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“Se vale llorar y se vale reír”: Latina Immigrants’ Coping Strategies for Maintaining Mental Health in the Face of Immigration-Related Stressors

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Abstract

Latina immigrant women in the United States (U.S.) are at increased risk for poor mental health status, due to socioeconomic and immigration-related stressors. We sought to describe the mechanisms linking immigration-related stressors and mental health, including how the current social and political climate affects women’s mental health status, and which coping strategies are used to maintain well-being. We conducted four focus groups with Latina immigrants ($N = 58$) recruited through local community-based organizations. We drew on the stages of migration framework to guide our study design and analysis. Focus group transcripts were analyzed to identify emergent themes across groups. On average, focus group participants were 35.5 years old and had lived in the United States for 12.5 years. Most were from Mexico. Participants reported immigration-related stressors including unsafe migration, worry about immigration enforcement, broken social ties, and limited access to health and social services. In the face of these stressors, they relied on transnational social networks and connections with other Latina immigrant women. Social ties with family in the United States also helped them alleviate social isolation and overcome barriers to social services. Those who were mothers expressed that their children were a source of encouragement and comfort with feelings of stress. Immigration policies that contribute to unsafe migration, worry about immigration enforcement, limited social ties, and limited access to social services were associated with increased stress among Latina immigrants who participated in the focus groups. These participants could benefit from increased access to mental health care and community-based programs that connect them to resources.

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Keywords

Latina; Immigrant; Migration; Mental health; Stress; Women's health

Introduction

Latina immigrants are at increased risk for poor mental health status, including depression and anxiety [1]. Risk and protective factors contribute to mental health status at each stage of migration, and the current social and political climate has added new stressors related to increased immigration enforcement and anti-immigrant discrimination [2, 3]. Our study sought to describe the stressors associated with poor mental health status, as well as coping strategies used by women. Our findings are intended to inform programs and policies to improve Latina immigrants' mental health status given the current social and political climate.

The mental health of immigrants is shaped by factors before migration, during migration, and after migration [4]. In the pre-migration stage, women must make the decision whether to migrate and prepare for the move. Women in Latin American countries often choose to migrate due to a lack of economic opportunity for themselves and their children [5]. They may also seek to escape experiences of community or interpersonal violence in their home countries [5, 6]. These experiences of poverty and violence put them at increased risk of poor mental health status before they even begin the migration process [7, 8].

The migration experience itself can also increase risk for poor mental health status, especially for women who enter the United States (U.S.) without legal documentation. These women may experience dangerous and costly border crossings [9]. Many immigrants pay guides (or *coyotes*) large sums of money to get them across the border safely, yet they still risk being robbed or assaulted [10, 11]. Latina immigrants frequently experience traumatic events while crossing the border, such as injury, sexual assault, or witnessing violence. In a recent survey of undocumented Mexican immigrants, 83% reported a history of at least one traumatic event in their lifetime, and women were more likely to report experiences of violence and sexual assault [12]. Experiences of interpersonal violence, sexual assault, and other traumas can result in symptoms of depression, anxiety, and post-traumatic stress [13, 14]. However, the impact of unsafe migrations on mental health can be reduced by protective factors such as traveling with trusted relatives or entering the country with documentation through established ports of entry [7, 15].

Most research on the mental health status of Latina immigrants has focused on their experiences post-migration. Latina immigrant women often arrive in the U.S. with high expectations of improved living conditions, but also face responsibilities for supporting their family, both in the U.S. and in their home countries [15]. Thus, many continue to experience financial hardship and economic instability many years after migration [16]. Currently, over 20% of the foreign-born Latino population and almost 25% of Latina women in the U.S. are living in poverty [17]. Latina immigrants' chronic financial pressures and low socioeconomic status once in the U.S. put them at continued risk for poor mental health status long after migration [18].

Social and political factors in the U.S. also shape the mental health status of Latina immigrants [3, 19]. These include recent increases in immigration enforcement, involving raids on work-places and schools, deportations, detention, and the involuntary separation of parents and children by immigration officials[20]. In Washington State, there have been over 7000 arrests by Immigration and Customs Enforcement (ICE) since 2014, most of which have occurred in the King County/Seattle area [21]. The anti-immigrant rhetoric that exists in the current social and political environment results in increased fear of deportation and social isolation in Latino communities [22]. This environment has also emboldened some in the U.S. to discriminate more openly against Latino immigrants, with reported incidents of discrimination increasing in recent years [23]. Given that these changes have been more recent, few studies have assessed the impact of the current political and social climate on the mental health status of immigrants. However, previous studies have shown that discrimination against immigrants is associated with increased psychological distress and depressive symptoms among Latinas [24].

