comfort level of participants. Sampling through religious institutions and organizations is often used to gain access to vulnerable populations (Cavazos-Rehg et al., 2007; Cobb, Meca, Xie, Schwartz, & Moise, 2017). The name of the institution, city, and state used are omitted to protect the identity of the participants.

Participants were required to meet the following criteria: be at least 18 years of age, self-identify as a Latinx, and self-identify as an undocumented immigrant. Using these criteria ensured that the information collected provided an understanding of how undocumented Latinx immigrants define and experience mental health. Given that the population of interest is considered a hidden, vulnerable population, a minimum of eight

participants was required (Moustakas, 1994). Participants were given \$20 in cash for their participation in this study.

Participants

Purposeful sampling was utilized to recruit participants and ensure they met the criteria (Patton, 2002). Participants were also asked if they knew an individual who met the criteria and would be willing to participate, also known as snowball sampling, to increase sample size. In total, eight participants were interviewed, meeting the minimum requirement for a qualitative study. Four participants attended the religious institution utilized for recruitment. Six females and two males participated in this study. The participants' ages ranged from 20-38 years old. Two participants were single and six were married. Of the six married participants, four had children. Two participants worked in construction, one participant worked as a probation officer, one participant worked as a sales associate, one participant worked as a store manager, and three participants did not have an occupation. All of the participants had immigrated to the U.S. from Mexico. The participants' length of stay in the U.S. ranged from 5-23 years. Table 1 further details the demographics and descriptions of each participant.

Table 1

Participant Demographics

Pseudonym	Age	Gender	Family Configuration	Occupation	Length of Stay in U.S.
Sandra	35	Female	Husband + 3 Children	N/A	20
Maria	28	Female	Husband	Probation Officer	23
Andres	31	Male	Single	Construction Worker	12
Diana	36	Female	Husband + 1 Child	N/A	6
Jimena	35	Female	Husband + 3 Children	N/A	20
Lizeth	20	Female	Single	Sales Associate	16
Laura	21	Female	Husband	Store Manager	5
Jose	38	Male	Wife + 2 Children	Construction Worker	21

Sandra. At the time of the study, Sandra was a 35-year-old female whose country of origin was Mexico. She was married with three children, a 19-year-old son, a 12-year-old daughter, and a 6-year-old son. She became a stay at home mom when her youngest was born. Before that, she worked when she first got to the U.S., 20 years ago. Sandra did not complete high school. Sandra had not attended mental health services in the past.

Maria. Maria was a 28-year-old female whose country of origin was Mexico. She was married to her husband with no children. She was working as a probation

officer. She had been in the U.S. for 23 years. Maria completed a 4-year university and earned her bachelor's degree. Maria had not attended mental health services in the past.

Andres. Andres was a 31-year-old male whose country of origin was Mexico. At the time of the study, he was single and lived with his siblings. He worked in construction. He had been in the U.S. for 12 years. Andres completed high school in Mexico. Andres had not attended mental health services in the past.

Diana. Diana was a 36-year-old female whose country of origin was Mexico. She was married with one teenage son. She was a stay-at-home mom who occasionally worked from home as a masseuse. She had been in the U.S. for 6 years. Diana attended mental health services when she was 12 years old in Mexico.

Jimena. Jimena was a 35-year-old female whose country of origin was Mexico. She was married with three children. She was not working at the time of the study but would have liked to work. Her husband did not want her to work because of her status. She had been in the U.S. for 20 years. Jimena did not complete high school. Jimena attended mental health services in the past, where she was diagnosed with depression and bipolar disorder. Her son was also referred to a psychologist.

Lizeth. Lizeth was a 20-year-old female whose country of origin was Mexico. At the time of the interview, she was single and living with her parents and brother. She worked as a sales associate in a cell phone store. She had been in the U.S. for 16 years. Lizeth completed her education program and received an associates degree with plans to enroll in a 4-year institution. Lizeth had attended mental health services in the past for anxiety.

Laura. Laura was a 21-year-old female whose country of origin was Mexico. She was married to her husband and had no children. She worked as a store manager. She had been in the U.S. for 5 years. Laura completed high school. Laura had not attended mental health services in the past.

Jose. Jose was a 38-year-old male whose country of origin was Mexico. He was married to his wife and had two children, a son and a daughter. He worked in construction. He had been in the U.S. for 21 years. Jose did not complete high school. Jose had not attended mental health services in the past.

Data Collection

Data were collected using semi-structured interviews with open-ended questions as the primary technique. Questions were related to the conceptualization of and experiences related to mental health among undocumented Latinx immigrants. Interviews were conducted either in person or by phone to ensure confidentiality and anonymity. Four interviews were done face-to-face, and four interviews were done over the phone. Seven participants chose to interview in Spanish while one participant chose to interview in English. To acquire consent, the researcher read the informed consent document to each participant. Each participant verbally acknowledged understanding of the informed consent and agreed to participate in the study. Acquiring verbal consent, rather than a signature, ensured that participants' identities were kept confidential. After consent, the interview began. Demographic data were collected during the interview (Appendix A). Follow-up questions elicited clarification when appropriate. Transcripts were created and translated professionally by GoTranscript. Transcriptions and notes were destroyed after the study to ensure participant confidentiality.

Data Analysis Procedures

For data analysis procedures, The researcher utilized a modified version of the Stevick-Colaizzi-Keen method often used with transcendental phenomenology (Moustakas, 1994). First, I described my personal and clinical experiences with undocumented immigrants, particularly within the subject of mental health. These experiences were noted under the Researcher Positionality section of this chapter. By reflecting on my experiences, my focus was placed on the participants of this research study (Moustakas, 1994). I continued to reflect on my experiences with this phenomenon by recording my thoughts and reactions to the interviews in a digital journal that was password protected to ensure confidentiality. This digital journal did not include identifiable information to the participants and only included pseudonyms when referencing the participants.

After the interviews were conducted, the interviews were transcribed and translated into English when needed. An a priori codebook for this study was developed based on a literature review of LatCrit theory and the experience of being an undocumented Latinx immigrant in the U.S. The following codes were expected to develop from the interviews: stigma, race, social justice, collaboration/community, racism, discrimination, isolation, disempowered, meritocracy, color blindness, intersectionality, and Whiteness as property. Data from the study were coded and analyzed in English.

From the English transcriptions, I developed a list of significant statements, also known as the horizontalization of the data (Moustakas, 1994). I continuously constructed the list until I developed a list of non-repetitive statements. This list was sent to my peer

reviewer to ensure validation of my data. The list of significant statements was then clustered into larger themes (Moustakas, 1994). At first, 22 clusters were identified, which were then grouped into the final six themes. After the final themes were identified, I provided verbatim examples to describe how undocumented Latinx immigrants defined and experienced mental health, also known as a textural description (Moustakas, 1994). A structural description, where I described how mental health occurs for undocumented Latinx immigrants, was done to reflect on the setting and the context of the phenomenon (Moustakas, 1994). Finally, textural and structural description were combined to provide a comprehensive description of how undocumented Latinx immigrants experience mental health (Chapter 4).

Strategies for Validating Findings

Creswell and Poth (2018) recommended utilizing at least two validation strategies to ensure trustworthiness of data. This study utilized engagements in reflexivity, member checking, and a peer reviewer to validate findings. The epoché process provided an opportunity to reflect on my biases related to mental health among undocumented Latinx immigrants (Moustakas, 1994). By noting my experiences, I shared with readers my positions related to the phenomenon (see Creswell & Poth, 2018). I continued to reflect on my biases and experiences throughout the interview process through the use of reflexive journaling after each interview and during the analysis of data (Creswell & Poth, 2018).

Member checking was used by paraphrasing to the participant after each answer to ensure that I understood their responses (Hays & Singh, 2012). Other forms of member checking (i.e., sending transcripts to verify data) were not used because doing so

would have required me to ask for contact information, thus putting the participants at risk for exposure. In addition to utilizing member checks, a peer reviewer was used to further validate the study's findings (Creswell & Miller, 2000). Using a peer reviewer provided a sense of interrater reliability for this qualitative study (Creswell & Poth, 2018).

Anticipated Ethical Issues

The main ethical issue that was anticipated when studying undocumented Latinx immigrants, a hidden and vulnerable population, was ensuring anonymity and confidentiality. Disclosure of the participants' legal status could lead to deportation. As the researcher, I informed participants about the procedures utilized to maximize confidentiality (Lahman, Mendoza, Rodriguez, & Schwartz, 2011). To ensure confidentiality, participants were not asked to sign any documents; a pseudonym was used for each participant on all documents created during data collection and analysis. Additionally, contact information was not collected to ensure participants' identities would be protected during and after the study. To ensure a safe space, interviews were conducted at a religious institution, in a location chosen by the participant, or by phone. If the fundamental need of protection is not provided to undocumented participants, then the research could be eroded (Lahman et al., 2011). Finally, participants were notified that participation in this study was voluntary and they could withdraw at any time (Creswell & Poth, 2018).

Summary

This chapter described the methodological procedures for the research study. The purpose of the study and research questions were identified. The assumptions of

qualitative research were described. The rationale for using a LatCrit theoretical framework was discussed, followed by a discussion of transcendental phenomenology. My engagement with the epoché process, where I described my experiences with this topic, was discussed in the Researcher Positionality section of this chapter. Data collection procedures were then discussed, including site and sample selection, description of participants, and data collection procedures. Data analysis procedures were identified, particularly the use of a modified version of the Stevick-Colaizzi-Keen method for this study. Engagement in reflexivity, use of member checking, and use of a peer reviewer were identified as strategies for validating the findings of this study. Finally, anticipated ethical issues of this study were disclosed, particularly related to maintaining participant confidentiality.

CHAPTER FOUR

Findings

The purpose of this study was to explore how a sample of undocumented Latinx immigrants defined and experienced mental health. Five overarching themes that encompass the experiences of these undocumented Latinx immigrants with mental health emerged. The primary researcher and peer reviewer examined the data through a LatCrit lens to ensure the themes accurately reflected the meaning of the experiences participants shared. The LatCrit framework helped illuminate the inequalities of undocumented Latinx immigrants perpetuated by society and the unique experiences of their multiple identities (Valdes, 2002). The five overarching themes, from the primary researcher's perspective, embraced the meaning of the lived experiences of undocumented Latinx immigrants and their mental health. The five identified themes were: (1) intragroup stigmatization of mental health problems within the community, (2) constant fear due to institutionalized racism, (3) limited options as a result of intersectionality, (4) counternarratives of mental health stigma offered by support system, and (5) marginalization coped with through self-advocacy. The findings and themes reflected the tenets and components of LatCrit theory, which further enhanced the quality of this research study. Chapter 4 begins with an in-depth summary of each participant, followed by a deeper discussion of the five identified themes. Finally, the data are synthesized with textural and structural descriptions that provide a comprehensive presentation of the findings.

Individual Narratives

This chapter begins with in-depth summaries of each participant's responses to the interviews. The individual narratives of each participant provide an opportunity for the reader to understand each participant's perspectives related to the study. The individual narratives provide information beyond what is captured in the five identified themes, but information still valuable to capture the rich experience of a sample of undocumented Latinx immigrants in the U.S. The presentation of individual narratives allows readers to know how participants see themselves (Creswell & Poth, 2018).

Sandra

Sandra's family includes her husband, her 19-year-old son, her 12-year-old daughter, and her 6-year-old son. Sandra decided to leave her job when her youngest was born to dedicate more time to raise him. Like many participants, Sandra limits how many times she leaves her house to avoid the risk of being discovered. Sandra limits her trips to run errands to one time a week. Sandra believes her restriction to leave the house has led to depression because she is "not able to leave" the house while her "children simply leave." She stated:

I am always at home with nothing to do. Many times, I fall asleep. I come home from dropping them off and fall asleep, and I set the alarm, and sometimes I [don't] get up until 3 o'clock, at the time I have to go pick up the child. What's the point of going out if I can't?

Sandra's same daily routine negatively affects her mood. Despite her "fears," Sandra remains "very positive" with her children. "I give my children, I do not transmit much, as it sometimes is because they do not know if I was there all day depressed or not

because when they arrive, they have their food.” Sandra does not want her mood to affect her children.

Sandra’s fear of being deported exists both inside and outside her house. Sandra does not “feel safe inside [her] house.” She disclosed:

I do not know who has lived here before me. So, I do not know if there are any people from immigration looking. And they could knock on the door, and I’ll be there because I’m sure that they are not here looking for me. And that they could use that, you know? Once you are here, well, they look for you and they [know] you do not have papers and they can take you. Because it is what has happened. Many times, they knock on your door, and you do not know. Or ask for another person and really because they already have a list [of undocumented immigrants] or I do not know how they do it to be able to reach one.

The fear is that the government has “their own plan” now that they “have information from so many people.”

Sandra fears being discovered because if she were detained, she would be forced to “sign [her] own deportation.” Immigration officers will not assess how “good” or “bad” she has been during her time in the U.S. Once an immigration officer has an undocumented immigrant, all “they want is to get them out.” Sandra described the notion of nonvoluntary deportation based on her brother-in-law’s experience of being deported because of a suspended license. Sandra described her brother-in-law’s experience as psychological abuse. She disclosed:

Once he was in jail, he was prosecuted to immigration, and he lasted about 6 months. All they told him was to, “sign, sign.” They tell them, “It’s better to sign

so you can go because here you will suffer anyway. And, then, sometimes—I imagine that in today’s situation they find that once they are there...their relatives cannot go to see them because they do not have documents. So then sometimes they prefer to leave to be able to have at least contact by phone than be stuck there. So, psychologically they are abusing you, and they are pressuring you to sign a voluntary deportation.

Sandra believes that immigration officers can push an immigrant to leave the country by cutting off communication with family.

Maria

Maria was a DACA recipient and worked as a probation officer. She was married to her husband and, at the time of the interview, had no children. A common theme that appeared in Maria’s interview was that of perseverance. Whether it was mental health or prospering, Maria believed a person had “control.” While some participants felt their legal status limited them, Maria believed her legal status made her “value” her opportunities more than someone who has documentation. Maria had more motivation to attend classes since she was not able to apply for financial aid. Maria used her experience to motivate those around her.

Maria believes that people have control over how they feel. Maria reflects feeling bad when her best friend died and when she heard about the removal of DACA. In both instances, Maria was able to work through it on her own. Maria explains that coping with her best friend’s death was “very difficult.” She remembers having a hard time with the death, but she still did not think she needed external help. When Maria found out that DACA would be removed, she remembers feeling “very bad” that she “couldn’t

concentrate on anything.” That same week, a major storm hit the city, so she was forced to sit at home and think about the potential removal of DACA as well as the potential damage from the hurricane. She was able to stop feeling bad when she went to school and focused on things that were not negative. In both instances, Maria was able to work through her emotional distress on her own by controlling what she focused on.

Maria’s decision to continue her education despite potentially losing her DACA status is also an example of how she controlled her emotions. Her sister questioned why she was still working toward her education, back when she was working on her Bachelor’s degree, when it could all be over soon. Maria declared that although she might not be able to use her diploma, “nobody was going to be able to take that [her education]” from her. Maria does not pay close attention to her limitations and focuses on making the best out of her situation.

