

Mental Health of Undocumented Mexican Immigrants

A Review of the Literature

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The Latino population in the United States, the majority of whom are Mexican, is one of the fastest growing. Similarly, the number of undocumented Mexican immigrants (UMIs) continues to swell. However, little is known about UMIs living in the United States, and much less is known about their mental health status. This interdisciplinary review of the literature aims to outline the current state of knowledge regarding the mental health of UMIs in the United States. Themes isolated from the literature include failure to succeed in the country of origin; dangerous border crossings; limited resources; restricted mobility; marginalization/isolation; blame/stigmatization and guilt/shame; vulnerability/exploitability; fear/fear-based behaviors; and stress, depression, and health implications. **Key words:** *illegal immigrant, Latino, mental health, undocumented Mexican immigrant*

PURPOSE

Mexicans have a long and historical presence in what is now the United States, predating the vast majority of ancestors of US citizens. The 2000-mile long US-Mexico border was delineated by governmental acts in 1848 and 1853, and initiated today's constructs of "legal" and "illegal" personhood. Mexicans "illegally" cross this border or overstay immigration visas despite risks of border patrol, detection in the United States, and separation from family, primarily for economic purposes.¹ Yet, very rarely are the psychological implications of "illegal" identity considered.

Research has suggested that undocumented Mexican immigrants (UMIs) have distinct characteristics compared to either their documented or Mexican American counterparts.²⁻⁴ As a result, these differences

can relegate UMIs to a "second class" status or a "pariah" group.^{5(p350)} This stigmatization raises questions about the effects of living under such stress. In the wake of acknowledging that health disparities are related to race and ethnicity,^{6,7} additional questions arise. These include the following: Is documentation status related to mental health, and, if so, why and how? Is "undocumentedness" a higher-risk category in comparison to documented immigrants? and Should documentation status be considered in the assessment of health? This literature review aims to appraise evidence about the mental health of UMIs living in the United States and to begin to consider answers to the above questions in light of existing research. The review also aims to assist clinicians and scholars in nursing to better understand the mental health status, needs, and challenges of UMIs.

INTRODUCTION

In professional literature, the fields of mental health and undocumented Mexican immigration rarely converge. Research in the former generally excludes any formal discussion

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of legal status, while research in the latter is typically addressed by disciplines of anthropology, sociology, public policy, and economics, where the focus is seldom on health. As a result, it remains largely unknown if documentation status plays a role in the determination of Mexican immigrants' mental health. The studies that have been conducted on UMIs demonstrate that they are a distinct population unto themselves, or a "class within a class."^{5(p350)} For example, compared to their documented counterparts, UMIs are pervasively affected by exploitation and vulnerability^{8,9}; physical, mental, and emotional hardships¹⁰; lower and uncertain wages, lower employment status, fewer kinship networks, less English proficiency, less education, and poorer housing^{2,11,12}; less health insurance coverage, access to care, and quality of care³; a fear of deportation that prevents some from seeking medical care^{4,13,14}; and the leading of "secret lives."^{9,14(p741)} However, despite their unique profile and different set of stressors, UMIs are rarely specifically identified or addressed in the mental health literature.

The primary reason for the paucity of mental health data specific to the undocumented population is the difficulty of ethically soliciting such sensitive information. Some researchers avoid studying this population entirely, because they presume UMIs will be reluctant to give answers that may result in self and/or family incrimination and persecution.^{2,14} Related barriers to generating research are the uncertainty about census data, general lack of information about the population, and mistrust of the research process.^{9,15} As a result, the physical and mental health consequences of undocumented migration have not been systematically studied.¹⁶

Despite these barriers, there have been studies published about other health topics with UMIs as participants.^{1,4,8,13,14,17-20} In addition, a few researchers have successfully assessed the stress associated with being undocumented without directly asking about legal immigration status.²¹⁻²³ Therefore, it follows

that mental health research on UMIs is indeed possible. However, because of the ethical implications and concerns raised in conducting research with an undocumented population, researchers must pay particular attention to sampling methods and participant protection.

