

Accessing Mental Health in the Shadows



California Pan-Ethnic Health Network

How Immigrants in California Struggle to Get Needed Care

Over the past year, the California Pan- Ethnic Health Network (CPEHN) undertook a community-driven research project to evaluate immigrant communities' barriers to accessing mental health care. CPEHN conducted interviews with fifteen county behavioral health leaders from twelve California County behavioral health departments as part of the project. Read below for findings and recommendations.

California's Immigrant Communities

Immigrants are deeply rooted in California and provide significant economic, familial, and cultural contributions. In California, there are an estimated 10.3 million immigrants, constituting 27% of the state's population. Of this number, 2.9 million are undocumented Californians, making up almost one third of all immigrants in the state. California's immigrants have diverse and intersectional identities: there are an estimated 250,000 undocumented LGBTQ+ immigrants in California. Among black immigrants in California, 16% are undocumented.

Urgent Need for Mental Health Care

Recent actions and increased rhetoric by the federal Administration have escalated an increasingly perilous situation for immigrant communities. The federal Administration has issued travel bans targeting Muslim-majority countries, attempted to rescind essential protections for young immigrants through attacks on the Deferred Action for Childhood Arrivals (DACA) program, and engaged in unprecedented immigration enforcement tactics. These policies and tactics create anxiety and despair, while also threatening the precarious trust between immigrant communities and government agencies. Since the 2016 election, immigrant families are experiencing greater uncertainty about the future, stress, fear, frustration, anxiety, and sadness. Anecdotal information from healthcare providers indicates

immigrants and children of immigrants now avoid necessary health and mental health care out of fear of deportation, and low-income undocumented adults continue to be locked out of most health coverage options and mental health benefits.

Research Findings

1. Counties, community-based organizations, and providers share a concern for the mental health and wellbeing of immigrant communities, and a willingness to improve access to care.
2. Although there do not appear to be any immigration status related restrictions on funding sources outside of Medi-Cal, confusion and fear over serving undocumented clients persists.
3. Complex billing structures and reporting requirements, and public scrutiny over spending patterns, impact county behavioral health departments' willingness to take public leadership and complete fiscal responsibility for the mental health care of undocumented immigrants.
4. The majority of county behavioral health departments are aware of the pressing mental health needs of immigrant communities but have not conducted a formal needs assessment of the mental health of immigrants and immigrant families.
5. County behavioral health departments sometimes lack the tools, training, and capacity to conduct a culturally and linguistically appropriate assessment of the mental health needs of immigrants, especially undocumented immigrants.
6. Although county behavioral health departments do follow important ethical codes and patient privacy laws, many have never received trainings to prepare for an encounter with Immigration and Customs Enforcement (ICE) or Customs and Border Protection (CBP), despite incidences in surrounding communities.



State Recommendations

1. The state should expand access to full-scope Medi-Cal and its mental health benefits for low-income undocumented adults.
2. The state should review existing population and service assessment tools, such as the cultural competency plans, to determine the extent to which they may or may not meet the needs of undocumented immigrants.
3. To communicate the right of county behavioral health departments to serve the undocumented population with realignment and MHSA funds, the state should take additional administrative and legislative action to specify the right of county behavioral health departments to serve all residents in California, regardless of immigration status.
4. The state should provide greater direction on the metrics county behavioral health departments can safely use to evaluate mental health disparities among all immigrant communities, including undocumented immigrants.
5. The state should issue and monitor additional directives regarding safe space policies to county mental health facilities and private non-profit mental health organizations.
6. The state should leverage or expand existing statewide workgroups aimed at addressing barriers to care coordination, including a specific evaluation of the mental health and care coordination needs of undocumented immigrants.
7. The state should provide legal support for county behavioral health departments to safely discuss and evaluate mental health outreach strategies to immigrants, including undocumented immigrants.
8. The state should expand eligibility for county mental health care among undocumented immigrants, beyond criteria for serious mental illness, to include risk assessments based upon other social determinants of health: exposure to trauma, housing insecurity, food insecurity, exposure to violence, and lack of access to health coverage.

County Recommendations

1. County behavioral health departments should do formal needs assessments of the mental health needs of immigrants and immigrant families, including low-income adults who remain ineligible for Medi-Cal's mental health benefits due to their immigration status.
2. County behavioral health departments should organize and extend invitations to legal aid, immigrant rights, outreach and enrollment, and other organizations. County behavioral health departments should pursue opportunities to partner with immigrant legal defense services to provide mental health care.
3. County indigent health care programs should expand access to care for undocumented residents and should strengthen referral pathways into county behavioral health departments. County indigent health programs should also add mental health as a covered benefit.
4. County behavioral health departments should invest in the countless California Reducing Disparities Project(s) across the state to deliver culturally and linguistically appropriate care to immigrant communities with intersectional identities, including African- American, Asian and Pacific Islander, Latino, LGBTQ+, and Native American communities.

About CPEHN

The California Pan-Ethnic Health Network (CPEHN) is a statewide, multicultural health advocacy organization that works to ensure all Californians have access to quality health care and can live healthy lives. We gather the strength of communities of color to build a united and powerful voice for health equity. For more information, visit www.cpehn.org.