Andres

Andres was a construction worker who was currently living with his siblings. Andres had siblings living both in Mexico and the U.S. While other participants reflected on the change of political climate since President Trump entered office, Andres was one of two participants who did not notice a change. Andres thinks the two presidencies (Obama’s and Trump’s) “have been the same.” Andres adds that he tries “not to be focused” on politics. He finds that he has little time to focus on what is happening because of his time-consuming job.

Andres finds it difficult to hear, through phone calls, his siblings who still live in Mexico grow before his eyes. Andres finds it “hard” to believe his sisters are “married women” because he “left them as girls” when he came to the U.S. Andres states it is

“difficult to assimilate” that they have husband and children. As much as he misses home, he is ready to start a life in the U.S. He discussed:

I think at a certain time the moment comes when you say, “I want to settle here, I want to make a life here.” And I think I’m already at that stage here; that’s why I’m trying to invest in properties or things like that. And yes, as I said a lot, I love my country very much, but it didn’t give me what I have here, and, well, my purpose—my goal—is to be well here.

Andres cites his legal status as the reason why he is unable to invest in property. Andres was one of the few participants who did not have financial struggles.

Andres also described how his family is improving their communication to each other, particularly about how they feel. Before, communication among his family focused on what they were doing, but now it is more about “knowing” each other. Andres reports his family is working on changing “all that we didn’t have before.” Andres describes himself as the person who “moves the whole family.” Meaning, he is the one who leads his family.

Diana

Diana is a stay-at-home wife who lives with her husband while her son stays with her mom in Mexico. Diana was the only participant who is currently separated from her child. Diana is also one of the three participants who attended mental health services in the past. Diana received mental health help for her anger management. Her psychologist told her that her “mind had not developed like that of an adult woman” because she had fears “of a girl.”

Diana notes that leaving her son behind in Mexico has greatly affected her. Because of her lack of “economic resources,” she had to “leave what [she] loves the most in life.” Diana describes she came to the U.S. with the “pain” of having left her son. She stated:

For me, what I was going to suffer. The journey was not suffering; the suffering was having left something of mine, something of me, then, that was it. So, throughout all these years that I’ve been here, that’s what most affected me.

Diana notes she will never feel “free” as long as she is separated from her son. She discussed:

My son is growing up, and right now he’s almost a teenager, and I’m like this, like with the lump in my throat, just that, waiting for the moment or dreaming, imagining the moment when I will return. What I’m going to do, that—I mean, obviously I’m going to hug him and everything, but [also] give him the love and affection that I haven’t been able to give him in person.

Diana concludes that what keeps her motivated is thinking of the day she can reunite with her son and provide him with better education. Diana wants to be able to provide a “home” and “education.” She likes to think of this as an “inheritance” that she could leave him. “But if I see that my son is going to have a life—a better future—then I say, ‘That’s worth my crying, my sacrifice and all that—What I’m experiencing right now.’”

Jimena

Jimena’s family includes her husband and her three children. Jimena reports she was diagnosed with depression and bipolar once she arrived to the U.S. Jimena believes she was bipolar when she was younger, living in Mexico. She knew she had a

“problem,” but she did not have a name for the problem until she arrived to the U.S. Her husband pointed out that what she was experiencing was something she “needed” to get evaluated by a psychologist or psychiatrist. Her parents disvalued her experience and characterized her bipolar symptoms as her throwing one of her “tantrums.” Her primary doctor diagnosed her with bipolar. Jimena describes her experience with bipolar: “But what that disease is, is that sometimes you are well emotionally and sometimes you are very angry; you do things that are wrong.” Jimena reports that once she received her diagnosis, it “helped” her to know what it was to be able to cope with it.

Jimena is the only participant who reported almost being deported. She believes she became depressed because of that experience. Her husband thought she was becoming “sick,” so he took her to her doctor, who diagnosed her with bipolar and depression. Her experience has left her with sleepless nights and a need to want to relocate. Jimena believes immigration officers have her “information.” She disclosed:

They already know where I am. And sometimes I tell my husband, “Let’s sell, let’s get out of this house, and we’ll find another place to go.” He says, “But wherever we go, they’re going to find you, because of me, because of my work.” “Well, Godspeed”... I’m losing sleep because I’m thinking. I try not to think sometimes, but when I look at things, oh, no.

Jimena notes that escaping the fear of being deported is not an option. The anti-immigration news is on her TV and her phone. She is left thinking “Let’s see if at any time they don’t come for me.” Because of her fear, Jimena limits how often she leaves the house. She stated:

To go to the store as I did before, to go out and have fun a little more, I can't. Because even my own family says to me, "No, mom, you don't go anymore, send me instead." Even they are affected, because one, as a mother, is the one who moves the family. So yes, it does affect me.

Jimena reported feeling disempowerment to raise her family because her children do what she feels she should be doing.

Lizeth

Lizeth's interview provided insight into the experience of a mixed-status family. Lizeth lived with her undocumented parents and her U.S.-born brother. Lizeth was able to provide her perspective on helping her parents to avoid deportation for herself and her parents. Now that she has her driver's license, she has "to drive everywhere because they [parents] don't have a license." So, when she can, she does her parents' errands. If it were up to her, she would do all the driving. She stated:

I wish I could drive my dad home, go pick him up. I mean, drive my dad to work and go pick him up. Drive my mom wherever she needs to go, go pick her up, you know? So they don't have to be driving, but I can't do that.

Lizeth was able to reflect on the tension her family experiences when the fear of deportation is more present. She discussed:

Things would get really tough with immigration laws and everything, you could feel it in the home. Like when my dad was going to leave the house or when one of us was going to leave the house, just scared that we might not come back. I didn't want to think that when I was younger, but I knew that it was a possibility.

When her dad would drive near intersections where raids took place, she would notice how “tense” and “scared” he was to pass by there. “I could hear him, and he was praying, you know? That’s where it kind of hit me like, ‘Wow, this is really, really serious.’” When her parents discussed possibly being deported, Lizeth started feeling “anxious” and “scared” every time they would leave the house. “I feel like that did affect me emotionally.” Lizeth admits that she didn’t realize to what extent her life or her parents’ life was affected by being undocumented until she was older. She knew being undocumented was “big, and it was a problem” but she “didn’t really completely understand what was going on.” When she started wanting to do things that required her identification is when she realized what it meant to be undocumented in the U.S. Lizeth concludes that “what affects my parents affects the household and affects us.”

Lizeth’s and her parents’ fear of being deported is influenced by her cousin’s deportation experience. Her cousin was in high school at the time when one of his classmates stole one of the chocolates he was selling for a school fundraiser. Lizeth’s cousin confronted the classmate and a fight ensued. Lizeth’s cousin was arrested, which lead to his deportation. Lizeth’s cousin was 18, and the classmate was 17, so he was charged with “assaulting a minor.” She disclosed:

I remember my family during that time; it was like everybody was depressed during that time. Everybody was so tense. It was just a really, really tough time. My uncles, his parents, went to talk to the guy’s family and asked them, “Please, don’t press charges. This is my son’s situation. He can’t have this. If you press charges, they’re going to deport him to Mexico. He’s about to graduate. Please don’t do this.” They were like, “I’m sorry, he hit my son.”

Lizeth and her family were devastated. Lizeth describes her cousin as “a straight-A student...who would never hurt a fly.” Lizeth’s family attended protests and were even featured on a local news channel. Her family fought for the government to let him come back and graduate. He was able to come for graduation but was sent back afterward. He cousin wrote letters to lawyers. He is now back in the U.S. studying biomedical engineer. This experience shaped how her family avoids being discovered. Lizeth’s father advises her to avoid problems with others to avoid being sent to jail and deported.

Laura

Laura was the only participant that disclosed having a degree before coming to the U.S. In Mexico, she received her diploma in computer science. She stated:

I am a high school graduate. I have a diploma in computer science and everything, but here—Let's just say I am nobody. Even though you have reached a certain education level or if you know a little bit more than someone else, you still have the same income and the same position as others because it’s a little more difficult to get to where you would like to be.

Her hopes for the future include better opportunities for employment where she can better use her degree. Laura feels limited in her employment options. Laura reports that she would like to attend mental health services for “self-esteem” problems. She would like to increase her self-esteem to “feel more competent” and stop focusing on all her “defects.”

Laura notes an increase of stress levels since she arrived to the U.S. She describes that she had fewer fears when she lived in Mexico than she does now living in the U.S. In Mexico, “everything was better,” since the fear of being deported was nonexistent. Laura’s mom “worries” about her since she is aware of the anti-immigration climate.

Laura notes that immigrants are “not well” thinking about “many things.” Laura concludes that “people are more psychologically worried” now that President Trump is in office.

Laura recommends that mental health professionals must “comprehend” and “accept” that undocumented immigrants have “many limitations, paradigms that perhaps we impose on ourselves. It's like I give up on my own sometimes.” Laura needs to be able to confide in a mental health professional, specifically where their “information [legal status] is going to end up.” After a major storm hit the city she lived in at the time of the study, local news channels recommended families to apply for temporary food stamps. “I decided it was best not to go because you don’t really know where that information is going.”

Jose

Jose is a construction worker who lives with his wife, son, and daughter. For the first half of his interview, Jose did not know what mental health referred to. When asked what he knew about mental health, Jose responded with “I haven’t heard anything.” He did “not know” of any mental health services and had never heard of a psychologist. Jose admitted he has “heard” of a psychiatrist but was quick to add that he or his family has “never seen one.” Jose also admits that he does not believe in indigenous healing and would rather go to a medical doctor.

Remedies and all that; I don’t like it. If you’re sick, then you’re sick. I am not going to wait for something else to happen; I would rather be like, “You know what? Let's go.” If the person is sick, then they are getting help, but they need help to find that help.

When Jose was describing his coworker who experienced epileptic seizures, Jose asked if that could be identified a “mental health problem.” He then asked how he could “identify a mental problem.” After the primary researcher offered examples what could be considered a mental health problem (e.g., depression and stress), Jose admitted that he and his family had experienced mental health problems. Jose noted that he asked because he was “talking about mental health problems but I didn’t even know what a [mental] health problem is.” Jose admitted that he did not “know anything” and it was as though the researcher and him “were speaking in a different language.”

Like Andres, Jose reports not being affected by the political climate. He reports that “it has always been the same” during his 21 years in the U.S. Jose describes himself as “not the type of person to watch the news.” Jose further discloses that he does not “know much about Donald Trump except that he was just elected president and people talk about him a lot, but no, as far as watching the news goes, I don’t do that.”

Themes

The following section describes the five identified themes present in the interviews: (1) intragroup stigmatization of mental health problems within the community (2) constant fear due to institutionalized racism, (3) limited options as a result of intersectionality, (4) counternarratives of mental health stigma offered by support system, and (5) marginalization coped with through self-advocacy. Influenced by CRT and LatCrit, these five themes reflect how participants defined and experienced mental health as individuals in a marginalized population. These themes reflect how racism, the intersection of participants’ multiple identities, and their disempowerment affected their mental health. Four of the five themes reflect how marginalized undocumented Latinx

immigrants feel within their family, community, and society. Two of the five themes reflect the strengths participants identified as ways to help cope with their stress. Figure 1 illustrates how the five themes relate to one another. As shown, participants' marginalization experiences outweighed their resilience.

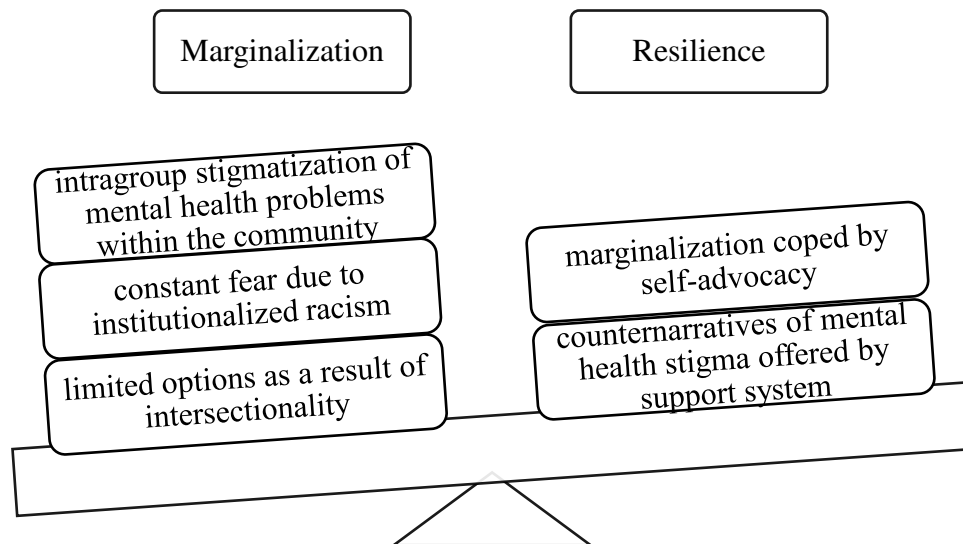


Figure 1. Participants marginalization experiences outweighed their resilience. Participants remain hopeful for a positive future.

Intragroup Stigmatization of Mental Health Problems Within the Community

The majority of participants in this study voiced the stigma associated with mental health within their family and community. In particular, the term “crazy” was often linked to mental health and someone with experience of mental health issues.

Participants described the stigmatization of individuals experiencing mental health issues within the Latinx community. Participants portrayed mental health as a “serious” issue to experience, but did not consider it as a serious topic of discussion among the family.

Most of the participants received marginalized messages about mental health from their family and friends. Participants described receiving the message of coping with mental

health in isolation. Some participants agreed with the marginalized messages, while others were working to change their families' view on mental health.

Coping with mental health in isolation. Most of the participants discussed being taught to cope with mental health issues individually, without seeking external help. In their experience, it was more acceptable to cope with mental health on your own. For example, Andres recalled experiencing depression-like symptoms and losing motivation. He stated:

But it was the moment when I got into a bit of depression; it was difficult in that I would tell myself "Oh, what's the point of getting up another day if there's no reason to fight?" But thank God, I got through all that; I didn't seek help. And I think that if somehow another situation would happen to me, I would find a way to seek help.

At that time, he did not seek help and was able to cope with his mental health challenges by himself. Andres added that he would seek help if he were to experience similar symptoms again in the future. He noted that growing up in Mexico "is a little more restricted" in terms of mental health:

It's not that open, it's more like, "Oh, okay, if I feel something, I have it." But people do not feel things to the extreme to say to themselves, "You need something, you need help." It's more internal as, "Oh, I can torment myself, but nobody may know."

When Andres had felt depressed, neither his mother or sisters would know. He noted that maybe a close friend that he "could trust the most" might know, but even then, he kept to himself. While living in Mexico, "you focused more on yourself, on your person."

Like Andres, Laura stated that Mexicans are more likely to cope with issues on their own. Laura reported:

I believe people would endure more things back in the day. Let's just say they preferred to stay and say, "No, everything is fine," and endure things. I mean, they wouldn't talk about it and say, "This is happening, and we are getting separated." It's as though in the past, they would be—I am not sure if the correct word is embarrassed or if they were worried about what people could say. I think that's why they would endure many circumstances.

