


Buscando la Calma Dentro de la Tormenta: A Brief Review of the Recent Literature on the Impact of Anti-Immigrant Rhetoric and Policies on Stress Among Latinx Immigrants

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Abstract

The mental health burden associated with anti-immigrant rhetoric and ever-changing immigration policies is undeniable, though the psychological and emotional sequelae may remain invisible for years to come. Exclusionary immigration policies, as a form of structural racism, have also led to an epidemic of stress-related health within the Latinx community, particularly the Latinx immigrant community, across the United States. Recent examples of anti-Latinx and anti-immigrant rhetoric and policies include the 45th President's implementation of the Zero Tolerance policy, Migrant Protection Protocols, and Title 42. The recognition of previous and existing anti-immigrant policies, and the impact on Latinx immigrants, is critical in understanding the manifestation of psychological stress to prevent it from becoming chronic. For mental health providers, attention to existing policies that can be detrimental to the Latinx immigrant community is essential to understanding their mental health trajectory and applying frameworks that honor an individual's psychological stress to prevent pathologizing the immigrant experience and negative health outcomes. The objective of the present brief review is to shed light on recent research and offer recommendations for practice (eg, educating the Latinx community about the link between the immigrant experience and psychological stress) and policy (eg, drafting of legislation aimed at rescinding harmful immigration policies) regarding the relation between aggressive anti-immigration rhetoric and psychological stress among Latinx immigrants in the United States.

Keywords

anti-immigrant rhetoric, policies, stress, mental health, Latinx immigrants

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A silent, often overlooked crisis facing Latinx immigrants is the high incidence of psychological stress resulting from anti-immigrant rhetoric and sentiments that have negatively influenced immigration policies for decades. In the broader literature, psychological stress results when a person perceives that external demands exceed their adaptive capacity.¹ Across studies, psychological stress is either operationalized as the incidence of external events that are consensually judged as exceeding one's ability to cope or on individual responses to events that are indicative of this overload.² In this paper, we attend to both forms of psychological stress, environmental events and responses to events, among Latinx immigrants, who face unique forms of oppression

related to racism, nativism, and ethnocentrism.³ These brutal realities place Latinx immigrants at risk of

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experiencing chronic stress (constant and persistent stress that interferes with everyday life for an extended period of time⁴) and mental health challenges, which can affect their psychological and physical well-being. For orientation to this topic, this paper begins with a discussion on Latinx immigrants and migration context. We then provide a brief review of the recent literature on anti-immigrant rhetoric and psychological stress, and exclusionary immigrant policies and practices and their association with psychological stress. The brief review focuses on literature published between 2016–2022, aimed to be as relevant as possible to the current immigration climate anchored by the election of the 45th President and his anti-immigrant agenda, and the relation between anti-immigration rhetoric and policies and the psychological stress of Latinx immigrants in the United States (U.S.). While there are policy trends and processes that led to anti-immigrant policies, we intentionally limited the review to the last six years to demonstrate the impact of the rebirth of overt racism and violence targeting Latinx immigrants.⁵ The reawakening of systemic racism not only exposes Latinx immigrants to high levels of psychological stress, it also places the community at risk for developing chronic stress. Finally, the paper concludes with recommendations for treatment and policy.

Anti-immigrant rhetoric, attitudes, actions, and policies have led to framing immigration to the U.S. as a significant threat to national security, employment, and culture, instead of as an asset to the economy and social and cultural progression.^{6,7} The psychological stress associated with anti-immigrant rhetoric and ever-changing policies is undeniable, with mounting evidence indicating that immigration-related stress is associated with poor mental health,^{8–10} including anxiety, trauma, and depression among Latinx immigrants.^{11–14} Exclusionary immigration policies (ie, those that limit opportunities and resources^{15,16}), as a form of structural racism (ie, macro-level conditions [residential segregation and institutional policies]¹⁷), have also led to an epidemic of stress-related health within the Latinx community, particularly the Latinx immigrant community, across the country.

Latinx Immigrants

Based on definitions from the academic literature, we recognize the term “immigrant” to describe foreign nationals who enter a country for purposes of permanent resettlement.¹⁸ There are two broad categories of immigrants: (1) voluntary migrants who migrate to reunify with relatives already settled in the receiving nation or are motivated to migrate for economic purposes; and (2) refugees and asylum seekers who migrate to evade persecution in their country of origin.¹⁸ In this review, we focus on Latinx immigrants broadly, due to the paucity of mental health data specific to the undocumented Latinx immigrant population. The second reason for the focus on Latinx immigrants broadly is because of the limited research

available that ethically solicits sensitive immigration legal status information.

