



# POLICY FRAMEWORK FOR IMMIGRANT MENTAL HEALTH

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**CLASP**  
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# Executive Summary

The field of immigrant mental health is extensive, accounting for the diversity of their cultures, histories, immigration journeys, communities, and family dynamics. Truly understanding and addressing immigrant mental health involves commitment and partnership from various sectors, including those with lived experience and direct working knowledge of specific communities.

The framework is meant to serve as a map to show where inroads have been made and what roads still need to be created to support immigrant mental health. We created this policy framework to support those working with immigrants and on issues related to immigration, mental and physical health, and child and family well-being. Many of the suggestions in this framework are from many collective and individual conversations with partners, perspectives we learned from focus groups in immigrant communities, and written feedback from many groups across the country.

Our proposed framework discusses ideal practices that may currently feel unattainable. We intentionally define these ideals to not limit ourselves in our policy strategy, instead showing what strategies and initiatives would allow immigrants to thrive. We encourage advocates, policymakers, and strategists to use this framework by choosing aspects that fit their individual or organizational priorities for practice, policy creation, improvements, advocacy, and/or other ways to add voice to the movement. We hope that the framework will help strengthen partnerships and coalitions to allow people to discuss and discover their shared and aligned priorities.

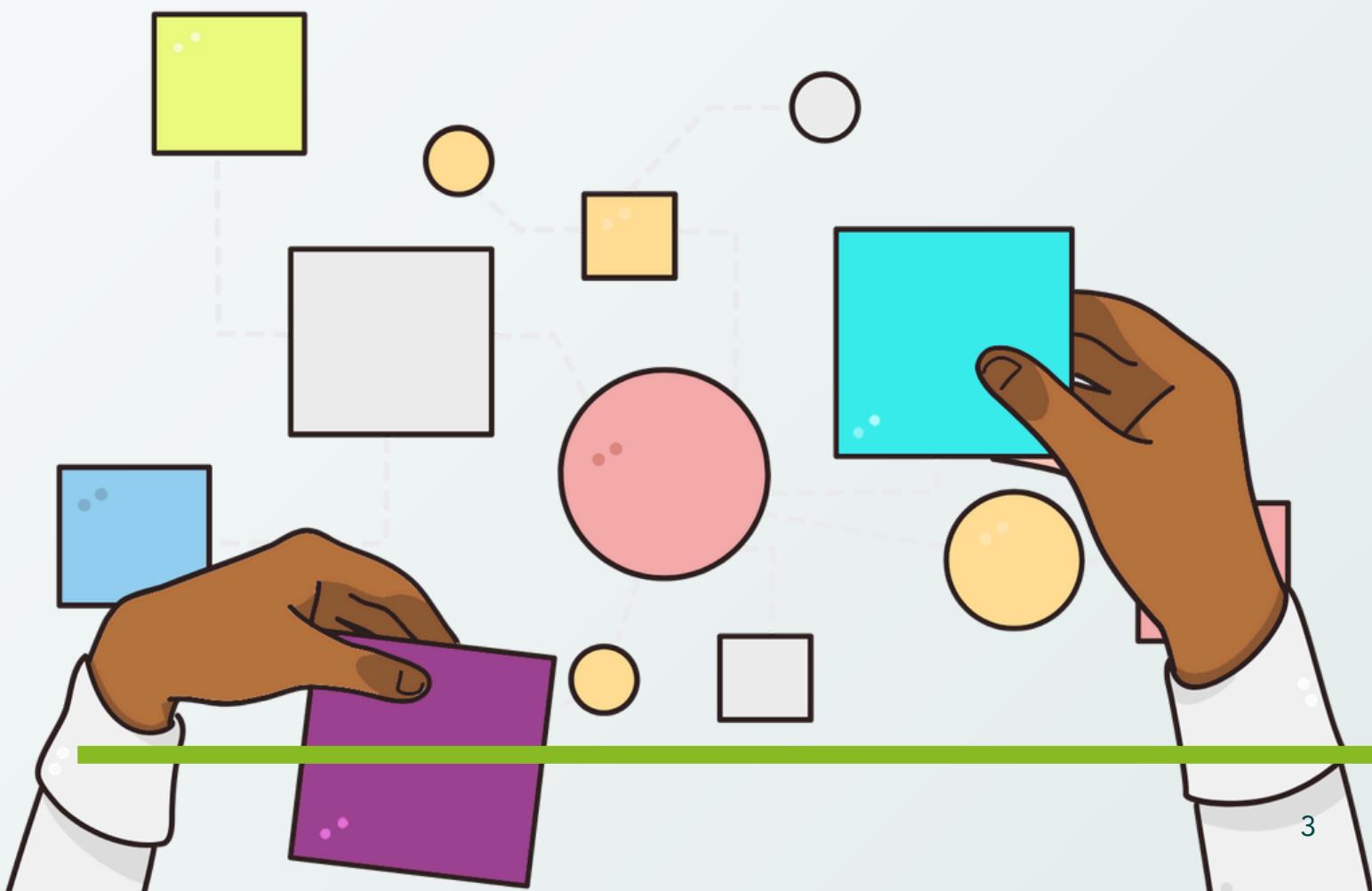
The second section of the framework focuses on action. We offer a menu of practical examples that have been pursued on a local, state, or national level and suggestions of first steps to achieve the goals outlined in the first section. Not all potential steps are outlined, for brevity. Additionally, no organization, coalition, or group of individuals can move forward on all of them alone.

