Facilitating Access to Mental Health Services for Undocumented Latin Americans in the United States: Guidance for Clinicians

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Abstract

Undocumented Latin Americans struggling with their mental health rarely access psychological services due to several barriers. In this article, barriers to access services are expounded along with recommendations for clinicians on how to facilitate access to mental health treatment for this population. Barriers addressed include economic hardship, insurance restrictions, limited exposure to services, unsafe healthcare systems, linguistic and cultural incongruity, stigma, and low social capital. Several recommendations are provided for clinicians on facilitating access by building community partnerships and tailoring psychological practices to meet undocumented Latin Americans' needs.

Keywords: *Clinical Psychology; Undocumented Latin Americans; Mental health services; Barriers in mental health*

Latin Americans are the largest ethnic group in the United States (U.S.; Batalova, 2023). Undocumented Latin Americans are people born in Central and South America who do not have documentation showing they have been granted permission to reside in the country. According to the most recent census information from 2021, undocumented Latin Americans comprised an estimated 8.5 million people living in the U.S. (Batalova, 2023). Statistically, Latin Americans who were not born in the U.S. have been found to be more likely to develop mental health disorders, but less likely to seek mental health services compared to those born in the country (Derr, 2016; Lee & Matejkawski, 2012; Shobe et al., 2009). Economic and psychosocial barriers, including discriminatory and low-quality care, have historically prevented undocumented Latin Americans from accessing health services (Lagomasino et al., 2002; Garcini et al., 2021). There is scarce literature on guidance for clinicians to facilitate improving access to mental health services by undocumented Latin Americans. The purpose of this publication is to (a) provide an overview of barriers for undocumented Latin Americans to access mental health services in the U.S., and (b) address facilitators of access with guidance specifically tailored to clinicians.

Barriers for Undocumented Latin Americans to Access Mental Health Services

The role of clinicians in improving access to mental health services begins with understanding obstacles to treatment from the perspective of the populations they are trying to reach. The following major barriers for undocumented Latin Americans to access mental health services are addressed in the next section: economic hardship, insurance restrictions, limited exposure to services, distrust of heath care systems, linguistic and cultural incongruity, stigma, and low social capital.

Economic Hardship

Economic hardship is the most commonly reported barrier by undocumented Latin Americans to access mental health services and perhaps the most critical. Goldstein et al. (2024, p. 8) found that poverty increased the odds for Latin Americans experience suicidal thoughts by 1.55 odds ratio. Economic hardship among undocumented Latin Americans has been attributed to low educational attainment, job insecurity, and unemployment (Garcini et al., 2021; Abubakar et al., 2022). Nandi et al. (2017) found that 57% of the undocumented respondents in their investigation who reported earning no formal yearly income (i.e., reported and taxed including public assistance) were six times less

likely to report access to health services compared to those earning more than $20,000 in formal income. Fluctuation in employment, in turn, can also be a barrier to therapy leading to possible discontinuation as a result of moving or suddenly not affording services (de Jesus et al., 2004). Moreover, undocumented Latin Americans worry about hidden costs associated with healthcare services and that accumulating debt from such fees may result in deportation even when they are eligible to receive treatment at little or no cost (de Jesus et al., 2004; Raymond-Flesch et al., 2014).

Insurance Restrictions

Most undocumented Latin Americans in the U.S. do not have access to health services due to insurance restrictions (Doshi et al., 2020). Healthcare reforms such as the Patient Protection Affordable Care Act have historically increased insurance coverage for many people living in the country with the exception of undocumented Latin Americans (Van Natta et al., 2019). When undocumented Latin Americans qualify for federal or state benefits they typically pertain to emergency medical care or prenatal and labor and delivery care, but not mental health services (Broder & Lessard, 2024; Doshi et al., 2020). Moreover, because this population does not have the documentation necessary to be hired in the U.S., they are not eligible for work benefits that may include health insurance, and paying for health insurance out of pocket is often too expensive (Clifford et al., 2023; Ornelas et al., 2020). Some employers of undocumented Latin Americans have made attempts to improve access to mental health services to their employees by collaborating with community organizations to facilitate access to basic health services (Dembe et al., 2013).