Outside of Latin America, the U.S. is home to the largest Latinx immigrant population. Many of these Latinx immigrants also hold an undocumented legal status. Overall, a growing literature suggests that Latinx immigrants, especially those that are undocumented, are particularly at risk for psychological and chronic stress that comes from anti-immigrant rhetoric. Despite the slowdown in migration to the U.S. from Latin America in 2020 due to the COVID-19 pandemic, Latinx immigrants continue to make up the largest foreign-born population in the United States.¹⁹ The most recent data suggest an estimated 44% of U.S. immigrants (19.8 million people) have Latinx ethnic origins.¹⁹ Further, according to the Department of Homeland Security,²⁰ approximately 13% (8 million people) of the 62 million Latinxs in the United States are undocumented. Key findings also indicate that there has been a rise in the number of undocumented immigrants from Central America, particularly from the Northern Triangle countries of El Salvador, Guatemala, and Honduras,¹⁹ which is the result of a humanitarian crisis that has been years in the making. Migrants from this region are fleeing at rapid rates with data from the United States Customs and Border Protection suggesting that between January and April 2022 more than 160 000 people from the Northern Triangle were encountered at the United States southern border.²¹ Reflecting this demographic trend, researchers, mental health providers, and policymakers must become aware of how anti-immigrant rhetoric and policies contribute to both psychological and chronic stress and other poor mental health outcomes among Latinx immigrants. Awareness of detrimental impacts should prompt reform towards validating culturally responsive and trauma informed care and advocating for policies to improve immigrant rights given the current social and political climate.

Conditions in Countries of Origin and Migration Context

Historically, migratory flow from Latin America to the United States has been prompted by economic instability, political unrest, civil wars, gang violence, and family reunification. Over the last decade, escalating rates of community and interpersonal violence, homicide and femicide, and climate change have contributed to the growing number of immigrants making their way to the United States.^{22–24} For those impacted, migration becomes the only option for survival. These events have been linked to an array of adverse health outcomes among Latinx immigrants, including increased levels of psychological stress.²⁵ Exposure to murder, death threats by organized criminal groups, crime, violence, corruption, food insecurity, and poverty are repeatedly cited as the catalyst or “push factor(s)” behind

undocumented immigrants' decisions to migrate.^{25–28} Women and children are particularly vulnerable to emergent forms of violence and political instability,^{27–30} thus becoming the new face of migration from Latin America, particularly from the Northern Triangle countries. According to the Center for Immigration Studies,³¹ in 2019 women and girls made up 46% of the total United States undocumented population with the vast majority, over 60%, being from Latin American countries (eg, Mexico, Guatemala, El Salvador). Further, as reported by the Migration Policy Institute, in 2021 immigrant children accounted for roughly 12% of U.S. children residing with immigrant parents.¹⁹ Additional Latinx migrant groups particularly vulnerable to violence along the migration journey include Afro-Latinxs confronting more overt racism and xenophobia, LGBTQI+ individuals encountering hate crimes due to homophobia and transphobia, people with disabilities who are often under identified and unprotected, and indigenous groups who face language barriers in transit and discrimination.^{32,33} Understanding social, political, cultural, and migration experiences are critical to contextualizing factors that increase psychological stress in Latinx immigrants, which may lead to increased risk for chronic stress.

Immigrant Rhetoric

Anti-Immigrant Rhetoric

Anti-immigrant rhetoric is described as racist populist language to attack immigrants, while protecting the White majority in the United States.⁵ While the 45th President and his administration are not the stem of anti-Latinx and anti-immigrant rhetoric, the 45th President's campaign reignited overt racism targeting racial and ethnic minoritized groups, in particular Latinx immigrants, as a means to validate White supremacy.⁵ The rhetoric utilized shaped both public discourse and policy narratives, in which Latinx immigrants are underserving of U.S. citizenship and equitable treatment.