In the face of the economic, social, and political stressors facing Latina immigrants in the U.S., social networks and social ties play an important role in maintaining mental health. A large body of research suggests that strong social networks and social support can have a positive impact on health outcomes by increasing individual or community resources and decreasing exposure to stressors or the impact of those stressors on mental health status [25]. This may be particularly salient for Latino immigrants, because Latino culture places a high value on close and supportive family relationships [26]. A recent study found that family support, specifically, was associated with reduced impact of neighborhood stress on mental health status among Latinos [27]. Other research suggests that cross-border ties and strong family relationships may serve as a buffer to the stressors experienced by Latino immigrants [28, 29]. The support of family and friends can be transnational, including relationships with people in their countries of origin [15, 30]. Extended community networks, including school, faith, and neighborhood groups, also serve an important role in exchanging information and resources among newly immigrated Latinas [31]. Unfortunately, current policies are disrupting these supportive social networks and ties, further contributing to the social isolation many Latina immigrants experience in the U.S., potentially reducing their protective impact on mental health status [32]. Yet few studies have assessed the impact of the current policies on social ties among Latina immigrants.

While previous research has identified several factors contributing to stress and poor mental health status among Latina immigrants across the U.S., our study used qualitative research methods to better describe the mechanisms linking immigration-related stressors and mental health, and in particular how the current social and political climate impacts women's mental health status. We also sought to identify the coping strategies employed by women to maintain well-being in this climate. Our findings are intended to inform future public health programs and policies for improving mental health status in Latina immigrants.

Methods

Research Design and Recruitment

We conducted four focus groups with Latina immigrant women recruited through two community organizations serving Latino immigrants in western Washington. Research staff worked with these organizations to identify potential participants among their current clients using flyers, social media, and word-of-mouth strategies, with the goal of recruiting 8–10 women for each focus group. In order to take part in the study, participants had to self-identify as a Latina immigrant, speak Spanish, and be at least 18 years old. Focus groups took place in March 2018 and were conducted on-site at two community partner organizations that were known as safe and familiar places to local Latina immigrants.

Focus Group Procedures

A trained bilingual Latina facilitator licensed in clinical social work facilitated all focus groups. In addition, trained bilingual research team staff attended the groups to assist and take notes. Each group was given an initial introduction that described the purpose of the study and how their responses would be used to further develop programs to promote the mental health status of Latina immigrants. All participants provided consent and received \$30 for their participation in the study. Prior to the focus group discussion, participants completed a brief survey of demographic characteristics. In order to protect participants' identities, they were not required to sign or print their name on any form. They were also given the option of using a pseudonym during the focus groups. We provided food, beverages, and childcare at all focus groups.

Focus groups were conducted in Spanish and lasted about 90 min. Each group began with participants introducing themselves. The facilitator used a guide to lead the discussion with questions and pre-specified probes to encourage further discussion when necessary (Table 1). The discussion guide was developed based on the stages of migration framework [4] and previous research on factors associated with mental health status among Latina immigrants [7, 33]. Topics included general health concerns, immigration experiences, emotions, help-seeking behaviors, and coping strategies. Focus groups were digitally audio recorded. The research team discussed preliminary results after the third and fourth focus groups to determine whether data saturation was reached or if additional sessions would have to be held. Due to high level of participation and consistency of the content discussed, the team decided that additional focus groups were not needed. All procedures were approved by the Human Subjects Division at the University of Washington.

Data Analysis

Demographic information from the survey was entered into Excel, then imported into SPSS and summarized using descriptive statistics. All four focus group recordings were transcribed verbatim in Spanish by a professional transcription service. All transcripts and notes were reviewed for accuracy by the first author. The second author created a preliminary coding scheme based on the literature, the discussion guide, and notes from the focus groups to ensure that codes corresponded with major topics of discussion [34]. The coding scheme was iteratively revised after coding two of the focus group transcripts by the

research team. Members of the team suggested new codes that should be added to accurately categorize all data in the transcripts. In the end, all members of the research team agreed upon a comprehensive coding scheme. During codebook development, discrepancies were discussed among team members to ensure more consistent use of codes. Each transcript was then read and coded in Spanish by at least two members of the research team. When codes were entered into Atlas.ti, they were consolidated across coders, to ensure that all parts of the transcript were assigned appropriate codes.

