



# Immigration policies and mental health morbidity among Latinos: A state-level analysis



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## ABSTRACT

**Rationale:** Despite abundant state-level policy activity in the U.S. related to immigration, no research has examined the mental health impact of the overall policy climate for Latinos, taking into account both inclusionary and exclusionary legislation.

**Objective:** To examine associations between the state-level policy climate related to immigration and mental health outcomes among Latinos.

**Methods:** We created a multi-sectoral policy climate index that included 14 policies in four domains (immigration, race/ethnicity, language, and agricultural worker protections). We then examined the relation of this policy climate index to two mental health outcomes (days of poor mental health and psychological distress) among Latinos from 31 states in the 2012 Behavioral Risk Factor Surveillance System (BRFSS), a population-based health survey of non-institutionalized individuals aged 18 years or older.

**Results:** Individuals in states with a more exclusionary immigration policy climate had higher rates of poor mental health days than participants in states with a less exclusionary policy climate (*RR*: 1.05, 95% *CI*: 1.00, 1.10). The association between state policies and the rate of poor mental health days was significantly higher among Latinos versus non-Latinos (*RR* for interaction term: 1.03, 95% *CI*: 1.01, 1.06). Furthermore, Latinos in states with a more exclusionary policy climate had 1.14 (95% *CI*: 1.04, 1.25) times the rate of poor mental health days than Latinos in states with a less exclusionary policy climate. Results were robust to individual- and state-level confounders. Sensitivity analyses indicated that results were specific to immigration policies, and not indicators of state political climate or of residential segregation. No relationship was observed between the immigration policy index and psychological distress.

**Conclusion:** These results suggest that restrictive immigration policies may be detrimental to the mental health of Latinos in the United States.

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## 1. Introduction

There is wide agreement that strategies to address disparities in mental health should include interventions at the individual, community, and structural levels, but the majority of programs fail to address structural factors (López et al., 2012; United States Department of Health and Human Services, 2001). Despite calls for action to address Latino mental health disparities in the U.S., little headway has been made, and even less that is grounded in a

structural perspective (Guerrero et al., 2013; López et al., 2012; Schwartz et al., 2015). In part, this may reflect the challenges of intervening at the macro level to address issues such as structural forms of inequality, which can seem to be beyond the reach of interventions (Kippax et al., 2013). This paper describes an innovative approach to understanding the structural factors that shape vulnerability to mental health outcomes among Latinos, and generates knowledge that can contribute to mitigating the structural sources of that vulnerability.

Our work also advances research on policies as part of the modifiable structural determinants of health, denoted here as meso-level factors: that is, factors that lie between individual or interpersonal determinants of health and the broad macro-social

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level; that are conceptually or empirically connected to health; and that are “conceivably modifiable through sustained, strategically-organized collective action” (Hirsch, 2014, pg. 38). National, state, and local policies fit squarely in this categorization. Policies may directly limit access to health insurance, to culturally appropriate healthcare, or to any health care for certain segments of the population (Fountain and Bearman, 2011; Hagan et al., 2003; Moya and Shedlin, 2008). Policies can also cause harm indirectly, by reproducing and disseminating a language of social exclusion that generates stigma and discrimination (Hatzenbuehler, 2010; Kreitzer et al., 2014; Larchanché, 2012; Pacheco, 2013; Willen, 2012) and undermines feelings of belongingness, a core human need (Baumeister and Leary, 1995). It is for this reason that policies have been conceptualized as a core component of structural stigma (Corrigan et al., 2005, 2004; Hatzenbuehler, 2014).

A great deal of work on policy and health has focused on a ‘one policy-one outcome’ approach. This is true both in relation to work on immigrant health (e.g., citizenship requirements for Medicaid) as well as in public health more broadly (e.g., seat belt laws, cigarette taxation) (Angus and DeVoe, 2010; Chaloupka et al., 2011; Cohen and Einav, 2003; Fountain and Bearman, 2011; Santos et al., 2013; Toomey et al., 2014; White et al., 2014). An emerging body of research on public policies, however, has shown that they can be used in the aggregate to reflect a climate of social exclusion (Hardy et al., 2012; Willen, 2012). Although such aggregate measures of social policies predict adverse health outcomes among members of stigmatized groups (e.g., lesbian, gay, and bisexual (LGB) populations: Hatzenbuehler, 2011; Hatzenbuehler et al., 2009), this approach has not been explored with Latino populations. Here, we advance the work on state-level policy climates as a structural determinant of mental health for vulnerable populations by examining the association between multiple immigrant-oriented policies and Latino mental health. Moreover, an important contribution of this paper is the attention to both supportive (such as those that render foreign-born children who grew up in the U.S. eligible for in-state tuition) and exclusionary (i.e., those that restrict opportunities and resources) policies. To our knowledge, no study of immigrant-focused policy and mental health in the U.S. has examined the combined impact of both inclusionary and exclusionary policies.