The health status of Mexican Americans in general reflects their lack of health insurance and poor linkage to programs designed to serve them.²⁴ Although they die of heart disease and cancer at rates comparable to the overall US population, they have higher mortality rates from diabetes, homicide, chronic liver disease, and human immunodeficiency virus infection than the general population.²⁵ Moreover, Mexican Americans are disproportionately affected by 2 additional risk factors linked to negative health outcomes by the Surgeon General: low educational attainment (50% of Mexican Americans 25 years of age and older have not graduated from high school), and the lowest per capita income of any minority group (27% of Mexican Americans live in poverty).⁶ Significantly, for each of these statistics, Mexican-born immigrants fare worse than their US-born counterparts.^{6,24-26} However, despite these statistics, foreign-born Latinos exhibit a better overall health profile than their US-born counterparts.²⁴ For example, though epidemiological data are lacking for the mental health of UMIs, it is estimated that foreign-born Mexican Americans have both lower rates and lower risk of psychiatric disorders than US-born Mexican Americans.²⁷ Researchers suggest this to be the result of selective migration, more favorable health behaviors, and the protective factors of strong family and cultural ties.^{24,25,27} Furthermore, it appears that the longer Latino immigrants reside in the United States and the more acculturated they become, the greater the risk of negative health outcomes.^{24,25} This is thought to be due to the decrease in their protective factors over time, as well as the effects of long-term poverty and "the stress associated with the continual process of integration into U.S. society."^{25(p45)} In addition, the Surgeon General reports discrimination to be a contributing factor to adverse

health outcomes.⁷ Thirty percent of Latinos in California reported they, a family member, or a close friend had experienced discrimination during the last 5 years because of their racial or ethnic background.²⁶ These stresses are especially pertinent to the mental health status of UMIs and merit inquiry. As Hall et al¹⁵ claim, the future of the nursing profession depends on its ability to reach out to diverse communities and meet the healthcare needs of the most vulnerable.

IMPLICATIONS AND SIGNIFICANCE

In 2000, the US Latino population numbered more than 35 million (13% of the total US population), an increase of nearly 58% since 1990.²⁸ In 2001, the US Census Bureau found that more than 7% of the nation's total Hispanic population identified as Mexican, greater than any other Latin American country outside of Mexico.²⁸ As of March 2005, the Pew Hispanic Center (PHC) estimated that nearly 11 million undocumented immigrants live in the United States, 6 million of whom are from Mexico.²⁹ In fact, the PHC estimates 80% to 85% of migration from Mexico is undocumented.²⁹ Sixty-eight percent of the nation's undocumented immigrants live in 8 states (in decreasing order: California, Texas, Florida, New York, Arizona, Illinois, New Jersey, and North Carolina).²⁹

Latinos are less likely to have health insurance than any other race/ethnicity.³ Furthermore, lack of insurance is a predictor of not seeking healthcare.³⁰ Consequently, Mexican Americans are believed to have many unmet healthcare needs.³¹ Additional barriers to outpatient health services are language, lack of knowledge regarding available services, and fear regarding legal status.^{13,32} Cultural barriers to mental health services include somatization of psychiatric distress, versus a more typical clinical presentation of affective symptoms,³³ as well as perceived stigma and differences in illness perception.³⁴ As a result of these barriers, Mexican immigrants in general are underserved by health-

care resources, especially mental healthcare, and underrepresented in healthcare research.

The area of mental health is the sixth of 10 leading health indicators identified by *Healthy People 2010*.³⁵ Mental illnesses affect an estimated 20% of the US population in a given year, depression being the most common.³⁵ Depression can be incapacitating, rendering individuals unable to fulfill daily responsibilities. It is also associated with other medical conditions, anxiety, eating disorders, and use of alcohol and illicit drugs.³⁵ For these reasons, the Surgeon General has urged the prevention, identification, and treatment of mental illness. Despite this priority, little is known regarding specific effects of documentation status on psychological distress, and no current figures on the incidence of specific psychiatric disorders are available for UMIs.

PROCEDURE

Criteria for the publications reviewed in this article (Table 1) include the following: (1) a specific focus and/or discussion of the immigration documentation status of community-dwelling (neither detained nor under order of deportation) adult Mexican immigrants living in the United States; (2) articles specific to mental health from the disciplines of medicine, nursing, anthropology, public health/policy, and psychology; (3) research published since 1980; (4) peer-reviewed articles or dissertations.