Studies suggest that the 2016 U.S. presidential election magnified anti-immigrant ideology, as the 45th President centered his candidacy on immigration policy as a leading national issue.^{34,35} The anti-immigrant language used by the 45th President during the 2016 presidential election targeted immigrants from Mexico and Central America with a specific narrative of "building a wall" between the United States-Mexico border to discourage Latinx migrants from crossing the border.³⁴ This negatively charged rhetoric often used by politicians and media outlets to describe Latinx immigrant communities is rooted in the dogma of race-based American superiority.^{36,37} The disparaging language from politicians and widespread media coverage of undocumented Latinx immigrants being tracked, detained, and deported have been linked to significant levels of psychological stress in Latinx households.^{38–40} Anti-immigrant and anti-Latinx sentiment have been an American constant since the Founding

Fathers, which fueled the never-ending emotional and physical violence against Latinx communities, particularly among immigrant groups.³⁶ The repeated use of anti-Latinx and anti-immigrant rhetoric is certainly not a new phenomenon in the United States; however, what is recent is the increasing amount of evidence showing the relationship between stressors and poor health outcomes among Latinx immigrants shaped by national, state, and local anti-immigrant rhetoric, policies, and enforcement activities.^{13,41–45}

Researchers have begun directing more attention to the relationship between anti-immigrant views and the health of Latinx immigrants. Yet, research in this area continues to be sparse. The hostile anti-immigrant climate has and continues to exacerbate racial and ethnic health inequities through increasing multilevel, systematic discrimination and resultant stress,⁴⁶ due to massive immigration raids, detentions, and deportations. Anti-immigrant rhetoric seeks to exclude and stigmatize people in the United States who are from other countries,⁴⁶ in this case people with Latinx ethnic origins. Anti-immigrant and anti-Latinx rhetoric are coded in a way that denigrates and criminalizes immigrants, particularly immigrants who are undocumented and/or those who do not adhere to American cultural norms, values, and customs. Consistent with a growing literature base, we also recognize that immigration status influences health both directly and indirectly through creation of economic opportunities, liberation (eg, access to social mobility), and overall health care.^{47–52}

Anti-Immigrant Rhetoric and Psychological Stress

A small number of studies have been published on the link between anti-immigrant rhetoric and psychological stress among Latinx immigrants (eg,^{13,43}). In a recent qualitative study of 23 Latinx immigrants and 28 staff members at Federally Qualified Healthcare Centers, psychological stress endorsed by immigrants stemmed from anti-immigrant rhetoric in the media and by negative viewpoints expressed by political leaders, fear of deportation, discriminatory events, concealment, and internalized anti-immigrant sentiment.⁴⁵ Similarly, findings from Fleming and colleagues⁴¹ suggest that heightened anti-immigrant rhetoric and immigration enforcement increased perceived discrimination and levels of psychological stress among Latinx immigrants and placed them at risk for adverse health outcomes, particularly among undocumented immigrants. Discriminatory language, attitudes, and actions, along with political agendas to control and exclude Latinx immigrants have made their lives much more difficult through the normalization of microaggressions, microinsults, microassaults, and macroaggressions, and race and ethnicity-based discrimination and oppression (see,⁵³ for content on the various forms of micro-and-macro-aggressions). The presence of anti-immigrant rhetoric along with harsh immigration policies

and laws suggests a fear of seeking services for psychological stress and related mental health concerns.^{54,55}

The rise in negative sentiments towards Latinx immigrants has led to the depiction that they are a threat to national security and to the characterization of them as criminals involved in violent crimes and trafficking illegal narcotics.^{56,57} This is especially true of immigrants from Mexico who were often the target of the 45th President's anti-Latinx rhetoric in which he accused "Mexico of sending criminals, rapists, and drug dealers to the United States."⁵⁸ To date, most of the research on the internalization of anti-immigrant and anti-Latinx rhetoric and psychological stress has been conducted with children, adolescents, and high school students (see^{40,59-61}). However, recent research is now highlighting how the current anti-immigrant climate that subjects Latinx immigrant adults to discrimination, deportation, and anti-immigrant rhetoric has contributed to members of the community internalizing these negatively charged messages and labeling them as stressful life events.^{45,46} Given the limited research and understanding of how anti-immigrant oppression becomes internalized among Latinx immigrant adults, future research should examine internalized anti-immigrant rhetoric in a more collective form and, if and how anti-immigrant ideologies become internalized and the association to chronic stress.

