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ABSTRACT

This paper applies the Minority Stress framework to data collected from an ongoing community-based participatory research project with health and social service agencies in Southeast Michigan. We examine the stressors and coping strategies employed by undocumented Latinx immigrants and their families to manage immigration-related stress. We conducted in-depth interviews with 23 immigrant clients at Federally Qualified Health Care Centers (FQHC) in Southeast Michigan and 28 in-depth interviews with staff at two FQHC's and a non-profit agency serving immigrants. Findings suggest that immigrants face heightened anxiety and adverse mental health outcomes because of unique minority identity-related stressors created by a growing anti-immigrant social environment. Chronic stress experienced stems from restrictive immigration policies, anti-immigrant rhetoric in the media and by political leaders, fear of deportation, discriminatory events, concealment, and internalized anti-immigrant sentiment. Though identity can be an important effect modifier in the stress process, social isolation in the immigrant community has heightened the impact of stress and impeded coping strategies. These stressors have resulted in distrust in community resources, uncertainty about future health benefits, delayed medical care, and adverse mental health outcomes. Findings provide a framework for understanding the unique stressors experienced by immigrants and strategies for interventions by social service agencies.

Keywords

Hispanic, anxiety, law enforcement, racism, discrimination, public health

INTRODUCTION

In the United States, members of historically oppressed populations, such as racial/ethnic and sexual minorities experience a greater prevalence of adverse mental health disorders and less access to services compared to more privileged groups (Cook, et al. 2019). An established body of research has found that the greatest burden of mental illness in the United States befalls on ethnic and racial minority groups (Cabral & Smith, 2011). Furthermore, investigators found significant disparities in mental health care for Latinxs, and that Mexican immigrants were significantly less likely to access mental health services than U.S. born Mexican Americans and the general United States population (Lopez, Barrio, Kopelowicz, & Vega, 2012).

Studies show that there are significant disparities in mental health service utilization among native-born and foreign-born individuals. Noncitizens have greater difficulty accessing these services given their unfamiliarity with the U.S. mental health system, limited English proficiency, greater financial stress, and ineligibility for insurance (Lee & Matejkowski, 2012).

Recent literature examining mental health among Latinx immigrants has found that immigrants' exposure to stressful conditions, such as discrimination, leads to increase risk of adverse mental health outcomes, and is correlated with time of residence in the U.S. and lost of contact with vital social networks (Perreira et al., 2015). Although several studies have cited discrimination as a primary source of stress for immigrants, Latinx immigrants consistently report less discrimination than U.S. born Latinxs, given that the latter are socialized in the U.S. and thus are more likely to understand and perceive discrimination in the U.S. context (Pereira et al. 2015). Additionally, most studies that have found lower reporting rates among Latinx immigrants took place prior to the 2016 Presidential elections (Pereira et al. 2015; Gonzales et al., 2013). Emerging research, including work done by our own community-academic research team (Fleming et al. 2019), suggest that heightened anti-immigrant rhetoric and immigration enforcement have increased perceived discrimination among Latinx immigrants and placed them at risk for adverse health outcomes, particularly among undocumented immigrants.

For the purposes of our study, we focused on undocumented Latinx immigrants and their family members regardless of immigration status. Some of the main factors that have been found to negatively shape immigrants' health and well-being include pre- and post- migration trauma, acculturation, anxiety related to job insecurity and the strains of low-wage work, and discrimination (Gonzales et al., 2013). Immigrants also face stressful post migration circumstances such as family separation, cultural and linguistic barriers, and adjustment to a new

and sometimes unwelcoming environment (Derr, 2015). These stressors can exacerbate existing mental health problems or initiate new psychological concerns, immigrants who experience acculturative stress more likely to experience anxiety and depression (Noh & Kaspar, 2003).

In the context of Latinx immigrant health, acculturation studies have served as the predominant framework for understanding Latinx mental health research (Torres & Wallace, 2013). Acculturation highlights important aspects of how individuals make meaning of their life experiences through language, cultural norms, and values (Agbayani-Siewert, Takeuchi, & Pangan, 1999). Studies on Latinx mental health demonstrate the influence of acculturation within immigrant families, with uneven degrees of acculturation leading to cultural and familial conflict, which may have adverse mental health impacts (Rivera et al., 2008). While sociocultural phenomena explains some aspects of stress faced by immigrants, they do not fully consider the interplay between culture, social structure, and well-being (Viruell-Fuentes, 2007).

For undocumented immigrants—and their mixed-status family members—in particular, acculturation studies fail to capture the complexities of the noncitizen experience at the individual and community levels over the life-course. For example, acculturative stress does not consider the circumstances of departure from the original country, which could have been caused by political conflict, economic conditions, gang violence, or other traumatic events. Additionally, structural issues that can uniquely induce stress among undocumented immigrants can include inability to vote, obtain a driver's, not qualifying for most types of jobs (Stacciarini et al., 2014), as is the daily fear of immigration enforcement that shapes movements about one's community (Lopez, 2019). More recently, worsened living conditions for Latinx immigrants have affected long-term mental health of undocumented immigrants and members of mixed-status families experiencing helplessness, and daily fear of deportation (Rojas-Flores et al., 2017; Fleming et al., 2019). In light of rapid policy shifts and anti-immigrant rhetoric expressed by President Trump since the 2016 presidential campaign, our team wanted to build on existing mental health and immigration-related stress literature with frameworks that consider structural factors.