The databases PubMed, CINAHL, and PsycINFO were searched for the terms *Mexican Americans*, *Mexicans*, *mental health*, *emigration and immigration*, *depression*, *psychiatric illness*, *undocumented*, *immigrants*, *illegal*, and *Hispanics*.

LITERATURE REVIEW

Definition of terms

Many studies do not offer operational definitions of key terms, which results in the use of multiple descriptors of this population. In this article, *Mexican American* and *Mexican*

Table 1. Mental health of undocumented Mexican immigrants

Author/year	Title	Purpose/aims	Method/design	Setting/sample	Results/themes
Data-based research Arias, ³⁷ 1981	Undocumented Mexicans	Utilize quantitative/qualitative data to isolate key issues in the daily experiences and coping strategies of undocumented Mexicans	Qualitative ethnography with 5 student research assistants	"Mexican Village" of Denver, Colo. Three sample groups (newcomers, short-timers, long-stayers)	Fear shaped reality and behavior; stigmatization lead to contradictory self-perceptions and could affect self-worth and lead to depression; perception as deviants lead to discrimination and blame
Bach-y-Rita, ⁵⁰ 1985	An Ethnographic and Psychosocial Study of Latin American Undocumented Women Immigrants in the San Francisco Bay Area	Study individual experiences and social mechanisms developed by Latin American illegal immigrants to cope with stressful events in the migration and settlement process in the United States	Qualitative ethnographic interviews. Questionnaire and Health Opinion Survey. Snowball sampling	31 undocumented Latin American women (predominantly Mexican) in the San Francisco Bay Area	Vulnerability stemming from criminalization of working in the United States. "Illegal" status not found to independently produce stress/demoralization. Normalization of "illegality" with periodic situational stressors. Amount of time in the United States, children status, and stability of work experience more directly related to stress/demoralization
Chavez, ⁸ 1991	Outside the Imagined Community: Undocumented Settlers and Experiences Of Incorporation	Examine the settlement process and experiences of undocumented Mexican and Central American immigrants in the United States	Qualitative ethnographic interviews (in-depth, unstructured and in Spanish). Tape-recorded when possible	San Diego, 296 undocumented immigrants (50% Mexican) living in United States for more than 18 mo. Snowball samples. Informal interviews with recent arrivals	Many felt themselves to be part of the community but were seen as outsiders and therefore remained marginal; blamed; fear may lead to violence; restricted mobility related to emotional distance/separation; economic/job vulnerability; others do not feel part of the community because of legal status; injustice/exclusion associated with legal status; isolated
Chavez, ³⁸ 1998	Shadowed Lives: Undocumented Immigrants in American Society	Description and analysis of the lives of undocumented workers in southern California	Presentation and analysis of case studies	Based on more than 2000 interviews with undocumented/documentated Mexican immigrants in southern California beginning in 1980	Felt, trapped, terrorized, fearful; related behavior changes may have negative implications; exploitable; did not feel part of community because of legal status; will remain outsiders until larger community no longer sees them as such; over time, some established networks, incorporating themselves into the local community

(continues)

Table 1. (Continued)

