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# Immigrants in California Have Increased Psychological Distress and High Rates of Unmet Need for Mental Health Care

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## KEY TAKEAWAYS

- > California's immigrant adults living in the U.S. for less than five years had the most significant increase in serious psychological distress (SPD) (140%), while those living in the U.S. for 15 years or more had the smallest, but nevertheless a substantial, increase in SPD (50%).
- > California's immigrant adults with and without a green card had higher increases in SPD (83% and 71%, respectively) than adults who were naturalized citizens (33%).
- > California's immigrant adults who were proficient in English and those with limited or no English proficiency had disproportionally higher increases in SPD (67% and 33%, respectively) than immigrants who spoke only English (0%).

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**Summary:** Anti-immigrant rhetoric and restrictive immigration policies are widely acknowledged to have harmful impacts on the mental health of immigrant populations. However, further study is needed to determine how immigrant populations are differentially affected. In this policy brief, we present data from the California Health Interview Survey (CHIS) from 2015 to 2021 to show changes in serious psychological distress (SPD) and rates of unmet mental health care needs among immigrant adults in California.

**Findings:** We found that the percentage of immigrant adults with SPD increased by 50% – from 6% to 9% – during these years. However, in examining the data in terms of sociopolitical factors, we also found that the occurrences of SPD and the rates of unmet mental health care needs were unequally distributed. California's immigrants who had lived in the U.S. less than five years experienced the highest increase in SPD, from 5% to 12% – a 140% increase. Immigrant adults with and without a green card also experienced an increase in SPD (by 83% and 71%, respectively). Adults proficient in English had a 67% increase in SPD. The rate of unmet need for mental health care in this group was 58%, compared to a rate of 77% among those who had lived in the U.S. less than five years.

Anti-immigrant rhetoric and restrictive immigration policies are stressful forms of discrimination that can exacerbate existing health disparities among marginalized populations.



## INTRODUCTION

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California is home to the nation's most culturally diverse population.<sup>1</sup> In 2021, immigrants comprised 27% of the state's population, with 54% of this group being of prime working age (between the ages of 25 and 54), 55% being naturalized U.S. citizens, and 70% speaking English "well" or "very well."<sup>2</sup> Despite heightened national anti-immigrant policies, most Californians embrace and support policies that promote the inclusion of immigrants. Nearly four in five (78%) Californians believe that immigrants provide benefits to the state because of their hard work and job skills. A majority of Californians (87%) favor policies that allow those who are undocumented to stay in the country, and 81% believe a pathway to citizenship should be given to those who meet specific requirements.<sup>2</sup>

With 48% of the state's uninsured population being immigrants, and low-income immigrants without a green card having the least access

to health insurance, California has enacted policies to remove barriers to accessing health care. One such policy is the extension of Medi-Cal (Medicaid) coverage to all eligible undocumented adults, beginning in January 2024.<sup>3,4</sup> Inclusionary policies that expand health care coverage regardless of citizenship status demonstrate California's commitment to equitable access to health care and to the health and well-being of all.

Anti-immigrant rhetoric and restrictive immigrant policies are stressful forms of discrimination that can exacerbate existing health disparities among marginalized populations.<sup>5</sup> Since 2015, an increase in such rhetoric and policies across the country has led to a decrease in immigrants' use of public benefits programs and health care services, which has important implications for mental health care among immigrant adults in California.<sup>6</sup>

# 140%

increase in immigrant adults with SPD living in U.S. fewer than 5 years compared with 50% increase among all immigrant adults (2015–2021)

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Previous research has shown associations between heightened exclusionary immigration policies and negative mental health outcomes among immigrants and their families.<sup>7–10</sup> Still, it remains unclear how the nationwide surge in anti-immigrant rhetoric and restrictive immigration policies between 2015 and 2021 shaped the mental health of California's immigrants and how different immigrant groups were affected. Investigating trends in SPD and in unmet mental health care needs during this period can clarify both of these adverse consequences of the anti-immigrant climate.

