Latinos’ connections to immigrants: how knowing a deportee impacts Latino health

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\textbf{ABSTRACT}

This manuscript examines how personally knowing a deportee and/or undocumented immigrant affects the mental health of Latina/o adults. Utilising a new survey sponsored by the Robert Wood Johnson Foundation Center for Health Policy at the University of New Mexico (\(n=1493\)), we estimate a series of logistic regressions to understand how personal connections to immigrants are affecting the mental health of Latinos using stress process theory. Our modelling approach takes into consideration the sociopolitical, familial, cultural, and personal contexts that make up the Latina/o experience, which is widely overlooked in datasets that treat Latinos as a homogeneous ethnic group. Our findings suggest that knowing a deportee increases the odds of having to seek help for mental health problems. The significance of this work has tremendous implications for policy makers, health service providers, and researchers interested in reducing health disparities among minority populations especially under a new administration, which has adopted more punitive immigration policies and enforcement.

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\textbf{Introduction}

A new era in immigration enforcement appears to be gaining momentum, especially under the Trump Administration. Federal rules for deportations have been eased and Immigration and Customs Enforcement (ICE) agents have aggressively been perusing undocumented immigrants. Under high scrutiny, many immigrants have chosen to go into hiding or to avoid going to church, the store, doctor’s appointments, school, and more (Fisher and Taub 2017; Yee 2017). As immigration enforcement ramps up under the Trump Administration, it is important to reflect on the foundation the Obama Administration created to facilitate some of these more aggressive policies.

The Obama Administration has been criticised by many immigration advocates for the dramatic increase in deportations of Latin American immigrants seen in recent years. Adding to the fire, the unprecedented wave of Central American migrants during the summer of 2014 led to a stronger focus on immigrant detention policies and practices. These dynamics spurred ideologically charged debates about the Obama Administration’s immigration policy enforcement (Chishti, Hipsman, and Bui 2014; The Economist 2014).
While some argued for leniency and the release of certain detained immigrants (such as unaccompanied minors), others argued for their swift deportation (Foley 2014). Although calls for comprehensive immigration reform have been made for over a decade, the humanitarian crisis at the border coupled with the record number of deportations highlights the urgency of the issue.

The dramatic increase in immigration policy enforcement, including deportations and detentions, has important repercussions for immigrants and their families. These range from social, economic, and political challenges (Becerra et al. 2013; Catanzarite and Aguilara 2002; Gentsch and Massey 2011; Koper et al. 2013; McConnell 2015; Orrenius and Zavodny 2014), to psychosocial and health consequences (Amuedo-Dorantes and Pozo 2014; Brabeck and Xu 2010; Capps et al. 2007; De Genova 2010; Dreby 2012, 2015; Gubernskaya, Bean, and Van Hook 2013; Hurtado, Gurin, and Peng 1994; Köhler and Sola-Visner 2014; Rhodes et al. 2015). Although social scientists have identified that there are social consequences associated with the shift in deportation policy during the Obama Administration, this work has to date not utilised quantitative approaches to explore the indirect influence of this policy climate on the Latino population.

In an attempt to add a new perspective to this growing literature, we focus on analysing the effects of personally knowing an immigrant who has been detained or deported on an individual’s mental health outcomes. Our analysis is guided by stress process theory as qualitative studies have signalled deportations and detentions as sources of chronic stress. We utilise data from the 2015 Robert Wood Johnson Foundation (RWJF) Center for Health Policy at the University of New Mexico Latino National Health and Immigration Survey (LNHIS) to examine how Latinos’ personal connections to immigrants impact their health and wellbeing. We find that knowing a person who has been deported or detained increases the likelihood of an individual having experienced mental health issues. Moreover, this effect is intensified as the number of persons known to have been deported or detained increases.

We close our discussion by highlighting the many implications our findings have for policymakers, scholars, and advocates who are concerned with the unintended consequences associated with the current immigration policy agenda of the United States. Although we use the term ‘Latino’ and ‘Hispanic’ interchangeably in this study for the sake of simplicity, we do acknowledge the vast diversity and heterogeneity that exists among people of Latin American origin in the United States. We argue that our findings point to the deep and extensive connections among this diverse group of Latinos and Latino immigrants. These connections help to solidify immigration as an extremely salient issue for thousands of Latino families across the nation.