Author/year	Title	Purpose/aims	Method/design	Setting/sample	Results/themes
Finch and Vega, ²² 2003	Acculturation Stress, Social Support, and Self-Rated Health Among Latinos in California	Examine social support mechanisms as moderators and mediators of relationships between stressful acculturation experiences and self-ratings of physical health	Cross sectional study. Probabilistic stratified cluster sampling. Survey. "Legal status stress" rated on 1-5 scale	3012 Mexican-origin adults 18-59 years old in Fresno County, Calif	Legal status stress had net effect on likelihood of rating oneself in fair/poor health; physical health was negatively associated with acculturation stressors and positively associated with social support; discrimination was associated with poorer physical health only among those for whom social support was lacking
McGuire, ¹⁶ 2001	Crossing Myriad Borders	Explore the experiences of migration and health of indigenous Oaxacan women who migrated to Baja, Calif, as adults	Qualitative grounded theory. Snowball sampling. Data analysis with NVivo	22 indigenous Oaxacan women, aged 20-63	Fear of apprehension; limitations of mobility; employment options, income/benefits, and access to care; legal status as major concern affecting quality of life; sense of hypervigilance and stress; exacerbation of health risks; exploitability; inhibits union organizing, enables wage depression; requires secrecy for self-protection
McGuire and Georges, ⁴¹ 2003	Undocumentedness and Liminality as Health Variables	Record personal accounts of women immigrants; propose links between Mexico, neoliberal globalization and immigration border policy	Sample-data based on dissertation research	Indigenous Oaxacan women immigrants	Dangerous border; isolation, depression, separation, feel trapped; ambiguity of unofficial welcome through the United States's "back door"; legal status as a source of prolonged stress that exacerbated health risks; fear of Immigration and Naturalization Service
Ureta, ⁴⁷ 2001	A Case Study of the Psychology of an Undocumented Mexican Woman Immigrant	Exploration of how chronic fear experienced by the undocumented leads to depression	Case study of psychotherapy patient seen weekly over 9 mo	29-year-old single undocumented Mexican woman	Coping strategies needed for acculturative stressors related to "illegal" immigration status. Devaluing self/others and idealization of US culture exacerbated depression, low self-esteem, and isolation. Psychotherapy alleviated depressive/anxiety symptoms, feeling of isolation, and improved attitude
Vega et al., ³⁹ 1987	Migration and Mental Health: An Empirical Test of Depression Risk Factors Among Immigrant Mexican Women	Summarize mental health implications of migration-adaptation; empirically test hypotheses derived from Fabrega Migration Adaption Model to determine predictive value for depressive symptomatology	Community-based study (parent study is randomized trial testing efficacy of natural-network and social support interventions in preventing onset of depressive symptoms) Bivariate/multivariate analyses	785 Low-income Mexican American immigrant women 35-50 in San Diego County; immigrated at 18 or older. 41% met case criteria for depression via CES-D	Fabrega Migration Adaption Model was related to depressive symptoms: those with low incomes/education and fewer years in United States had highest depressive symptoms. Limited mobility; isolation; dangerous crossing; satisfactory adjustment related to quality of social support; no evidence that Mexican migrants were at greater risk for psychiatric disorders than native-born Mexican Americans

Clinical guidelines/reports Dumon, ⁴⁶ 1983	Effects of Undocumented Migration for Individuals Concerned	With Seminar on Adaptation and Integration of Immigrants	NA	Documented and undocumented immigrants	Risk of maltreatment, death, exploitation, low self-esteem, guilt, shame, fear, insecurity. Not a group of "norm violators" but one exploited by the economic system in the host country
	No Golden Door: The Health Care and Non-Care of the Undocumented	Not stated	NA	Undocumented workers and their families in the United States	Fear, stress exacerbation can extend to family; hostile/blaming environment; tolerance of substandard conditions; limited/delayed access to care; negative consequences of stress; relatively high frequencies of emotional disorders may be due to pressures of host country, sense of failure or rejection of the mother country
Smart and Smart, ⁴⁸ 1995	Acculturative Stress of Hispanics: Loss and Challenge	Define/discuss acculturative stress and its effects, and distinguish it from that of non-Hispanic immigrants. Provide implications for counseling	NA	Hispanics, Mexican Americans	Lack of access to jobs, education, and economic benefits; constant fear of deportation; lives pervaded by sense of caution/mistrustfulness; vulnerable to exploitation and blackmail; pressured to work for below-market wages; psychological impact of violent immigration experiences
	Health of America's Newcomers	Describe federalism and newcomer health issues and policy. Identify solutions for newcomer healthcare concerns	NA	Newcomers to the United States (includes "illegal newcomers")	Limited access to healthcare; fear; economic impacts; many forgo healthcare for benefit of one; results in risk for larger community
Theoretical research Messias, ⁹ 1996	Concept Development: Exploring Undocumentedness	Present the process of concept development through exploration of undocumentedness. Identify and situate the concept of undocumentedness in relation to nursing and health	Personal reflexivity; constructing definitions; examining contexts; exploring meanings/implications; identify characteristics; relate to nursing	Data sources: dictionaries, lay/professional literature, research	Implications of undocumentedness: illegitimate, immoral, marginalized, vulnerable, exploited, discriminated against, blamed. Consequences: vulnerability and discrimination in labor market; political, economic, ecological, social and cultural marginalization; affected mobility, barriers to care, fear leads to delayed or alternative treatment and possibly a barrier to trust between patient and provider

*NA indicates not applicable.