Limited Exposure to Services

Limited exposure to mental health services has kept many undocumented Latin Americans at bay from accessing treatments they do not understand or know how to find (Doshi et al, 2020; Zhen-Duan et al., 2017). Unfamiliarity with U.S. services or exposure to poor quality treatment in their native countries may result in negative assumptions about U.S. health systems and the work of mental health professionals that prompt them to avoid seeking services (de Jesus et al., 2004). Furthermore, even when mental health services are desired, they can be difficult to find. For example, in a sample of 184 undocumented Mexicans, Diaz-Perez et al. (2004) found that although most indicated being

willing to seek mental health support, 55% did not know how to gain access to services. A similar finding was clear in Uebelacker et al. (2012) with respondents expressing the need and desire for announcements on information for how to access mental health treatment through common means (e.g., brochures). Several community-based programs have attempted to improve undocumented Latin Americans' exposure to mental health supports, including: (a) combining behavioral health and primary care services (Polk et al., 2019), (b) providing services in both clinical and community settings (Documet et al., 2019), and (c) implementing group-based therapeutic programs (Ryan et al., 2018).

Unsafe Healthcare Systems

Undocumented Latin Americans may feel unsafe in U.S. healthcare systems for multiple reasons including systemic oppression and fear of deportation. Systemic oppression, characterized by provider bias, cultural incompetency, and discrimination has resulted in unequal treatment and unsafe environments that dissuade Latin Americans from seeking health services (Brener et al., 2024; Garcini et al., 2021). A history of negative experiences with U.S. health systems sometimes is also compounded with poor or even traumatic healthcare service provision in their native countries that resulted in a general feeling of distrust towards health professionals and a fear of harm (e.g., dehumanization; Uebelacker et al., 2012). Moreover, they may feel unsafe sharing their struggles out of fear that clinicians may report them as undocumented to law enforcement agencies and result in deportation (Garcini et al., 2024; Page & Polk, 2017). Such fears were illustrated by Nandi et al. (2017) found that insured undocumented Mexicans with high health needs were more likely to seek out emergency care services versus a regular healthcare professional who could refer them to a mental health specialist. During the COVID-19 pandemic, similar and perhaps more exacerbated fears were observed as undocumented parents refrained from taking their children to emergency rooms out of fears that disclosing their information may lead to parental deportation and family separation (Finnigan et al., 2022).

Linguistic and Cultural Incongruity

Not being able to connect with clients linguistically or culturally can prevent access to psychological treatment by undocumented Latin Americans (Doshi et al., 2020). Bilingual services are scarcely available for those in this group depending on their geographic

location in the U.S. (de Jesus et al., 2004; Delgado-Romero et al., 2020). Without a common language through which to communicate concerns and provide psychological services, communication issues are an inherent barrier to mental health services for those who lack access to multilingual clinicians (Mowder et al., 2018). Concerns also relate to cultural mismatch, discrimination, and insensitivity by healthcare professionals which can create a hostile environment for service delivery (Doshi et al., 2020). Results by Nandi et al. (2017) corroborate this statement with respondents in their investigation having reported more access to a regular healthcare professional when they did not experience language discrimination. Ethical guidelines for practice have been put forth by organizations such as the American Psychological Association in their ethics code (APA 2017; Ethical Standards 2.05, 4.01, 9.01, 9.06, 9.07) for clinicians to work with interpreters to meet the linguistic and cultural needs of clients. Nevertheless, clinicians have been still reported as incompetent in working with these professionals and lacking in cultural competencies (Armenta & Sarabia, 2020; Hynie et al, 2022).

Stigma

The stigma associated with mental health services, experienced to some extent by people of all societal groups in the U.S., is a major barrier for undocumented Latin Americans to access psychological treatment (Cha et al., 2019; Wong et al., 2023). For example, findings by Uebelacker et al. (2012) showed that community and church stigma were considered impediments for treatment access. Respondents in this study were concerned about what their friends would say about them in light of their mental health struggles and service-seeking behaviors, especially in church contexts in which depression was often viewed as demonic. In contrast, Brewer et al. (2024) found that higher levels of spirituality were associated with greater stigma towards mental health treatment, whereas higher levels of education were associated with less stigma. Beyond religious influence, a disregard for Latin Americans' cultural values has been noted among reasons for the stigmatization of U.S. mental health services among undocumented Latin Americans (Abdullah & Brown, 2011). Values such as collectivism and interdependence often contrast mainstream U.S. values of individualism and autonomy promoted in the mental health system which may result in neglect for family and community integration in treatment (Abdullah & Brown, 2011).