**Stress process theory**

Stress process theory posits that an individual’s social location (e.g. race, gender, class, age, etc.) and structural contexts expose them to varying levels of stressors (Pearlin 1989). Stressors have the power to disrupt myriad facets of an individual’s life including social statuses, roles, relationships, and activities (Pearlin, Aneshensel, and Leblanc 1997). Additionally, because social locations and contexts reflect the unequal distribution of resources, racial and gender supremacy, and socioeconomic norms, finding oneself in the lower echelons of these systems is itself a source of stress (Meyer, Schwartz, and
Researchers have found that mobility between social locations can affect health outcomes. Alcántara, Chen, and Alegría (2014), for example, find an association between perceived downward social mobility and increased odds in reporting fair and poor physical health and major depressive episodes among Latino immigrants.

Latino immigrants experience a variety of stressors that span both temporal and socio-political landscapes and that are rooted in structural processes beyond individual-level preventative behaviours. Ornelas and Perreira (2011) classify these stressors into three different categories: pre-migration experiences (e.g. political or socioeconomic turmoil in the country of origin), migration experiences (e.g. physical journey to destination country), and post-migration experiences (e.g. racial/ethnic discrimination in the country of settlement). They find that stressors from each category strongly contribute to negative mental health outcomes for Latino immigrants. In our analysis, we examine if respondents have personally experienced discrimination and its association with mental health problems.

A key component of stress process theory, and a critical concept for this paper, addresses the issue of stress proliferation. Stress proliferation refers to the ‘expansion or emergence of stressors within and beyond a situation whose stressfulness was initially more circumscribed’, (Pearlin, Aneshensel, and Leblanc 1997, 223). Stress proliferation explains the emergence of secondary stressors produced by traumatic events, unwanted or rapid changes in roles or social status, or chronic strain. Merton (1968) argues that role disruption affects not only the individual experiencing the sudden change in status but also those within their familial and social networks. As Pearl et al. (2005) plainly put it, ‘lives are linked across the life course, and one person’s transition may become another’s hardship’, (p. 213).

The context of this paper engulfs both structural and individual-level processes and sources of stress. At the structural level we find federal immigration policies of detention and deportation as well as the socioeconomic position of Latinos and Latino immigrants within U.S. society. At the individual level, we find traumatic events, social dislocation, and the psychosocial responses they produce. It is not deportation itself that negatively impact individuals but the threat of deportation (De Genova 2010; Dreby 2012, 2015; Harrigan, Koh, and Amirrudin 2017). The following section focuses on how knowing a deportee can impact mental health outcomes through stress proliferation.

Confluence of life events and chronic strains: how knowing a detainee/deportee impacts health

The Obama Administration faced steady criticism for what some perceive to be extremely aggressive enforcement of federal immigration policy (Ahmed 2014). Deportations under Obama have doubled compared to the Bush Administration, going from 189,026 in 2001 to over 430,000 by 2013 (Department of Homeland Security 2013). This record number of deportations was achieved through tougher enforcement of immigration policies, including expansion of federal programmes such as Secure Communities, 287 (g), E-verify, continuation of immigration raids from the Bush Era, and through further militarisation of the border (Department of Homeland Security 2014; Lozano and Lopez 2013; McLeigh 2010). These numbers led to many immigrant rights organisations dubbing President Obama the ‘Deporter-in-Chief’ (Epstein 2014). Furthermore, the increase in militarisation
The conditions under which immigrants are detained and deported have garnered much attention by human and immigrant rights organisations (ACLU 2014; Anderson 2013; Hernández 2008; Mercado 2015; Shahshahani 2012), but the problems are best known among immigrants and Latinos themselves. Spanish news media often report on the conditions and protests, and the information is easily communicated among the immigrant and Latino community.

Kremer, Moccio, and Hammell (2009) find that news of detentions and raids caused some immigrant families to go into hiding for days at a time, contributing to the further isolation and marginalisation of undocumented immigrants. Moreover, families of those detained often have little to no information on the whereabouts of their detained family members, causing confusion, anxiety, and stress (Kremer, Moccio, and Hammell 2009). Additionally, Familiar et al. (2011) find that migrant relatives in Mexico suffer from elevated levels of depression and anxiety, a finding that further validates the interconnectedness of Latinos and points to the transnational, macro-level externalities of U.S. immigration policies.