will be used whenever possible; however, when data are not specific, *Latino* will be used instead. *Alien* refers to a noncitizen of the United States residing in this country. This includes foreign nationals (ie, Mexican citizens) with Green Cards, or Permanent Resident Visas.³⁶ *Illegal aliens* lack US citizenship and reside in the United States without having followed established immigration procedures. However, this term is imprecise and unofficial as legal status can only be determined by an immigration judge.^{37,38} *Undocumented* may either focus on the lack of written proof of identity (driver's license, ID card, birth certificate) or immigration documentation (asylee/refugee status, Green Card, temporary visas). Labels such as *Mexican American* and *Mexican immigrant*, both frequently used in the health and mental health literature, are not specific about documentation status or citizenship. *Immigration status* and *migrant status* cannot be used to imply documentation status as they are sometimes used in the literature to indicate whether a person has *ever* immigrated to the United States. Neither can they be used to imply immigration documentation status.

UMIs and mental health

Although the scant research in this area suggests Mexican immigrants as a whole are not at higher risk for psychiatric symptoms or disorders than US-born Mexican Americans,^{27,39} documentation status is seldom addressed. In addition to findings being methodologically difficult to compare between studies, a lack of systematic research about the health effects of documentation status makes it difficult to draw definitive conclusions about Mexican immigrant mental health status. Nevertheless, within the limited research that does exist about the mental health of UMIs, recurrent themes appear. Still missing, however, is an exploration of how the following themes specifically translate to the mental health status of UMIs.

Failure to succeed in the country of origin: Although it is largely accepted that UMIs

come to the United States for economic opportunities,¹ rarely is an emotional antecedent mentioned. The stresses and strains that lead to immigration are important to bear in mind.³⁹ Emotional effects may result from a sense of failure or inability to create sustainable lives for one's self or family.⁴⁰ Although currently residing in the United States, it cannot be assumed that each person wants, prefers, or hopes to stay here.¹⁸

Dangerous border crossings: As a result of US immigration policies, UMIs inherently face danger in crossing the border by virtue of being undocumented. UMIs, especially the very poor, face the possibility of deprivation, rape, and murder.³⁹ There is an emotional toll from feeling hunted at the border by helicopter and hovercraft surveillance as well as motion detectors and infrared scopes.⁴¹ These fears are not unfounded given that more than 2000 migrants have died crossing the border in the past 10 years.^{41,42} A UMI recalled, "We know how difficult is the crossing . . . how people run and how they [Border Patrol] let the dogs loose to catch them, and how the airplanes fly really low. It is very hard, and yet people continue crossing."^{41(p3)}

Limited resources: The limited resources of many UMIs precede their arrival to the United States. This economic "push factor" is first and foremost in most UMIs' decisions to cross the border. Being undocumented is specifically associated with lack of legal protection, social security, employment opportunities, and access to information/assistance or healthcare.⁹ UMIs are more likely to receive less pay than even their documented counterparts.²⁰ Although being undocumented restricts financial resources, its broader restriction of resources in general has far-reaching health consequences. Unique to undocumented immigrants is difficulty in accessing healthcare in the United States as a direct result of documentation status. Not only does legal status affect eligibility for certain health services and insurance requirements, but undocumented immigrants may be reluctant to even seek or accept healthcare for fear of deportation.^{13,43} For example, an entire

family may deny themselves health services though only one member is undocumented for fear of initiating an Immigration and Naturalization Service (INS) investigation.⁴³ When medical attention is infrequent, delayed, or absent, there is an inherent risk of poorer health outcomes. Primary care is the most common route to accessing needed mental health services.^{32,44} If primary care is not being accessed by UMIs, mental health-care may also remain inaccessible. UMIs may be more likely to be ineligible for or forgo needed mental health services for fear of detection.

Restricted mobility: A unique aspect of being an undocumented immigrant in the United States is the inability to freely cross the US-Mexico border. Many UMIs, having crossed the border initially, are reluctant to attempt another crossing for fear of physical danger and risk of apprehension. The difficulty of entry in the United States prevents and restricts the undocumented from being able to return home to Mexico to visit family.³⁹ This inability of UMIs to freely enter and leave the United States creates an emotional distance between adults who come to the United States for work and any children who remain behind.⁸ As it is common to retain emotional ties to friends and family in Mexico, many UMIs hope for immigration documentation so as to regularly and freely cross the border.⁸ However, when hopes for documentation are not realized, the remaining options are to risk danger and apprehension with each crossing, not return home until ready to do so permanently, or only return home in cases of family emergencies. There are subsequent emotional burdens and consequences to each option.