To build upon existing literature, we utilize the Meyer (2003) Minority Stress Model to understand the collective factors influencing the stress and mental health outcomes among undocumented immigrants. Minority stress theory was first conceptualized to explain how lesbian, gay, bisexual, and transgender (LGBT) individuals are disproportionately affected by psychological disorders when compared to heterosexuals. Informed by social stress discourse

(Mirowsky and Ross 1989; Pearlin 1989) and the social causality of distress (Dohrenwend et al. 1992), Meyer argues that the minority stress that the LGBT community faces leads to adverse health outcomes. Minority stress is inferred from several sociological and psychological orientations that describe the conflict with social environments faced by minority group members (Mirowsky and Ross, 1989; Pearlin, 1989; Lazurus and Folkman, 1984). Furthermore, informed by societal reaction theory, minority stress theory explains the effects of negative social attitudes and stigma on stigmatized individuals, resulting in maladaptive responses and adverse mental health outcomes (Meyer, 1997).

The minority stress framework posits that individuals from disadvantaged social groups are exposed to unique stress and coping mechanisms related to their minority identity, which determines the impact of this social status on mental health outcomes. The framework presents stress and coping through multilayered constructs such as circumstances in the environment, minority status and identity, general stressors, prejudice events, expectations of rejection, concealment, and social support, which augment mental health outcomes (Meyer, 2003).

According to this framework, stress is a function of social systems that structurally promote discrimination and stigmatization of minority populations (Meyer, Schwartz, & Frost, 2008). Individuals with minority identity experience stress at greater and more frequent levels, with processes such as discrimination and prejudice mediating the relationship between minority status and stress (Woodford et al., 2014). Characteristics of an individual's minority identity, such as how prominent or integrated the identity is in their life, may further moderate the link between minority-specific stressors and mental health (Meyer, 2003).

This theory has been widely studied and is considered a leading framework to integrate marginalization and stress, explain differences in mental health among individuals from socially stigmatized populations and non-marginalized persons, and illustrate how stressors at multiple levels can influence mental health (Parent et al., 2008). Studies have assessed the relationship between perceived experiences of discrimination, internalized prejudice, and fear regarding stigmatization with psychological distress, substance misuse, and suicidal ideation across samples of lesbian, gay, and bisexual individuals (Brewster et al., 2013). Despite widespread recognition, most of the research on the model focuses on sexual and gender minority populations, with some studies utilizing the framework on racial/ethnic minority groups, and none at this time applying this framework to undocumented Latinx immigrants.

Our community-academic team chose to examine minority stress theory processes and apply a more holistic approach to understand immigrant mental health across the life-course. Considering the perspective of this model in understanding the stress processes and mental health outcomes of LGBT communities, we hypothesize that it will help illustrate stress processes among undocumented & mixed-status Latinx communities. We aim to build on existing knowledge by examining the stressors and coping strategies employed by undocumented Latinx immigrants and their families in Southeast Michigan to manage immigration-related stress in light of current anti-immigrant rhetoric and recent immigration enforcement policies.

METHODS

Approximately 130,000 undocumented immigrants live in Michigan, with most residing in the urban/suburban areas of Southeastern Michigan (Pew Research Center, 2016). While Metro Detroit is not often regarded as a border town, the area is home to one of the busiest land border crossings between the United States and Canada, resulting in significant activity by Customs and Border Patrol in Detroit. This study was conducted as part of an ongoing research collaboration between our research team and community partners at Federally Qualified Health Centers in Southeast Michigan. These organizations serve immigrant clients and have noted recent increases in immigration-related stressors and adverse health outcomes. Research activities were conducted at three locations in Southeast Michigan including Federally Qualified Health Care Centers (FQHC) in Detroit and Washtenaw County, and a local Health Department.

Detroit is the largest city in Michigan and is home to a long-standing population of Mexican immigrants, as well as a newer influx of Central Americans. The Detroit FQHC is located in a predominantly Latinx neighborhood and provides clinical and social services to residents of the neighborhood. Given their large Spanish-speaking population, nearly all staff are bilingual, and many identify as Latinx. Conversely, Washtenaw County is approximately 45 miles west of Detroit and is home to about 43,000 foreign-born residents; of those, an estimated 3,000 are undocumented (Kraut & Martin, 2015). The Washtenaw County FQHC provides clinical and social services to a wide range of populations, with immigrants comprising about a quarter of their client population. The non-profit partner agency supports individuals' access to health insurance, including a safety net program that reaches most of the county's undocumented residents. They are housed in the Washtenaw County Health Department and, while they serve all members of the county, many of their clients are undocumented immigrants.