Laura reported that her mom still does not talk about her feelings or problems and she always had to guess what her mom is feeling. She further discussed:

You might see things a little differently [in Mexico] because—Well since my mom is a bit more narrow-minded and she isn't open to new opinions or things like that, it's like her solution is to just say no...to not say...to not talk about her feelings. I believe she doesn't talk about her problems. It's as though you have to guess what is going on with her.

Like Laura's mom, Lizeth reported that her parents came from a culture where problems were coped with individually. Lizeth believed that because there was no opportunity for her parents to seek help in the past, "they just coped with it." Further, she thought that because of that, "they expect us to do that too." Lizeth received messages from her parents to deal with her mental health problems on her own.

The idea that an individual *should* cope with mental health problems on their own influenced the idea that an individual *could* cope with mental health problems on their own. Particularly, participants received the message that an individual can get

themselves out of a problem or mental health issue. For three participants in this study, once medication was recommended as a solution for their mental health problems, they believed this notion. For example, Diana, Jimena, and Lizeth had strong reactions when they were prescribed medication. Diana stopped receiving help when her psychiatrist prescribed her medication. She stated:

No, I stopped that, they gave me medication, the psychiatrist gave me medication, and I said no, I can't keep it that way, I said in my mind "I'm going to depend on medicines, no, I have to get out of it by myself." But I couldn't because I had panic attacks, anxiety, and depression.

Diana told herself that she was capable of coping with her mental health on her own when she could not. Unlike Diana who did not take the medication at all, Jimena tried the medication before she decided to stop. She reported,

But when they found that in me and gave me medicine, I took the medication for a short time. But then not anymore because I said, "No, I have to know how to control myself." Because they told me that this medication had to be taken for life, and I felt that I was being affected more by the medication than my depression and bipolar. But I don't know; maybe it was just me.

Like Jimena, Lizeth also tried her prescribed medication before she stopped taking it. She recalled,

I didn't follow with it because I didn't want to rely on it. I didn't want to just not get better and just be taking it. I wanted to cope with it and be able to come out of my problems.

Lizeth reported that what helped more the most with her depression and anxiety was “just living through it, just letting it pass.” She disclosed,

Eventually being happy with where I was, with who I was, and just over time, it helped me more than the medication. Whenever I would get really anxious, the medication would just calm me down to the point where I wanted to go to sleep, you know? Whenever I was just talking about it, coping with it, over time, it got better. I feel like I’m way better than if I would have kept taking the medication that made me sleepy, you know?

Just “coping with it” was working more than taking medication. Jimena and Lizeth each felt that the medication was negatively affecting them more than their diagnosis. All three participants noted the importance of being able to “control” themselves and how that was helpful to them.

Unlike Diana, Jimena, and Lizeth, Maria was not diagnosed with a mental health problem. But like these participants, Maria believed that people could cope with mental health problems on their own. Maria described:

I feel that all that [mental health] is just like in your mind or if you think positive you will be positive, if you focus a lot on something, like “I am depressed,” or I don’t know, things like that, you’ll feel more like that, I feel that we have control.

Maria reported that even when her best friend died in an accident, something she describes as a “very difficult” time, she still did not feel that she needed professional help for mental health. She noted:

This year also in March my best friend died in an accident and then that was something very difficult, but still, I did not feel that I needed help. I did feel that this was very extreme, but I didn't think I needed help.

She did not "feel that it's [mental health] something negative or something bad, but I feel that we have control, so I felt that I can overcome it on my own." When she loses motivation to continue, she gives herself a pep talk. She discussed:

Because when I feel like a bit defeated I just say, "but if I went through so many things and I achieved so much, why am I going to give up right now?" That's when I say, "no more [laughs], you have to keep pushing."

Maria's internal conversation confirms the belief that an individual can work through their issues if they tried. Maria believed Mexican culture promotes coping on your own and not seeking external help. Maria concluded that she feels Mexican immigrants are "not going to think that we need help" and would consider individuals who do seek help as not "normal." She noted,

I never thought "I need to go with a psychologist, or I need to go to seek counseling or help." I just said, like, I just motivated myself in something that, like, now you can't do anything to get you stressed so that—You're with that and it's not in your hands, the only thing you can do is continue forward and try to look for another way or wait for them to find another solution, as they say, but I didn't feel like I had to go find a psychologist or something like that.

Like Maria, Lizeth's father shared the belief that an individual does not need external help. Lizeth states that her father did not offer much support when she was dealing with her anxiety and depression. She disclosed,

He knows that it's possible to get depressed, but he still feels like it's something that you just gotta shake off in a sense. I don't really know. You don't have to talk to anybody about it. You don't have to get medicine for it. It's something that just...Shake it off *y se pasa* [and it will pass] just like that.

Lizeth further discussed that she felt her father "looked down" on her for wanting to seek help. Lizeth's father preferred Lizeth to cope with her anxiety just between her immediate family (her parents and her brother). Lizeth recalled:

I did have a panic attack in a family reunion. We didn't really tell them, "Oh, I've been having these for this long amount of time. I've been going through this."

Each of our families is very private. It was just between my family.

Like Lizeth's father, Laura's family coped with mental health problems on their own. When her family was having issues, she felt that they wanted to "fix it behind closed doors or look the other way. They would rather say nothing happened." The marginalization from family and the community of mental health impacted the participants and their family to cope with mental health problems on their own.

Conforming to stigmatizing messages of mental health. Participants in this study described the marginalized messages of mental health that they received from their support system. Some participants agreed with such messages while others were attempting to change the negative views of mental health. Jose and Maria were two participants who agreed with their family messages of mental health. For example, when asked to identify someone who has experienced mental health problems, Jose tells the story of his coworker who experienced epileptic seizures. When asked how he knew that coworker was experiencing mental health issues, Jose reports he noticed his coworker

“wasn’t a normal person” because “he seemed quiet and he wouldn’t speak.” Messages that Jose received about mental health reinforce his opinions of individuals who experience mental health issues as not normal, further creating a power hierarchy among the immigrant population. This intragroup antisubordination among the Latinx immigrant community provides more power for immigrants who are “normal” than for those who are “not normal.” When asked about attending mental health services himself, Jose noted: “I don’t want to go because I am not crazy.” Jose further noted “sometimes I think [receiving help is] useless. Well, I am lying. I don’t know...If you are crazy, you’re crazy, and you’re not going to get cured.” His remarks further emphasized his belief in the stigma of mental health. Jose’s story of his uncle, who was viewed as someone who experienced a mental health problem, illustrated how his family members responded to mental health problems. Jose shared:

I have already gone through that in Mexico, yes. One of our uncles got sick; I don’t know. They say he would go crazy, but my father would take him to the doctor. I did go through that; I was around 12 or 13 years old. Yes, I was still over there, but I did go through that. My family owned tractors and cows, so my uncle would say that the tractor moved on its own and turned things over. Yes, it was scary, but that was all. In fact, two of my uncles would do that, and my mom says that my grandfather on my father’s side does the same thing too.

Jose concludes that he “never really knew what happened” to his uncle because his family distanced themselves from this member. The marginalizing messages Jose received from his family growing up are messages that he passed down to his own family (i.e., “if you are crazy, you are crazy, and you are not going to get cured”). Jose has

voiced these opinions to his own family, further reinforcing the discrimination against individuals who do seek mental health services by individuals who do not seek mental health services in an already oppressed community.

Like Jose, Maria also received negative messages. Maria discussed her family's reaction to her possibly experiencing a mental health issue. Maria notes that she has never experienced a mental health issue, but if she had, she would be considered crazy or told she "was exaggerating." Further, she notes that mental health is not taken "very seriously" by her family. Maria reports she has not experienced a mental health problem, but if she had, her parents would not provide support. For example, she shared:

I feel that they don't take it very seriously unless I really need some medication and even then maybe I won't know if I need it or not, I'll think it's normal, or I don't know, or it will pass or whatever. But yes, I feel that our culture does not see [mental health issues] as something normal, so it will take a lot for someone to go with a psychologist or a psychiatrist.

Like Jose, Maria believed that those who seek help are those who have "really bad" issues. Jose and Maria appear to illustrate a power hierarchy of individuals who are "normal" over individuals that are "not normal." This antistatification is added to the already existing power hierarchy dividing immigrants by SES and legal status.

Modifying stigmatizing messages of mental health. While Jose and Maria agreed with the stigmatizing messages of mental health among Latinx immigrants received from their family, Andres, Diana, and Jimena disagreed with their family's marginalizing messages. Andres used the term crazy to describe his cousin who had problems coping with his emotions. Andres described his cousin as someone who cannot

“function [in] society.” Unlike Jose and Maria, Andres was working to change the stigmatizing messages he received from his family. When discussing the importance of mental health, he acknowledged that this is something he is still “learning” about but is more open than his family on the topic.

Like Andres, Diana also received stigmatizing messages from those around her. Diana has used her experience with mental health to change such marginalized opinions on mental health. Diana stated that her support system viewed an individual as crazy if they tried to seek help for mental health issues. Diana notes that the stigmatizing messages were received from not only her family but from people in her town and community. These were individuals who “instead of helping you, they traumatize you, because they tell you or make fun of you, ‘If you go with a psychologist you are crazy.’” Diana further reflected on the messages she received from those around her:

And I had understood, normally they told me, “If you go to see a psychologist, you’re crazy” is what is always said. And when I went to see the first psychologist, I would [think], “I’m a teenager, and I’m seeing a psychologist. Does that mean I’m wrong? Am I crazy? What do I have?”

Diana internalized feelings of being crazy based on what others were saying about seeking mental health services. Such demeaning messages became ingrained in how she viewed seeking help. Diana further reflected that “as a child, you listen, and that’s it; everything sticks with you, that is, in the little head, and that’s how you understand it.” Diana further disclosed her disagreement with the opinion that mental health is for individuals who are crazy. Based on her experience, she is more open to discussing

mental health with her own family. Like Andres, Diana is attempting to change how her own family views mental health to remove the intragroup stigmatization.

Like Andres and Diana, Jimena also received stigmatizing messages about mental health from her family. Jimena had not been able to change the marginalized views on mental health among her family. When Jimena received her bipolar diagnosis, her family did not know what that meant. Once she explained bipolar to them, they noted: “Oh, this, is crazy.” Jimena recalled her disempowering experience with bipolar when she was younger and living in Mexico. She noted that her “parents would say, ‘No, what happens is that you're crazy.’ Okay, yes. But they never took care of us, that they paid you attention. Because they associated that with like, ‘It's one of your tantrums,’ and so on.” Jimena further discussed that the stigma of mental health had led her family “to evade” the topic of mental health. The evasion of the topic helps avoid the stigmatization of mental health among this population. Andres, Diana, and Jimena used their experiences with mental health among their families to encourage social change within their own family. They tried to advocate for mental health. The participants in this study who were trying to provide a counternarrative to mental health described how positive relationships with their support system enabled them to rethink the stigma of mental health. This relationship is further explored in another theme, [counternarrative to mental health stigma offered by support system].

Constant Fear due to Institutionalized Racism

Participants in this study reported on their constant fear of living in the U.S. without documentation. In particular, they feared being discovered, discriminated against, separated from family, and the uncertainty of what the future holds for them. For

Jimena, the fear of being discovered kept her up at night. “I’m losing sleep because I’m thinking. I try not to think sometimes, but when I look at what is happening, I think, ‘oh, no.’”

The current political climate contributed to participants’ fear. Laura, Diana, and Sandra noticed the difference between President Trump and President Obama. Laura noted that “there were fewer worries in the past,” and that now with President Trump, “things are a bit tougher.” Laura stated that “everything is more complicated because there is fear of being reported.” Laura reflected on life before President Trump:

Yes, it felt like we had a little bit more rights. At least, when they stopped you or something, they would just send you to court, and you would only have to pay your ticket if you committed a traffic violation. What you hear now is that they just stop you and then, they send you away right away, even if they stopped you for a traffic violation.

Laura noted that “there is not a single moment to be calm and relaxed.”

Like Laura, Diana reflects on how the life of an undocumented immigrant has changed. “I saw that people who are in the same situation as me walk on the streets and went to the stores for a normal walk and I said, ‘Well, it’s okay.’” Diana described feeling less afraid about living in the U.S. before President Trump was elected. Diana had not spent a lot of time in the U.S., but she remembered that at the time she came, when Obama was in office, “at that moment I felt that there wasn’t much danger.” Sandra noted that President Obama provided “hope” when he implemented DACA.

Like Laura and Diana, Sandra noted the difference between the time with President Obama and the time with President Trump. She noted that before, “we could

go to work, we could come, enjoy. But right now, you cannot.” Laura further confirmed the political climate change, particularly that President Obama “was a bit more flexible with the subject of immigration. You had rights and could exercise them.” Participants reflected the increase of disempowerment and anti-subordination with President Trump. Participants felt that they lost their rights when President Obama left office.

In their interviews, both Sandra and Laura noted the need to know what goes on in the political field. Because of the anti-immigration environment, Sandra reported the increased need to stay up to date with the news. She noted:

And today with this President who wants to say everything. I do not know if it is to cause fear to people or for us to decide ourselves that it is better to leave on our own before he starts making more massive deportations. It is nothing more than fear. “Oh, the President is going to speak. We must listen because we do not know what he will come out with.” Like now that he has removed DACA. He has removed the TPS (Temporary Protected Status). I am...I am not...I am Mexican, but the same, in the same way, I feel for them [Salvadorian immigrants] because who likes for another to suffer.

Like Sandra, Laura confirmed that fear provides the need to stay up to date. “I believe that now that I am here, I know a little bit more because I stay informed out of fear...Yes. You must know what to expect.” Fear drives the need to keep up with news affecting immigrants. Jimena notes that “even if I don’t want to think” about the current administration, when she turns on the TV or looks at her phone:

The first thing you look at are things like this and that related to discrimination. And right now, especially at this time, I’m just thinking, “Let’s see if at any time

they don't come for me." Because they already have all my information over there in the immigration office.

While Diana, Sandra, and Laura note the need to keep up to date with the news, Jimena adds that watching the news is unavoidable. The reminder of not having power in the U.S. is inescapable.

Unlike the other participants, Maria noted that both President Obama and President Trump had massive deportations. Maria noted that the difference between the two presidents is that President Trump has made deportation a bigger fear than before.

Maria noted:

Before, we knew that being deported was a possibility, but I wasn't afraid that it would really happen because I said, "We are not doing anything wrong, we do not do any crime or anything like that, it's going to be okay." But now I feel that doesn't matter.

Maria described doubts about having a fair trial now that President Trump entered office. Further, Maria felt that it would not matter if someone had a history of crime; if an undocumented immigrant was detained, they would be deported. Similarly, Diana noted that the Presidential change has led to undocumented immigrants feeling "terrified" and thinking that "overnight we may no longer be here." Diana described not having the power to control her future.

Laura, Andres, Jimena, and Lizeth reported that since President Trump entered office, overt racism has become empowered. Laura noted that now "there [are] a lot of racist people who feel much more—I don't know, they feel supported by him." Laura further described that the racism:

Happens around the time [President Trump] posts something or gives a press conference and says things; it happens because of how he expresses himself. I believe he motivates people to do that; he incites them to be racist by making them feel protected and that nothing is going to happen to them. It is their country and everything, but we have rights as well.