Anti-Immigrant and Anti-Latinx Policies and Practices

Past Exclusionary Anti-Immigrant and Anti-Latinx Policies and Practices

The United States has been referred to as a nation of immigrants, but what is often left out of public discourse is the restriction of immigration from certain countries based on policy designed to keep immigrants of color from entering the United States.⁶² As argued by Gee and Ford, "immigration policy is a form of structural racism: exclusionary policies provide the most permanent and broad-scale type of segregation by prohibiting groups from entering the country [legally], deporting those already here, and limiting the rights of those deemed to be a threat" (p. 122)⁶³. One of the consequences of exclusionary immigration policies is that immigrants of color face harsher restrictions than other immigrant groups (ie, White Europeans^{64,65}). The following sections discuss policies that have been guided by a "White racial frame" wherein Whiteness is considered superior and racial and ethnic minoritized communities inferior.^{5,66} This has led to the design, implementation, and justification of anti-Latinx and anti-immigrant policies that criminalize Latinx immigrants, inferring they are underserving of U.S. citizenship and basic human resources.^{5,67}

The implementation of the Immigration and Nationality Act of 1965, for the first time, placed numerical limits on the number of migrants from the Western Hemisphere compared to the Eastern Hemisphere.^{68,69} As a result, legal migration for Mexican citizens and other Latin American communities to the United States was curtailed. Another example of exclusionary practices against Latinx immigrants includes the 1954 immigration law enforcement initiative "Operation Wetback" (Wetback; an ethnically and racially charged term used to describe Mexican immigrants who traversed the Rio Grande into the United States), a large military-style deportation practice of anyone who appeared to be of Mexican ancestry.⁶⁸⁻⁷⁰ Operation Wetback was the result of rhetoric suggesting that the Mexican community was depleting relief from U.S. citizens and "stealing" American jobs.⁶⁸⁻⁷⁰ A third example of exclusionary immigrant practices purposefully designed to inflict harm on Latinx immigrants was "Operation Gatekeeper," a measure implemented in 1994 aimed at halting unauthorized immigration to the United States at the United States-Mexico border that brought back border militarization along the southern border. The outcomes of border militarization included an increased number of Border Patrol agents, the opening of interior Border Patrol checkpoints, increased detention bed space, installment of high-tech detection devices along the border wall, and funding the construction of walls and other infrastructure intended to serve as deterrents.^{71,72} Both Operations Wetback and Gatekeeper have contributed to the rise in unauthorized migration through dangerous crossing areas such as the Sonora Desert.^{69,70,73} As such, strict immigration policies and border enforcement do not halt migration, but rather push migrants towards underground and unsafe routes that expose them to crime and human rights violations. A recent study found that harsh immigration policies that contribute to unsafe migration routes and thoughts about immigration enforcement were associated with increased levels of psychological stress among Latina immigrant mothers.⁷⁴

Current Exclusionary Anti-Immigrant and Anti-Latinx Policies and Practices

Since the early 2000s, the United States has been undergoing a period of heightened immigration policy activity that has far-reaching mental health consequences. The changes in immigration policy have followed increased enforcement, deportation of undocumented immigrants, and family separation at the United States-Mexico border.^{7,56,75} It is no secret that immigration policies reflect racist ideology and attitude towards certain immigrant groups, in particular groups from non-Western European countries. A prime example is the removal of more than 2 million undocumented Latinx immigrants during the Obama administration, which earned him the moniker "Deporter in Chief."⁷⁶ While immigration

policies are written and deemed “race-neutral,” they disproportionately have a negative impact on immigrant communities of color,⁷⁷ particularly the Latinx immigrant community, which has historically been under attack.

The period between 2005 and 2012 saw record high anti-immigrant legislation at the state level.⁷⁸ Examples of legislation passed during this time period include the Arizona Support Our Law Enforcement and Safe Neighborhood Act (S. B. 1070), which required law enforcement to check the immigration status of an individual when “reasonable suspicion exists that the person is an alien who is unlawfully present in the United States”⁷⁹ and the Alabama Taxpayer and Citizen Protection Act (H. B. 56), an extreme version of S. B. 1070.⁸⁰ These laws became the catalyst to extreme immigration policy across the country, as more than 150 immigration-related laws passed at the state level in the first half of 2012 alone.^{78,81} These policies are a result of a tense political environment where politicians continue to use immigrants, in particular Latinx immigrants as pawns in their game of chess.