Community-based participatory research approach. This research was developed and is informed by the principles of community-based participatory research (Israel et al., 2010) and is the result of partner agencies expressing concern for the mental health of their clients. This approach was determined through conversations with community partners about methods that would be effective to empower this historically oppressed population and improve health outcomes. Community-engaged methodologies have been previously used to meaningfully involve community members, practitioners, and academic researchers to enhance understanding of phenomena and enhance the health of communities involved (Israel et al., 2010). Funding for the project was shared equitably (50-50) between academic and community-based organizations.

The idea for the data collection project originated from partner agencies who expressed great concern about how to provide services to undocumented clients in the post-2016 socio-political climate. Partners identified the original guiding research question for data collection procedures and academic researchers regularly met with staff at each organization and members of mixed-status immigrant families to decide which methods would work best to answer the research questions. Members of these committees included people – both at the agencies and on the academic team – whose families had been severely impacted by immigration enforcement.

The research question addressed in this manuscript was identified later in the process after our committee analyzed and disseminated initial results (Fleming et al., 2019; Mesa et al., 2019; Doshi et al., 2019). After these initial findings, partner agencies and clients wanted to focus on how to respond to mental health concerns within these communities. Once we had preliminary results from the original research question, academic researchers brought findings to each site to process findings and ask if there were alternative interpretations. In our ongoing meetings as a community-academic research team, the topic of mental health became persistent and we decided collectively to further analyze data with a focus on mental health among undocumented Latinx clients to help inform future practices or interventions.

Data collection. Data were gathered through in-depth qualitative interviews with staff at Federally Qualified Healthcare Centers in Southeast Michigan (n = 28) and their immigrant clients (n = 23). Participants from both groups were recruited through convenience sampling with support from leadership and staff members at each partner organization. Agency administrators referred staff to interviewers; similarly, staff members who worked closely with Latinx clients referred them interviewers. Upon referral, participants and interviewers met in a

private space, where the interviewer explained the project objectives, ensured that participation would not affect employment or services, and underwent informed consent procedures. Interviewers used a semi-structured interview protocol, but often adapted questions to suit the particular experiences of each interviewee. Examples of interview questions include "Can you tell me a little about how immigration status affects medical and social services received?" and "Have you ever felt like you needed medical services but decided not to go?" Our probes focused on exploring aspects of their identity, experiences, and mental health. Interviews were conducted by research staff in English and/or Spanish, depending on participant preference. Interviews that were conducted in Spanish were transcribed verbatim and translated into English by research assistants who are fully bilingual and native Spanish speakers.

Staff member interviews were conducted between April 2018 and August 2018 by academic members of the research team. Interviewers were one White male and one Latinx male public health faculty members (co-authors PJF and WDL) and interviewees comprised clinical, administrative, social service, and general support personnel. Staff were identified as valuable key-informants because of their experience working closely with Latinx immigrant communities. Following initial data collection, we decided to supplement findings from staff interviews by interviewing clients who were self-identified Latinxs and part of a mixed-status family (i.e. they or a family member was undocumented). Client interviews were conducted between October 2018 and March 2019. Interviewers were the two same public health faculty members, one female Latinx public health graduate student, and one female visiting scholar from Colombia; client participants included members of mixed-status families where at least one member was undocumented. These second set of interviews provided a more in-depth perspective to the experiences and challenges that members of immigrant communities face in terms of behavioral health, social stress, and accessing health and social services.

Our data collection and analytic process were informed by the interpretive description approach (Thorne, Reimer Kirkham, & MacDonald-Emes, 1997) that is focused on pragmatic knowledge creation from qualitative data to help health/social service agencies improve health outcomes (Thorne, 2016). For our ongoing study, we aimed to understand the impacts of immigration policy and enforcement to improve health and social services available to immigrants and members of mixed-status families. Therefore, we sampled those who could provide the information needed to guide research questions, co-developed an interview protocol

in with our community-academic team to help provide useful information, and analyzed the data using strategies that kept the focus on questions of 'what is happening here?' and 'what am I learning about this' (Thorne, Reimer Kirkham, & MacDonald-Emes, 1997; Thorne, 2016).

Data Analysis. Data analysis occurred concurrently with data collection and was a team effort that was led by the academic research team—comprised of public health faculty and graduate students, many of whom identified as Latinx and several who had close ties to undocumented community members. After preliminary findings, we engaged the broader community-academic research team to verify and check interpretation of findings with staff from our partner agencies (including members of the community).