We generated queries for each code, which were then analyzed by multiple members of the research team for emergent themes. Using this method, we identified major themes as perspectives or opinions that were mentioned consistently across focus groups, grouped these themes into relevant categories, and then highlighted themes that were discussed by the majority of participants within a particular focus group [35]. Final themes and illustrative quotes were discussed and agreed upon by the research team. Quotations referenced below were translated into English by bilingual research staff. Themes and illustrative quotes were shared with all of the authors, community organization staff, and our study's community advisory board (CAB) to assist with interpretation. Most staff and CAB members are Latina immigrants themselves. Their experiences working in these communities provided validation of our results and interpretation.

Results

Participant Characteristics

The demographic characteristics of the women who participated in the focus groups ($N=58$) are presented in Table 2. There were no major differences in demographics across the two focus group sites. At two of the groups, however, almost twice as many participants arrived as were expected. Because we did not want to turn anyone away, all Latina immigrant women who met the criteria for participation in the groups were given the opportunity to be part of the study. Participants' mean age was 35.5 years. They had lived in the U.S. an average of 12.5 years. The majority were from Mexico (73%). Other countries of origin included Colombia (14%), El Salvador, Venezuela, and Guatemala. Approximately 72% of participants were married and living with their spouse or in a domestic partnership, the average household size was about 4 people, and 90% of participants had children living with them.

Focus Group Themes

We identified several themes from the focus groups which we organized into two categories: (1) immigration-related stressors that contribute to poor mental health status among focus group participants and (2) the strategies participants employ to cope with these stressors. In our discussion of these categories below, we identify the common themes found within each category and offer examples of participant quotes that illustrate these themes that we have translated into English. Table 3 includes an overview of all the themes along with an illustrative quote for each theme.

Immigration-Related Stressors Contribute to Poor Mental Health Status

Focus group participants identified several ways their experiences as immigrants influenced their mental health status. Dangerous and traumatic migration journeys, the current political environment, changes to their social ties and sources of support, and having limited access to services were described as the most impactful immigration-related stressors.

Focus Group Participants Feared for Their Safety During Migration and Experienced Unsafe Migrations that Increased Their Exposure to Trauma—

All participants had emigrated from Mexico, Central America, or South America. Women in three of the groups described entering the U.S. by crossing the U.S.–Mexico border outside of established ports of entry because they lacked the documentation needed to enter the country through official channels. This often meant crossing through remote parts of the border and, in the case of women from Central America, involved multiple national border crossings between their home country and the U.S.

Participants in two of the focus groups reported that their decision to migrate was a difficult one and that they postponed their journey to the U.S. multiple times before finally making the choice to cross because of their concern about their own safety. Many had heard stories of injury or death while crossing the border. As one woman described:

I was scared to set foot in the desert. You feel a horrible sensation. I remember feeling fear in the darkness, the remoteness, the cold. Because so many people have died [crossing the border]. And so many things have happened.

Participants in all four groups recounted traumatic aspects of their migration journey. These included exhaustion, chronic heat exposure, threats of violence, extortion, and being sexually assaulted by the guides they had paid to help them cross. Even after living in the U.S. for several years, they described symptoms related to their traumatic history, such as sleep disturbances, recurring sadness, hypervigilance, and difficulty concentrating. One woman shared, “When I try to fall asleep, I see the world as a dark place that is smothering me, and it is horrible because it feels like death.”

The Current Political Environment Contributes to Fear of Deportation—

Increased fear about immigration enforcement, including the risk of detention and deportation, was another consistent theme across the focus groups. Participants said they do not feel safe in the U.S. and in all four of the groups they reported a sense of impending doom due to a worsening political climate which seems to single them out for being immigrants and/or undocumented. One described:

I feel that many of us [immigrants] are suddenly in a similar situation: we are far from our country, far from our family. That torments us, and, in addition, now we feel persecuted by the new laws of the government. Therefore, we become more overwhelmed.