### 1.1. State-level policies affecting Latino immigrants

Across the United States, state legislatures and municipal governments introduced an unprecedented 1592 bills related to immigrant and refugee health in the first half of 2011 alone, with thirty of those bills focused exclusively on immigrants’ access to health care and public benefits (Carter et al., 2011). The increase in legislative activity at the state level related to immigration in recent years invites the study of the relationship between these policies and Latino health. There is also substantial evidence already that single policies can be detrimental to Latino health across a variety of outcomes. Following passage of Senate Bill (SB) 1070 in Arizona, for example, Latinos experienced decreased mobility and were less likely to apply to services, even those for which they qualified (Hardy et al., 2012). Such policies also increase fear among immigrants and Latinos, which discourages reporting of crime (Hardy et al., 2012) and leads to delays or decreases in seeking care (Salas et al., 2013; Toomey et al., 2014).

Meanwhile, the availability and affordability of care has declined with restrictions on eligibility for health and social services under new legislation in states like Alabama (White et al., 2014). Some research has investigated the health impact of immigration-related omnibus laws (i.e., legislation that contains numerous provisions), such as Senate Bill (SB) 1070 in Arizona. SB 1070 contains numerous

restrictive policies but is most known for its provision that requires police officers to verify the immigration status of any individual they suspect to be undocumented during a lawful stop (Hardy et al., 2012; Toomey et al., 2014). The mental health impact of such policies as SB 1070 may include increased anxiety, depression, stress, and isolation (Salas et al., 2013), as well as reduced self-esteem (Santos et al., 2013).

### 1.2. Citizenship and health

Our examination of the association between policies across multiple sectors and Latino mental health also contributes to research on the intersections between citizenship and health. Work on migration and social exclusion has generally taken a binary approach to citizenship, with a substantial corpus of ethnographic research illustrating what Willen (2007) has called “the phenomenology of illegality” (Desjarlais as cited in Willen, p. 12). This work, which describes the adverse social and health consequences of the state’s designation of people as ‘illegal,’ has approached citizenship as something that one either does or does not have. Of course at the federal level that is true; either one can, or cannot, get a passport. And yet in the U.S., an undocumented immigrant who can ride the subway and rent an apartment without being asked to provide proof of legal residence faces a day-to-day existence that is much less fraught with stressors than one who must drive to work and yet cannot legally do so, and who at any moment could be stopped by law enforcement and required to provide evidence of legal status.

Our work, therefore, points to the critical importance of state-level policies as part of operationalizing and examining what Sargent and Larchanché (2015) call “the state regulative context.” In addition, our work indicates the breadth of laws and policies that might constitute this ‘spectrum of citizenship’ at the state level, indicating that it is not just laws such as Arizona SB 1070—focused explicitly on creating a hostile climate for undocumented immigrants—that create contexts of belonging or social inclusion, but rather a much broader set of laws across multiple sectors including transportation, education, labor, health and social services.

Our work also intersects with other literature on health and citizenship, which have used the notion of citizenship to denote the state’s designation of bodies or populations as more or less valuable. For example, therapeutic citizenship, as articulated by Nguyen and colleagues, describes conditions in which people’s sense of being able to make claims on the government is brought into being through the provision of specific forms of care (Nguyen et al., 2007). Similarly, some work on sexual citizenship has discussed both the denial of the right to sexual self-determination (Fields, 2008; Richardson, 2000) and the consequences, including the adverse health effects, of this denial for access to other, non-sexual, citizenship-related rights.

### 1.3. Current study

This study aims to evaluate associations between state-level policies and adverse mental health outcomes among Latinos. We focus on mental health outcomes for several reasons. Latinos report more depressive symptoms than non-Latino whites, though specific rates vary greatly by time spent in the United States and level of acculturation (Menselson et al., 2008). Further, migrants from Mexico ages 18–35 have elevated risk for depression and anxiety disorders compared to their counterparts who remained in Mexico (Breslau et al., 2011). Additionally, research suggests that common mood disorders are more vulnerable to social conditions than other psychological and physical pathologies (Ahern, Galea, Hubbard and Karpati, 2008). Finally, research on the health impact of social

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