Interviewers took notes and discussed emerging themes following individual interviews. These post-interview discussions allowed interviewers to iteratively adapt the interview protocol and probe on emerging and important topics in order to reach saturation of themes. All interviews were audio-recorded and transcribed verbatim by research assistants. No personally identifiable information was collected, and transcriptions were secured in an encrypted folder, only accessible to members of our research team. We read transcripts and listened to audio while taking notes of emerging findings and developing thematic summaries for each interview. Using narrative summaries and several analysis meetings between academic researchers, community practitioners, and members of the Latinx immigrant community to discuss emerging findings and trends in the data, we iteratively and collectively developed a codebook of 34 codes and applied them to the transcripts using Nvivo version 12. Our codebook included codes informed by minority stress theory constructs such as prejudice events, concealment, expectations of rejection, mental health outcomes, and minority characteristics. Two research assistants coded all the transcripts, one focusing on the client interviews and the other on staff interviews. They were trained jointly on the codebook and had discussions to resolve uncertainties about application of the codes. After transcripts were coded, coding outputs were examined to better understand the various perspectives of participants related to the research question. When examining the coding output, we wrote memos on emerging key themes that were salient to the research questions. After gathering these initial findings, we checked our interpretation of key findings and aspects of the transcripts with partners to add depth and nuance to our understanding of these issues. Then, these findings were written into this manuscript using pseudonyms for participants and the manuscript was reviewed by all members of the broader research team. In addition to this

manuscript, we have disseminated our findings from this project through staff meetings with our partner agencies, one-page info sheets, popular press publications, community presentations, and are currently planning other ways to disseminate this work to the community.

Ethical approval. This project was approved by the University of Michigan's Institutional Review Board and by our collaborators on the community-academic team.

FINDINGS

We interviewed a total of 28 staff members across the three sites: FQHC in Detroit (n = 12), FQHC in Washtenaw County (n = 5), Washtenaw County non-profit (n = 11). Twenty-three were bilingual English-Spanish speakers and 18 self-identified as Latinx. The staff roles interviewed included medical providers, medical assistants, receptionists, enrollment specialists, patient advocates, and others. In the client interviews, we interviewed a total of 23 immigrant clients across two sites: FQHC in Detroit (n = 12) and FQHC in Washtenaw County (n = 11). Nineteen participants preferred to communicate in Spanish and all 23 self-identified as Latinx. While we did not ask, clients revealed their documentation status during the interviews: 17 participants self-identified as undocumented, 3 self-identified as permanent residents, and 1 identified as a U.S. Citizen but whose spouse was undocumented. Key findings are presented using illustrative quotes with pseudonyms to protect participant identity.

General stressors. Minority stress theory posits that general stressors are those that can be experienced by all individuals and are not directly related to minority status. General stressors that were identified in the interviews with frontline providers and Latinx immigrants included divorce, family separation, disability status and inability to work, health status, being underinsured, getting scammed or robbed, financial difficulties, lack of social support, driving, family problems, parenting, navigating and paying for healthcare, among others. Given that these stressors are not necessarily unique to this population (though they may be exacerbated by their minority identity), we do not focus on these stressors though they may impact mental health.

Prejudice events. Prejudice events, as defined by minority stress theory, are those events that happen to individuals based on minority identity and are discriminatory in nature. These can be events related to prejudice, violence, or mistreatment of individuals based on belonging to a particular population. For the purposes of our study, we looked at events that were directly related to being an immigrant, citizenship status (i.e. being undocumented or a member of mixed-status families), identifying as Hispanic/Latinx, and/or use of Spanish as their primary

language. We found that individuals were likely to have firsthand experience of discriminatory events to themselves or close relatives. Moreover, we found that instances of prejudice and discrimination affecting undocumented Latinx immigrants occurred at three levels. In the first level, there were firsthand experiences that were mostly based on race/ethnicity and assumptions of citizenship status. Those that had gone through firsthand experiences with prejudice events found them in their everyday life, for example, while seeking medical care and social services, in workplace settings, among other settings. These events included racial profiling by the police or immigration enforcement, identification inquiries by non-government officials, detention and deportation, and being singled out because of Spanish usage. Lisa, a program administrator at a FQHC shared her experience witnessing discrimination experienced by an immigrant client:

> *"[We had some clients] speaking Spanish, and some English speaker started making fun of them you know saying 'taco, taco, taco', another time somebody was yelling at someone 'you shouldn't be speaking any other languages, this is America... speak English', you know?"*

Although firsthand experiences with discrimination because of race, language, or immigration status were shared by many immigrant clients, instances of interaction with law enforcement and ICE represented the most stress for our sample. For most clients, possible interactions with police symbolized a possible encounter with immigration and border control, and thus a risk of deportation, detention, and family separation, which was a source of major stress. While fear and stress associated with possible encounters with law enforcement and immigration was experienced by most clients, those who had previous detentions or deportations exhibited greater signs of stress and trauma. Ana Mercedes, an immigrant client who went through detention, was very emotional while recounting her experience with immigration and using a tether (i.e. a device utilized to restrict movement):

> *"You know, I don't like pants. I have been using pants because I don't feel right, I don't feel good. People will see. And they won't think about immigration, they will think, "she did something wrong." So they classify me right away as a delinquent. They don't see Ana Mercedes, they see a delinquent. So, from the point of an immigrant, they have nothing, not even the basic right that anyone in their life to be treated like a human."*

Conversely, although most had experienced firsthand discrimination or prejudice events, some immigrant clients reported living relatively calmly with no instances of discrimination.