Marginalization and isolation: In addition to dangerous border crossings, limited resources, and restricted mobility, UMIs experience a unique sense of marginalization and isolation. They have reported loneliness, disorientation, isolation, feeling trapped, separation from children, depression, sadness, and suffering.⁴¹ Their marginality is reinforced

by the ambiguousness of being "illegal" on one hand, while being unofficially welcomed through the economic "back door" on the other.^{41(p4)} Although barred from full integration into society, their presence and ability to earn a livelihood in the United States signals a degree of connectedness, demonstrating their "intermediacy," the essence of marginalization as defined by Hall et al.^{15(p25)}

Despite completing the initial transition phase of crossing the border, many UMIs never fully complete the process of societal incorporation as do documented immigrants because they are viewed as society's Other.^{8,45} Rather than transition from the liminal space inherent in crossing borders, many UMIs instead retain a permanently marginalized status, reinforced by their inability to demonstrate a sense of societal incorporation through financial and employment stability, language capacity, or family formation.^{8,16} In addition to being ostracized by society, many UMIs see themselves as outsiders to their own communities because of their undocumented immigration status.⁸ However, with time, as undocumented immigrants establish networks of employment and family/friends, and gain language skills and education as well as cultural experience, some become incorporated within their local communities despite their undocumented status.^{8,17} When this occurs, they demonstrate resiliency against marginalization, defying what Chavez calls society's perception of them as "transient and rootless aliens."^{8(p186)}

Blame/stigmatization and guilt/shame: Undocumentedness implies discrimination, blame, illegality, and guilt.^{9,46,47} UMIs are referred to in derogatory terms, portrayed as exploiting public assistance programs, taking needed jobs from US citizens, and thereby benefiting unfairly.^{1,5,20} In some instances, community members have been hostile toward undocumented immigrants who have been faulted for county or state budgetary problems.⁸ For example, in 1994, California's Proposition 187 barred the undocumented from access to state-funded nonemergency

health services and required that healthcare providers report suspected undocumented immigrants to the INS.¹³ The US media and society play such a large role in stigmatizing UMIs that it can erode self-worth and potentially lead to depression.³⁷ Stigmatized as deviants, UMIs are consequently scapegoated and discriminated against.^{15,46} The effects of such stigmatization effectively "[change] the concrete realities of everyday situations [of UMIs]."^{37(p176)} The psychological burden of being blamed and stigmatized by media and the larger society is manifested in the daily experiences, perceptions, and actions of UMIs. They are at risk of low self-esteem, guilt, shame, fear, and insecurity.^{46,47}

Belonging to a politically and economically controversial group and being made the object of stigma and blame by the host society may result in shame, guilt, the need for secrecy, or attempt to pass as documented. However, the psychological and health effects of stigmatization and blame of UMIs has neither been fully studied nor addressed by healthcare researchers.

Vulnerability/exploitability: As a result of US immigration policies and lack of US immigration documentation, UMIs are legally vulnerable and therefore potentially exploitable. Given that most come to the United States for economic purposes, a sense of desperation for work renders many vulnerable to unscrupulous employers.^{8,9,15,39} Inherently legally vulnerable, the undocumented are less likely to speak out against injustices¹⁶ and are subject to blackmail and pressure to work for unjust wages.⁴⁸ Because they lack the legal benefits assured through immigration paperwork, they are easy targets for exploitation in underground markets of falsified immigration/citizenship papers and smugglers.^{38,39}

Undocumented immigrants in the United States are exposed to inadequate occupational safety and health conditions.⁴⁰ These limited resources are specific to legal status and not simply the result of immigration to the United States, as fear of apprehension

and deportation prevent the undocumented from requesting training or safety equipment, accessing healthcare, expecting a minimum wage or employment benefits, asking questions, or speaking out. Undocumented immigrants cannot expect or demand these minimum standards and resources by virtue of their lack of legal protection. Mental health implications of such conditions are unknown, but chronic stress has been tied to poor health outcomes in other situations.⁴⁹