Given these dynamics, the effects of personally knowing someone who has been detained and deported can cause health issues due to increased stress, anxiety, and fear of oneself or a family member being placed under those conditions. McGuire (2014) argues that the enforcement of ‘draconian rigid policies’ of detention and deportation can have especially significant effects on the mental health of immigrant families, especially for the children and spouses of those left behind. In what Enriquez (2015), describes as ‘multi-generational’ punishment, U.S. citizen children and their undocumented parents often share in the risks and punishment associated with undocumented immigration status. In other words, immigration enforcement is not just impacting undocumented immigrants it is also spilling over to their U.S. citizen family members.

In addition to the direct impact on family members, the detention and deportation of immigrant parents has spill over effects and has negative effects on extended family and community members (Androff et al. 2011; Potochnick, Chen, and Perreira 2016). Raids and detentions have led to interruptions in schooling, affecting children of detained immigrants as well as other community organisations and family members (Capps et al. 2007; Chaudry et al. 2011).

The stress of deportation is also affecting immigrant’s health-seeking behaviours (Cavazos-Rehg, Zayas, and Spitznäge 2007; Hacker et al. 2011). Writing about California’s Proposition 187, Berk and Schur (2001) found that the law did not have a direct impact on these behaviours but that fear of deportation in general did. They found that those who reported being fearful of being denied care were often unable to receive the services they needed. Hacker et al. (2011) also note that these effects go beyond the individual level. Fear and distrust of law enforcement can lead to immigrants not reporting crimes and withdrawing from community engagement. In recent work, Vargas (2015) finds that among mixed-status families the risk of being deported decreases the odds of using social services like Medicaid and Women, Infants, and Children (WIC) (Vargas 2015; Vargas and Pirog 2015). This has implications for the health of Latinos as a whole, citizen and non-citizens alike. Moreover, under-utilisation of social services like WIC,
prenatal care, and Medicaid will exacerbate health disparities putting American children at greater risk of experiencing negative health outcomes.

Finally, and important to our theory regarding the potential for this rise in detentions and deportations to have an in-direct effect on Latino adults more broadly than the previous literature has suggested, recent data have suggested that the Latino population is highly conscious of this shift in policy. Recent survey data from Latino Decisions have provided direct evidence that the Latino population, not just immigrants, is conscious of the rise of deportations and anti-immigrant climate. In fact, the data we use here conducted by that firm found that 36% of Latino immigrants know someone personally who has been detained or deported, with an astonishing 78% of respondents believing that there is an anti-Hispanic/immigrant climate in the United States.

Our theory that deportations and detentions could influence the wellbeing of Latinos who are not themselves immigrants is grounded in the work of those who have explored the formation of identity among Latinos during the current immigration climate (Chavez 2008; Massey and Sanchez 2010; Wiley, Figueroa, and Lauricella 2014). For example, Massey and Sanchez (2010) illustrate through in-depth interviews that immigrants from Latin America formulate a Latino identity soon after arriving to the U.S. largely due to a hostile environment that includes punitive policies. This is supported by the work of Wiley, Figueroa, and Lauricella (2014) who argue that Latinos have become aware of their perceived unrecognised place in society by a large number of deportations and restrictionist laws. We have also attempted to treat Latina/os as a heterogeneous group by modelling citizenship status, national origin (Mexican versus non Mexican category), and language of the interview to better understand the nuisances of the Latina/o experience in the U.S.

In sum, the aggressive enforcement of federal immigration policies, through increased detentions and deportations, contributes to a process of stress proliferation where a stress-inducing issue in one area of one’s life contributes to stress in other areas, contributing to negative health outcomes (Thoits 2010). Based on this evidence and extant research, we propose the personal connection to deportee(s) hypothesis: Latinos who personally know someone who has been detained/deported will have a higher likelihood of reporting poor mental health. We anticipate that the substantive impact of knowing someone who has been detained/deported will be greater compared to knowing someone who is undocumented, or not knowing either.