To Laura, President Trump is empowering individuals to discriminate against Latinx immigrants.

Similarly, Andres reported that racist individuals “began to rise, began to stand out, to start to try to put power before us with ‘Wait, we’re here, and this is our country.’” Andres described the rise of White supremacy in the U.S. since President Trump’s election. Andres noted, “I’m a bit affected by the fear that exists. You can’t say anything, you can’t go out with confidence, with pleasure to the street, because anything can turn into a problem with them [racist individuals].”

Like the others, Jimena discussed the increase of racism and reflected how it is affecting the undocumented Latinx immigrant population. She shared:

I think it has affected many of us. But more so because the racism that was there before, [President Trump] sort of revived it here more. Or maybe it’s because of the situation in which one is, but I feel that there is more racism, I don’t know. It psychologically affects me, I think that everyone sees me in a bad way. I don’t know how to explain it to you.

Jimena struggled to express how the racism negatively impacted her emotional wellbeing.

To illustrate the increase of racism in the U.S., Laura, Andres, and Lizeth recounted experiences when they encountered racism. Laura and Andres described an

experience where someone they knew experienced racism while Lizeth described a personal experience. In all three cases, the discriminated individual passively responded to the person of power who inflicted the discrimination. For example, Laura recalled an encounter her husband had after the election. Her husband “went to the store and a White woman in the store moved away from him with an expression of disgust on her face. He said he didn’t say anything, but he did feel bad. He felt sad.” Laura described her husband as a “conformist” who just takes things as they are, even when he is being marginalized.

While Laura’s story involved a White individual, Andres’s story involved an African American individual. Andres recounted his coworker’s experience with racism when they were at a store, waiting for their order. He shared:

And there were Hispanics, African Americans, and Americans, and we were all together, then the African-American comes through and hits my coworker. He didn’t hit him hard, but said, “Move, this is my land, and you know that this is my land, and you don’t have nothing to do here.” The Hispanic was just, “It’s okay, there’s no problem.” It happened again, and again, “I told you to take off,” “Get out of my way,” “You should not be here.” He searched for a way to make trouble for no reason.

Lizeth also encountered racism by a White man when she was at her job. The individual told her that he was “not a racist, especially to Black people, unless you’re illegal. I hate illegals.” Laura described her experience as “surreal.” She further reflected:

I was like, “Oh my God. You’re talking to a Mexican girl over here. You’re telling me, a Mexican girl.” He’s like, “Why are you here? Just pay your taxes. This and that.” He just started going on a rant. He’s like, “You’re just criminals over here in our country.” I was like, “Oh my God.”

Lizeth described his reaction as if “an illegal person punched him.” Lizeth reported she could not say anything since she was working. She was surprised by his interaction with her as she has seen discrimination “in social media, but this happened right in front of me where he was like ‘I’m not racist unless you’re illegal. Just pay your damn taxes.’ My parents pay taxes. I pay taxes. I pay to have DACA.”

In Laura, Andres, and Lizeth’s stories, the individuals who inflicted the discrimination were strangers. Jimena reported that it was not only strangers of a different race who reacted differently since the election. She shared:

You saw the difference, even acquaintances, not friends, but even acquaintances that when this Trump won, they were very happy. And just knowing the situation, I felt that they were doing that for mocking. Like,, “Is it not true that many who are just here are undocumented?” But those sarcastic comments that they made, I felt that they did it knowing that I was in that situation [of being undocumented]. And I said, “Okay, well.” So, even the people who are sometimes acquaintances stopped talking to me. They are the children of Mexican dads, but they are born here.

For some participants, the fear of encountering a racist person brought up the fear of being deported. For example, Laura noted, “if you encounter a racist person, they might send you away without the opportunity to say anything.” For Sandra, deportation

meant the separation of her family. Sandra shared that being separated from her children was “the biggest” fear. “So, at this time, if something happened to me or if they simply deported me to Mexico, my children would be here without any...support. That is, they would be practically alone.”

Similar to Sandra, Diana reported on her undocumented brother’s fear of separating from his family. Her brother said, “I know; I’m aware that the day that happens I have to go, and what are my children going to do without their dad? And I’ll never see them again.” Diana concluded that she “can’t speak for everyone, but I think that it has psychologically affected the majority of us.” Like Diana, Jimena agrees that the separation of the family affects mental health “because you’re always with the mind of what’s going to happen later, if you’re always going to be together as a family or not.” Unlike the others, Jimena is currently separated from her child, who still lives in Mexico.

The uncertainty about the future was shared among the participants of this study. For example, Sandra explained that the President’s actions keep her in a state of uncertainty. “You’re in uncertainty because you do not know what is going to happen tomorrow.” Like Sandra, Diana noted that she doesn’t “know what’s going to happen. Now you’re here, and tomorrow you don’t know. Once you drive, you go outside, you go out, you don’t know if you’re going back. You don’t know how or at what time.” Jimena also shared the fear of living in the U.S. as an undocumented Latinx immigrant. She noted that there is fear among this population “because you’re just with the idea that something might happen.” Like the others, Laura concluded that you never know what will happen. “You go to work, and you don’t know whether you’re coming back home or not.” Sandra, Diana, Jimena, and Laura reported on their lack of control over their future.

Unlike Sandra, Diana, Jimena, and Laura, Lizeth and Maria have recently transitioned into the uncertainty of the future now that DACA is likely to be removed. For example, Lizeth questioned what will happen to her once her work permit expires. Lizeth noted that the news of the removal of DACA “affected” her and “made me think of the future.” She questioned: “What [am I] going to do when my work permit does expire? Again, with the whole [question of] should I even go to college?” Similarly, Maria expressed sentiments of losing her job once her permit expires. “I won’t be able to renew my permission anymore, so, I may lose my job. Everything I’ve worked for is going to go to waste, and it’s not going to work.”

Like Lizeth and Maria, Andres noted his fear of not being able to prosper in the U.S. Lizeth and Maria described their fear of losing their ability to work while Andres was concerned with buying property. He disclosed:

I think the fear sometimes to go out to the street, the fear of not continuing to prosper for fear that you start investing in something, and suddenly something may happen, and leave everything down, is a fear that we have, as, “Do I invest or not invest? But what if this happens? But what if this happens?” I believe that more than anything is that fear, fear that something may happen.

Given the fear of discrimination, being separated from family, and what the future holds, participants participated in actions to avoid having their undocumented status discovered. Sandra and Jimena described the ways they limit their trips outside of the home. For example, if Sandra goes out “it’s because I have a reason to leave.” When she goes to her children’s school, she avoids streets that may have police officers. She noted:

One always goes with fear. One has to make his life, one has to drive, but lately, this last year has been more fearful to go out to drive. Nowadays, the police can ask you if you are undocumented or not. So, like one is at a bigger risk.

Like Sandra, Jimena cannot go out like she used to. She shared:

Now I'm worse, because now I say, "Oh, now I do have to..." It affects me because I can't go out as I used to. To say, to go to the store as I did before, to go out and have fun a little more, I can't.

Similarly, Lizeth's parents remind her not to risk herself when she is out of the house. Lizeth reported that her dad warns her about the lack of power they have as immigrants:

My dad says I could be driving perfectly safe to work, but if somebody hits me, the police is going to come. Even if it's their fault, they're going to say, "Okay, you don't have a license. Why don't you have a license? You don't have papers. Okay. We're going to send you to jail. Immigration."

Lizeth's father advised her, "*No hagas broncas con nadie* [don't start fights with anyone]. It means if somebody tells you something say, 'Okay,' and walk away."

Lizeth's father warned her:

"If somebody's screaming in your face, okay. Say okay and walk away. You can't even push them. If you push them and that person falls and hits their head, you're assaulting them." It's really hard. For example, somebody who was a U.S. citizen, if he punched somebody, he would just get a ticket. Not for us. We would go all the way back to Mexico.

Her father's main concern is that Lizeth could lose her DACA permit, the documentation that gives her power to stay in the U.S.

Limited Options as a Result of Intersectionality

Most participants also discussed how “limited” their options are to improve their mental health and their SES given their legal status in the U.S. The identified limitations are unique to the intersection of participants’ social identity as undocumented immigrants and their level of SES. Although each participant had a unique intersection of social identities, all participants discussed how their limited options negatively influenced their self-efficacy.

When discussing obstacles related to their intersectionality and attending mental health services, Diana and Jimena noted their financial limitations and inability to attain profitable employment due to their multiple marginalized identities. For example, Diana stopped attending services because her income was “not enough.” She tried to apply her health insurance for services, but immediate appointments were not available. Diana reports they were often “2, 3 months, or 4 [months]” away. Diana felt discouraged to receive help and did not believe in her ability to provide help for herself.

Like Diana, Jimena also did not attend mental health services due to finances. Jimena was recommended by her doctor to go to a psychologist. “And yes, I wanted to go, but my insurance didn’t cover it, so, no [I did not go].” Jimena’s son was also recommended to go see a psychologist but she “never took him either, because I was in the same situation as the other time, that the insurance didn’t cover it.” Jimena did not believe she would be able to receive help for her son and herself due to her multiple limitations, therefore did not attempt to find help. Diana and Jimena’s inability to attain

financial resources, due to their status as undocumented immigrants and their lack of employment hindered their likelihood of receiving help. Similarly, Lizeth was also limited when she was coping with her depression. Not only was Lizeth dealing with being undocumented and having low income, but she was also having a mental health issue which is stigmatized in the Latinx community as previously discussed. Lizeth discussed paying “out of pocket” when she was treating her depression. “Maybe if I would have had insurance, my parents would have taken me more, you know? But it had to be out of pocket. We don’t have that much money.” Like Jimena and Diana, Lizeth’s multiple limitations affected her ability to receive help. For these three participants, their low self-efficacy influenced their lack of seeking help from professionals.

Laura also reported limitations, outside of seeking mental health services, due to her multiple marginalizations. Laura’s multiple limitations restricted her treatment options for polycystic ovary syndrome. Laura disclosed,

I have polycystic ovary syndrome, and that’s a very expensive illness to treat here when you don’t have a social security number or medical insurance. I am not receiving any treatment right now because every consultation was costing me around \$500. Yes, it’s a bad thing when you don’t know if you’re working just to cover those expenses. There are expenses in other areas sometimes as well, and it’s a bit difficult to split the money among all of them.

The intersection of Laura’s multiple identities (i.e., undocumented status, diagnosed with polycystic ovary syndrome, and low income) limited how she could spend her income and her perceived ability to treat her diagnosis. Laura felt “helpless” to treat and help herself.

Participants also discussed how their multiple marginalizations had limited their ability to establish a life in the U.S. For Andres, being a male who is an undocumented immigrant has provided a unique experience as he attempted to establish his life. Andres noted he always looks “for a way to grow.” As a male in his family, he has the goal and responsibility to continue to “grow” his family. He believed he is the one “who has moved the whole family.” His belief in this role has motivated him to invest in property. He noted:

Right now, I’m trying to buy a large piece of land, and it’s stopping me, to be able to invest, because of the law that they had, and they lifted it, but I don’t know if can continue or not. And I’m trying to wait a bit. I’m trying to buy a truck, but I’m fighting for a social security. Even if I have the way, I have the possibility of taking it, but the insurance is the one reason that stops me, the economic part doesn’t stop me, nothing like that, but the insurance.

Andres did not have a financial obstacle like the other participants. Andres’s obstacle is his inability as a male of the family to provide for his family because of his legal status. This intersection of his limitations negatively influenced his self-efficacy to provide for his family.

Jimena stated that she felt limited due to her legal status and inability to look for employment. Jimena stated that her husband does not allow her to get a job. She would like to start working, but because she does not have legal documentation, her husband does not let her. “But as my husband says, ‘If you had papers, the situation would be different because you would be going to work now.’” Jimena further disclosed:

I would like to work, but my husband tells me, “Why are you going to take a risk there? Something happens to you, and that you have an accident or whatever, and after a while, they send you directly to Mexico. Better stay here, take care of your children.” Although I do sometimes want to work, because the same routine gets one tired, and I want another environment.

Jimena’s inability to work has influenced her lack of perceived ability to financially provide for her family.

Sandra further described how limited she was by not having a driver’s license. For example, Sandra started experiencing limitations when her driver’s license expired. She stated:

When my license expired, I was able to renew it only once, and after that, I could not renew it anymore. So that’s where the limitations began and where I began to know that you are in a country that is not yours. Where you begin to see that and what are the fears. What are you risking every time you go out? But before that, no.

After losing her driver’s license, she could not “go out to the store for any little thing anymore. I only go for what I have to go or one day a week to do all my errands, so I don’t have to be out there every day.” As both a wife and mother, Sandra is the one who runs daily errands and keeps the house running. Her role as the matriarch of her family has been restricted by her undocumented status. Due to the intersection of limitations, Sandra has low self-efficacy as a mother.

Although she did not specifically cite the lack of a driver’s license, Laura similarly stated that not having legal documentation has restricted her ability to attain

better employment. In particular, her legal status has negatively influenced her perceived ability to attain better employment.

[Not having legal documentation] affects you by making you feel like you are less worthy, you feel more limited, and things seem a bit more difficult. You feel more burdened and in spite of not wanting to get stuck, of wanting to study, of wanting to progress, whenever they ask you for documentation.

For Laura, even though she has a credentials in computer science from Mexico, she felt like a “nobody” in the U.S. Even though she has “reached a certain education level” or “knows a little bit more” than her coworkers, she still has the same income and position. For Laura, living in the U.S. it is “a little bit more difficult to get to where you would like to be” when you are an undocumented immigrant. As a professional in computer science and an undocumented immigrant, Laura’s employment options are more restricted in the U.S. compared to Mexico. Even when getting phone or Internet service, “they don’t care whether you work...or if you have the means to pay for the service, what they want is a social security number.” Having a social security number provides a higher status in the U.S.’s social hierarchy. Laura’s current intersection of identities negatively influences her self-efficacy to have a higher SES.

Different from the other participants, Maria and Lizeth were limited due to their intersecting identities of being undocumented immigrants, students, and of low SES. For Maria and Lizeth, not having legal documentation left them feeling limited when applying to college. When Maria was applying for college, she saw that for her peers “it was easier to apply for scholarships, to get financial help, to go to school, to get a job,

where school was more flexible for them, a work that they like, that is not so heavy.”

Maria felt she:

Did not have that option because many of the requirements to apply for scholarships and financial aid was that you had to be a resident or citizen of the United States, we could not even apply for the FAFSA [Free Application for Federal Student Aid], we just had to win the TASFA [Texas Application for State Financial Aid].

To pay for college, Maria needed to find a job “where they did not ask me for papers or where they did not check them and also where I could earn enough to pay for the school.”

Because of her limited choices, she found a job that was 3 hours ways from her house.

I could adjust my schedule, where I went to school just on Tuesdays and Thursdays and went to work, leaving school on Thursday, and work Friday, Saturday, Sunday, Monday and all my hours in those days. So, I worked from 5:00 AM to 9:00 PM and then I was returning to City A, to prepare for school, which I also attended in City B.

