



Mental Health Services for Immigrant Survivors of Violence: Community Resource Mapping

A Community Service Provider Guide

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Background

Assessing trauma in a transcultural context: challenges in mental health care with ⁱⁱⁱ

- **There is an underutilization** of mental health services when there is a lack of culturally sensitive care.
- **"Barriers from within the healthcare system** include the limited transcultural knowledge, skills, and practices among care providers, as well as systemic time constraints that undermine the ability to carry out a fulsome sociocultural assessment."
- **"Complex trauma**, such as that resulting from war, displacement, and resettlement, can make mental health assessments difficult for health care organizations or care providers with limited experience and training in trauma-informed care, leading to misunderstandings."
- **There is a need for trauma-informed care** as everyone's needs are different and often multilayered due to the complexities of their experiences.
- **The lack of standardized assessments** for transcultural mental health leads care providers to adapt practices on an ad hoc basis. For some, this meant doing a shorter screening at triage, a brief cognitive assessment (with an interpreter if needed), and determining the religious requirements for either a male or female health care worker.

Exploring the Needs and Lived Experiences of Racial and Ethnic Minority Domestic Violence Survivors Through Community-Based Participatory Research: A Systematic

^{iiiiv}

- **"Several needs and lived experiences emerged** including gender identity and patriarchal attitudes, racism and discrimination, the immigrant experience informing DV, poverty, shame and stigma, and the need for social support."
- **"When rates are examined by race and ethnicity, however, patterns reveal that certain groups are at even higher risk of victimization.** For example, women who identify as African American, American Indian/Alaskan Native, and Multiracial report considerably higher rates of DV compared with women who identify as White (Breiding et al., 2014). "
 - Minorities are at higher risk of experiencing victimization.
- **"For example, studies with South Asian and Latina immigrant women** suggest that talking about DV may be taboo due to stigma from their families and communities (Ahmad, Driver, McNally, & Stewart, 2009; Dasgupta, 2007; Vidales, 2010)."

Addressing the Need

WHY IS THIS TOOL NECESSARY?



Mental health is an important topic of consideration that has been continuously in discussion in the news and media. However, there are many nuances within the mental health landscape of the United States. Age, culture, and trauma are just a few essential factors to name when researching and defining mental health across different populations and institutions. In Texas, mental health is a pressing topic as there are reports that state that 36.8% of people in Texas report having depressive or anxiety related symptoms, which is higher than

the national measure of 32.3%.^v

For domestic violence survivors, and especially immigrant survivors, their situation is exceptionally precarious. There are a variety of factors that contribute to the unique experiences that immigrant survivors have as they may be facing pressures due to personal struggles, trauma, as well as legal and political influences. There is a great need for trauma-centered care and comprehensive services as this population is especially vulnerable due to the immediate and long-term physical and mental health issues they face.^{vi}

Specifically, immigrant survivors are especially vulnerable because in addition to the fear and anxiety derived from domestic violence (DV), they also face struggles before, during and after migration. Before leaving, extreme poverty and violence in their home countries can contribute to the stress that they are experiencing. During the process, additional issues include, "the risk of physical, psychological, and sexual violence, exploitation, human and drug trafficking, and inhumane detention conditions."^{vii} After migration, the process of assimilating to a new country without previous social networks, dangerous working conditions, language barriers, and a lack of financial stability can all contribute to the trauma that they are undergoing. This not only highlights the importance of mental health support for migrants but also indicates there is a grave need for resources and an easy way to access them.

Barriers to Access

Legal Barriers

Research shows there are many barriers to accessing legal services. For immigrants, specifically, these can include fear of deportation, discrimination, or manipulation of cultural characteristics against them.^{viii} Such worries play a significant role in determining whether immigrant or refugee survivors of domestic violence choose to seek out help. In Texas, specifically, the SB4 legislation, currently blocked due to litigation, could severely increase the fear of deportation, especially for undocumented immigrants. The law allows Texas law enforcement to arrest and deport immigrants under criminal charges rather than federal immigration law, and such anti-immigrant legislation creates a great sense of worry about seeking out any services that serve immigrant populations. Additionally, many organizations and clinics often require documentation such as proof of residence, government identification, financial documentation, and even proof of employment. For new immigrants, who have been through a grueling migratory experience, obtaining such documentation can be extremely difficult and make seeking out mental health services inaccessible.

Cultural Barriers

Culturally specific resources for immigrant or minority survivor populations are currently a scarcity. This gap contributes to the disconnect many immigrant survivors face when seeking out medical services, as the providers are unable to understand their individual needs. Additionally, discrimination against specific racial and ethnic communities adds another layer of inequities in accessing mental health services, due to the fear and anxiety it creates. Because each immigrant's cultural background and migratory experience is different, there is a demand for culturally competent care. This not only includes language translation, if available, but also a willingness to understand various cultural stigmas and stressors that may contribute to the mental health of each survivor. For Asian American immigrants, for example, differing familial structures and high expectations add on to the existing migratory trauma that they face.^{ix} Addressing mental health stigma based on different cultural communities is important to ensure people receive tailored support.