Uncertainty about whether or not they might be detained and/ or deported was a major source of stress for women. As one participant described:

Personally, I do not feel safe without [documented] status because you're always thinking that tomorrow could be the day that something happens to you...any day they could get you or something happens and they take you and everything will be lost. It's hard. It's like you cannot plan a life here.

Some women in the groups said they were scared of what deportation would mean for their children's well-being. They specifically referred to fears about Immigration and Customs Enforcement (ICE) apprehending them when they are away from home. In addition, it was difficult for them to explain to their young children the implications of their legal status. One woman said:

[We feel] fear because we are not safe—if they deport some other people and, sooner or later, you leave your house and they get you too, and then what will happen to your kids?

Although remaining in the U.S. meant a lot of uncertainty for focus group participants, many also felt it would be even more challenging to return home to start a new life in a country marked by political instability and/or the threat of violence.

Immigration Disrupts Social Ties and Social Support—Participants in three groups shared the belief that the act of leaving their family in order to immigrate had both immediate and lasting impacts on their support networks as well as the quality of their relationships with others. Upon arriving in the U.S., many participants felt grief and a new kind of “extreme sadness” they had not known in their home country. Missing loved ones contributed to this persistent sadness as well as feeling isolated or lonely. One participant described the sadness she experienced shortly after arriving in the U.S.:

We all came to this country in different ways... but, regardless, leaving family is quite difficult. When I first came here I became depressed...that was almost 27 years ago...and you tell yourself, it's going to be something fleeting, but it comes back, it's false [to think it's temporary].

Immigration disrupted many of the close family ties participants had previously relied on during times of stress. This disruption contributed to social isolation, one of the most prominent and consistent experiences reported by many of the women when they first arrived in the U.S. Participants in all four groups who were mothers also noted that social isolation was particularly difficult during already-challenging periods, such as the time just before and after giving birth to a child. One participant described the lack of support she felt when she first arrived, which also coincided with her being a new mother:

[The stress] can come mostly from not having help. As I said earlier, you have no family here, so [having a child] is even more difficult because you have no one to help you when you are recovering [from labor and childbirth]. And your mind is racing: you have to cook, clean—and you might have other kids. It's really terrible.

For women in all four of our focus groups, these emotions had not eased with time. Women reported feeling lonely or not having anyone they could confide in, even after many years of living in the U.S. This led many to reach out to their mothers or siblings in their country of origin. However, immigration changed the relationships they had with friends and family

back home. For example, even among women who kept in touch with family in their home country, being in the U.S. had led to an emotional distance with loved ones back home. Some participants were concerned that sharing their difficulties with friends and family back home would burden them or make them feel powerless to help. Some felt that by relying too heavily on their mothers back home, they might inconvenience or upset them and thus minimized what they might otherwise have shared about their struggles or emotions. One woman said: “I trust my mother a great deal, but there are things I cannot tell her because I do not want to worry her because she is far away.”

While most focus group participants reported living with partners in the U.S., some reported that they could not share certain worries with their partners because they often had concerns of their own. Women noted that at times their partners did not know how to respond to them when they were in distress, and this was a source of frustration for them. One woman shared that she wished she could be more open with her partner about her feelings. She explained, “sometimes you feel down and want to share [your feelings] with [your partner] ... but they don’t know what to say to make you feel better...Why would I bother telling them?” With their partners managing their own immigration-related stressors, yet another potential source of support was disrupted.

Legal Status Limits Access to Employment Opportunities, Health Care, and Social Services—Because they were recruited through community organizations, most focus group participants utilized free or low-cost programs available at these organizations, which included connections with employment opportunities, English-language classes, and infant and early childhood education programs. Yet, for those that were undocumented, they were aware that their status limited their ability to seek other public health and social services. One participant described:

In this country you work and they discount health care from your pay, something listed as Medicaid, or something like that. But you will not have access to it. Due to our legal status, being able to access it is really an impossibility.

Very few participants had health insurance because they did not have jobs where they received employee benefits. A few of them were aware of low-cost and free health clinics that existed in the region to serve immigrants but the majority worried about their ability to afford medical care on their own. Participants in two of our focus groups also highlighted how unlikely it was their situation could improve in this regard. They did not think they would be able to obtain the kind of well-paying jobs that offered benefits without legal status and they saw little reason to hope that their legal status would change. One participant elaborated:

I think that what causes us the most stress is that when we are living here, we are living with a hope but there is little reason to believe that things will soon be clear regarding when we can become [U.S.] citizens...That’s very stressful and ultimately ends up affecting all of your family.