In the past six years, the United States has seen and experienced an increase in restrictive immigration policy, especially since the election of the 45th President. Yet, it is important to note that this administration is not the stem of anti-immigration policies. However, the administration continued to push existing anti-Latinx and anti-immigrant policies by utilizing propaganda to introduce new fears, encouraging xenophobic rhetoric and views, and provoke harm against Latinxs immigrants from U.S. citizens.⁵ The hostile immigration environment during that time period led to multiple limiting immigration policy changes including two January 2017 executive orders, “Border Security” and “Enhancing Public Safety”, that prioritized the deportation of all unauthorized immigrants, increased funding for Immigration and Customs Enforcement (ICE), attempts to rescind the Deferred Action for Childhood Arrivals (DACA) program, the separation of families at the Southern border (“zero tolerance”), changes in public charge rules, institution of Title 42, and the Migrant Protection Protocol (“Remain in Mexico policy”), which heightened immigration enforcement fears in the United States.^{82–84} These actions and policies, and the increase of anti-immigrant laws and the aggressive climate that endorsed them led to an intense fear among Latinxs and immigrant families across the nation.^{85,86} This, in turn, contributes to the increasing probability of negative mental health outcomes including depression and anxiety among Latinx immigrants.^{11–13} In our search of the literature we found one systematic review examining the impact of immigration policies on access to health services and health outcomes among undocumented immigrants.¹⁸ Results from Martinez and colleagues¹⁸ showed an association between anti-immigrant policies and effects on access to health services, and the negative impact anti-immigrant policies have on the mental health of undocumented immigrants (eg, depression,

anxiety, posttraumatic stress disorder). However, a limitation of the review was the small number of articles examining the impact of anti-immigrant policies on the mental health of undocumented immigrants compared to documented immigrants. This indicates that there remain even fewer studies examining the effects of immigration policy on the manifestation and role of chronic stress among Latinx immigrants. Therefore, the remainder of this review will focus on available studies that examine the impact of current immigration policies and laws on psychological stress of Latinx immigrants.

Policies as Social Determinants of Health

The relationship between policy and health outcomes has been established in the academic literature (see^{87,88}). This relationship was affirmed by the World Health Organization’s Commission on Social Determinants of Health who published a report on worldwide health in 2008 recognizing politics and public policy as social determinants of health.⁸⁹ According to the report, politics and policy influence overall health both directly and indirectly as a result of the creation of economic, social, and health policy within which the structural determinants of health and societal conditions function.^{85,90} Although in the larger literature the relationship between anti-immigrant and anti-Latinx policies and health is not a direct one, there is growing and compelling research that links anti-immigrant and anti-Latinx policies and negative mental health outcomes.^{13,41–45,47–50,56,74,85}

Impact of Immigration and Customs Enforcement

The process of migration has been found to increase the likelihood of depression, anxiety, stress, and trauma among immigrants.^{18,91,92} Once in the United States, Latinx immigrants face a multitude of political (eg, immigration policies) and social factors (eg, racism) that impact their mental and physical health. For example, at a systems level, laws and policies that restrict immigrants’ rights have led to Latinx U.S. born children living without a parent(s), increased household poverty, low educational attainment for children, and lower civic engagement.^{93–95} At the individual level, anti-immigration policies have been linked to heightened fear, restricted mobility, distrust of institutions and agencies, and increased psychological stress.^{96,97} The outcomes of strict immigration policies are felt at a systems level with family and friends of undocumented immigrants also being indirectly and directly affected.

Increased police surveillance and constant presence of ICE have been found to minimize mobility for immigrants, in particular undocumented immigrants.⁹⁸ For example, funding for ICE increased exponentially from \$6 billion in 2003 to \$13 billion in 2016, which led to a robust presence of ICE in the workplace and communities of Latinx immigrants.⁹⁹ According to data from the United States Department of Homeland Security between 2016 and 2021