As immigration is a social determinant of health, this policy brief analyzes CHIS data to investigate disparities in SPD and unaddressed mental health care needs based on three sociopolitical factors: length of time lived in the U.S., citizenship status, and English language proficiency.<sup>11</sup>

1. Length of time in the U.S. is an important factor to consider, as existing research shows that the mental health of immigrant populations is more favorable among recent arrivals but worsens with extended time in the U.S.<sup>12</sup>
2. Citizenship status is relevant to this study, as it encompasses more than individual circumstances and can reveal the intricate interplay between immigration policies, social structures, and institutions. Noncitizens, particularly those without a green card, often face systemic barriers that restrict their access to social services, health care, and educational and employment opportunities. Dealing with these barriers amplifies stress levels and contributes to poor mental health outcomes.<sup>8</sup>
3. English language proficiency is not only a well-documented predictor of mental health and access to care, but it is also interrelated with perceived and direct experiences of discrimination.<sup>13,14</sup> That is, limited English language proficiency and experiences of discrimination can compromise one's health. At the same time, limited English proficiency can increase the risk of discrimination. In lieu of measures of discrimination, English proficiency was included in the analysis.

To ensure an adequate sample size for analyses, we divided the six years of CHIS data into two periods to measure changes in SPD and unmet mental health care needs.

The first period, 2015–2017, was selected to serve as a baseline for the prevalence of SPD among immigrant adults. The second period, 2019–2021, was selected to form the comparison period for the prevalence of SPD. Between these two periods, there was a rise in anti-immigrant rhetoric and policies across the country, catalyzed by the 2016 presidential election and actions of the Trump administration.<sup>15</sup> These occurrences may have disproportionately affected the mental health care needs of immigrant adults.

### **RATE OF CHANGE IN SERIOUS PSYCHOLOGICAL DISTRESS (SPD)**

The percentage of immigrant adults with SPD increased by 50% between 2015 and 2021, from 6% to 9%. However, when data were disaggregated and examined by sociopolitical factors such as the number of years lived in the U.S., citizenship status, and English language proficiency, the rates of change in SPD varied drastically.

#### **Number of Years in the U.S.**

Immigrant adults living in the U.S. for less than five years (i.e., recently arrived) had the most significant percent increase in SPD (140%) compared to all other groups (Exhibit 1). In 2015–2017, recently arrived adults had the lowest percentage, with SPD at 5%; however, by 2019–2021, they had some of the highest rates, with SPD at 12%. Immigrant adults who had been living in the U.S. for 15 years or more had the smallest change in SPD, at 50%, but this was still a substantial increase.

### **Citizenship Status**

The percentage increase in SPD ranged from a low of 33% among immigrant adults who were naturalized U.S. citizens (from 6% to 8%) to a high of 83% among immigrant adults who were noncitizens with a green card (from 6% to 12%) (Exhibit 2).

## **DEFINITIONS**

### **SERIOUS PSYCHOLOGICAL DISTRESS (SPD)**

Based on the number and frequency of symptoms reported in the past year, SPD is an estimate of adults with severe, diagnosable mental health challenges, such as depression and anxiety, that warrant mental health treatment within a population.<sup>16</sup>