Coping Strategies

Among focus group participants, the most common coping strategies for dealing with immigration-related stressors were receiving social support from family abroad, relying on social ties to access resources, and feeling comforted by family and children in the U.S. Participants also reported a desire to try other strategies to cope with the health effects of immigration-related stressors, including seeking professional mental health treatment and various forms of self-care such as physical exercise, but admitted they often struggled to find the time or the means employ these strategies.

Transnational Family Ties Provide Ongoing Social Support—Although immigration disrupted focus group participants' relationships with family back home, as discussed above, many still regarded these ties as important sources of social support. Participants across three focus groups described using the phone or internet to communicate with their mothers and sisters in their home countries. In most cases, the communicated daily with family back home to hear news and decrease feelings of isolation. This was especially helpful when they were feeling sad or homesick. Staying in touch was not always easy, and some women noted that the cost could add up. However, despite the distance and difficulty of maintaining contact, many participants said they would turn to their mothers before anyone else when something went wrong. One participant shared the important role her mother played in helping her cope with recurrent sadness:

I talk to my mother every day. But when I am [sad] like this, I talk to her more, like 3 times a day, and I tell her “I am sorry, but you are my mother and I need you to listen to me.”

Women Use Social Ties to Access Needed Resources and Other Kinds of Support—Many focus group participants spoke positively about the support they receive from other local Latina immigrants. When challenges arise, they turn to other Latina immigrants for help. Many reported they had learned a lot from other Latina immigrants who had been living in the country longer than they had and from those who had experienced similar challenges. For example, some had received guidance on how to use the bus or how to find free or low-cost health care through these connections. Participants explained that this help from other Latina immigrants made a big difference, especially in instances where they were hesitant to access public services out of fear that their documentation status would be discovered. One participant shared that she learned what services were “safe” through word-of-mouth:

Through people that one knows, or one meets at the doctor... they tell you [about things] and then you lose your fear because they say ‘it’s safe to call the police’ or ‘you can call and don’t have to say your name if you don’t want to.’

Focus group participants explained that friendships with other Latina immigrants were central to maintaining their emotional health. Time spent with Latina friends was an important space for sharing fears and worries, relieving loneliness, and relaxing. One participant described the benefits of spending time with other Latina immigrants:

You feel pampered and you begin to get that psychological strength, even though your friend will tell you worse stories and you end up crying with what happened to her. But that does make you forget your problems for a bit, and it motivates you to keep moving forward.

Another woman shared her perspective on how women help one another:

Se vale llorar y se vale reír [you can laugh, you can cry]...and you can say, “Today, I will be in your corner...you don’t have to tell me you’re suffering. Your face says it all. Let’s get through this together.”

Children Are a Source of Encouragement and Comfort—Most participants in the focus groups were mothers and regarded their children as a source of motivation and strength. Many noted that when they experienced stress related to discrimination, their legal status, or work responsibilities, their children helped them maintain their emotional health. One woman shared how her children’s well-being affected her:

Sometimes I ask myself if it is worth being here a long time and being far away from family. But I think about them [my children], and I believe they deserve something better, and they are safe here.

Participants with children were particularly appreciative that their children had the opportunity to attend school in the U.S., because of perceptions about the quality of public education here. They believed students received more attention from teachers in the U.S. and that there were fewer barriers to accessing education than in their home country. As one woman described,

I was not able to study enough in my country due to poverty, but here there is opportunity for our children. I am going to give my children the opportunity to have a career. Since I was not able to do that, I want them to obtain what they want, to accomplish their dreams of what they want to do, because while I may not have been able to get my wish [to have a career], I want it for my children.

Participants reported enjoying spending time with their children, and seeing their children’s growth and accomplishments provided moments of joy and happiness. Some shared that one of their favorite activities was spending time with their children and that they felt a sense of hope when their children succeeded. These experiences helped assuage doubts participants had about making the decision to leave their country. One participant recalled:

When I see [my daughter] play the violin I feel normal— like it was all worthwhile ... when they do good things. It makes up for being far away from your country, your family. That gives me a lot of self-worth...I have a son who plays in a drumline.... And when I see him playing...I feel an enormous amount of excitement....