approximately 2.1 million immigrants were removed from the United States, negatively impacting millions of Latinx families.¹⁰⁰ The financial investment in ICE also paved the way for the expansion of the immigrant industrial complex (“the confluence of public and private sector interests in the criminalization of undocumented migration, immigration law enforcement, and the promotion of anti-illegal rhetoric” [p. 296]),¹⁰¹ in particular with the implementation of the 287(g)-program expanding the reach of ICE into community policing,¹⁰² exposing immigrants to greater risk of anxiety and stress-related concerns. For example, one study found that Latina women (documented and undocumented) residing near an ICE detention center reported higher levels of sadness, anxiety, psychological stress, and powerlessness than Latina women residing far from ICE detention centers.¹⁰³ A second study found awareness of deportation enforcement policies and practices to be associated with deportation fear among undocumented and documented Latinxs.¹⁰⁴ The chronic anticipatory stressors of surviving a deportation threat have also been found to lead to social isolation, avoidance of authorities, family fragmentation, limited access to health and social services, and uncertainty about the future among undocumented Latinx mothers.¹⁰⁵ In another study, Latinx immigrants, survivors of federal immigration and local sheriff’s department raids in Michigan, reported high levels of immigration-related stress and lower self-rated health.¹⁰⁶ A final study, investigating the relationship between fear of immigration enforcement and biobehavioral health in mix-status Mexican-origin families, found household fear of deportation, family conflict, and chronic stress to be strongly related to elevated levels of proinflammatory cytokines, which are involved in the process of pathological pain and inflammation.¹⁰⁷ Deportation vulnerability is exacerbated by the fact that undocumented immigrants have very few options for legal resources and assistance, which may contribute to psychological stress resulting in negative mental and physical health outcomes.

Zero Tolerance Policy

The “zero tolerance” policy implemented in April 2018 inhumanely separated children from their parents who were seeking asylum at the United States-Mexico border. It is important to note that the separation of children and parents at the southern border is nothing new, as there is significant evidence detailing the severe and lasting harm of family separation at the border.¹⁰⁸ Data, made available by the American Civil Liberties Union from the government’s status report, suggest that by October 2018 more than 2600 immigrant children had been separated from their parents/caregivers and relocated to different detention centers across the country to await resolution of their parent’s case with hopes of reunification.¹⁰⁹

While there continues to be limited research on the association between chronic stress and the Zero Tolerance policy

among Latinx asylum seekers, recent scholarship on this topic highlights the negative mental health outcomes of forced family separation.⁷⁵ For example, a qualitative study demonstrated that parents and children who had been separated at the southern border reported signs and symptoms of psychological stress and trauma following reunification and almost all individuals met criteria for DSM diagnoses, even after reunification.¹¹⁰ A second study, examining direct clinical experience with children and parents receiving services in New York, found that the vast majority of families who had been separated experienced a great amount of post-release stressors including barriers to legal representation, basic needs (ie, housing, food, financial support), and social services (eg, language brokers, transportation, education, day care services for their children).¹⁰⁸ These post-release stressors are further compounded by pre-release experiences in detention centers with research citing symptoms of anxiety, depression, stress, and posttraumatic stress disorder (PTSD) endorsed by Latinx asylum seekers (ie, children, adolescents, and adults) being held in hazardous temporary holding cells and/or long-term detention facilities.^{111,112}

Migrant Protection Protocols and Title 42

On December 2018, the Department of Homeland Security issued a press release officially announcing the Migrant Protection Protocols (MPP), also known as “Remain in Mexico,” along with new guidelines for Customs and Border Protection officers to follow when processing asylum seekers at the southern border.¹¹³ The MPP required non-Mexican-origin immigrants from Spanish-speaking countries and Brazil (excluding unaccompanied minors) to remain on the Mexico side of the border pending their court hearing for asylum.¹¹³ According to Human Rights First,¹¹⁴ by January 2020 more than 68 000 asylum seekers were forced to return to Mexico. The same report noted that there were 816 recorded reports of rape, extortion, kidnapping, torture, and violent attacks against asylum seekers, including 136 attempts to kidnap children. In Mexico, homeless shelters have been overwhelmed, and most of the individuals forced to return have been pushed to live on the streets or in tent cities and encampments in abject, unsanitary conditions, while exposed to victimization by drug cartels.^{115,116} A January 2022 report from the American Immigration Council suggests that approximately 95% of individuals affected by MPP have not been granted due process regarding their asylum case.¹¹⁷ Due to the lack of data on the outcomes of MPP on the mental health of Latinx immigrants, the manifestation of these stressful events is unknown. However, one qualitative study found that participants who were impacted by MPP received no compassion from border agents, and experienced various forms of violence (ie, physical, ethnoracial, emotional and psychological, and violence against children), post-detention trauma, and health concerns.¹¹⁸