Historically, Latin Americans have been found to be more open to participating in school-based mental health services with their children compared to mental health centers because services provided in a school carried less stigma compared to the alternative (de Valenzuela, 2014).

Low Social Capital

An additional barrier for undocumented Latin Americans to access mental health services can be low social capital, defined as a person's level of involvement in their formal and informal networks (Grootaert et al., 2004). Those in formal networks include community agencies (e.g., schools, churches, and therapy clinics), while family members, friends, and coworkers are generally part of informal networks (Shobe et al., 2009). When Latin Americans migrate and live without documentation in the U.S., they are subject to isolation if they struggle to access supports in the community and become disconnected (Dalla et al., 2002). Isolation decreases social capital—a protective factor for all people against mental illness (e.g., depression, anxiety, and substance abuse; Caralano et al., 2000; Chung, 2006; Finch & Vega, 2003). Low social capital is associated with fewer opportunities to access resources, such as psychoeducation, positive peer influence, and social support, from those in the formal and informal networks a person is part of (Shobe et al., 2009). It is especially concerning for undocumented and unaccompanied minors in the U.S. who do not have their parents or community supports readily available to facilitate their access to mental health services (Schapiro et al., 2018). On the other hand, increased social capital is associated with better physical and mental health and has been identified as a facilitator to improve access to mental health services (Song & Lin, 2009; Shim, 2010). For example, Brooks (2024) found that Latin American immigrants with more social capital were at a lower risk for depression, stress, and healthcare issues.

Facilitators for Undocumented Latin Americans to Access Mental Health Services

Recommendations for ways clinicians can facilitate access to mental health services by undocumented Latin Americans in the U.S. pertain to two categories: (a) building community partnerships, and (b) tailoring psychological practices to meet their needs. Facilitators are described within each category below.

Build Community Partnerships

Engage with the Community

The first step to building partnerships with communities of undocumented Latin Americans is to engage with them and understand their realities by learning from them. Undocumented Latin Americans encompass very diverse groups of people and should be understood according to their unique characteristics (Brener et al., 2024). Engaging and learning from communities can help clinicians identify barriers to treatment from the perspective of each subgroup, empathize with and become more culturally sensitive towards them, and improve access to services by engaging with them in their natural environments (Doshi et al., 2020). To most effectively understand barriers associated with mental healthcare and meet the needs of a community, a clinician must first be exposed to its members and grow familiar with their realities and struggles from their perspective (Nandi et al., 2017). This patient-centered approach can save considerable time and effort geared towards initiatives that are not designed to meet their needs (Brenner et al., 2024). Moreover, learning from the community can help clinicians develop empathy and cultural sensitivity that is preventative of acts of discrimination, harm, and dehumanization, as they dedicate time outside these interactions to address biases and improve cultural competency (Uebelacker et al., 2012). This engagement facilitates access to services as clinicians make their presence in the communities as opposed to relying on undocumented Latin Americans come to them (de Jesus et al., 2004).

Provide Psychoeducation

Psychoeducation is key for increasing access to mental health services by undocumented Latin Americans (Hernandez, 2024). Disparities in access to mental health services cannot be eliminated without eliminating educational disparities (de Jesus et al., 2004). Accordingly, providing psychoeducation to communities of undocumented Latin Americans is critical to facilitating their treatment access. Psychoeducation can help undocumented Latin Americans identify signs of mental illness and struggle before they are so severe they are prompted to seek out emergency services (Law, 2003). It can also help reduce stigma associated with help-seeking, as noted by respondents in a study by Uebelacker et al. (2012), who reported that they saw the need for community events, such as in churches, through which psychoeducation is provided to normalize seeking

help for depression. It also allows for brief screening to identify those who may need mental health supports (Saurman, 2016). Brief screenings can be accompanied by information on services available and increase awareness that can lead to better access compared to formal screening at a health clinic (Schapiro et al., 2018).