Anita, an older immigrant recounted how she had not experienced discrimination but had heard of instances in the news, yet was unsure of the validity of those experiences:

> *"Well, what can I tell you? I haven't seen [discrimination] not in my family nor in the people that I know. No. Simply in the news... in the news I've seen a lot of that, right? Or who knows how true what they show in the news actually is. Because we have to be realistic as well... not everyone is bad."*

It is important to note that varying levels of perceived discrimination among different subsets of the undocumented Latinx immigrant population appear to exist. For example, those who were younger, had darker skin, communicated in Spanish, and/or had children were more likely to recount experiences of discrimination than other members of the population. Moreover, discriminatory and prejudice experiences occurred at secondary and tertiary, non-direct levels, and were a significant source of stress for this population. While secondary events such as ICE raids and discriminatory events in the community, and tertiary events such as immigration media coverage and anti-immigrant rhetoric by political leaders, did not directly affect all individuals, they represented a source of stress for Latinx immigrants, influenced behavior, and generated persistent fear. Vanessa, a family medicine doctor at the Washtenaw County FQHC shared her thoughts on the strong impact of media coverage in the undocumented Latinx community:

> *"I was just talking today to a patient about something completely unrelated but what he said is applicable. He's like, 'you know whenever you see anything in the media if you find yourself in that situation you're naturally gonna fear; so if all you're hearing on the news is deportation, deportation, deportation... there's gonna be that underlying fear."*

These instances of tertiary discrimination are interpreted as prejudice events by immigrant clients and staff given the amount of fear and stress generated in immigrant communities by the anti-immigrant rhetoric heard in popular media outlets and the instances of discrimination portrayed in the media that were experienced by other members of the Latinx immigrant community. Many others echoed the strong role of media in fortifying fear and stress among immigrants, but also expanded on the relationship between multiple levels of discrimination on the immigrant experience. Bernardo, an immigrant client, spoke on the experience of a close friend, whose husband's recent deportation resulted in high levels of stress and fear, which were exacerbated by media coverage:

> *"She has a lot of family here, so she had a home where to stay and there was a lot of support for her. But... I think she was very affected. And she's even more affected by everything that's coming out in the news, deportations, this and that... she was more afraid of going out. Of being in certain places. Yes, we noticed that."*

Prejudice events at different levels generate fear of deportation and appear to result in behavioral changes, with many immigrants reporting delays in medical care, social isolation and lack of social support, ceasing use of welfare benefit programs like WIC or Medicaid, and plans to return to their country of origin. In many of the interviews with key informants and clients, instances of deportation and detention, as well as anti-immigrant rhetoric were cited as events that influenced behavior of undocumented Latinx clients.

Expectations of rejection. Minority stress theory argues that individuals belonging to minority populations develop expectations of rejection by others because of their minority characteristics. As a result, members of minority groups expect to be rejected and stigmatized in social interactions or for prejudice events to occur to them. We found that Latinx immigrants experienced expectations of rejection through social interactions, when seeking or not seeking services, and with potential encounters with law enforcement or ICE. Interviewees noted that undocumented Latinx immigrants were afraid of engagements with law enforcement or ICE because they suspected that it would lead to detention or deportation. Expectations of deportation are a unique expectation of rejection experienced by undocumented immigrants, which is the result of their legal residency status, anti-immigrant rhetoric, the current political climate, and pervasive concerns with being sent to their countries of origin and what that would entail. Erlinda, an immigrant woman with adult undocumented children shared her experience with constant expectation of the possibility of deportation:

> *"Because my son has told me [starts crying] 'oh mom, what will be of my life? If one day they catch my wife, how will my life be from there on?' And what can I tell him? ... Everyone is afraid...this is all affected by immigration in every way."*

Living with constant anxiety and fear of deportation has caused several immigrants to expect inevitable deportation, leading some to plan ahead. Bernardo, an immigrant client at the Detroit FQHC, shared the experience of a family with two small children he knew, which had not experienced any encounters with ICE, yet was preparing for deportation:

> *"The children were born here, they're U.S Citizens, but when fear of deportation started, they decided to make their children Mexican Citizens so they could, if something were to happen, get them out of the country without any problem..."*

In the healthcare seeking experience, immigrants and providers reported that immigrant clients feared enrolling in services because they assumed this would bring them issues with immigration, make them ineligible for U.S. admissibility, or would endanger their safety. Some clients were in the process of residency acquisition and wanted to avoid risks with their current status by enrolling in services, while others feared a breach of confidentiality that could alert authorities of their undocumented status.