She describes her experience as “not light work,” but she put up with it “because it was the only thing that worked for me at that time.” When she compares herself to others who have legal documentation, she thinks “life has been easier” for them. Laura notes that others might think that life “is the same” for undocumented immigrants. She noted that undocumented students “almost always had to work double to get half.” For Laura, her limitations influenced her self-efficacy as a student.

Like Maria, Lizeth also struggled and felt disempowered when applying for scholarships to attend college.

I would see my friends were like “Oh, I applied at this scholarship. Apply to it.” So I was like, “Okay.” So I looked it up, and it said “must be U.S. citizen” and this and that. I was like, “Oh, okay. I’ll try another one.” I feel like that limited my opportunities a lot more than my friends. But it did cause me to, at one point, to stop trying. What’s the point of me even trying in school if I’m not going to get to go to a college? I’m going to have to pay more. I’m not going to be able to get a scholarship.

As she became aware of how her status would limit her future goals, Lizeth became depressed during her junior and senior year of high school. Lizeth started “realizing everything that was really happening, that she had less opportunities.” Lizeth’s self-efficacy as a student was impacted. She shared:

I would get really bothered whenever they were like, “Oh what college are you going to?” And I was like, “I’m going to go to a community college.” And they’re like, “But there are so many scholarships out there!” I was like, “Yeah, but I don’t qualify.”

Lizeth often responded to questions about certain scholarships she could apply for with “I already tried that one” or “I can’t.” The fact that she could not qualify for financial aid left her feeling “impotent.”

I felt like it was pointless to try to do anything. It was pointless to go to college. I can’t work, you know? So, it’s pointless to go to college. It’s pointless to apply to a scholarship. It’s pointless to have good grades because I can’t apply to scholarships so therefore I can’t go to college, you know? Stuff like that. That did affect my mental health.

Such feelings led to her depression and ultimately her loss of motivation. She did not think she “could fix it or there was a way to fix it or anything.” The potential removal of DACA left her uncertain of what her future held, increasing the limitations she perceived. Similarly, the removal of DACA left Maria feeling like the country did not “want us to be here, so you will not care if we are a good person or if we are a bad person, whatever, the only thing that matters to them is that you are not from here.”

Counternarratives of Mental Health Stigma Offered by Support System

As previously discussed, there is a strong stigma related to mental health among the Latinx immigrant community. The stigma of mental health among this population pushes individuals to cope with mental health in isolation and either conform or modify to such stigmatizing messages of mental health. However, most participants discussed the impact of their support system, specifically how a supportive environment could provide a counternarrative to the stigma of mental health. Support systems influenced how participants defined and experienced mental health. Specifically, a support system that provided positive support on mental health positively influenced the conceptualization of mental health. The multilevel support system for the participants in this study included family members, community members, and God. Participants reported that positive interactions and open communication with their support system helped them cope with mental health challenges and provided a positive perspective on mental health.

The amount of support a participant received from the people around them positively influenced their experience with mental health. For example, Diana reported that her anxiety, depression, and panic attacks have decreased since she started becoming

more active in her church. Diana felt she had a “breakthrough” and started to “move forward” when she began attending church and participating in religious retreats. Through her church retreats, Diana was able to meet people who were of “great support” to her. For Diana, having the support of her church, her husband, and psychiatrist has helped her to keep “fighting” and find the motivation to live. Increasing her support system validated her experience with her symptoms, further reducing the stigma of mental health.

Similarly, Sandra reported that her relationship with God had helped her cope with her stress and the uncertain future. Sandra described the importance of having God in her life: “If we have God, the family is happier.” Sandra reported that staying close to God and never having left their religion had helped her family with the “migration to this country.” Sandra concluded:

I say to them that, if we have God, nothing will be missing. Because then, God is the greatest thing. Although I tell you that the law of man counts, but the will of God is what has been done to this day with our lives.

Sandra shared that her faith in God had helped her tackle stressful events. When she encountered challenging situations, she reminded herself that “only God knows why he does things.” Knowing that God does things “for a reason” helped Sandra cope with mental health issues and reduce the stigma of mental health within her family.

Support from family had increased over the years for most of the participants. Andres discussed how communication about their overall well-being and mental health status had changed in his family. In the past, Andres remembered that communication in his family did not address issues that individual family members were going through:

My family is a little restricted to situations that happen to one [person]. I talk to my family, but we don't talk about it [mental health problems], not out of fear, but, I don't know, we grew up in an environment where there was no need to.

Andres noted that his family had made changes to how they communicate with each other now. In particular, he noted that his family was "trying a little more" with communicating with each other. They were asking each other more about how they feel about certain situations and issues. The positive change in his family had helped with reducing the stigma related to mental health challenges and allowed family members to better cope with those challenges.

Like Andres's, Sandra had also seen a shift in her family's support. Sandra had used her experience with her family growing up to increase her emotional communication with her children. Sandra reported that there was no emotional support when she was younger. When Sandra first came into the country and left her parents back in Mexico, her sisters never asked if she missed their mom or home because "they were busy" and "did not have the time" to ask such questions. They never asked if the death of their father affected her or if living alone with her mother affected her. Her siblings were "concerned about their own" and not with others. Sandra also reported that her dad "did not care if we were suffering psychologically or not because he was only worried about him[self]." Her father never questioned whether his alcoholism was "harming" his children. Sandra used her experience with her parents to help support her own family now. She stated:

I never felt that shelter of my parents, no. You realize that we grew up there like little animals, that we had a house and ate, but we did not grow with that [idea] of

“Oh, what’s the matter? Does it hurt?” Even if you said, “My stomach hurts,” they even told you, “Well, go to bed.” It is not like here where my children say to me, “Ma, this hurts me,” then I go, and I massage them, this—I say— “How do you feel?” In Mexico, I did not have that privilege.

Sandra was more attuned to her children’s needs and had open communication with them. Sandra stated that she did not have the “freedom” to start a conversation with her dad. Given her experience with her father, she actively tried to open the lines of communication her children. Sandra shared that she always tells her children that, “Whatever happens at school, they can count on us. It does not matter how minimum the problem is or if they are afraid that someone is going to do something to them, tell us.” Sandra’s new approach to talk about mental health with her family has helped reduce the stigma of mental health and has led to her children to open up about their emotional well-being. Sandra hopes to increase the importance of mental health among her children.

Sandra described the difference between the support she received from her parents and the support she gives to her children. Lizeth, on the other hand, described the difference in treatment she received from her mom and her dad and how that has impacted her mental health. When Lizeth was dealing with anxiety attacks and depression, she felt she had more support from her mother than her dad. Her mother mentioned that they should look for help while her father “did not want to.” Lizeth described the gender difference between men and women when it comes to getting help. “For the most part, men are more like, ‘Oh, just get over it,’ you know?” Lizeth reported that her dad did not believe in psychologists. He would tell her “No, you are young, you shouldn’t be depressed. Depression doesn’t exist for young people.” Lizeth believed her

mom was able to support her better because she went through depression as well while her dad has “never accepted it.” Lizeth and her mom believe her dad has depression as well, but he does not want to admit it. Lizeth further explained that Mexicans “don’t believe in depression.” She continued:

I remember when I started going through that, our dad was just like “oh she’s just tired,” you know? I would have really bad attacks and basically...I don’t know. Sometimes I felt like they thought I just wanted attention, you know? My dad, especially. My mom, she would get really worried, but my dad was just like, “You’re young. You can’t be depressed. You’re young. You’re full of life. You know, you have everything.”

Her mother’s support provided a counternarrative to her father’s negative opinion of mental health challenges. The support from her mom allowed Lizeth to process her depression effectively. With the support of her mom and her experience of depression, Lizeth has been able to change her narrative of mental health. Lizeth reported that mental health should be considered “important” and should be “talked about more.” Because of the stigma associated with mental health, Lizeth stated that “sometimes [parents] don’t want to give us help.” Past counselors recommended for her to talk to her parents, but she felt like she could not because it “was difficult when you don’t have that support at home...sometimes you can’t just really talk to your parents.”

Like Sandra and Lizeth, Jimena did not feel supported by her family. Instead, Jimena was able to find support from her husband as she coped with her bipolar diagnosis. As she struggled, she noticed that her husband “knew how to help” her when she would get upset. While her family did not recognize she was suffering, her husband

was the one who could tell “something was wrong,” so he supported her to go seek help. Because of his support, she was able to get help. Her husband’s support provided a counternarrative to her family’s negative messages related to mental health.

Marginalization Coped with Through Self-Advocacy

Most participants discussed their continued perseverance to get through their marginalized experiences of being an undocumented Latinx immigrant in the U.S. Although in distress, participants in this study self-advocated for a positive outlook on life. Participants discussed their goals to stay positive and continue to plan for the future even though their future was uncertain. For example, Andres described his “desire to keep fighting, to keep growing” even though his future in the U.S. was uncertain. He described,

Yes, like I said, right now I’m buying my house, and I’m trying to buy a large piece of land to be able to establish myself. Yes, one day, in the longer term, my goal is to be able to form my own business or own my own company.

Andres hoped to attain better employment in the future. Andres liked to read in his free time to continue to increase his education and possibly lead to better employment in the future. Although current immigration laws were prohibiting his goal to attain land and own his own company, Andres continued to advocate for himself to improve so he could continue to “grow” his family.

Similarly, Laura advocated to increase her skills and attain better employment. She discussed:

I would like to get a different job, perhaps to get a higher position. It would be a way for me to have a better salary. Mainly, it would be a way for me to keep learning and to keep studying, so I don't stay stuck on what I already know.

Laura felt "stuck" in her current employment where she is not utilizing her computer science skills. However, just like she advocated for herself to transition to her current position as a store manager from her first position as a dishwasher, she was hopeful she would be able to attain employment in the computer science field even though there were current restrictions preventing her from doing that. Laura's hope that she would gain her dream job in the future eased her distress about being undocumented.

Andres and Laura hoped that their future would include better employment, while Sandra hoped to attain legal documentation in the future to "be free." Sandra noted that she is "very positive" and tries to advocate for a positive future to keep her family "excited and eager to continue." Although her family is "very afraid of certain things" she is still hopeful that when her son turns 21, she and her husband will be able to attain residency status. She disclosed:

My son is already 19 years old. I hope, and if God willing that they do not change laws for when he turns 21, maybe he can sponsor us. I tell them, "If we have already survived 19 years, I think 2 years, maybe they will not be so easy, but we have to fight the battle, right?"

Sandra is hopeful that her eldest child will be able to sponsor Sandra and her husband so that they can attain green card status. With documentation, Sandra hoped that in the future she and her husband would be able to attain better employment and they can travel to and from Mexico. She stated:

To take them to know where, where we came from. Well, that's the biggest thing we have—the biggest plan we have until now, nothing else, this—Go teach them where we came from. And, may God be willing, that one day we can have the documents and be able to have a better job too.

Sandra's faith in God kept her motivated to advocate for herself. "You see, God has something good for us still, we do not have to be discouraged, we have to continue, to fight, and one day we will be able to." Sandra's faith in God and her hypothetical future helped Sandra cope with the stress of being an undocumented immigrant.

Diana's hope for the future of her family was different from the other participants since she did not currently have her son living with her. For Diana, she hoped to make a path for her son to receive a better education. She stated:

I think that for me the main thing is to educate my son. Like that's his inheritance, what I could leave him, although I say to myself, "I'm sacrificing years here," but if I see that my son is going to have a life—a better future—then I think, "That's worth my crying, my sacrifice and all that—what I'm experiencing right now."

When Diana was stressed and felt like "giving up," the possibility of reuniting with her son motivated her to keep advocating for herself.

Different from the other participants, Lizeth and Maria advocated for themselves by using their struggle as undocumented immigrants as an opportunity to empower themselves and others. Maria reported that being an undocumented immigrant has influenced her mental health "for good not for bad." She explained that being an

undocumented student had made her “stronger” and made her “value” her education more than her classmates. Maria disclosed:

I valued it more than my classmates. If they didn’t want to go to class, they wouldn’t go because they were not paying, the government was paying for it, but I knew that I had to get good grades because I didn’t have enough to take the class again.

As an undocumented employee, her status has helped her “to be a more hardworking person.” She discussed:

So it has helped me to be a more hardworking person also because until now, at work, almost all of the people complain that it is a lot of work, that they don’t pay us enough, that they are already fed up and that. But I am grateful that they have given me the opportunity to work there, because that’s the best job I have had, because I can finally use my studies.

Maria reported valuing her job more because of how hard she worked. Though her employment status was uncertain with her DACA status expiring soon, Maria was still advocating to go back to school. Maria was willing “to do everything that I can to make the best of it.” Maria advocated for herself to receive the degree and job she has today. Even though she might not be able to work in the U.S. anymore, she was glad she advocated to continue her education because she “wanted to be someone in life. And although I couldn’t even use it at least I had the education and that nobody was going to be able to take that from me.”

Different from Maria, Lizeth uses her marginalized experience as an undocumented immigrant to advocate for her brother, who was born in the U.S., to take

advantage of the opportunities he has. Both Lizeth and her father tried to make her brother understand that Lizeth did not have the same opportunities that he has and that he should be using them. She described,

He's 16. Yeah. My dad does tell him, "Excuse me. You have so many opportunities that [Lizeth] doesn't have. She doesn't have, you know?" Yeah. He's like, "You know, she doesn't have all these." He's not doing very well at school. Doesn't really care, you know? He doesn't care for college. He's just a boy. He doesn't know what's going on. But my dad will say, "Try, really try. You have so many opportunities that she doesn't have." He's like, "What do you mean?"

Lizeth disclosed her wish to have the opportunities that her brother has. Lizeth reported frustration with her brother's lack of understanding the opportunities he has as a U.S. born citizen. She further disclosed:

"I wish I had the opportunities that you had. I would have been applying for all these scholarships." He's just like...shakes it off. It doesn't matter. I talk to him. I tell him, "I don't have that opportunity, you know? I couldn't apply to as many scholarships as you can. Even if I did, even if I graduate, I'm probably not going to be able to work, you know, in the future. But you can for sure. You can because you were born here."

Lizeth discussed her wish for her brother to take advantage of the education system the U.S. has to offer. She disclosed her desire for her brother to do better, so he has a better experience than her. Lizeth reported she would continue to advocate for her brother in hopes to motivate him to care. Lizeth expressed that if at least one family member

“succeeds” than that will make all the struggle “worth it.” Lizeth’s wish for her brother to succeed illustrates *familismo*, where one member’s well-being influences the other members of the family.

Participants in this study made the best of their situation and advocated for their overall well-being. As Diana described, undocumented immigrants “do not lose faith and hope that someday all was for good.” Participants stayed positive in hopes that their work, stress, and sacrifice was all worth it.

Synthesis of Experiences

Five over-arching themes were identified through data analysis and provided the primary researcher with detailed information and depth regarding the experiences of mental health among undocumented Latinx immigrants. The primary researcher further synthesized the data to determine the textural description (i.e., how selected undocumented Latinx immigrants defined and experienced mental health). The synthesis of the data allowed the primary researcher to identify the essence of how one group of undocumented Latinx immigrants experienced mental health (e.g., Hays & Singh, 2012).