We understand that the advocacy, systems, and policy reform discussed and the ways to achieve those changes dramatically differ in some parts of the country than others. As such, we encourage those who face more hostile and challenging environments to choose actions that work best for them and to provide us with insight and feedback to strengthen this framework and increase its longevity.

# INTRODUCING A NEW POLICY FRAMEWORK

After connecting with several organizations across the country working on immigrant mental health on the local, state, and national levels, CLASP recognized the need for a national advocacy plan focused on immigrant mental health. This report, informed by partners across the country, addresses this gap in both mental health and immigrant advocacy and intends to provide a unifying set of goals across actors and movements to improve immigrant mental health and well-being in the United States.

This policy framework serves as an advocacy roadmap for immigration and mental health advocates who work at the local, state, and federal levels, as well as direct service organizations interested in pursuing policy advocacy. It is not exhaustive and is meant to be built upon as different immigrant mental health needs are better understood within changing political and policy contexts. Our hope is that advocates see these priorities as ways to push state and federal policymakers to create a solid foundation for a responsive mental health system, with healing-centered, culturally sensitive, and linguistically appropriate services and accommodations for all immigrants.





# PRINCIPLES TO IMPROVE MENTAL HEALTH



## Redefine Mental Health Services and Supports

Supporting mental health and well-being involves reframing how we approach mental health care.<sup>1</sup> It is critical for federal and state policies to not only meet immigrants' basic needs (e.g., job quality and access, housing, affordable and effective medical care, access to quality food, child care) but also provide a range of culturally responsive mental health services in community-based settings. Within the health system, care must be integrated wherever possible, to ensure immigrants encounter fewer barriers when accessing services. Because many immigrant populations regularly interact with the immigration system, resources must be allocated for integrated mental health supports in detention, through proceedings, and in processing applications for status.



**At a minimum, strategies must include:**

- An acknowledgement that the mental health system has historically been a source of abuse and mistreatment for many people of color, including immigrants;
- A confrontation of the normalization of suffering/trauma in immigrant experiences;
- An understanding that structural investments in immigrant communities (i.e., equitable housing, employment, education, child care) and in home- and community-based services (i.e., behavioral support and case management services, family support, crisis support, therapeutic foster care) are the primary ways to universally support mental health, rather than relying on behavioral health clinics, 988/911, involuntary hospitalization, or other segregated placements to provide such care;
- An understanding that immigration status is a social determinant of health;<sup>2</sup>
- An acknowledgment that parental detention and deportation is an Adverse Childhood Event (ACE) that can have traumatic consequences on the mental health of children of immigrants and their future opportunities to thrive;<sup>3</sup>
- An agreement for immigration judges and attorneys, and other staff and administrators to better understand the impact of traumatic experiences and toxic stress on behavior and memory, and how mental health law impacts immigrants and immigration policy (e.g. whether detention facilities are complying with the Americans with Disabilities Act);
- An understanding that immigration judges and attorneys, and other staff and administrators must adopt healing-centered and culturally sensitive approaches with immigrant populations;
- A focus on and investment in infant and early childhood mental health to achieve short- and long-term social, health, and economic benefits;
- More pathways to receive mental health services without a diagnosis;
- Storytelling campaigns/narrative shifts around the impacts of immigration on individual and community mental health; and
- A historically informed understanding of the ways in which narratives justifying immigration for cheap labor is harmful, how immigrants have been punished and criminalized for not appropriately assimilating into U.S. white supremacist culture, and how immigrants have fled their countries of origin in large part because of U.S. imperialism and foreign military intervention.