Participants Were Aware that Mental Health Treatment and Self-care Strategies Can Help—Participants in our study who had experienced challenges with their mental health status most often did not access mental health treatment. They noted that barriers to seeking care included a lack of health insurance and the limited availability of

bilingual mental health providers. While some said they were open to seeing a counselor or therapist, others did not feel comfortable doing so, because they felt it would be perceived as a sign of weakness. One participant said “I prefer to come to therapeutic meetings like this with other women than an individual session with a doctor. This is a priceless experience.”

Women in our study only sought mental health services once an issue had become extremely difficult or as a last resort. These women described seeking help with relationship problems, traumatic experiences, and difficulties with their children. The few focus group participants who had obtained help from mental health professionals spoke highly of the ways therapy had benefited them. One participant sought help after having no one else to turn to after arriving in the U.S.:

I recommend [therapy] to everyone because I was very quiet and timid. I was scared to talk about myself...but I had no one.... Having experienced arriving in this country and not having a single friend helped me find the courage to seek help.

Women in our focus groups also noted the importance of self-care in maintaining their mental health status. However, their household, work, and parenting responsibilities often left them with little time to do the things they know make them feel better and reduce their stress. Participants in all four of our focus groups struggled to cope with stress because they put the needs of their family ahead of their own. As one participant said:

The only thing that has not changed here [in relationship to] our country of origin, is that we as mothers always prioritize our family.... But meanwhile we tolerate a lot, endure a lot from the start. ...I think there needs to be some equality ... And not only things related to health, in many more things.

Discussion

The stages of migration framework describe how risk and protective factors at each stage of migration shape the mental health status of immigrants [4]. Women in our study confirmed that factors before, during, and after migration influenced their mental health. In addition, the current social and political climate added additional stressors as women worry about increased detention, deportation, and the potential for family separation. In general, the participants in our study reported that stressors were most acute shortly after they arrived in this country, but many described struggling with symptoms of depression and anxiety long after migrating. Most participants struggled with feelings of sadness and guilt when contemplating leaving their family and emigrating. Many described dangerous and traumatic experiences during their migration journey as well. Upon arrival in the U.S., they struggled to form close connections with others, and social isolation persisted or recurred long after migration. Apart from the adverse impact on emotional health, their limited social ties had further consequences due to their reliance on in-country networks as a way to access information and material support. They also reported being impacted by U.S. immigration policies that put them at risk for detention and deportation. They linked these policies with increasing anti-immigrant sentiments which contributed to their fear of being separated from their families and made it difficult to plan a future in the U.S. Most of those participating in the focus groups additionally held little hope that they could change their legal status. They

worried about the way their lack of legal status impacts them in material ways, such as by limiting access to higher-paying jobs, medical care, and access to other services.

Despite these struggles, Latina immigrants in our study were also able to identify sources of strength they draw on while living in the U.S. Many maintained regular contact with family back home, and these connections provided comfort during difficult times. They also described the benefits of their relationships with other Latina immigrants, including learning how to navigate daily life the U.S. In addition to this, spending time with Latina immigrant friends provided social support that was different from that received from partners or distant family members: they often felt more understood and more comforted. Many participants described the importance of their children in providing motivation to cope with stressors and drew strength from feeling like they could provide more opportunities for their children in the U.S.

Our study described how the current environment of increased immigration enforcement and anti-immigrant attitudes can affect Latina immigrants' mental health status. Our findings also lend support to a growing literature linking current immigration policies and practices with health outcomes by inhibiting access to social institutions, health-related services, and material conditions [3]. These policies make undocumented women hyper-aware of their legal status, the consequences of deportation, and the privilege that it is to live without fear of deportation. The experiences shared by the women in our focus groups also support research findings that hypervigilance, excessive worry, fear, and uncertainty are commonly experienced by undocumented immigrants [22, 36]. Increased fear may also prevent women from accessing necessary social services and community resources, such as mental health care or social services [37, 38]. Even when women are eligible for these services they may be afraid to seek them due to heightened fears of deportation or detention. Recent studies have found that fear of deportation can negatively impact children, by causing high levels of distress and less material resources [39].