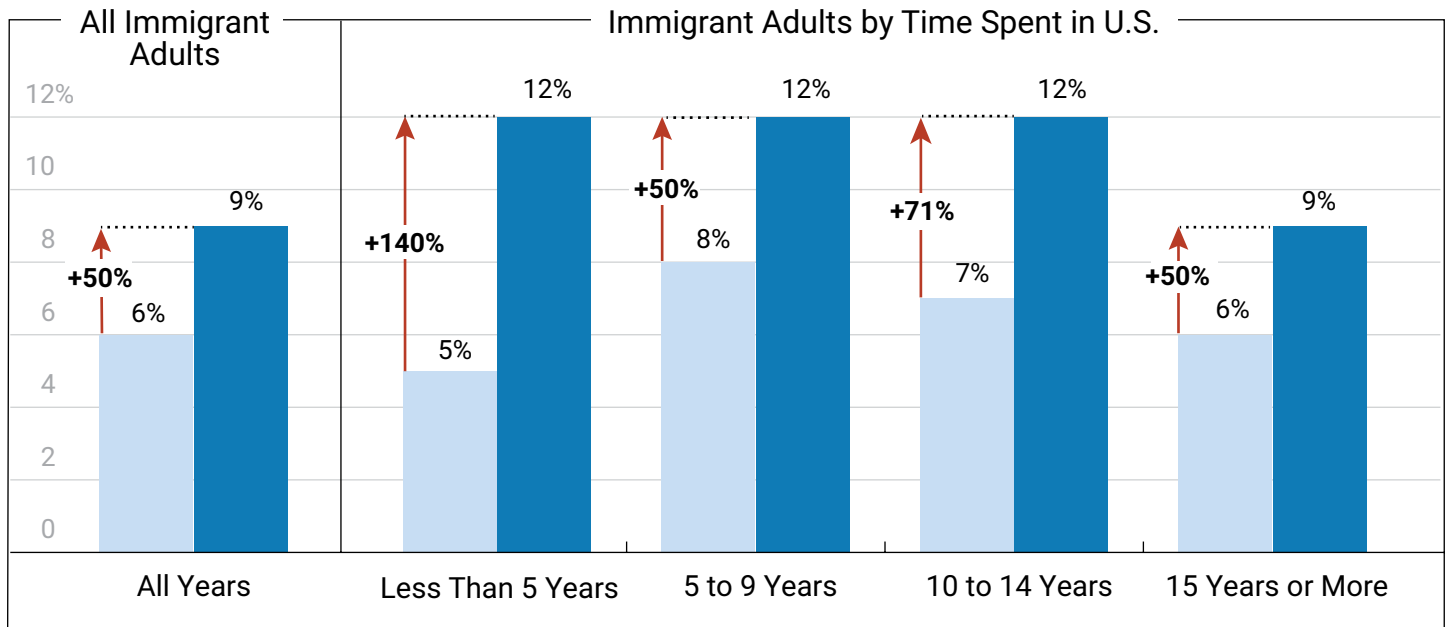
### **UNMET NEED FOR MENTAL HEALTH SERVICES**

Based on self-reports of not seeing a mental health or medical provider in the past year for mental or behavioral health problems among adults with SPD, unmet need is an estimate of adults with an identified need for services who did not receive the care they needed in the past year.<sup>17</sup>

**Note: Immigrants are defined in this brief as adults who were born outside the U.S. and currently reside in California.**

**Exhibit 1 / Percentage Change in Serious Psychological Distress (SPD) From 2015–2017 to 2019–2021 Among Immigrant Adults in California, Ages 18 and Over, by Number of Years in the U.S.**