## Expand and Strengthen Publicly Funded Coverage for Immigrant Populations

Mental health services must meet the diverse and unique needs of immigrant populations. This includes broader coverage for preventive services in mental health. Certain immigrant populations also face restrictions to accessing Medicaid coverage and Affordable Care Act subsidies. No one should experience barriers to accessing health care due to immigration status.

### We ask policymakers for:

- Universal health care coverage for all;
- The removal of immigration-related restrictions for access to Medicaid and the Children's Health Insurance Program (CHIP), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Supplemental Security Income (SSI) created by the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, including the 5-year bar for lawful permanent residents and the nearly complete coverage barrier for other authorized immigrants such as Deferred Action for Childhood Arrivals (DACA) recipients and Temporary Protected Status (TPS) holders;
- The utilization of all administrative avenues to expand health care for immigrants, including allowing DACA and Special Immigrant Juvenile Status (SIJS) recipients access to Medicaid and CHIP; and
- More state options to expand publicly funded coverage for immigrant populations, including undocumented populations.<sup>4</sup>





## Expand and Strengthen the Mental Health Workforce

Currently there are not enough mental health providers, let alone those who practice with cultural sensitivity and linguistic concordance, to meet the specific and unique needs of immigrant populations. Policymakers must work to increase the capacity of the breadth of mental health providers, as well as community health care workers (CHWs), general medical practitioners, and qualified translators to provide culturally responsive, healing-centered mental health care.

**To provide effective services for immigrant populations, systems and policies must support the workforce by:**

- Increasing reimbursement and/or providing coverage for traditional healing practices and modalities beyond the typical standard of care for mental health needs;
- Expanding Mental Health Care Health Professional Shortage Area criteria to include language regarding the accessibility and availability of providers who practice in a culturally sensitive manner;<sup>5</sup>
- Increasing pay and Medicaid/Medicare reimbursements for CHWs, home visitors, and family support workers who are trained to engage in culturally sensitive mental health work;
- Funding outreach and support to immigrant communities through trusted liaisons such as community leaders and community-based organizations;
- Building and strengthening workforce pipelines for people with diverse identities and experiences through grants, educational scholarships, and expanded loan repayment programs;
- Hiring and supporting more non-clinical paraprofessionals who deliver mental health prevention/well-being messages who can work alongside care providers specializing in mental health fields. Examples include peers, CHWs who provide peer support with other services, or creating “task sharing” practices like those used in the Global South;<sup>6</sup>
- Hiring more peer support providers, ensuring they have workforce supports, and increasing their reimbursements to above a living wage;
- Creating/bolstering peer support specialist networks within communities, including removing credentialing requirements, creating Medicaid and private insurance reimbursement structures, and ensuring peer support specialists have workplace support and mentorship;
- Supporting and funding providers that offer health care, child care, and respite care outside the 9 a.m. – 5 p.m. workday; and
- Supporting legislation focused on allowing clinicians from non-English-speaking countries to take licensure exams (e.g., Illinois, Georgia) and ensures tuition and financial aid equity for undocumented students, especially for those wishing to pursue medical careers.<sup>7</sup>



**An expanded workforce must:**

- Support the implementation of a public mental health model that focuses on universal aid/prevention as well as tiered supports that include expanded workforce capacity, which integrates mental and physical health; and
- Support the work of community providers in immigration settings and expands community partnerships to build trust with immigrant communities and individuals with mental health needs.

**Provider expertise must be strengthened by:**

- Funding and expanding culturally responsive training opportunities to a wide range of immigrant populations, including those who have experienced trauma and those with mental health, intellectual and developmental disabilities, and Indigenous backgrounds;
- Uplifting trainings for CHWs, home visitors, and family support workers that focus on mental health and well-being, are free of stereotypes about disabilities or mental health, and are culturally sensitive;
- Ensuring providers have LGBTQ+ competencies;
- Ensuring providers have competencies around HIV status and people impacted by HIV, hepatitis B, hepatitis C, and other highly stigmatized health conditions;
- Ensuring that key staff are trained to give referrals for services that immigrant populations specifically need, like immigration services, connections to legal services, non-clinical providers, reasonable accommodations, and trauma-informed services; and
- Ensuring that health care institutions implement procedures to protect the safety of all immigrants seeking care, regardless of status, and they are protected in doing so.