Build Trust

A final key purpose in building community partnerships is (a) to generate mutual trust between clinicians and community members, and (b) facilitate service receptivity and resource dissemination. The initial contact foreign-born people have with mental health professionals in the U.S. offers a special opportunity for clinicians to build the community's confidence in services and the health system which may facilitate future help-seeking (Dombou et al., 2023; Xie, 2008). In their study, Uebelacker et al. (2012) found that Latin Americans appreciated (a) their first contact with a clinician to be in person, (b) making a personal connection with their provider, and (c) when their provider asked about how their family was doing. Also key is gaining the trust of authority figures (e.g., head of households, elderly family members, faith leaders) to increase receptivity to mental health services and providers given that these influencers are often sought out for advice in times of need (Lian et al., 2020). Establishing connections in their neighborhoods, churches, schools, and social activity milieus can help inform undocumented Latin Americans of financial supports for mental health services and programs that may be available to them in their communities (Hernandez, 2024; Shobe et al., 2009). They also need easy access to information on how to get help (Hacker et al., 2015). Respondents from Uebelacker et al. (2012) recommended the following outreach strategies: (a) information tables in community events, (b) written announcements in typical everyday items (e.g., soda), and (c) announcements through presentations at schools, churches, and hospitals.

Educate Clients About Healthcare Systems

Undocumented Latin Americans who better understand healthcare systems and their rights in the process are more likely to engage in mental health treatment and advocate for themselves in these settings (Brener et al., 2024; Uebelacker et al., 2012). This has been demonstrated in studies that show improved access to health services as a result of increased familiarity with the U.S. healthcare system (e.g., Nandi et al., 2016). Those in this population are likely to become more

trusting and comfortable engaging in mental healthcare as they gain understanding of aspects of the healthcare system that protect their privacy (e.g., confidentiality; Arora et al., 2019). The goal is to reduce the vulnerability undocumented Latin Americans experience as a result of concerns associated with the security of their health information and disclosure of their immigration status (Uebelacker et al., 2012). Undocumented Latin Americans need to be assured that their privacy will not be violated and confidentiality will be upheld (Dombou et al., 2023). For this purpose, there are several ways clinicians can foster a safe environment which involve: (a) clearly communicating to clients their rights, (b) being transparent about disclosure policies, (c) explaining privacy protections, and (d) being explicit about who has access to their case information. See Figure 1 for a summary of recommendations for clinicians to educate their Latin American clients on the unique systems they are a part of, all rooted on the APA (2017) ethics code, its ethical principles, and specific standards for reference.

Tailor Psychological Practices

Tailoring the delivery of mental health services to undocumented Latin Americans is the best practice to facilitate access (Dombou et al., 2023). Service models should consider the unique needs of this clientele to effectively treat them (de Jesus et al., 2004; Nandi et al., 2017). When tailoring psychological practices for undocumented Latin Americans clinicians should: (a) offer alternative delivery methods, (b) include community/family in psychotherapeutic activities, (c) provide bilingual treatment, and (d) implement trauma-informed and culturally sensitive practices. Each of these recommendations are expounded further in the next sections.

Offer Alternative Delivery Methods

Alternative delivery methods are important to consider in treatment for Latin Americans because they can greatly increase access and better meet their needs compared to traditional approaches (Rabet et al., 2024). For example, telehealth sessions have been found to