Textural Description

This section focuses on the textural description, which describes “what” the participants in the research study experienced (Hays & Singh, 2012). Each of the participants originated from Mexico and migrated to the U.S. to be able to support their families better. Overall, most participant noticed a change in their lives since President Trump was elected. Most participants noted that their fear has increased because of increased discrimination in the U.S. since the election of 2016. All participants reported on how integrated mental health stigma was for their families. Participants linked their

mental health status to their families' supportive interactions. Participants overall experience with mental health was negative. Participants received messages from their community to cope with mental health individually. Participants described living in constant fear of having their undocumented status discovered. Participants also described how their legal status limited their interactions with society. Participants restricted how often they left their house. In the face of uncertainty, participants still held to the hope that they will be able to prosper and one day hold legal status in the U.S.

Structural Description

The structural description encompasses various forms of the meaning of the participants' experiences with mental health and "how" the factors contributed to their experiences (Hays & Singh, 2012). Overall, participants had negative experiences with mental health. The negative experiences with mental health were influenced by how their families stigmatized and oppressed individuals with mental health issues. For participants who had experienced a mental health problem, the lack of support from family and the community negatively affected how they coped with it. Participants' mental health was also negatively affected by the current anti-immigration political environment. Participants' positive experiences with mental health were influenced by their strong positive relationships with their support system (i.e., family, friends, and church).

Summary

The textural and structural descriptions described selected undocumented Latinx immigrants' conceptualizations and lived experiences of mental health. The lived experiences of the participants were analyzed with a LatCrit framework. The textural and

structural descriptions from the study revealed that community and family support influenced an undocumented Latinx immigrant.

CHAPTER FIVE

Discussion

The purpose of this qualitative study was to explore how selected undocumented Latinx immigrants define and experience mental health. Specifically, this study aimed to explore how undocumented Latinx immigrants experience mental health within the current political climate to increase mental health counselors' awareness of this population's mental health needs. The study also sought to give voice to undocumented Latinx immigrants to better prepare counselors to work with this vulnerable population.

Undocumented Mexican immigrants make up approximately 52% of the undocumented immigrant population (Pew Hispanic Center, 2016a). There is limited research that gives voice to this population in terms of how they define and experience mental health, especially as influenced by the current political climate. At the time of this study, there were 24 published articles that directly explored mental health among undocumented immigrants (Garcini et al., 2016). Of the 24 articles, 10 were qualitative, 11 were quantitative, and 3 utilized a mixed method design. Most of the qualitative studies utilized a Grounded Theory method design to explore mental health among undocumented immigrants. Only three of the quantitative studies specified an all undocumented immigrant sample, while other studies either did not specify or had both documented and undocumented immigrants in their samples. Additionally, most studies

on this population include recent undocumented immigrants who have resided in the U.S. for 5 years or less (Garcini et al., 2016).

This study adds to the literature by providing a sample that consists of all undocumented Mexican immigrants. Additionally, a different approach (e.g., transcendental phenomenology) was utilized to explore mental health among undocumented Latinx immigrants. Finally, the sample of this study consisted of participants who had lived in the U.S. for 5 years or more, thus, adding to the literature related to how undocumented immigrants who have not recently arrived to the U.S. define and experience mental health. Findings of this study coincided with findings from past research (e.g., fear, marginalization, limitations, and the importance of a support system; Garcini et al., 2016). This study also confirms the stigma of mental health among this population. Since the 2016 Presidential election, the undocumented immigrants in this study have experienced an increase of fear and paranoia. The participants discussed the concern that the government has their information and will come for them at any time. Participants reported experiencing a lack of control that is manifesting into distress. Because of messages received from their culture and financial barriers, this population attempts to self-cope.

At the time of the interviews, President Trump announced his plans to build a wall along the Mexico-U.S. border, threatened to end DACA, and pardoned Sheriff Joe Arpaio for his racial-profiling against Latinx immigrants (e.g., United States Department of Justice, 2017; Doherty, 2016; Liptak et al., 2017). This study explored how undocumented Latinx immigrants experience mental health given the current events.

Theoretical Framework

LatCrit Theory provided a lens to analyze data and a platform for undocumented Latinx immigrants to empower themselves to play a more active role in addressing mental health problems within their community (e.g., Delgado Bernal, 2002; Valdes, 2002). The participants of this study were seen as active agents in this research study (e.g., Delgado Bernal, 2002; Valdes, 2002). The LatCrit framework provided a lens to help highlight the multiple marginalizations this population experiences (Delgado Bernal, 2002). LatCrit allowed the researcher to address the participants' intersectionality of multiple forms of oppression and discrimination that led to a greater degree of marginalization (e.g., Delgado Bernal, 2002; Villalpando, 2004). The use of this framework with this population was justified by similar extant research of the undocumented Latinx immigrant population (e.g., Benavidez Lopez, 2010; Gonzalez, & Portillos, 2007; Huber, 2010; Soltero Lopez, 2014; Velez, 2012).

Summary of the Study

Two research questions were developed to gain insight into how undocumented Latinx immigrants define and experience mental health:

1. How do undocumented immigrants define mental health?
2. What are the experiences of mental health among undocumented Latinx immigrants?

The shared experiences of mental health among the participants were reflected in five themes. Eight participants from one city in a southern state were interviewed at either a religious institution or by phone. The participants were all of the Mexican descent. Throughout the interviews, each participant shared his or her experiences as an

undocumented Latinx immigrant and their mental health. Seven participants opted to complete their interviews in Spanish; one participant chose to be interviewed in English.

Interviews conducted in Spanish were submitted to a professional translation company to ensure the peer reviewer and committee could understand transcriptions for coding purposes and data analysis. All interviews were transcribed in English by a professional transcription company to ensure trustworthiness of the data. Member checking was utilized by the researcher by paraphrasing after participants' responses to the interview questions. Five overarching themes were identified through the coding process: (1) intragroup stigmatization of mental health problems within the community, (2) constant fear due to institutionalized racism, (3) limited options as a result of intersectionality, (4) counternarratives of mental health stigma offered by support system, and (5) marginalization coped with through self-advocacy. Theme 1 had three subthemes: (a) coping with mental health in isolation, (b) conforming to stigmatizing messages of mental health, and (c) modifying stigmatizing messages of mental health. The findings and themes reflected the tenets and components of LatCrit, which further enhanced the quality of this research study.

These five overarching themes were synthesized to acquire the textural and structural descriptions to discover the essence of selected undocumented Latinx immigrants' conceptualization and experience with mental health. The textural description, viewed through a LatCrit lens, identified the majority of the participants had a negative experience with mental health. The structural description indicated that this was due to their support systems' stigma of mental health and the current political

climate. The participants identified living in constant fear because of the discrimination against them, increasing the risk of deportation.

Question 1: How do undocumented Latinx immigrants define mental health?

All the participants in this study discussed on the stigma of mental health. This theme is consistent with previous researchers who found the stigma of mental health influenced the underutilization of mental health services among Latinx immigrants (e.g., Derr, 2016; Rastogi et al., 2012). Participants who experienced a mental health problem did not have support from at least one of their family members. For each participant, at least one family member stigmatized the participants and referred to mental health problems as being “crazy.” Individuals in Latinx families are more likely believe their family will stigmatize them if they disclose they have a mental health problem (Rastogi et al., 2012). Family disapproval has been identified as a barrier to seeking mental health services (Dupree et al., 2010).

Some participants discussed wanting to change their family’s views on mental health while others believed their family’s negative perspective on mental health. In this study, a supportive environment influenced a counternarrative to the marginalized messages of mental health. Similarly, Derr (2016) found that the level of acculturation within an undocumented immigrant can affect mental health help-seeking behaviors. Particularly, immigrants who have acculturated to the U.S. culture are more likely to seek mental health services. Acculturation and personal experience could account for the different views of mental health among the participants. Primary obstacles for mental health services among the participants were lack of finances and the idea that an

individual can cope with problems on his or her own. Level of acculturation among participants in this study was not measured.

The LatCrit lens lends itself to recognizing discrimination against individuals who experience mental health issues within the Mexican culture (Valdes, 1996). Specifically, the intersection of culture and mental health status was experienced among the participants. Those individuals who considered themselves normal are impacting how those with mental health problems should feel about themselves. Most of the participants received messages that mental health problems are linked to the term “crazy,” which limited their options when wanting to seek help. For the participants who experienced a mental health problem, their families did not validate their experience because of the stigma associated with mental health problems. The lack of validation, as supported by the LatCrit framework, could lead to the further perpetuation of the idea that experiencing mental health issues is not normal, further pathologizing the social identity of those who do experience mental health problems (Valdes, 1996). Based on the findings of this study, undocumented Latinx immigrants experience multiple marginalizations when they experience mental health problems. They are oppressed by society because of their race and legal status. If they experience mental health problems, they are further oppressed by their own family and community.

Based on these findings, changing how the Latinx community views mental health is warranted. Participants noted how support from their family and community provided a counternarrative to the stigmatizing messages related to mental health that they were receiving elsewhere. Changing their community’s view of mental health could positively impact how this population experiences and copes with mental health. In a

culture where *familismo* is highly valued, a supportive family leads to better overall psychological outcomes (Smith-Morris et al., 2012). Participants agreed that open communication led to positive interactions while closed communications led to negative interactions. This finding was not surprising since social networks that provide compassion, safety, and emotional support are a protective factor against negative emotional well-being (e.g., Ayón et al., 2010; Ayón & Naddy, 2013; Dow, 2011; Valdez et al., 2013). A strong, supportive social network aides an immigrant to navigate oppressive and economic difficulties (e.g., Ayón, 2001; Ayón & Naddy, 2013). Negative interactions negatively influenced participants' emotional well-being. Not having the support from their family lead participants to feel distress.

Question 2: What are the experiences of mental health among undocumented Latinx immigrants?

Most of the participants reported living in constant fear of having their status as undocumented immigrants discovered. Of these participants, all agreed that the increase of anti-immigration legislation had intensified their fear and the discrimination against them. There is an association between perceived lack of social equality and increased experiences of discrimination (Cobb et al., 2017). In other words, the less social equality immigrants experience, the more discrimination they perceived from others. Participants reported that the discrimination is perpetuated by professionals, strangers, and friends. Previous researchers have similar findings, which support these participants' experience. Ayón and Becerra (2013) found that discrimination is experienced at both an institutional (policemen, educators, health professionals) and individual (family and community members) level. Discrimination and racism are major stressors among undocumented

Latinx immigrants (Cervantes et al., 2010; Dow, 2011; Hipolito-Delgado & Mann, 2012; Valdez et al., 2013).

Due to the fear of being deported, participants found ways to avoid being exposed (Valdez et al., 2013). The increase of anti-immigration policies leads undocumented Latinx immigrants to feel more isolated in and fearful of their community (J. M. Chavez et al., 2012). Participants' experience with fear and isolation in their own Latinx community is also supported by research (e.g., Ayón, 2014; L. R. Chavez, 2013; Gonzales et al., 2013; Valdez et al., 2013). In congruence with LatCrit, the current immigration policies are perpetuating both intra- and inter-racial subordination. The fear of being discovered leads undocumented Latinx immigrants' future to be uncertain (Ayón & Becerra, 2013). Participants are disempowered by their lack of control of the future. The stigmatization and discrimination of being undocumented immensely affect an immigrant's identity, relationships, and mental health (Gonzales et al., 2013).

Past research does not support the gender findings on the fear of deportation of this study. Arbona et al. (2010) report that undocumented men reported higher levels of concern over deportation than undocumented women (Arbona et al., 2010). In this study, the two male participants were not concerned about the political climate and deportation. Jose initially stated that he did not care how his identifying information was protected. Both male participants report that they do not have time to keep up with immigration legislation. Their lack of concern could be attributed to society's expectation for men to suppress emotions. Emotional suppression is associated with lack of emotional connection (McGoldrick, Garcia-Preto, & Carter, 2015). Further exploration of the gender differences about deportation is warranted.

Participants in this study also identified that their lack of documentation to be in the U.S. limited their life. One limitation cited includes low income. Undocumented Latinx immigrants are more likely to be underemployed and underpaid (Ayón & Becerra, 2013). Most participants cited their lack of funds as a reason not to utilize mental health services. This reflects Barrio et al.'s (2008) findings that lack of financial resources were a structural barrier to obtaining mental health services. Participants of low SES were also limited when seeking medical help and supporting their families.

Similar to previous studies, most participants in this study were of low SES, which limited their choices and opportunities (e.g., Cavazos-Rehg et al., 2007; Hipolito-Delgado & Mann, 2012). Two participants experienced the intersection of being an undocumented immigrant and student with low income. Maria and Lizeth did not have the same financial aid opportunities as their documented peers. Participants also discussed their limited employment opportunities due to the intersection of their legal status and minimal education (Hipolito-Delgado & Mann, 2012). Laura experienced a decrease in social capital when she immigrated to the U.S. from Mexico. This aligns with Dow's (2011) findings that immigrants experience distress over the loss of SES once held in their country of origin. This unique intersectionality leads to feelings of anger and frustration (e.g., Cavazos-Rehg et al., 2007; Valdes, 1996). Undocumented immigrants have described life in the U.S. as equivalent to being in jail (L. R. Chavez, 2013).

Additionally, most participants in this study agreed that mental health problems are to be coped with individually. Participants received marginalizing messages from their family and community about mental health. As identified by Salgado-de Snyder et

al. (2001), undocumented Mexican immigrants are more likely to first individually cope with mental health. If not successful, individuals of this population often attempt to seek out support from their social network (Salgado-de Snyder, 2001). Undocumented immigrants' self-coping is influenced by their ignorance about mental health and their fear of invasion of privacy, embarrassment, or pride (Rastogi et al., 2012). Given this culture's interdependence with their family (*familismo*), undocumented Latinx immigrants often do not disclose their mental health problems for fear of social criticism (Rastogi et al., 2012). The fear of family disapproval can be a barrier to mental health (e.g., Dupree et al., 2010; Jang et al., 2011). The stigma related to mental health among Mexican families serves as a barrier to seeking mental health services (Derr, 2016). In some ways, findings of this study contradicted past research that identified Hispanic immigrants' preferences for mental health support. Dupree et al. (2010) did not identify self-coping interventions as an option for mental health help.

Finally, among the challenges and stressors participants experienced, most discussed coping with their marginalization through self-advocacy. Most participants were still positive about attaining better employment, gaining legal status, and reuniting with family members. This finding is consistent with past literature. Latinx immigrants are motivated to attain a better life for their family by searching for work opportunities and one day owning a home (Campbell, 2008). Hinojos (2013) found that one way undocumented Latinx immigrants cope with stress is planning for the future, since maintaining a positive attitude was key to protecting against stressors associated with their legal status.

Two participants used their status to advocate for others. They used the struggles they experienced to motivate others to try harder. Both participants were empowered to overcome the constraints placed on them by their race and legal status, similar to what Fay (1987) found. Lizeth and Maria's motivation to maintain their work ethic and transfer that to others was a way to cope with the stress of their legal status. Both participants attempted to motivate their siblings to prosper in education. Xu and Brabeck (2012) found that resilience is closely related to family connectedness and commitment to the family. This finding adheres to *familismo* and the expectations that the effect of one family members impacts the rest of the family (Hinojos, 2013).