Another governmental policy based on enforcement negatively affecting Latinx immigrants is Title 42, which is a public health policy that authorizes the Director of the Center for Disease Control and Prevention (CDC) to suspend entry of individuals into the United States to protect public health.¹¹⁹ This authority was implemented by the 45th President in March 2020 in response to the COVID-19 pandemic to allow for the quick expulsion of migrants, including asylum seekers.^{120,121} Recent data suggest that as of March 2022, over 1.6 million single adults, nearly 200 000 individuals in a family unit, and nearly 16 000 unaccompanied minors have been expelled cumulatively under Title 42.¹²² Public health experts, including physicians, psychologists, and epidemiologists have repeatedly noted that Title 42 is counterproductive to preserving health and protecting individuals and families from COVID-19.¹²³ Interviews conducted by Physicians for Human Rights¹²⁴ with over two dozen asylum seekers who were expelled under Title 42 suggest that a vast majority reported symptoms of depression, anxiety, stress, and PTSD. Further, there is evidence of families separating from their children so that the children can seek entry as unaccompanied minors.¹¹⁹ These separations may lead to children and parents experiencing trauma and toxic stress, as many are already suffering from depression, severe anxiety, and post-traumatic stress. Although Title 42 officially expired on May 11, 2023,¹²⁵ the psychological and emotional sequela of these stressful life events as a result of immigration policy may remain invisible for years to come.

Implications

The recognized negative impact of anti-immigrant policies on the levels of stress of Latinx immigrants demands a coordinated and multi-level response. With an understanding that immigration is a social determinant of health that compromises access to behavioral health, economic opportunity, and social mobility, we offer recommendations that call for collective action to empower the Latinx community and improve their overall health status.

Practice

First, service providers (eg, mental health trainees, psychologists, licensed clinical social workers, psychiatrists) in clinical and nonclinical settings (eg, federally qualified health centers, community mental health centers, churches, community centers) must educate the Latinx community about the link between the immigrant experience and psychological stress, which may place them at risk for chronic stress. Education on the links between immigrant experience and psychological stress can be accomplished through (1) individual sessions, (2) facilitated discussions via healing circles or community discussion groups, (3) infographics,

(4) short-informational videos, and/or (5) social media outlets. Mental health providers should consider partnering and co-creating knowledge with community members and trusted leaders.¹²⁶ Further, mental health providers should consider partnering with federal agencies (eg, Substance Abuse and Mental Health Services Administration) to fund the development of educational material, resources, and additional efforts. Failure to recognize the association between physical health and mental health can unnecessarily exacerbate suffering and increase feelings of shame and confusion. Given their positionality status and authority, mental health-care professionals and community leaders¹²⁶ can empower Latinx immigrants with accurate and relevant information to understand and normalize their experiences.

Second, treatment professionals should consider the impact of covert and overt racist policies on overall experiences. For example, consistent research suggests that experiences of discrimination and systemic racism against immigrants have a profound impact on trauma. Therefore, professionals should consider the long-lasting psychological impact of the 45th President's first executive order, on "Border Security," which was purposefully designed to deter Latinx immigrants from migrating to the U.S by expanding Border Patrol and infrastructure (eg, detention facilities, wall, technologies [drones]) along the U.S.-Mexico border in efforts to intimidate immigrants from seeking refuge in the United States.^{5,127} Similarly, professionals ought to be aware of immigration policies (eg, MPP and Title 42) that violate international human rights law by denying refugees their legal rights to seek asylum in the US. Denying refugees the right to seek asylum may lead to prolonged exposure to extortion and violence as they await their hearing.⁵ As a result, professionals are encouraged to work from a lens that acknowledges the impact of structural factors to prevent pathologizing the immigrant community. In addition, professionals should work from a framework that honors an individual's psychological stress and help in the restructuring of negative thoughts (eg, idea that immigrants are unworthy of entry to the U.S.) that have been reinforced by hateful rhetoric and policies.