Furthermore, there is evidence to suggest that the effect of these policies is not simply felt among undocumented Latinas. Those in mixed-status families (in which some members possess legal status documents and some do not) also worry about losing their loved ones [22]. In addition, increased immigration enforcement can increase vigilance for all Latinos, and for people of color more broadly, who become part of a stigmatized group through suspicion, profiling, and misidentification [38].

Our study also adds to the current literature by highlighting the coping strategies Latina immigrants use to alleviate these stressors. One of the most common strategies women described was relying on a network of other Latina immigrant women in their community. They found support from other Latina women to be particularly helpful in providing empathy for a shared experience and strategies for overcoming common challenges. However, immigration enforcement and an anti-immigrant social climate often restrict immigrants' mobility and access to supportive social ties. Women in our study experienced this social isolation and, as a result, sought support through frequent contact with family back home. Nevertheless, the utility of this strategy was somewhat limited as women also struggled with the reality that they might never be able to return home.

Many women in our study saw their children as a source of strength in maintaining their mental health status. Seeing children grow and succeed in academics or other pursuits gave women a greater sense of meaning and purpose. Other studies have demonstrated the power of wanting to better the next generation in promoting resilience among immigrant communities [40]. At the same time, our study also highlights the impact of immigration-related stressors on women who are mothers: many are unsure how to adequately plan for their family's future well-being in such a rapidly shifting political climate. A recent study of Latino parents showed that reports of discrimination against immigrants in the news were associated with higher psychological distress and many parents reported discouraging children from spending time in certain areas, engaging with authorities, or accessing public services [41]. These and other responses could have negative impacts on both parents' and children's health and well-being long-term.

Our study also reaffirmed findings from previous studies identifying a number of social and economic stressors faced by Latina immigrant women that are not directly tied to immigration. Latina immigrants often occupy significant roles as caregivers for children and other family members [15, 22, 31]. These responsibilities often limit their ability to engage in activities outside of the home. This could result in fewer social connections and opportunities for self-care. They also reduce Latina immigrants' ability to seek employment, limiting their access to benefits like financial resources and social connections associated with employment.

Implications

Our findings suggest several areas for future research. Although we did not ask participants to identify their legal status, many spoke about the ways immigration policies and legal status impacted their mental health status. Future studies should further describe the impact of these policies on the mental health status of Latina immigrants, and how the impact varies by legal status (including those in mixed-status families). Our study suggested that experiences during migration can have long-term impacts. Future research should draw on life-course theory to help describe the impacts of immigration over time and across generations through larger longitudinal studies [42]. Similarly, our results point to unique vulnerabilities of Latina immigrant women because of their intersecting social identities. Research informed by theories of intersectionality can help explain how the impact of immigration policies varies by ethnicity, gender, and immigration status [43]. For example, Latina immigrant women may have different health and social services needs than Latino and other men given the ways intersections of gender, sexuality, race, and nationality affect their lives.

Our study also has several important implications for health and social service providers. Given that many women in our study experienced poor mental health symptoms, as well as experiences of trauma during their migration to the U.S., Latina immigrant women may benefit from being screened for depression, anxiety, and/or post-traumatic stress by health care and social service providers. Other studies have called for mental health screening post-migration, as well as the need for trauma-informed interventions to address the long-term impact of their migration experiences [14].

Women in our study were motivated to improve their own lives and the lives of their family, but need assistance to incorporate self-care into their lives. These findings highlight a need for culturally grounded, trauma-informed mental health care that is accessible to this population in terms of cost, location, and language. Programs targeted at reducing mental health disparities among this population would benefit from focusing on the immigration-specific stressors and barriers to care that Latina immigrant women experience. This population may also benefit from community-based mental health programs that increase social support and build social ties, allowing for the establishment of long-standing connections with other Latina immigrant women with shared experiences [44].

Limitations

Though our study sheds light on the mental health, stressors, and coping strategies of Latina immigrants living in the U.S., there are several limitations to note. Women in our study were recruited from community-based organizations in and around King County, Washington, and therefore our findings may not be relevant to other contexts and settings. Although immigration policy is set at the national level and has become more stringent across the country, state and local level variation exists creating different contexts of reception for immigrants [3]. Specifically, Seattle is a “Sanctuary city” with policies that prohibit city employees including law enforcement from asking about a person’s immigration status or sharing this information with immigration officials. Additionally, our recruitment strategies may have resulted in a sample that was more connected to services than other Latina immigrants.