Language access is critical for effective immigrant mental health care. The following policy proposals must be enacted to improve language access services:

- Develop a set of certification standards for medical interpreters working in mental health services (e.g. using standards set in Alabama as a template for people who speak less commonly known languages in a state).<sup>8</sup> Build toward the requirement that all medical interpreters receive this certification in mental health;
- Train clinicians and interpreters in best practices for providing mental health services, supports, and information in a language other than English, especially Indigenous languages from Latin American and African nations;
- Build on the work being done through the Affordable Care Act's Section 1557 implementation by going beyond the language access sections (e.g., 92.8(d): Policies and procedures, language access and 92.201: Meaningful access for individuals with limited English proficiency);<sup>9</sup> and
- Provide adequate resources to service units and providers to meet the needs of populations with diverse languages.







## Improve Service Delivery

To improve mental health care for immigrant populations, we must focus on what immigrants need, providing services in places people feel comfortable. Specific services will depend on the population and where the individual sits within a community, but in general must consider:

- Creating community and a sense of belonging within the places that immigrants already seek support;
- Working towards primarily serving individuals in home- and community-based settings;
- Funding community partners/entities who/that provide non-clinical services to include mental health services and supports (e.g., community centers, afterschool centers, workforce agencies);
- Expanding clinical and traditional mental health care services, including telehealth, to settings where kids and families spend their time (e.g., daycares, schools, afterschool centers, community centers, religious institutions) and where mental health promotion strategies are fostered (e.g., coping with stress, social connections, building skills);
- Encouraging out-of-network providers to offer a sliding fee scale;
- Bolstering connections between legal services, case managers, and mental health providers and offering immigrants pro- or low-bono legal services for attorneys with experience in mental health concerns;
- Increasing school services and supports for immigrant children and youth;
- Providing a non-police emergency response that seeks to stabilize individuals where they are, rather than relying on unnecessary hospitalization;
- Providing emergency and non-emergency mental health supports in a variety of languages;
- Expanding types and methods of mental health screenings to be more culturally sensitive;
- Introducing and better integrating patient navigators within care systems to support immigrants; and
- Building connections between providers and community partners familiar with immigrant values and needs.

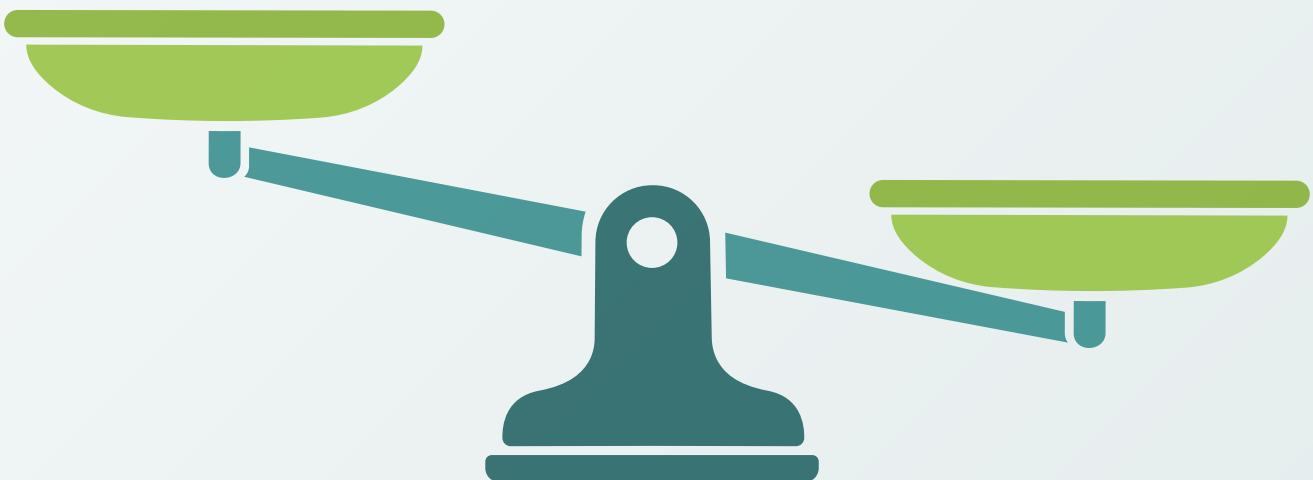




## Address Inequities

Even as we work to improve the mental health care system for immigrant populations, current inequities will remain for some time. However, there are actions we can take concurrently to address these inequities to create a better system that works for everyone, including:

- Insisting that federal agencies collect and publicly report on data by race and national origin, along with disability and primary language;
- Ensuring that data collection, through methodology, analysis, collection, and publication, is balanced and inclusive; includes disaggregated race, ethnicity, and language data (e.g., including specific Asian American, Native Hawaiian, Pacific Islander, Middle Eastern, and North African populations); and builds trust through collaborating with community; and ensuring data analyses are shared with communities;
- Ensuring that data equity initiatives balance concerns about confidentiality and safety with the need for transparency and agency accountability as they relate to data collection in immigrant communities and do not endanger an individual or family;
- Ensuring that data equity initiatives iteratively reflect on the benefits and risks to immigrant, migrant, and refugee communities within changing sociopolitical landscapes;
- Focusing on litigative strategies, such as leveraging civil rights laws (e.g., Olmstead) and health laws (e.g., Medicaid, the Affordable Care Act) to target inequitable outcomes;<sup>10</sup> and
- Providing counseling and litigation services on behalf of those who have experienced trauma and hardship from discriminatory and/or prolonged immigration proceedings, immigration detention, and deportation.





# ACTION STEPS

Many organizations, as well as physical and mental health professionals across the U.S., are doing incredible work to support immigrant communities' well-being and mental health. It is vital to bring them together to learn from each other and build on each other's successes through coalition-building and learning communities to lend power to the policy framework. As always, immigrant, migrant, and refugee communities must be involved as leaders and collaborators in any coalition and advocacy that involves them. The following is a snapshot of what a national coalition and/or learning community across the country could work on together to move forward each aspect of the framework.

# 1



## Redefine Mental Health Services

Build an intersectional coalition made up of individuals and organizations with knowledge in immigrants' rights, mental health, early childhood, and social services to work on the following:

- Acknowledging the importance of a holistic approach to mental health.
- Including a focus and investment on infant and early childhood mental health (ages 0-5) to lead to longer-term social, health, and economic benefits.
- Additionally focusing on youth and young adult mental health (ages 15-26) and the transition from youth to adulthood and unique supports within that life stage.

### Federal Level

- Participating in monthly U.S. Department of Health and Human Services (HHS) Immigrant Health Roundtables.
- Amplifying campaigns for work authorization like the Here to Work Campaign and legislation like H.R. 1325 Asylum Seeker Work Authorization Act.<sup>11</sup>
- Encouraging the Departments of Homeland Security (DHS) and Justice (DOJ) to require immigration judges and immigration officers who interact with migrants to undergo training on mental health and trauma, and how to adopt a culturally responsive and trauma-informed approach.

### State Level

Amplifying campaigns for local/state-based inclusion strategies to mitigate structural barriers, like higher education and driver's license access (e.g. IL HB 3882), and uplift successes like the Illinois Dream and RISE Acts.<sup>12</sup>



## Create and build on narrative change campaigns.

- Uplift messaging promoting immigration status as a social determinant of health.
- Emphasize the harmful mental health impacts of the immigration enforcement system, especially on children, and exclusionary policies.
- Disseminate cohesive messaging to a wide range of child development, disability, immigration rights, and mental health experts.
- Include migrant voices and leaders in all advocacy efforts and ensure they have control of their own narrative(s). Advocacy, policymakers, and philanthropy must lend power and resources to amplify their voices.
- Counteract the normalization and acceptance of suffering and trauma as an inextricable part of the immigrant experience.
- Reclaim the right to asylum and the right to migrate in pursuit of safety and/or opportunity and fight against the criminalization of immigration.
- Promote public awareness campaigns that debunk myths about immigrants, migrants, and refugees by providing information that is grounded in data and human rights. These campaigns can also acknowledge how health care, education, and labor institutions have perpetuated racial inequity and marginalization and how immigration benefits all Americans.



## 2



## Expand and Strengthen Coverage for Immigrant Populations

Build an intersectional coalition made up of individuals and organizations with knowledge in immigrants' rights, mental health, early childhood, and social services working on the following:

- Acknowledging the importance of a holistic approach to mental health.
- Including a focus and investment on infant and early childhood mental health (ages 0-5) to lead to longer-term social, health, and economic benefits.
- Additionally focusing on youth and young adult mental health (ages 15-26) and the transition from youth to adulthood and unique supports within that life stage.