Implications

The findings from this study provided valuable implications for the mental health professionals and counselor educators. The five overarching themes included (1) intragroup stigmatization of mental health problems within the community, (2) constant fear due to institutionalized racism, (3) limited options as a result of intersectionality, (4) counternarratives of mental health stigma offered by support system, and (5) marginalization coped with through self-advocacy. Influenced by LatCrit theory, these themes illustrated the participants' experience with mental health, including how their environment influenced their definition and experience with mental health. Mental health professionals and mental health students in training could benefit from using a LatCrit lens when working with this population to address the multiple, intersectional marginalizations undocumented Latinx immigrants experience. Findings from this study increase the awareness of the mental health needs of undocumented Latinx immigrant

among mental health professionals. This could, in turn, help those professionals provide more effective services to this population.

Counselor Education Programs

The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) delineates specific ethical standards to be included in master and doctoral programs. For example, counselor education programs are required to include social and cultural diversity within their curriculum (CACREP, 2016, Section 2.F.2). Specifically, counselor education programs are to discuss “strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination” (CACREP, 2016, p. 11). Both in critical theory and LatCrit, individuals are both participants and subject to action (Given, 2008). Particularly with LatCrit, individuals are empowered to promote social transformation through conscious raising (Valdes, 1999). Thus, counselor educators must train counselors how to identify and eliminate such obstacles of marginalization to help the vulnerable population of undocumented Latinx immigrants better. If students increase their awareness of the marginalization of undocumented Latinx immigrants, students will be empowered to promote change in various levels (e.g., community, state, and region). Using a LatCrit lens lends itself to identifying the intersection of multiple barriers this population experiences. As shown by this study, undocumented Latinx immigrants face multilevel oppression (e.g., strangers, acquaintances, and family). Counselor educators should strive to train their students to help eliminate such barriers to help their clients more effectively. Counselor educators will benefit in introducing the LatCrit framework to

their students to help identify and eliminate the multileveled oppression undocumented Latinx immigrants experience.

Undocumented Latinx immigrants have become a target in the U.S. (Southern Poverty Law Center, 2016). Therefore, it is important that counselor educators are aware of undocumented Latinx immigrant's needs, as influenced by the current political climate, to help train counselors who will work with this population. This study informs counselor educators to train students to be aware of the heightened fear this population is experiencing because of the anti-immigration environment. School counselors in particular need to be aware of the heightened fear DACA recipients are facing due to their uncertain future. This study sheds light that students are not prepared for what is to come once their DACA expires. In utilizing a LatCrit lens, counselors are responsible for using knowledge gained to promote social change (Valdes, 2002). In particular, counselors who work with undocumented Latinx immigrants are called to advocate for this population at various levels (Delgado Bernal, 2002). Through social advocacy projects assigned in class, counselor educators can help students better attend to the needs of this population. In a group counseling or a multicultural-related course, students could develop a psychoeducational workshop that explains mental health to undocumented Latinx immigrants. Students could develop a support group for their internship or practicum course for this population, offering mental health services free of charge. Counselor educators should push to have students think outside the standard counseling session and go out to the community when working with this hard to reach population. For example, students can contact their state representatives to advocate to support DACA recipients in courses that require a social justice advocacy project.

The American Counseling Association (ACA) *Code of Ethics* denotes that counselors are not to “condone or engage in discrimination against prospective or current clients” based on various factors, including “immigration status” (ACA, 2014, C.5, p. 9). The *Best Practices in Clinical Supervision* (Association for Counselor Education and Supervision [ACES], 2011) requires supervisors to promote sensitivity and attend to various cultural factors but does not specifically include immigration status. CACREP (2016) also does not include immigration status. Having ACES and CACREP specifically attend to this factor would help ensure that counselor educators and supervisors train counselors-in-training to work with undocumented Latinx immigrants effectively.

Clinical Practice

The findings of this study are important for counselors who want to or are currently working with the undocumented Latinx immigrant population. Counselors can gain awareness of this populations’ perceptions of mental health. In accordance with both critical theory and LatCrit, counselors are considered part of both the historical and social context and thus required to reflect on their current bias to objectively work with undocumented Latinx immigrants. Given the current political climate, counselors must also reflect on how society influences their current perception of this population.

The participants in this study were not currently seeking mental health services, although some had done so in the past. This study revealed the strong social and cultural stigma this population received about mental health. In using a LatCrit lens, this study revealed the intragroup stigma among the undocumented Latinx community for individuals with mental health problems, leading individuals to experience multiple types

of oppression due to their status and mental health state. If an undocumented Latinx immigrant were to attend a counseling session, having a discussion of the messages of mental health from their family and how they relate to their own messages could be beneficial. This aligns with both critical theory and LatCrit theory. Both theories discuss the influence of society on an individual's experience. Given how influential participants' support systems were for their mental health, family counseling would be valuable, so each family member is aware of their impact on each other. Group counseling or a support group also would be beneficial, so undocumented Latinx immigrants can meet others like them, therefore increasing their support system and having their struggles validated.

It could also be advantageous for counselors to develop a psychoeducation support group for undocumented Latinx immigrants. This study revealed that mental health was either not often talked about or was talked about negatively among participants. A psychoeducational group could provide information about mental health and mental health symptoms to be aware of, therefore increasing an undocumented Latinx immigrant's awareness to detect their own mental health needs. Within the LatCrit framework, providing a space for an individual to explore his or her knowledge of mental health might prompt the individual to advocate for their mental health needs (Valdes, 1999). Education about mental health to the undocumented Latinx community is warranted. Participants who were open to the idea of receiving help personally experienced a mental health issue. Educating the general, undocumented Latinx community about their stressors related to their status could increase their awareness to advocate for themselves and seek help (Valdes, 1999).

Given that two concerns about attending mental health services were finances and stigma, a one-time psychoeducational group that introduces coping skills participants can adapt on their own is warranted. This group would save an undocumented immigrant time and money. Running such groups to the community for free would be increasing the chances for undocumented Latinx immigrants to attend and would also be meeting ACA's requirement for counselors to make an effort "to provide services to the public for which there is little or no financial return" (ACA, 2014, C.6.e., p. 10).

Counselors are expected to advocate for the growth and development of their clients, including at "individual, group, institutional, and societal levels" (ACA, 2014, A.7.a, p. 5). Based on this study, undocumented Latinx immigrants are in need of societal change. The findings suggest the need for a new pro-immigrant rhetoric to help alleviate discrimination against this population. There is a need for new immigration reform to decrease the stress among undocumented Latinx immigrants, especially DACA students who are currently in danger of losing their permission to be in the country.

Limitations of the Study

The purpose of this study was to explore how undocumented Latinx immigrants define and experience mental health. The researcher aimed to gain awareness of this phenomenon to promote social change. The sample size and homogeneity, consisting of all Mexican participants, attained from one religious institution, in one city from a southern state, could be listed as a limitation. Additionally, the sample consisting of mostly women could also be identified as a limitation. The findings' are not generalizable to undocumented immigrants outside of these parameters. Further, the use of venue-based and snowball recruitment could lead to selection bias (Garcini et al.,

2016). However, the findings of this study are supported by previous research. Further research in this area is warranted.

An additional limitation of this study is the recruitment strategy. The participants of this study were recruited from the location of the researcher's community, making the participants more open to participating. A limitation of this recruitment strategy could be the effect on the participant's level of comfort when providing answers since the participants were likely to know the researcher's family. To ensure confidentiality, the researcher thoroughly explained each participant's rights, including how the researcher would keep their identity and responses confidential.

An additional limitation includes interviewing in a non-English language. Most interviews were conducted in Spanish. Therefore, there is a possibility that meaning was lost while translating from Spanish to English. Professional translation services were utilized to minimize this possibility. The researcher also reached out to Spanish speaking individuals, who were also Mexican, to ensure that translations captured the essence of the participants' responses. I utilized a reflexive journal, member checking, and a peer reviewer to validate the findings. A thorough exploration of the literature related to the study's focus and the methodology of the study are presented, enabling the reader to draw from his or her personal experiences and awareness and make logical connections between this study and other similar settings and interactions.

Recommendations for Future Research

Research about undocumented Latinx immigrants emphasizes the challenges and stressors this population encounter (e.g., Cervantes et al., 2010; Dow, 2011; Hipolito-Delgado & Mann, 2012; Valdez et al., 2013). This study provided additional insight into

to the role of anti-immigration rhetoric on the mental health of selected undocumented Latinx immigrants. Further, this study emphasized this population's lack of mental health service utilization, as reported by previous researchers (Cavazos-Rehg et al., 2007).

A replication of this qualitative study with a bigger sample size that includes a more even balance of male and female participants is warranted. The participants of this study were mostly female. An exploration of how undocumented Latinx male immigrants define and experience mental health is needed. Additionally, participants in this study were all of Mexican descent. About half of the studies concerning undocumented immigrants have a predominantly Mexican descent undocumented immigrant sample (Garcini et al., 2016). Qualitative and quantitative studies that explore how other undocumented Latinx immigrants define and experience mental health could provide a more comprehensive view of this population's mental health. Undocumented immigrants from different countries have different experiences, thus the need to further research immigrants from other countries of origin. Finally, replicating this study in other cities around the U.S. would provide a comprehensive exploration of how undocumented Latinx immigrants define and experience mental health in the U.S. A qualitative and quantitative study that explores this topic in other areas of the U.S. would emphasize the similarities and differences among this population based on their physical location. The ways that different state laws affect this population should also be explored.

Participants in this study reported that they are unlikely to pursue mental health services due to lack of finances. Effective, low cost, counseling interventions for this population should be identified. Given the stigma of mental health and their concern

with being stigmatized by their family for attending sessions, there is a need for future studies to address what works best with this population. There is a need for a quantitative study that assesses the effects of individual counseling, family counseling, group counseling, support groups, and psychoeducation to groups, to assess what provides significantly effective outcomes for undocumented Latinx immigrants.

The unique experiences of each participant shed light on topics that need to be further explored. For example, the exploration of serial migration, where one member migrates first and then the rest of the family has not been researched adequately. There are a few studies that explore the challenges of Latinx families who experienced serial migration (e.g., Cervantes et al., 2010; Rusch & Reyes, 2012). Also, there is a need to qualitatively explore the long-term effects of family separation and the reunification process when they come together again. Many parents immigrate first, and when they can, later bring their children (e.g., Cervantes et al., 2010; Rusch & Reyes, 2012). Common struggles for these types of families include the reunification process (Cervantes et al., 2010; Rusch & Reyes, 2012). Other extended family members primarily raise children, and once they reunite with their parents, there can be a struggle for family cohesion (Rusch & Reyes, 2012).

Another topic that needs further exploration is the impact of legal status on mixed-status families. Researchers have explored the prevalence and experiences of mixed-status families (e.g., Enriquez, 2015; Vargas & Ybarra, 2017; Xu & Brabeck, 2012), but most of the studies exploring mixed-status families include undocumented parents with U.S. born children. Lizeth's experience gave insight on the unique dynamics of families with both undocumented and U.S. born children. A qualitative

exploration of family and sibling dynamics within other types of mixed status families is warranted.

In this study, there appeared to be a gender difference related to the level of concern about the political climate among the participants. The male participants in this study did not express concern about the impact of an anti-immigrant political climate. The male participants in this study expressed more concern over employment and finances than the fear of being deported. Their responses could be attributed to the notion that males are raised to project less vulnerability and suppress emotions when compared to females (McGoldrick et al., 2015). A study that further explores this potential gender difference is warranted.

Finally, a secondary analysis, of this study's findings is suggested. In one of the themes (living in constant fear due to institutionalized racism), the participants discussed their experience with discrimination and racism. Their experience with discrimination and racism could be influenced by the idea of Whiteness as property, the idea that White racial identity, or subscribing to White norms, allocates societal benefits both private and public (Harris, 1993). The utilization of a LatCrit framework within a critical theory paradigm did not give much focus to this notion. Data should be reanalyzed within a critical race theory, particularly to notion of Whiteness as property, to highlight the influence of White norms to the antistatification of undocumented Latinx immigrants.

Researcher Reflection

When developing this study, I expected that the current political climate would heighten the intensity of the fear among undocumented Latinx immigrants. The findings of the research provided an updated picture of how selected undocumented Latinx

immigrants were experiencing life in the U.S. My initial passion for researching this topic was to help increase the utilization of mental health services of this population. After data were analyzed and presented, my thinking has changed.

There were many challenges I experienced when developing this topic. This is a population that I am very passionate about, and I was constantly reflecting about my emotions to be as objective as possible. It was also very difficult for me to collect data in Spanish and code and report the findings in English. There are emotions that I felt were better presented in their original language than in English. I worked diligently to keep the participant's meaning as much as possible.

What was also difficult for me was to hear the participants stories and feel like I was not in a position to help them. There were times when I left an interview feeling hopeless and disempowered in my role as a counselor educator. Here these participants were, allowing me to step into their marginalized world, and I could not do anything to help them immediately. Conducting this study felt like I was the only one benefiting from the interview while they stayed the same.

I am eternally grateful for the participants who volunteered their time and energy to help me finish this study. I am grateful that they allowed me inside their world for an hour. I am also grateful for all those individuals who helped me recruit participants. I felt strengthened by the participants who disclosed that they were willing to do anything to "help the cause." Their determination that everything will work out motivated me to keep helping this population. One participant disclosed that she is glad that "one of us" is the one interviewing undocumented immigrants to help the population. She appreciated that I was going back to my roots and helping those in "our" community.

Conclusion

The data from this study explore the rich experience of undocumented Latinx immigrants with mental health. The five identified themes illuminate the experiences of living in the U.S. as an undocumented Latinx immigrant and how that status affects mental health. Undocumented Latinx immigrants received negative messages of mental health from their culture and family. Currently, the undocumented Latinx immigrants who participated in this study are affected by the anti-immigrant environment in the U.S. but attempt to remain hopeful. The findings of this study demonstrate the need to rethink how counselors provide help for this population. Counselor educators and supervisors are needed to train counselors to be sensitive to this vulnerable population. Counselors should find unique ways to help this population outside of traditional, individual counseling methods. Future research is needed to find effective ways to provide services to this population.

Appendix A

Interview Questions

(English)

Please answer the following questions. You are not required to answer any question that you are uncomfortable with.