Economic Barriers

Due to immigration policy which limits who can and cannot work legally in the U.S., many immigrants face legal barriers to seeking out employment, especially undocumented immigrants. Without a stable job or one that is low paying it can be

difficult to gain access to and afford the medical needs immigrants need. For domestic violence survivors, there is an additional layer of financial abuse by their partner that can factor into their situation, proving there is a tight link between financial abuse and poverty. Finances are often a means of controlling the victim and therefore manipulating their autonomy.

Undocumented immigrants are especially vulnerable to greater workplace financial manipulation due to both workplace exploitation and financial abuse by the abuser. Because of the fear of ICE or deportation, there are more risks and barriers that undocumented immigrants face, making them a vulnerable population to labor violations. Therefore, it is harder for them to obtain fair financial compensation, though the law guarantees it for undocumented immigrants.^x

Language Barriers

Linguistic barriers are very common for immigrant and refugee survivor populations. Minority and immigrant populations, prior to established acculturation, have varying degrees of English proficiency, and this makes it difficult to navigate the legal and healthcare system as it is, let alone adding in the trauma they face from domestic violence. Many survivors who report English as their second language often face a complex re-traumatization process because they not only are forced to explain their issues but also may struggle with the frustration of not having people understand them. Additionally, interpreters, though helpful and very much needed resources, can at times either misrepresent or withhold information from the victims' stories. Generally, limited English proficiency is attributed to longer periods of time with untreated disorders as well as greater disparities in obtaining mental health attention.

HOUSTON SPECIFIC BARRIERS TO ACCESS

Long waitlists

Many organizations often have a client list or a walk-in policy. However, such systems often mean long wait periods or waitlists. For clients or patients who are in dire situations and need immediate mental health attention, such waitlists can greatly delay access to care. In the Houston-area, organizations frequently implement a walk-in policy, however, due to the workdays ending later in the day for many immigrant workers, this can result in a lack of space to obtain services. Additionally, for other needs such as case management or emergency housing there is usually little capacity. In the case of a domestic violence situation, organization capacity can significantly limit the ability of survivors to obtain the support they need in a reasonable timeframe.

Lack of providers & Mental health deserts

88% of Texans live in a county without enough mental health services. This shows a large gap in the resources available to the general population, and more specifically the immigrant population. The alarmingly high percentage of people without proper access indicates that mental health resources are a large unmet need for many people.^{xi}

There are counties surrounding the Houston area that have low provider to population ratios, when looking at the significantly high population numbers in the area. For example, Harris County has a provider ratio of 66 providers to 100,000, Fort Bend has a ratio of 41.1 to 100,000, and Montgomery has a ratio of 42.7 to 100,000.^{xii} These numbers provide an overview of a few of the counties immediately surrounding Houston, if we included a few more, those ratios are below 10 providers per 100,000. Most of these counties are also where some of the highest immigrant populations or communities are located.

Seeking Solutions

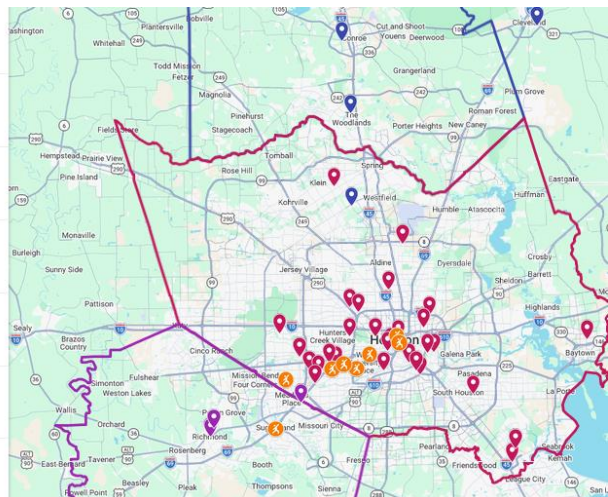
MENTAL HEALTH MAPPING

How does this tool address these problems?

Our solution is a mental health resource map tool. The map was made through Google MyMaps making it an easily accessible domain and link for users. The map contains data that creates pinpoint markers on the map at different locations indicating a mental health center. Each pinpoint, when clicked on, generates a pop-up box which contains information such as the organization's location, hours, languages, and required documentation.