Third, professional mental health training programs (eg, psychology, social work, psychiatry) should encourage curiosity among trainees and a culturally humble and holistic approach to care. To do so, training programs must infuse Latinx immigrant mental health pedagogies at all levels of training, especially with the browning of America. For example, training programs can incorporate non-traditional texts into the training¹²⁶ (eg, <https://mhctnetwork.org/centers/national-hispanic-and-latino-mhct/product/book-quienes-somos-y-de-donde-venimos-historical>) and incorporate writings by Latinx scholars focused on immigration, mental and physical health, and policy. Further, training curricula can also include integrative models of mental health and highlight psychological models¹²⁶ that are culturally

responsive in the context of immigration. As suggested by Solorzano and colleagues,¹²⁸ training programs, when teaching on priority populations (eg, Latinx immigrants), should actively deviate from deficit discourse and embrace strengths-based approaches. Further, working with the Latinx immigrant community often requires flexibility. This means broadening the lens beyond the individual and attending to circumstances that may be affecting the wider immigrant community. Professionals who are knowledgeable about existing policies that can be detrimental will be better positioned to query about the impact of these on an individual's health status. Resources to enhance clinical practice, research, and immigration policy include the following from the National Latinx Psychological Association: (1) Ethical Guidelines and (2) Guidelines for Mental Health Professionals Working with Unaccompanied Asylum-Seeking Minors. These resources can be found at the National Latinx Psychological Association webpage <https://www.nlpa.ws/publications>. The integration of the resources mentioned above is the responsibility of institutions, training programs, and all stakeholders, and should be considered a key component of the equity, diversity, inclusion, and belonging agenda. Additionally, professional training programs, mental health professionals, researchers, trainees, and policy advocates focused on work with Latinx immigrants are encouraged to read the *Professional Guidelines for Psychological Evaluations in Immigration Proceedings* by Mercado and colleagues¹²⁹ and integrate them into their work with Latinx immigrant populations.

Policy

Fourth, research findings on the association between immigration policy and Latinx immigrant mental health must be disseminated by investigators, lobbyists, and individuals in positions of power and recognized as an essential tool for informing policymakers on the risks associated with anti-immigrant rhetoric. However, information must be translated into an accessible and jargon-free message that is easily communicated to communities (eg, policymakers) unfamiliar with mental health. Examples of accessible and jargon-free research findings include the one-page infographics currently being developed and disseminated by the Culture and Mental Health Lab at Utah State University, which can be found at <https://osf.io/24zqv/>. Anti-immigrant policies that restrict access to timely and comprehensive healthcare can be challenged with empirical data that demonstrates the impact of chronic stress. Once policymakers have been made aware of the mental health implications of anti-immigration policies, the next step is to offer real, practical, and feasible solutions. For example, Meissner and Pierce¹³⁰ offer immediate (eg, changes in asylum proceedings) and long-term (eg, U.S. and Central American partnership to combat human trafficking and smuggling) policy solutions to address the current crisis at the border. Further, research findings can

assist in the drafting of legislation, set forth by Congress and/or the President, aimed at rescinding harmful policies such as the Migration Protection Protocols and Zero Tolerance, which negatively affected thousands of individuals and families while in place.^{131,132}

Fifth, funding mechanisms to support the study of Latinx immigrant communities must expand. The demographic continues to grow, and the vulnerabilities affecting the community as well as the sources of resilience remains an understudied area of research. Gathering specific data will not only inform interventions, but also serve to guide future legislation and eliminate the perpetuation of hostile and inhumane policies. Therefore, it is imperative that public (eg, National Institutes of Health [NIH]) and private (eg, Patient-Centered Outcomes Research Institute) funding agencies sponsor initiatives – funded through respectful, collaborative, and cooperative agreements or contracts – in which Latinx immigrant mental health is the focus. Funding these initiatives would expand scientific findings that link cutting-edge science with the emerging mental health needs of immigrant populations. Further, legislative change is needed to provide new sources of funding aimed at addressing immigrant mental health. Finally, changes in legislation can also shift funding priorities in government agencies to fund a larger proportion of investigator-initiated projects that incorporate new concepts and translate knowledge into action.

Conclusion

Latinxs have been the target of anti-immigrant sentiment that has materialized into discriminatory policies affecting the health and mental health of individuals, families, and the broader community. Living with constant fear, anxiety, and threat is a recognized risk factor and an established source of long-term negative mental health outcomes. For many Latinx immigrants and their families, regardless of their legal status, this results from the barrage of exclusionary and restrictive immigration policies that have limited their basic rights, including access to much needed healthcare. Education and advocacy efforts to inform policymakers of the extensive damage caused by anti-immigrant legislation is an essential step as well as an ethical responsibility among providers committed to not doing harm to the community in their care.

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