Conclusions

Our study found that the current social and political environment adds additional stressors that negatively impact Latina immigrants’ mental health status. Future research should focus on the impact of immigration policies and their enforcement on mental health. While changes to these policies can make the largest impact, increased access to mental health care and community-based mental health programs can also help alleviate immigration-related stressors.

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Table 1

Select quotations from the focus group guide, arranged according to stages of migration

Questions	Probes
Pre-migration	
What were some of the things that motivated you to come to the United States?	Offer common conditions of migration to explore pre-migration stressors (violence, war, poverty)
Migration	
What was the immigration experience like for you?	How long did you prepare to come? Did you migrate with family or friends? Did you have any fears or concerns during your migration? How did you find your strength/carry on? What did you draw on to complete the journey?
Post-migration	
What was it like when you first arrived in the U.S.?	How did you learn about things here (transportation, where to live)? How did not speaking the language affect your experience (trying to learn English, finding resources in Spanish)?
What are the most important health issues for you and other Latina immigrant women?	Why do you see those issues as the most important? How has that changed since coming the United States?
Can you describe some things that help you feel mentally or emotionally healthy?	What helps you feel better when you are lonely or miss friends and family from home? What helps you when you feel sad or stressed?
Who do you turn to when you feel sad or stressed?	Friends, Family, Priest, Doctor, Healer

Table 2Characteristics of the study sample ($n = 58$)

	N	%
Age years, mean (sd)	35.5 (9.1)	
Years lived in U.S., mean (sd)	12.5 (7.8)	
Years lived in local county, mean (sd)	10.1 (7.0)	
Country of birth		
Mexico	41	73
Colombia	8	14
Other	7	13
Languages spoken		
Spanish only	24	42
Spanish more than English	27	47
English, same or better than Spanish	6	11
Marital status		
Married or living in domestic partnership	41	72
Not married	16	29
Household size, mean	4.4	
Children in household, mean	2.4	
Education		
Middle school or less	22	44
High school diploma/GED	15	26
Some university education or higher	17	29
Employment status		
Employed full-time	10	18
Employed part-time	7	13
Not currently working	39	70
Monthly household income, mean	2829	

Table 3

Themes from focus groups

Theme	Illustrative quote
Immigration-related stressors influencing mental health status	
Focus group participants feared for their safety during migration and experienced unsafe migrations that increased their exposure to trauma	“Those of us who crossed without a visa, we came risking our lives, there was a chance that we would never reach our destination, anything at all could have happened to us.”
The current political environment contributes to a lack of a sense of safety in the U.S.	“Currently many of us immigrants are scared of being detained by immigration... I think the majority of us immigrants are frightened. We have to figure out where we find the strength to be tough mentally.”
Immigration disrupts social ties and social support	“And I said goodbye to my family with great sadness, at the same time I had ...like mixed emotions. I was excited, but at the same time I left part of me.”
Legal status limits access to employment opportunities, health care and social services	“Sometimes we do not put hurdles for ourselves, in this country, society itself has placed barriers through laws, through the way we cannot get adequate pay for our work without a social security number, through the time we lose, because many women have to work at night, jobs that no one else wants to do. More than anything, this is what I refer to when thinking of mental health.”
Strategies women employed to cope with stressors	
Transnational family ties provide ongoing social support	“When I am sad I speak to my mother on the phone...That's how one can distract oneself.”
Women use social ties to access needed resources and other kinds of support	“You meet good people that teach you a lot, there are so many things that you do not know [when you first arrive] and others will show you.”
Children are a source of encouragement and comfort	“It was very difficult to say goodbye to my mother and siblings, I did not know when I would return. It was something very difficult, but I do not regret it because I am providing something for my children. I am here for them.”
Participants were aware that mental health treatment and self-care strategies can help	“Access to mental health services without health insurance is [a problem]. Even if you have health insurance it can be challenging, but it's worse for those that do not have it.” “As a mother of three, it's a bit difficult to dedicate time alone for myself...it's not until the night, when I can take some time for myself, once everybody is ready to sleep. So yes I do find it a bit difficult to find time for myself.”