Fear and fear-based behaviors: The intensity and pervasiveness of fear in the lives of UMIs is nearly ubiquitous in the literature. Fear of detection and deportation is constant, regardless of length of time in the United States.^{37,47} It is specifically identified by UMIs as a life-altering concern and is synonymous with being undocumented.^{16,38} The experience of fear becomes integrated into daily life and shapes the perception of reality, leading to "habitual fear reactions."^{37(p183)} Fear is a barrier to receiving healthcare when patient-provider trust is eroded because of the need for secrecy.⁹ One example of fear-based behavior occurs when an entire family refuses healthcare because one member is undocumented. This places all members at increased risk of poor health outcomes. In addition, fear leads UMIs to isolate themselves, further marginalizing themselves from society.⁸ The idea of home comes to be perceived as a refuge, a sanctuary from the fear of apprehension and deportation carried throughout the day.^{8,38} One UMI states, "The most difficult thing about living in the United States is to be undocumented . . . when you don't have papers the biggest fear about being here is that tomorrow you could end up across the border. You know that no one is free without papers."^{41(p5)}

Stress, depression, and health implications: UMI's stressful experiences include living in a hostile environment, fear of deportation, and states of hypervigilance.^{40,41,48} These ongoing stressful experiences may exacerbate health risks.^{41,47} In addition, UMI's experience of discrimination results in

questioning self-worth, which may increase their risk of depression.³⁷

In a study of mostly UMIs, Vega et al³⁹ found that satisfactory adjustment to life in the United States was highly associated with interpersonal factors, in conjunction with immigration itself. For example, loss of emotional support was important in predicting depression. To resolve the stress of disrupted social networks from the country of origin, establishing new social networks in the host-country was necessary for satisfactory adjustment. In addition, depressive symptoms were related to unfulfilled financial expectations, discrimination, perception that migration was a mistake, incompatibility between cultures, and distance between place of origin and host-country.

In a study of the impacts of acculturation stress and social support on immigrants' perceived health status, Finch and Vega²² found "legal status stress" to have a significant effect.^{22(p109)} Defined as an acculturation stressor, legal status stress was measured by fear of deportation and its consequences, avoidance of immigration officials, difficulty finding legal services, and limited contact with family and friends because of legal status. While acculturation stressors in general were moderately associated with poorer health, legal status stress alone significantly increased the likelihood of rating one's health as fair/poor.

CONCLUSION

Gaps in the literature

UMIs are an under-researched population and largely excluded from mental health research. The mental health research that does exist varyingly examines and compares the mental health status of Mexico-born Mexican Americans, US-born Mexican Americans, and Mexicans in Mexico. The sample populations are not adequately described and documentation status is seldom mentioned or considered a variable. Researchers employ inconsistent operational definitions, assessment tools,

and variables. Findings about mental health among Mexican immigrants therefore are incomparable on methodological grounds, preventing sound conclusions.³⁹ Moreover, differing findings on the mental health of UMIs have not been fully investigated. For example, Bach-y-Rita⁵⁰ found that other factors related to immigration had greater mental health implications than documentation status, yet no follow-up studies have pursued this finding.

What is known from the literature

Despite what is not known about the mental health of UMIs, there are recurrent themes in the literature. Specifically, the themes of failure in the country of origin; dangerous border crossings; limited resources; restricted mobility; marginalization/isolation; stigma/blame and guilt/shame; vulnerability/exploitability; fear and fear-based behaviors; and stress and depression are specific to undocumented immigrants and have health and mental health implications. The literature suggests that undocumented immigrants do have a unique risk profile, which may contribute to different mental health outcomes as compared to their documented counterparts. In sum, there is an emerging picture in the literature of the increased psychological burden of being a UMI in American society; yet, the exact effects of this burden remain unknown.

Recommendations

Foremost, scholars must specifically and ethically address the issue of immigration documentation status in mental health research. Sample groups and terminology should be consistently defined. Mental health assessment tools and variables should be systematically tested and utilized. Finally, there is a need to investigate factors *within* immigrant groups that may determine relationships between migration experiences and mental illness.³⁹ In these ways, the healthcare establishment could better determine which groups of immigrants have higher mental health risks and accordingly provide targeted quality care.

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