Concealment. As a response to prejudice events and expectations of rejections, members of minority groups often take steps to conceal their minority identity to avoid stigma, discrimination, and violence. We found that Latinx immigrants take measures to conceal their identity on an everyday basis to avoid stigma, discrimination, and for fear of deportation. Once individuals learned of apprehension circumstances experienced by others in their community, they adjusted their behavior to avoid compromising situations. For example, many undocumented Latinx immigrants and members of mixed status families have opted to stay at home as much as possible to avoid exposing themselves to ICE. When many decide to leave their homes, they generally do so for things for high priority such as going to work, taking their children to school, and buying groceries. Paola, an immigrant housewife, shared how recent events have prompted her and her husband to stay at home more to avoid police and ICE:

> *"We try to stay home, unless we need something that's an emergency to buy food, then we go. But my husband is afraid of being detained by the police. We stopped going to things that we enjoyed because of immigration, for fear of family separation, if we're separated, what happens to the children?"*

Concealment has also affected the healthcare delivery sector, with providers reporting a drop in clients seeking services and learned that clients were missing or re-scheduling appointments because of the risk associated with driving without licenses. Knowledge of cases where police officers called ICE led many to associate driving with a risk of being pulled over by police and asked for documentation. Therefore, clients often waited to receive transportation from the health center or those with a license. Jessica, a service provider, spoke on this issue:

> *"Well, um, people are more scared to come out of their houses now, so I think that has*
> *made our no- shows increase. They're a little scared. Unless they can find someone who*
> *can drive, they don't want to leave the house."*

Beyond exposing themselves to possible deportations through transportation, immigrants have avoided seeking services because they look to avoid breaches in confidentiality and being found by immigration enforcement. Fredo, a younger immigrant, spoke on avoiding the use of medical services unless there was an emergency so he could avoid being found in a database:

> *"I was never seeking those services, 'cause, at least growing up, my parents, you know,*
> *they, I feel like they came here without too much of a plan, but, so they basically grew up*
> *on - they raised us on, you know, "don't tell anybody. You don't go to the doctor, unless*
> *it's like an absolute emergency." We were basically raised to avoid any type of*
> *interaction with any thing that would put us in the database or whatever.."*

From our findings, it appears that concealment has been limiting healthcare access, but has also hindered positive mental health adjustment, with social isolation and limited support systems in many immigrant clients. Clients and staff reported a decrease in social activities and gatherings among Latinx community following the recent anti-immigrant political climate.

Internalized Anti-Latinx Rhetoric. Minority stress theory argues that, among LGBT populations, experiences with prejudice events, concealment, and stigma associated with minority identity are processed by individuals belonging to this population and they develop internalized homophobia. Similarly, we found that the current climate with undocumented Latinx immigrants being subject to discrimination, deportation, anti-immigrant rhetoric, and persecution has resulted in some members of this community internalizing these ideas and reiterating them in their own discourse. In most cases, this was seen through individuals disassociating themselves with characteristics of their minority identity, be it with those that are intrinsic to the culture and customs of Latinx/Immigrant communities or with those that are present in media discourse.

Several immigrant clients who were interviewed expressed that they understood rhetoric by politicians and American citizens who wanted to deport lawbreakers, but argued that they or their close relatives, in particular, are the exception to this because they are hardworking, pay their taxes, and do not break any laws. For example, Alberto, an undocumented Latinx client at a FQHC shared his thoughts on immigrants coming into the country to receive welfare benefits:

> *"Many couples came here to have children and receive aid... and for every child they*
> *have, they get a check. So many people have taken advantage of that and [the President]*
> *said that and I think he's right...I think that's wrong because I never asked for anything."*

On the other hand, some undocumented Latinx immigrants have internalized anti-immigrant rhetoric by acquiring a sense of underservingness and unbelongingness in the United States. Anita, an undocumented Latinx immigrant shared her experience seeking services, "I'm not asking for aid for me because I don't belong to this country. I am asking for aid for my daughters, who are U.S. Citizens." In this sense, Anita is expressing that she is undeserving of aid because she is not a U.S. Citizen, but her daughters are because they were born in the U.S.

Coping and Social Support. Coping and social support encompass the various mechanisms utilized by members of minority groups to cope with the unique stressors they experience and the general support they receive. These factors modify the relationship between stressors and mental health outcomes among minority groups to the benefit or detriment of their outcomes. We found that individuals found social support and coping primarily through their family and their religious beliefs. However, because of their citizenship status, they also found support from legal services, the immigrant community, social media, and healthcare providers.

Recent events, anti-immigrant public discourse, increased deportations and detentions, and discrimination have threatened capacity for social support and coping, with concealment being the primary coping method to avoid the stress associated with possible deportation. As a result, Latinx immigrants are opting to stay indoors, limit their social circles, and avoid social situations. Concealment behaviors have been a strong influence in disruptions in social support and social networks; for example, Isabel, an immigrant client spoke on how hiding from the police has affected her and her children:

> *"Going out to places has become very difficult. There's more police, there's more*
> *immigration. What things can you do? I have my sister-in-law who lives in Taylor, but I*
> *don't go there. My children can barely see their cousins."*

Social support and social networks also seem to be affected by those who experienced immigration enforcement directly. Jennifer, a patient advocate at a FQHC explained the dynamic between someone who has been detained, their family, and their community.