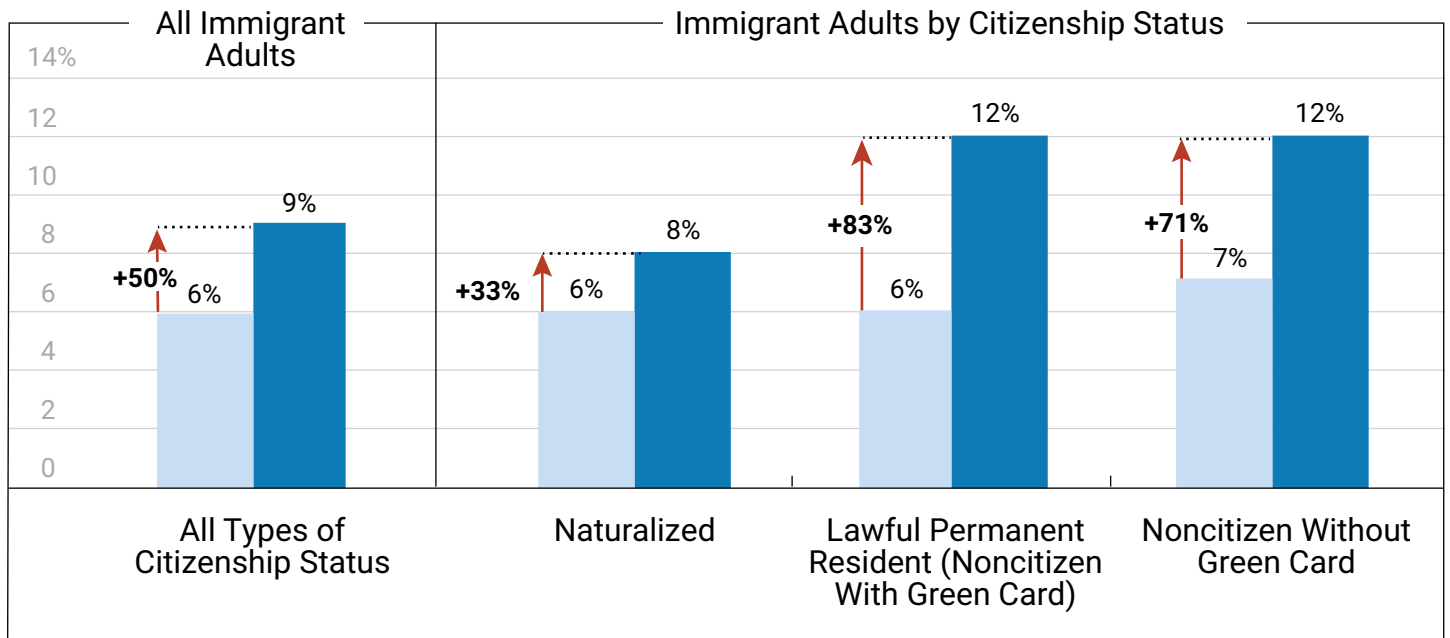
■ SPD in 2015–2017   ■ SPD in 2019–2021   ↑ Percentage change in SPD



Source: California Health Interview Survey; data pooled from 2015, 2016, and 2017 and from 2019, 2020, and 2021.

**Exhibit 2 / Percentage Change in Serious Psychological Distress (SPD) From 2015–2017 to 2019–2021 Among Immigrant Adults in California, Ages 18 and Over, by U.S. Citizenship Status**