Figure 1. Recommendations for Educating Clients on Healthcare Systems
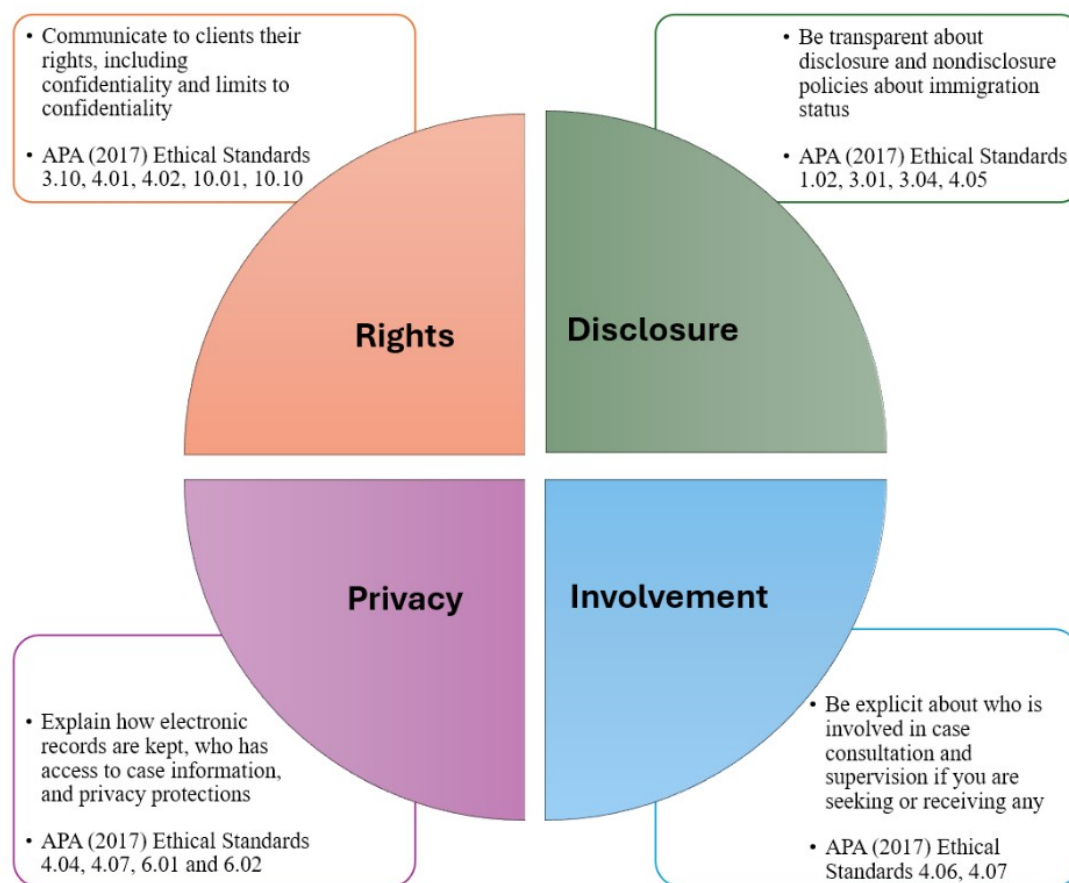
greatly increase access to mental healthcare as a lower-cost alternative to face-to-face sessions, albeit initial contacts are recommended in person (Uebelacker et al., 2012). A traditional delivery approach in person may require commuting and possibly childcare arrangements that are often unaffordable for undocumented Latin Americans (Zheng & Gray, 2014). Telehealth services are not without limitations however and can be a barrier for those who have limited, inconsistent, or no access to the internet or do not have privacy for confidential sessions in their home (Sevelius et al., 2020). Additionally, Latin American respondents in Uebelacker et al. (2012) showed a strong preference for group-based approaches focused on activities and skill learning as opposed to individual therapy. Therefore, clinicians should be creative about ways they can hold group therapy for this population (e.g., art family therapy, Linesch et al., 2012; dance/move group therapy, de Valenzuela, 2014; cognitive behavioral group therapy, Shatell et al., 2010).

Include Community/Family in Psychotherapeutic Activities

Studies show that undocumented Latin Americans who feel better supported socially access mental health services more often (Adler & Kwon, 2000, Nandi et al., 2017). Therefore, including community/family members in therapeutic activities can help strengthen social support, normalize therapeutic engagement, and reduce stigma associated with help-seeking (Wong et al., 2014). Beyond these benefits, it can also honor Latin American values and traditions, such as familism and collectivism which Latin Americans often perceive as neglected and belittled by U.S. mental health professionals (Abdullah & Brown, 2011). Community and family member involvement in therapeutic activities acknowledges stakeholders, such as religious leaders, elders in the family, and other authority figures, as key assets in the psychological treatment of a people group within its unique social structures (Mathias et al., 2024). An emerging field of research is on how to bridge the gap between spirituality and mental health through trauma-informed ministries (Harper & Wilson Harper, 2020; Hernandez, 2024). These ministries entail psychoeducation in trauma-informed care for church leaders, who often are the first point of contact for many undocumented Latin Americans struggling with their mental health or in crisis (Wang et al., 2003). They are designed to better equip these leaders and demystify

mental health conditions (Caplan, 2019; Streets 2015; Wong et al., 2023).