> *"After a family member has been detained by ICE that family is seen in a way as tainted*
> *so their communication and their contact with other community members family members*

> *friends they're are kind of like the plagued family oh ICE has been to that house we are*
> *not going to associate with them anymore...I have a patient of mine who is actually*
> *scheduled for deportation in June um who is on a tether right now and he said that his*
> *whole family has gone away they don't want to talk to him... so it's really really sad."*

Although many spoke to concerns with coping habits and lack of social support, others highlighted how, in response to recent events, immigrant communities have shown resilience by coming together and supporting each other through social media, providing transportation, and relying on family members with documentation to support those who are undocumented. However, our findings indicate that the primary coping mechanism used by undocumented immigrants and members of mixed status families is concealment by staying indoors and avoiding interactions with ICE and law enforcement.

Characteristics of Minority Identity. Characteristics of minority identity is encompassed by the prominence, valence, and integration of minority characteristics in the social environment of members of minority groups. For this study, we focused on understanding the circumstances that led undocumented Latinx immigrants to become hyper-aware of their identity and how this hyperawareness coincided with increased adverse mental health outcomes. We coded for any reference to identifying or deidentifying with minority status and/or when individuals' perception of the self is stigmatized and devalued. Generally, it seems that certain indicators for being undocumented or Latinx accentuate the salience of the undocumented identity. For example, undocumented Latinx immigrants may experience hyperawareness when asked for a social security number during enrollment in health services or when communicating in Spanish. Isabel, an immigrant client shared the role of race/ethnicity and the salience of minority characteristics:

> *"They [ICE] also look at color. They discriminate. If they see someone of darker*
> *complexion, and then they see me, they'll think I'm an American... I know someone who is*
> *of darker skin and they were stopped by the police and sent to immigration... they were*
> *only stopped because of the color of their skin. They had not done anything."*

Language was also noted as a significant aspect of the undocumented Latinx immigrant experience, with many identifying with Spanish, but this also is a risk for exposure of their minority identity. Nancy, an immigrant client at a FQHC in Washtenaw County, shared the importance of language for her when seeking medical care:

> *"I've been here many years but I don't know English... It's important they speak Spanish because I barely understand English... For example, I feel very good in this clinic because the doctor is nice, speaks Spanish, and they see me when I come."*

Lack of documentation was found to be the most significant factor in shaping the experience of this population, resulting in constant stress and fear, limited access to services, and prejudice events. After the 2016 elections, clients experienced remarks that stifled their ability to integrate in American society. Racial profiling, lack of proper documentation, and anti-immigrant rhetoric can heighten awareness of their identity in the current context.

Mental Health Outcomes. Minority stress theory has found that mental health outcomes are significantly impacted by minority characteristics and how social environments respond to the presence of these in individuals. We found that current experiences with discrimination, heightened immigration enforcement, and anti-immigrant rhetoric have resulted in high prevalence of depression, constant stress and anxiety, and fear of deportation and family separation. Many interviewed immigrants reported high levels of stress, Alberto, shared:

> *"I have immense stress, I'm really stressed... If they want, they can send me back to Mexico, they'll take everything from me. They can take Medicaid from me and everything. I don't think they would because I've been here for so many years, I don't know, I don't know... I can sue them, I wish I could get a lawyer, but for now I can't do anything."*

For most of the interviewed immigrants who were parents, the greatest source of stress was the potential for family separation, especially families with younger children. Isabel shared how the potential for deportation could affect their family's mental health:

> *"I'd feel awful if it were something traumatic for them. If someday the police detained me and takes me or my husband to immigration. Even if I'm not with them, even if my children are not with him. Just knowing that their dad is detained, that they're not going to see him... imagine the trauma... there are many children that have that trauma."*

While healthcare providers reported an increased use of behavioral services, Latinx immigrant clients expressed living in a state of constant anxiety and many began using mental health services. Maribel, a U.S. Citizen client who is married to an undocumented immigrant, reported how immigration enforcement has affected her mental health:

"It affects you mentally. I had to be - I am being treated by a psychiatrist. Although my husband is in that situation, we don't know if he's going to be taken back or not. Every day when he leaves it's like, am I going to see you again?"

DISCUSSION

Our community-academic research team interviewed 28 staff members and 23 Latinx immigrant clients at three sites across Southeastern Michigan and described the unique stressors experienced by undocumented Latinx immigrants using the minority stress framework (Meyer, 2003). Our analyses suggests that this population faces heightened stress and adverse mental health outcomes because of unique minority identity-related stressors created by a growing anti-immigrant social environment. Stress associated with the undocumented Latinx immigrant identity stems from restrictive immigration policies, anti-immigrant rhetoric present in the media, fear and expectations of deportation, firsthand and secondhand discriminatory events, social isolation, and internalized anti-immigrant rhetoric. In this section, we draw upon input from our community-academic team to contextualize these findings and make recommendations for future research and public health interventions associated with these issues.

Our research findings build on a growing body of literature that explain stressors and mental health among Latinx immigrants. Other studies have primarily attributed disparities in adverse mental health outcomes in this population because of acculturative stress (Derr, 2015; Torres & Wallace, 2014; Rivera et al., 2008; Abraido-Lanza, Echevarria, & Florez, 2016). Building on this framework, we consider additional sources of stress that seem to be strongly and uniquely impacting undocumented Latinx immigrants such as immigration enforcement, family separation, and social isolation, which have intensified following the 2016 presidential elections (Fleming et al., 2019). Furthermore, our study also presents a novel approach in the literature by synthesizing qualitative data from interviews with frontline workers in FQHCs and members of Latinx immigrant communities and undocumented Latinx immigrants.