Demographic Questions

Pseudonym Name _____

Age _____

Gender _____

Length of time in U.S. _____

Country of Origin _____

Occupation in U.S. _____

Family Configuration _____

Interview Question

1. Is there anything else that you would like to add about you?
2. What term would you use to identify mental health? Are you ok with me calling it mental health? (R1)
3. What do you know about mental health? (R1)
 - a. Where did you learn about mental health? (R1, R2)
 - b. How would you define mental health? (R1)
 - c. When did you first find out about mental health? (R1, R2)
4. What do you know about mental health services? (R1)
 - a. What mental health services are you aware of? (R1)
 - b. What do you think a mental health professional does? (R1)
5. How has being undocumented in the U.S. affect your mental health? (R2)
 - a. How has mental health affected your life as an undocumented Latinx immigrant? (R2)
 - b. How has the current political climate influenced your mental health? (R2)
6. How is mental health experienced in your family? (both past and present) (R2)
 - a. How is mental health talked about in your family? (both past and present) (R1, R2)
 - b. How is mental health coped with in your family? (both past and present) (R2)
 - c. How important is mental health with your family? (both in the present and the past) (R2)
7. What has prevented you from seeking mental health services? (R2)
 - a. What would support you into seeking mental health services? (R2)
8. What are somethings mental health professionals should know when working with undocumented immigrants? (R2)

9. Is there anything else you would like to add that may help mental health professionals better understand what it is like to experience mental health as an undocumented immigrant? (R1, R2)

(Spanish)

Por favor, conteste a las siguientes preguntas. No es necesario que respondas ninguna pregunta con la que te sientas incómodo.

Demographic Questions

Seudónimo

Edad	_____
Sexo	_____
Tiempo en EE.UU.	_____
Lugar de origen	_____
Oficio en EE.UU.	_____
Configuración de Familia	_____

Preguntas

1. ¿Hay algo más que le gustaría agregar sobre usted?
2. ¿Qué término usaría para identificar la salud mental? ¿Estás bien conmigo llamándolo salud mental? (R1)
3. ¿Qué sabe usted acerca de la salud mental? (R1)
 - a. ¿Dónde aprendiste acerca de la salud mental? (R1, R2)
 - b. ¿Cómo definiría usted la salud mental? (R1)
 - c. ¿Cuándo se enteró por primera vez sobre la salud mental? (R1, R2)
4. ¿Qué sabe usted acerca de los servicios de salud mental? (R1)
 - a. ¿Qué servicios de salud mental usted conoce? (R1)
 - b. ¿Qué crees que hace un profesional de salud mental? (R1)
5. ¿Cómo ha sido el hecho de ser indocumentado en los Estados Unidos afectar su salud mental?? (R2)
 - a. ¿Cómo afectó la salud mental a su vida como inmigrante indocumentado latino? (R2)
 - b. ¿Cómo ha influido el clima político actual en su salud mental? (R2)
6. ¿Cómo se experimenta la salud mental en su familia? (tanto el pasado como el presente) (R2)
 - a. ¿Cómo se habla de salud mental en su familia? (tanto el pasado como el presente) (R1, R2)
 - b. ¿Cómo se maneja la salud mental en su familia? (tanto el pasado como el presente) (R2)
 - c. ¿Qué tan importante es la salud mental con su familia? (tanto en el presente como en el pasado) (R2)
7. ¿Qué le ha impedido buscar servicios de salud mental? (R2)
 - a. ¿Qué le ayudaría a buscar servicios de salud mental? (R2)

8. ¿Qué es algo que los profesionales de la salud mental deben saber al trabajar con inmigrantes indocumentados? (R2)
9. ¿Hay algo más que le gustaría agregar que pueda ayudar a los profesionales de la salud mental a entender mejor lo que es experimentar la salud mental como inmigrante indocumentado? (R1, R2)

Appendix B

Informed Consent

(English)

Dear potential participant,

I am conducting a research study on the experiences of mental health among undocumented Latinx immigrants. The purpose of this study is to uncover and describe how undocumented Latinx immigrant define and experience mental health. The study will focus on the lived experiences of undocumented Latinx immigrants who have not sought mental health services in the past. One of the benefits of this study will be to inform mental health professionals how mental health is experienced to develop strategies to increase mental health service utilization among this population.

You are aware that you must be at least 18 years of age to participate. You are eligible to participate if you:

1. Identify as a Latino/a
2. Are an undocumented immigrant
3. Have not utilized mental health services in the past

Your participation will involve you taking part in one face-to-face or telephone interview. You will be asked questions related your experiences of mental as an undocumented Latino immigrant. You will also be asked basic demographic questions, including your pseudonym. Your involvement in the study is voluntary, and you may choose not to participate or to stop at any time without penalty or loss of benefits to which you are otherwise entitled. At any time, you can request that *the investigators destroy your data or that the investigators exclude your data from any analysis*. If you decide to withdraw from the study, the information that can be identified as yours will be kept as part of the study and may continue to be analyzed, unless you make a request to remove, return, or destroy the information. Your participation will not affect your legal status.

The face-to-face or telephone interview will be audiotaped to ensure accurate data retrieval and analysis. You will select a pseudonym and your responses will be recorded using this assumed name. At the end of the study any information linking your name to the pseudonym will be destroyed. The recordings will be deleted after transcription and coding are complete. The recordings will be stored on a password-protected folder and computer. I will make every effort to keep your personal information confidential and conceal your identity in the study's results and I will keep your personally-identifiable information confidential by using pseudonyms and password protected files. Additionally, you will not be asked to sign any documents, including this form. By answering any of the interview questions, you indicate your consent to participate in the study.

The results of the research study may be published, but your name or any identifying information will not be used. The published results will be presented in summary form only.

You will be offered a \$25 gift card as a small token of appreciation of your help. There are no anticipated risks in participating in this study. The benefits of participating in this study are that you will have the opportunity to express your views about your experiences and perspectives of mental health, and you will have the opportunity to help develop a research line of inquiry about this subject matter. Societal benefits include: the ability to address the mental health needs of undocumented Latinx immigrants. You are not obligated to respond to all questions and that at any time you are able to withdraw your consent and to discontinue your participation and involvement in this study by notifying the researcher by phone or e-mail.

If you have any questions about this research project, please feel free to call me, Edith Gonzalez, at (281) 948-3783 or email me at egonzalez@email.wm.edu.

You are required to notify Dr. Ward, chair of the EDIRC, at 757-221-2358 (EDIRC-L@wm.edu) if any issues arise during this study.

By completing the interview, you are agreeing to participate in the above described research project.

Thank you for your consideration! Please keep this letter for your records.

Sincerely,

Edith Gonzalez
William & Mary

(Spanish)

Estimado participante potencial,

Estoy llevando a cabo un estudio de investigación sobre las experiencias de salud mental entre los inmigrantes indocumentados. El propósito de este estudio es descubrir y describir cómo los indocumentados latinos inmigrantes definen y experimentan la salud mental. El estudio se centrará en las experiencias vividas de inmigrantes indocumentados latinos que no han buscado servicios de salud mental en el pasado. Uno de los beneficios de este estudio será informar a los profesionales de la salud mental cómo se experimenta la salud mental para desarrollar estrategias para aumentar la utilización de los servicios de salud mental entre esta

Usted es consciente de que debe tener al menos 18 años de edad para participar. Usted es elegible para participar si usted:

1. Identificar como un/a Latino/a
2. Es un inmigrante indocumentado
3. No ha utilizado servicios de salud mental en el pasado

Su participación implicará que participe en una entrevista cara-a-cara o por teléfono. Se le harán preguntas relacionadas con sus experiencias de salud mental como inmigrante latino indocumentado. También se le harán preguntas demográficas básicas, incluyendo su seudónimo. Su participación en el estudio es voluntaria, y usted puede optar por no participar o dejar de hacerlo en cualquier momento sin penalización ni pérdida de beneficios a los que tiene derecho. En cualquier momento, *puede solicitar que los investigadores destruyan sus datos o que los investigadores excluyan sus datos de cualquier análisis*. Si decide retirarse del estudio, la información que puede ser identificada como la suya se mantendrá como parte del estudio y puede continuar siendo analizada, a menos que usted haga una solicitud para eliminar, devolver o destruir la información. Su participación no afectará su estatus legal.

La entrevista cara a cara o por teléfono será audio grabado para asegurar el análisis y recuperación de datos precisos. Selecciona un seudónimo y sus respuestas se grabarán este nombre. Al final del estudio se destruirán cualquier información vincular su nombre con seudónimo. Las grabaciones se eliminarán después de transcripción y codificación. Las grabaciones se guardarán en una carpeta protegida por contraseña y ordenador. Voy a hacer todo lo posible para mantener la confidencialidad de su información personal y oculta su identidad en los resultados del estudio y mantendrá su información de identificación personal confidencial mediante el uso de seudónimos y archivos protegidos por contraseña. Además, no se le pedirá firmar cualquier documento, incluyendo de esta forma. Contestando alguna de las preguntas de la entrevista, usted indica su consentimiento a participar en el estudio.

Los resultados del estudio de investigación pueden ser publicados, pero no se utilizará su nombre o cualquier información de identificación. Los resultados publicados se presentarán en forma de resumen solamente.

Se le ofrecerá una tarjeta de regalo de \$ 25 como una pequeña muestra de agradecimiento por su ayuda. No hay riesgos previstos en participar en este estudio. Los beneficios de participar en este estudio son que usted tendrá la oportunidad de expresar sus puntos de vista sobre sus experiencias y perspectivas de salud mental y tendrá la oportunidad de ayudar a desarrollar una línea de investigación sobre este tema. Los beneficios sociales incluyen: la capacidad de atender las necesidades de salud mental de los inmigrantes indocumentados latinos. Usted no está obligado a responder a todas las preguntas y que en cualquier momento puede retirar su consentimiento e interrumpir su participación y participación en este estudio notificando al investigador por teléfono o correo electrónico.

Si tiene alguna pregunta sobre este proyecto de investigación, por favor no dude en llamarme, Edith González, al (281) 948-3783 o por correo electrónico a egonzalez@email.wm.edu.

Se le requiere notificar al Dr. Ward, presidente del EDIRC, al 757-221-2358 (EDIRC-L@wm.edu) si surge algún problema durante este estudio.

Al completar la entrevista, usted está de acuerdo en participar en el proyecto de investigación descrito anteriormente. Thank you for your consideration! Please keep this letter for your records.

Sinceramente,

Edith Gonzalez
William & Mary

Appendix C

IRB Draft

Purpose:

Among the variety of needs among undocumented Latinx immigrants, this study will focus on the mental health needs of undocumented Latinx immigrants. Undocumented immigrants report a significantly greater number of psychological stressors than legal residents and U.S.-born citizens (Kriz, Slayter, Iannicelli, & Lourie, 2012). However, even in distress, undocumented immigrants are not likely to seek mental health services. In general, Latinx immigrants have lower rates of services use compared to U.S. born individuals (Alegria et al., 2008; Derr, 2016). Compared to U.S. born Latinxs and documented Latinx immigrants, undocumented Latinx immigrants have lower rates of mental health service use, fewer mental health appointments, and lower inpatient and outpatient service (e.g., Derr, 2016; Pérez & Fortuna, 2005).

Given the underutilization of services among undocumented Latinx immigrants, the need for strategies to increase the likelihood that undocumented Latinx immigrants utilize mental health services is warranted. Services that aim to promote family cohesion among and provide an opportunity to vent and grieve over potential deportations and family separations are needed (Ayón, 2014). However, to develop such strategies, how undocumented immigrants perceive and experience mental health must first be explored. When individuals do not know they are suffering from a mental health issue, concerns of underutilization are secondary to concerns over education about mental health (Ruiz, Aguirre, & Mitschke, 2013). To effectively help an individual, a clear understanding of family attitudes and beliefs about family's health is crucial (Hanson & Kerkhoff, 2007). Knowing how mental health is perceived among this population will better guide strategies aimed at increasing utilization of services for this population.

Data and Instruments (data collection and other methodological aspects of study):

We will seek to answer these questions via Interpretive Phenomenological Analysis (IPA). The semi-structured interview will be utilized to provide ample opportunity for expanded and open questions, allowing for the interviewee to feel encouraged to talk at great length (Smith, Flowers, & Larkin, 2009). Sample size will range from 8-15 participants, per IPA requirements (Smith et al., 2009). Interviews will take place in person at a place convenient to the interviewee's or by phone to ensure privacy and confidentiality. Participants will be over the age of 18, identify as an undocumented Latinx immigrant, and have not received or participated in mental health services (i.e., counseling, psychology, social work, and psychiatry). Participants will be recruited through religious institutions and organizations that serve this population in three southern states of the U.S. Further information is not provided in order to protect the confidentiality and anonymity rights of the participants.

Questions to be asked include:

Demographic Questions

Pseudonym Name _____

Age _____

Gender _____

Length of time in U.S. _____

Country of Origin _____

Occupation in U.S. _____

Family Configuration _____

Interview Question

1. Is there anything else that you would like to add about you?
2. What term would you use to identify mental health? Are you ok with me calling it mental health? (R1)
3. What do you know about mental health? (R1)
 - a. Where did you learn about mental health? (R1, R2)
 - b. How would you define mental health? (R1)
 - c. When did you first find out about mental health? (R1, R2)
4. What do you know about mental health services? (R1)
 - a. What mental health services are you aware of? (R1)
 - b. What do you think a mental health professional does? (R1)
5. How has being undocumented in the U.S. affect your mental health? (R2)
 - a. How has mental health affected your life as an undocumented Latinx immigrant? (R2)
 - b. How has the current political climate influenced your mental health? (R2)
6. How is mental health experienced in your family? (both past and present) (R2)
 - a. How is mental health talked about in your family? (both past and present) (R1, R2)
 - b. How is mental health coped with in your family? (both past and present) (R2)
 - c. How important is mental health with your family? (both in the present and the past) (R2)
7. What has prevented you from seeking mental health services? (R2)
 - a. What would support you into seeking mental health services? (R2)
8. What are somethings mental health professionals should know when working with undocumented immigrants? (R2)
9. Is there anything else you would like to add that may help mental health professionals better understand what it is like to experience mental health as an undocumented immigrant? (R1, R2)

Data Analysis

This research study utilized a qualitative research approach employing a transcendental phenomenology method. The procedures used for data collection include individual interactive interviews with the utilization of open-ended questions. Data will be analyzed through the use of a modified version of the Stevick-Colaizzi-Keen method. After data transcription, a list of significant statements will be developed (horizontalization of the data) and then grouped into themes. Efforts will be made to avoid repetitive and

overlapping statements. I will use a peer reviewer to ensure validity of the findings and ensure confidentiality to the participants. A textual description with verbatim examples of the participant's experience and a structural description will then be discussed in the manuscript. Both the textual and structural description will be utilized in a composite description of the phenomenological study.

Participants

Participants will include undocumented immigrants who identify as a Latinx individual who are over the age of 18 and have not received or participated in mental health services. Participants will be recruited through networking with religious institutions and organizations who serve the undocumented immigrant population.

Privacy and Confidentiality

The results of the study may be published. All responses will be obtained via face-to-face interview or a phone interview if distance makes a face-to-face interview impractical. No identifying information outside of basic demographic data is required. Interviews will be recorded on an audio recorder and will be saved to a password-protected computer and then transcribed. Recordings will be deleted upon the completion of the transcription.

Results

Participants will not be able to have the results of the study sent to them as doing so will require keeping contact information from them, thus, not ensuring anonymity.

List of personnel who will be performing the proposed procedures/research and indicate the training and number of years of experience of each person performing the procedures proposed.

Edith Gonzalez is a third-year doctoral student at the College of William and Mary. She is currently up to date with her CITI training (see attached below). Edith has also completed the Research Methods, Intermediate Statistics, and Advanced Statistics doctoral level class and a doctoral level qualitative research class (along with taking research methods/statistics at the master's and undergraduate level).

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