The tool allows a user to easily navigate the map and find mental health resources that would be reachable for them. It provides information about how to navigate mental health capacity limitations, eligibility requirements, languages offered, and

- ☒ Harris County Non-Traditional (English)
 - ▼ All Items
- ☒ Fort Bend County Psychotherapy (English)
 - ▼ All Items
- ☒ Montgomery County Psychotherapy (English)
 - ▼ All Items
- ☒ Chambers County Psychotherapy (English)
 - ▼ All Items
- ☒ Brazoria County Psychotherapy (English)
 - ▼ All Items
- ☒ MONTGOMERY, TX
 - ▼ MONTGOMERY, TX
- ☒ HARRIS, TX
 - ▼ HARRIS, TX



alternatives to clinical psychotherapy, for those who are unable to access or are not ready for therapy. The map centralizes important information that allows immigrant survivors to make more informed decisions about which organization or clinic to visit without having to go through the lengthy and tedious process of obtaining information about each clinic and whether they qualify to receive services from them.

Holistic understanding of mental health

When conducting our research and content search on different mental health organizations or clinics, we made sure to find locations that offered flexible resources fit for immigrants. This means that considerations such as languages offered for services and level of documentation required were made to find locations that would be better suited for immigrants to explore. Additionally, we tried to find organizations that offered culturally specific care such as faith-based services as well, which could provide additional support to migrants.

Why is our tool more accessible?

The tool is reachable through a link and because it is based off of a Google interface, MyMaps, the tool should be easily accessible via the web. We ensured to find a method of translating the map contents including location names as well as the information about each organization. The translations should help reduce the language barrier that many limited English proficient immigrants face as they can easily change the language that the information is presented in. Additionally, there is a Google Earth feature that converts the map to a satellite version, allowing for a better viewing experience for what the geography looks like around each center.

Beta Testing

We had deployed our map too during Tahirih Justice Center's Kitchen Table Conversations (KTC), with Spanish speakers. During the conversation, we briefly demonstrated the functionality of the map and allowed the participants to open and use the map on their own. After providing them with a period to use the map, we then asked for feedback and learned a few key lessons.

Feedback from Community

- **Need for a video tutorial:** Participants appreciated the information the map provided; however, they mentioned that a video tutorial showing the functionality of the different features of the map would be helpful. Therefore, we have made two videos, one desktop version and another mobile phone version. The videos do not have text or audio, so there is no need to translate the videos. In the video, the different locations (psychotherapy/non-traditional), zoom button, and collapse and expand buttons are clicked to walk through what each button does on the map. The video tutorials would also help users easily share the map with other survivors because they can also share the tutorial for how to use the map.
- **Childcare services:** Participants mentioned a need for the inclusion of information about childcare services at the mental health organizations or additional childcare service locations, so the survivors can seek out mental health therapy with ease. In the future, the map can be accommodated to include this information with existing organizations and clinics, but additional childcare services can also be marked on the map.
- **English Classes:** Participants asked whether ESL or English classes were marked and offered on the map. Though this is not a parameter currently, it provides direction for the creation of a new map that provides locations and information about language classes.

Overall, we learned that users found the map very useful and informative, and they were likely to refer the map to their peers. This provides evidence that the map does meet an existing gap in terms of facilitating the process by which survivors navigate the Houston area mental health service landscape.

POTENTIAL FOR FUTURE DEVELOPMENT

What would be needed to ensure long-term sustainability?

To ensure long-term sustainability the tool must be easily updatable and maintained on a regular basis. By providing a date of when the information was last updated, users can get an idea of the temporality of the information as well as what the last

known status was. When the different locations are contacted again on a periodic basis, information regarding waitlists, business hours, or procedural information can be updated. This will provide a more current picture for users. Additionally, new locations can be easily added to the dataset and then imported into the map tool to provide a more updated version of the resources available to users.

Are there structural recommendations that we have learned through this process?

There is a need for more therapists who speak other languages than just English and Spanish. Though there is a large majority of centers that offer Spanish as a second language and some that offer Hindi, Arabic, and a few other languages, they are very limited in number. Therefore, there is a need to have more locations or centers that offer more interpreter or translator services to better cater to the diverse immigrant population in the Houston area.

An additional area for improvement is finding locations or services specifically catering services to undocumented immigrants by not requiring much documentation or verification. Especially with the current state of Texas legislature and anti-immigration policies rolling out, there is a greater need to find wellbeing resources that offer more easily accessible services and psychologists for undocumented immigrants to help bridge the current gap and the future widening of the gap.

Along similar lines, the Enhanced Library Card, which is obtainable in the Houston area, offers an official identification for immigrants. However, many locations and mental health centers were unaware of the identification form, thus resulting in hesitation about accepting the ID. If more information about the Enhanced Library Card were disseminated, this would allow for more centers to be accessible to immigrants, even those still in the process of obtaining official legal status.



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