The present study is the first known application of the minority stress framework to understanding the unique stressors and mental health processes affecting undocumented Latinx immigrants in the United States. Our findings suggest that individuals that belong to undocumented Latinx immigrant communities in the United States face similar stressors in terms of discriminatory events and circumstances in the environment, yet the impact of current day policies and media rhetoric is much stronger in this population than other applications of this

framework. Previous studies have also supported this, with a growing body of literature demonstrating the harmful impact of immigration enforcement and immigration raids on the health of immigrant communities (Fleming et al., 2019; Lopez et al., 2017; Sullivan & Rehm, 2005). Findings suggest that immigration enforcement creates the greatest source of stress for undocumented Latinx immigrants, since it creates a constant and perpetual fear of deportation.

This study also highlights how undocumented Latinx immigrants experience and internalize prejudice events, expectations of rejection, concealment, and internalize these experiences differently than other minority groups that have been previously studied utilizing this framework. While members of gender and sexual minority groups experience stress from prejudice events in terms of firsthand discrimination and violence (Meyer, 2003), undocumented Latinx immigrants experience similar firsthand discrimination but instances of violence through immigration raids and deportation are unique for minority immigrant groups. Additionally, stress associated with expectations of rejection and concealment for gender and sexual minority groups tends to center around family and friends (Rood, 2016). On the other hand, our findings indicate that these minority stress constructs are associated with rejection from the U.S. in the form of deportation while concealment is experienced by non-disclosure of identity and reclusion, which exacerbate mental health problems through social isolation (Cornwell, York, & Waite, 2009).

Further research is needed to better understand minority stress processes and mental health impacts among undocumented Latinx immigrants. While we identified how this theory fit in with our research early in the data analysis process and through discussions of our community-academic team, our study was not initially designed with this framework in mind. Because of this, qualitative interview protocols did not include specific questions that were geared to inquiring about minority stress constructs. Nonetheless, we identified examples of all minority stress processes and constructs in the interviews, but we feel that our findings on these could have been enhanced if this framework was considered earlier in the study design process.

Previous research on minority stress has focused primarily on the unique stressors faced by members of sexual and gender minority groups and has found that these individuals' mental health is adversely impacted by discriminatory events, circumstances in the environment, expectations of rejection, concealment, and internalized homophobia (Meyer, 2003; Brewster et al., 2013). Our findings indicate that although there are similarities in minority stress constructs among this population and other populations that have been studied utilizing this framework,

there are significant differences in their experience with stressors based on minority characteristics such as immigration status, race and ethnicity, and language. Literature on minority stress could benefit from additional studies that apply this framework with other populations and the unique stressors that they face.

Findings from our research could provide benefit to community-based agencies and practitioners who work with undocumented Latinx immigrant communities. This adaptation of Meyers' minority stress framework highlights key unique stressors faced by this historically oppressed population. To properly address mental health disparities among undocumented Latinx communities, behavioral health interventions should consider sources of stress from discriminatory events at secondary and tertiary levels, expectations of rejection, and how concealment is used as a defense mechanism. Addressing concealment is particularly important in the healthcare delivery process, as it can further limit healthcare access for a hard-to-reach population. Practitioners and researchers can further apply this model to how they think about medical and behavioral health services for this population to improve health outcomes.

Limitations. While our exploratory study provides novel findings on the impact of immigration policy and unique minority stressors on immigrant mental health and social well-being, findings should be considered with several limitations in mind. First, we used a convenience sample only in two specific regions of Southeastern Michigan, meaning that these findings may not apply to other settings in Michigan or elsewhere. Moreover, because the population we identified for this study is hard to reach, we were only able to connect with Latinx undocumented individuals who are connected to social services. Additionally, given that these interviews took place at a place of employment for staff and place clients received services, participants may have been biased to answer questions how they imagined the agency wanted them to. We attempted to minimize the possibility of both potential biases during the informed consent procedures by clarifying that participation in interviews would not affect services or employment. Additionally, because community-based agencies and community members were involved in all aspects of the project, our study was able to lessen limitations my incorporating community input into the data collection and analysis process.

Future studies can utilize this framework to test the effect of exposure to minority stressors on mental health through a quantitative study. While our in-depth interview approach provided richness in data, we were not able to test for psychological disorders and its connection

to exposure to minority stressors in a representative sample. Other research can develop measurement tools and use standardized measures to understand the relationship between these, particularly among undocumented Latinx immigrants, members of mixed status families, U.S. born Latinxs, and other immigrant communities.

Conclusions. The current socio-political environment for undocumented Latinx immigrants is exacerbating mental health concerns and the minority stress model can aid in better understanding the mechanisms for this relationship. Ultimately, immigration policy and a shift in discourse is needed to help create an environment where this minority status does not drive mental health outcomes.

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