### Legislative

- Lend strength to campaigns for LIFT the Bar and the HEAL Acts, with a focus on how expanding health care coverage would improve mental health.<sup>13</sup>

### Administrative

- Ensure DACA recipients and SIJS youth have affordable options for health care coverage, including through Medicaid.
- Understand and address barriers states encounter to enroll in the Medicaid option for enhanced federal funds to address language services.<sup>14</sup>
- For federal grant programs likely to serve Limited English Proficiency (LEP) populations, prioritize organizations that consistently provide high quality services for LEP individuals and have more connections to multilingual communities.
- Establish stronger and more specific regulations as to how states must meet their statutory requirements to provide meaningful access to Medicaid for LEP populations.<sup>15</sup>



## State Level

- Uplift ways states have creatively expanded mental health care and overall coverage for immigrants and spread awareness about the positive impacts of state-level expansions.
- Join forces with state advocates to increase health care coverage and other federal benefits, including but not limited to mental health care, for all immigrants.
- Showcase long-term and return on investments for state-level strategies (such as those in CA, CT, IL, ME, MA, NJ, NY, OR, RI, UT, VT, WA, and D.C.) that have inclusive medical coverage for all children regardless of immigration status, as well as how other policies (e.g., DACA, Medicaid-like coverage for children starting in 2025 in CO and MN) directly and indirectly benefit children's health.<sup>16</sup>

## All Levels, Including Philanthropy

- Emphasize the importance of coverage for mental health care even without a diagnosis.
- Encourage funding for policymakers, advocates, and providers to learn more about immigrant mental health advocacy and needs, like what has been done in addressing maternal mental health.<sup>17</sup>





## 3



## Expand and Strengthen the Mental Health Workforce

- a) Expand and strengthen the workforce.
- b) Strengthen provider expertise.
- c) Improve language access.

### Expand and Strengthen the Workforce

- **Federal Level:**
  - Uplift bills that bolster workforce pipelines such as H.R. 4933, The Mental Health Professionals Workforce Shortage Loan Repayment Act of 2023 and H.R. 7924, the ACCESS in Mental Health Act.<sup>18</sup>
  - Explore bills that promote interstate compacts such as H.R. 2458, Compacts, Access, and Responsible Expansion for Mental Health Professionals Act.<sup>19</sup>

### Improve Language Access

- Identify and join forces with other groups already advocating for better language access for health resources to add a mental health focus to their efforts.
- Identify and join forces with other groups already advocating for linguistically concordant and culturally sensitive providers (e.g. National Hispanic Medical Association).<sup>22</sup>
  - **Federal level:**
    - Uplift bills that focus on language accessibility among the workforce, such as H.R. 3189, The Mental Health Workforce and Language Access Act of 2023.<sup>23</sup>

### Strengthen Provider Expertise

- Uplift evidence-based training efforts that support culturally responsive care, including but not limited to immigrants, people impacted by HIV, and LGBTQ+ populations.
- **Federal level:**
  - Write up recommendations for adapting CLAS standards to help states improve immigrant mental health services and discuss recommendations with the HHS Office of Minority Health and how it can communicate these recommendations to states.<sup>20</sup>
  - Work with HHS and Congress to update the Mental Health Care Health Professional Shortage Area criteria to include language accessibility and availability of providers who practice in a culturally sensitive manner within the formula.<sup>21</sup>



## Improve Service Delivery

- **Include the variety of providers and settings that can provide mental health services.**
  - **Federal level:**
    - Uplift solutions like home- and community-based services (i.e. behavioral support, case management, crisis support, peer support) to improve service delivery.
- **Uplift strategies to improve access to mental health and ensure that immigrants are included.**
  - **State level:**
    - Support bills such as the following:
      - CA AB 665 allows children in Medi-Cal who are 12 years old and older to consent to outpatient mental health treatment and counseling without the permission of a parent or guardian.<sup>24</sup>
      - IL HB 2719 requires screening uninsured community members for eligible health care programs or financial assistance.<sup>25</sup>



## Address Inequities

- **Federal level:**
  - Legislative/judicial: Join or amplify campaigns for reparations or services for immigrants who have suffered trauma and hardship due to immigration detention and enforcement.
  - Require implementation of procedural protections throughout removal proceedings for immigrants with disabilities.

# CONCLUSION

Addressing the critical aspects noted in this framework will help those working across sectors, in advocacy and policy, to build an immigrant mental health movement.

We have the power to collectively move the needle to better support immigrants, their families, and their communities in effective ways.

If you have questions or comments about this document, feel free to reach out to Isha Weerasinghe at [iweerasinghe@clasp.org](mailto:iweerasinghe@clasp.org) and/or Suma Setty at [ssetty@clasp.org](mailto:ssetty@clasp.org).





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