Provide Bilingual Treatment

Efforts tailored to serve undocumented Latin Americans should employ culturally competent and bilingual staff, when possible, to adequately serve this population (Ornelas et al., 2020). Speaking to a therapist in one's own native language can support trust-building, as many undocumented Latin Americans have reported breaches in confidentiality, such as having their private health information exposed against their wishes, and inaccurate information communicated by interpreters (Uebelacker et al., 2012). It can also empower and afford undocumented Latin Americans greater control over their information in the help-seeking process (Doshi et al., 2020). When a therapist is not bilingual, rigorous training for effective therapy work with interpreters is recommended to avoid pitfalls such as damage in the therapeutic relationship as a result of poor interpretation (Uebelacker et al., 2012). Clinicians should follow the APA ethics code (2017; Ethical Standards 2.05, 4.01, 9.01, 9.06, 9.07) on delegation of work to interpreters. Three major ethical guidelines are prescribed: (a) the interpreter should not have a multiple relationship with the client that impairs their objectivity or would likely exploit, (b) the interpreter should be competent at interpreting in a clinical setting, and (c) the clinician should ensure the interpreter's competent service delivery (APA, 2017).

Implement Trauma-Informed and Culturally Sensitive Practices

Trauma-informed and culturally sensitive practices are essential to effectively serve diverse populations (Brewer et al., 2024; Jones, 2012). Implementation of these practices is especially critical in the first therapy session to increase probabilities of treatment continuation (Li et al., 2013; Logan et al., 2017; Xie, 2008). The goal in providing trauma-informed and culturally sensitive practices is to foster an environment in which clients feel safe to be themselves and genuinely share their struggles without fear of retribution or judgement (Li, 2016). An environment like this is fostered by means of clinicians upholding ethical conduct as laid out by APA (2017) to protect clients, in addition to cultivating cultural humility and sensitivity in their interactions with clients. It requires clinicians to be sensitive to the heterogeneity of the undocumented Latin American population with realization that some may need more or less supports and psychoeducation

compared to others depending on their previous exposure to mental health services in their native countries. Moreover, effective implementation of trauma-informed and culturally sensitive practices may call for adaptations of interventions such as cognitive behavior therapy (CBT), dialectical behavior therapy (DBT), eye movement and desensitization and reprocessing (EMDR), and motivational interviewing (Dombou et al., 2023). To appropriately adapt treatment to the needs of undocumented Latin Americans, clinicians should seek out education to continuously improve their cultural competency and refer to resources on specific interventions for guidance (e.g., Casas et al., 2020; Uebelacker et al., 2012).

Conclusion

While undocumented Latin Americans face many barriers to access mental health services in the U.S., clinicians can facilitate access in several ways. In this article, major barriers to psychological care were noted and recommendations were provided for clinicians to activate facilitators for care access by those in this population. Clinicians interested in resources to further their knowledge and impact to improve access to mental health treatment for undocumented Latin Americans can refer to the National Alliance for Hispanic Health, MANA National Latina Organization, Therapy for Latinx national resource, and the American Society of Hispanic Psychiatry. Table 1 below displays a summary of the barriers and facilitators addressed in this article.

Table 1
Overview of Barriers & Facilitators for Undocumented Latin Americans to Access Mental Health Services

Barriers	Facilitators
- Economic hardship - Insurance restrictions - Limited exposure to services - Unsafe healthcare systems - Linguistic & cultural incongruity - Stigma - Low social capital	- Build community partnerships - Engage with the community - Provide psychoeducation - Build trust - Educate clients about healthcare systems - Tailor psychological practices - Offer alternative delivery methods - Include community/family in psychotherapeutic activities - Provide bilingual treatment - Implement trauma-informed & culturally sensitive practices

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