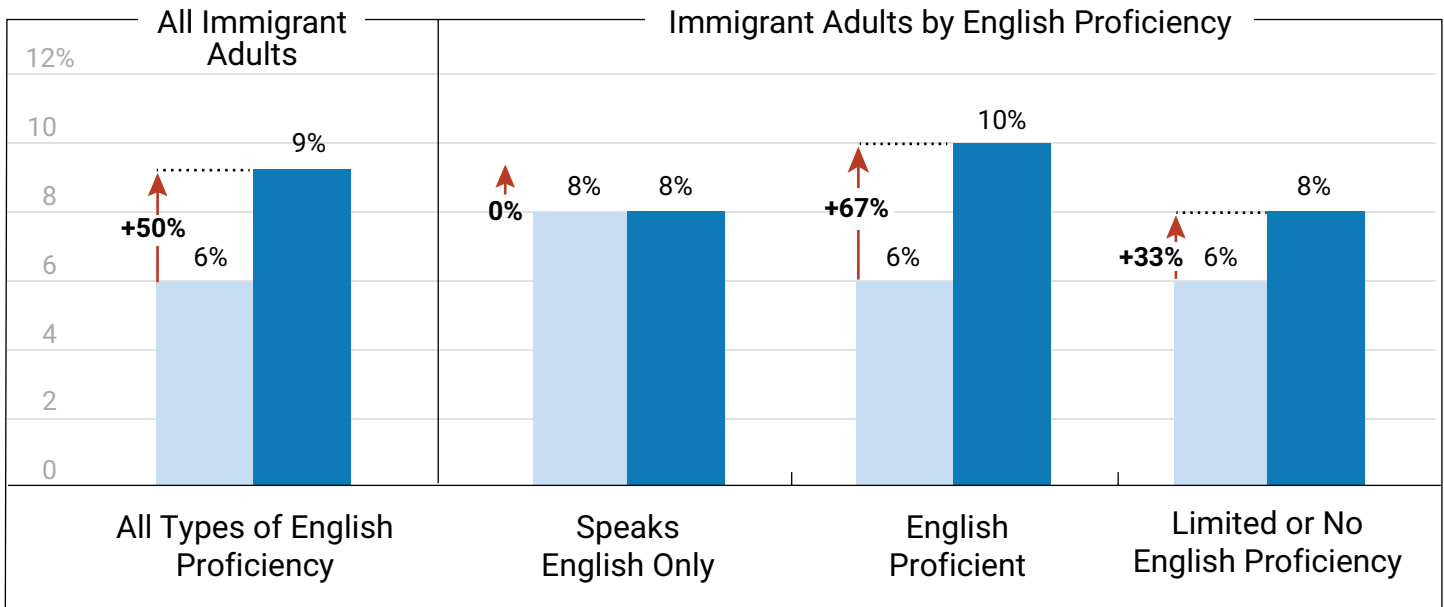
■ SPD in 2015–2017   ■ SPD in 2019–2021   ↑ Percentage Change in SPD



Source: California Health Interview Survey; data pooled from 2015, 2016, and 2017 and from 2019, 2020, and 2021.

### Exhibit 3 / Percentage Change in Serious Psychological Distress (SPD) From 2015–2017 to 2019–2021 Among Immigrant Adults in California, Ages 18 and Over, by English Language Proficiency

■ SPD in 2015–2017   ■ SPD in 2019–2021   ↑ Percentage Change in SPD



Source: California Health Interview Survey; data pooled from 2015, 2016, and 2017 and from 2019, 2020, and 2021.

#### English Language Proficiency

The percentage of immigrant adults with SPD increased by 67% for those with English proficiency (Exhibit 3). However, for those who only spoke English, the rate of SPD remained constant (at 8%), with a 0% increase.

#### UNMET NEEDS FOR MENTAL HEALTH CARE

More than two-thirds (67%) of all immigrants with SPD reported that they did not see a health care provider for their mental health care needs between 2019 and 2021 (data not shown). However, when we examined the data by number of years in the U.S., citizenship status, and English proficiency, we found similar variations across these sociopolitical factors.

Of immigrant adults with SPD,

**72%**

who did not speak English had unmet mental health needs, compared with 58% who spoke only English

Among immigrant adults living in the U.S. for less than five years, 77% reported having unmet mental health care needs, compared to 66% of those who had lived in the U.S. for five years or longer.



Noncitizen immigrants were more likely than their naturalized counterparts to have unmet mental health care needs (73% vs. 60%), and non-English-speaking adults were more likely than those who spoke only English to have unmet needs (72% vs. 58%).

## **SUMMARY AND POLICY RECOMMENDATIONS**

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This study shows that immigrant adults in California had a concerning decline in positive mental health outcomes from 2015 to 2021, a period that saw a rise in anti-immigration rhetoric and restrictive immigration policies. During that time, a significant proportion of the immigrant adult population did not have their mental health care needs addressed. The study highlights the important role of sociopolitical factors such as length of stay in the U.S., citizenship status, and English proficiency in influencing mental health outcomes among immigrant adults. Specifically, this study shows that anti-immigration rhetoric and restrictive

policies most impacted California immigrants who had lived in the state for a short period of time, who were noncitizens, and who were multilingual. Policymakers willing to rectify the disproportionate burden of increased SPD and high rates of unmet mental health care needs among immigrant adults can consider the following policy recommendations:

**Increase access to affordable, culturally relevant, and linguistically appropriate mental health care for all Californians, regardless of citizenship status.** In addition to the current policy of extending Medi-Cal coverage to all adults, regardless of citizenship status, policies to consider are:

- Adopting and scaling up evidence-based and community-defined practices (such as Trauma Systems for Therapy for Refugees) that address the historical and current trauma and stress stemming from detention, deportation, family separation, and other stressors related to immigration policies.<sup>18</sup>





More than

**2 in 3 (67%)**

immigrants with SPD did not see a health care provider for their mental health care needs between 2019 and 2021.

- Taking advantage of technological advances such as telehealth and culturally expanding the mental health workforce with diverse lay providers.<sup>19</sup>

**Formulate more inclusive and less restrictive immigration and health policies to directly assure access to mental health services and improve the mental well-being of immigrants.**

This could be achieved by:

- Leveraging Medicaid waivers to support mental health programs in community health centers, safety net hospital systems, and clinics; using Medicaid dollars to test new models of care, such as providing integrated physical and mental health care without regard to citizenship status.<sup>20</sup>

- Simplifying eligibility for federal programs and supporting state and local programs that address the sociopolitical determinants of poor mental health among immigrants. For example, proof-of-citizenship requirements can lead to confusion about eligibility and fears of being considered a public charge, which can prevent immigrants from accessing needed services and supports. This is especially so during uncertain times like the COVID-19 pandemic, when disaster relief (such as stimulus payments and unemployment benefits) excluded undocumented immigrants.<sup>21</sup>

#### **Data Source and Methods**

This policy brief presents three years of pooled data for each of two time periods (2015–2017 and 2019–2021) from the California Health Interview Survey, conducted by the UCLA Center for Health Policy Research. We used data collected in interviews with 14,528 (first period) and 15,530 (second period) immigrant adults ages 18 and older, sampled from every county in California. For our analyses, we examined data by number of years lived in the U.S., citizenship status, and English language proficiency. SPD in the past year was defined as individuals having a score of 13 to 24 on the Kessler-6 (K6), a validated measure designed to estimate the prevalence of diagnosable mental disorders within a population. Unmet need for mental health services was measured using the responses to two questions:

*In the past 12 months, have you seen 1) your primary care physician or 2) a mental health professional for problems with your mental health, emotions, or nerves or your use of alcohol or drugs? A “no” response to both among those with SPD or MPD was coded as an unmet need for mental health services.*

To examine the rate of change in SPD from the baseline (2015–2017) to the comparison period (2019–2021), the percent change of SPD was calculated by taking the percentage point difference between the two time periods and dividing it by the percentage from the baseline period, then multiplying by 100.

$$\frac{(\% \text{ SPD}_{2019-2021} - \% \text{ SPD}_{2015-2017})}{\% \text{ SPD}_{2015-2017}} * 100$$

Positive numbers indicate a percentage increase, and negative numbers indicate a percentage decrease.

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The California Health Interview Survey covers a wide array of health-related topics, including health insurance coverage, health status and behaviors, and access to health care. It is based on interviews conducted continuously throughout the year with respondents from more than 20,000 California households. CHIS interviews were offered in English, Spanish, Chinese (both Mandarin and Cantonese), Vietnamese, Korean, and Tagalog. CHIS is designed with complex survey methods requiring analysts to use complex survey weights in order to provide accurate variance estimates and statistical testing. CHIS is a collaboration of the UCLA Center for Health Policy Research, the California Department of Public Health, the California Department of Health Care Services, and the Public Health Institute. For other information about CHIS, visit [chis.ucla.edu](https://chis.ucla.edu).

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