Data and methods
We take advantage of the RWJF Center for Health Policy at the University of New Mexico’s 2015 LNHIS, which is a unique survey designed for the specific purpose of examining Latinos’ personal relationships with immigrants and health. The survey is ideal for our analysis given that it contains measures of Latinos’ personal connections with immigrants and health outcomes. These items include questions that ask individuals if they personally know someone who is an undocumented immigrant or if they personally know someone who has been detained or deported. Latino Decisions implemented the survey and worked in conjunction with the scholars at the RWJF Center for Health Policy at UNM to design the survey instrument. This is, therefore, an ideal dataset for our research
question. The LNHIS (Total N = 1493) relies on a sample provided by a mix of cell phone and landline households along with web surveys. This mixed-mode approach improves our ability to capture a wide segment of the Hispanic population in the sample by providing a mechanism to poll the growing segment of the Hispanic population that lacks a landline telephone as well as those who prefer to engage surveys on-line. This approach is sensitive to some of the major shifts in survey methodology driven by changes in the communication behaviour of the population. More specifically, the increasing number of Americans who have decided to use a cell phone for telephone communication while doing away with their landline telephone motivates our expansion of sample beyond landline households. A total of 989 Latinos were interviewed over the phone and an additional 504 Latinos were sampled through the Internet to create a dataset of 1493 respondents. The web focused respondents were randomly drawn from the Latino Decision’s national panel of Latino adults. Respondents for the web are from a double-opt-in national Internet panel, and then randomly selected to participate in the study, and weighted to be representative of the Latino population. The web mode allows respondents to complete the survey in either English or Spanish, and contained the exact same questions as the phone mode.

All phone calls were administered by Pacific Market Research in Renton, Washington. The survey has an overall margin of error of ±2.5% with an AAPOR response rate of 18% for the telephone sample. Latino Decisions selected the 44 states and Puerto Rico with the highest number of Latino residents for the sampling design, states that collectively account for 91% of the overall Latino adult population. Respondents across all modes of data collection could choose to be interviewed in either English or Spanish. All interviewers were fully bilingual. A mix of cell phone (35%) only and landline (65%) households were included in the sample, and the full dataset including both phone and web interviews are weighted to match the 2013 Current Population Survey universe estimate of Latino adults with respect to age, place of birth, gender, and state. The survey was approximately 28 minutes long and was fielded from 29 January 2015 to 12 March 2015.

The primary mental health outcome variable of interest deals with problems with mental health within the LNHIS dataset. The mental health variable was created using the survey question ‘In the past 12 months did you think you needed help for emotional or mental health problems, such as feeling sad, anxious, or nervous—yes or no?’, which is identical to the California Health Interview Survey, the Princeton and Columbia University Fragile Families and Child Wellbeing Survey, and other national surveys (Cranford, Eisenberg, and Serras 2009; Eisenberg et al. 2009; Gollust, Eisenberg, and Golberstein 2008; Sentell, Shumway, and Snowden 2007; Sorkin, Pham, and Ngo-Metzger 2009; Wells et al. 2001). Given the binary nature of this variable (0 = no, 1 = yes), we use logistic regression to estimate the probability of needing to seek help with emotional or mental health problems, such as feeling sad, anxious, or nervous, our mental health outcome.

Our main explanatory variables are three ‘personal connections to immigrants’ dichotomous categories as well as a rank variable that sums the total number of deportees respondents personally know. The two survey items we draw from to create our first measure of personal connections to immigrants are: (a) Do you personally know someone who has faced detention or deportation for immigration reasons? (b) Now take a moment to think about all the people in your family, your friends, coworkers, and other people you know. Do you happen to know somebody who may be an undocumented
immigrant? We use these separate survey items and create three mutually exclusive categories if respondents know someone who has been detained/deported (1 = yes, 0 = no), if they know someone who is undocumented only (1 = yes, 0 = no), and a category if they do not know either an undocumented or detained/deported immigrant (1 = yes, 0 = no), which we specify as our reference category. In coding this variable, we assigned respondents who know someone who has been deported and someone that is undocumented as knowing a deportee. Likewise, if a respondent knows a deportee but does not know an undocumented immigrant we code this respondent as knowing a deportee. Lastly, if they do not know a deportee but know an undocumented immigrant, they are coded as knowing someone who is undocumented only. We also contextualised the relationships of respondents to deportees. In the survey, if respondents indicated they knew a deportee, they were asked to report their relationship to the detained or deported person(s) by selecting from a list of different relationship categories (e.g. parents, spouse, other family members, and friend). Respondents could only select each relationship category once, regardless of whether they knew one or multiple deportees within that relationship category (e.g. a respondent who knew multiple individuals who were deported that were all friends would only select the ‘friend’ category).

From these responses, we coded: if any known deportees were a family member or a friend/acquaintance (1 = deportee was a family member, 0 = friend or acquaintance), or if any known deportees were the main breadwinner, either in the deportee’s family or the respondent’s family (1 = deportee was the breadwinner, 0 = deportee was not the breadwinner).

Lastly, we model the magnitude of Latinos’ personal connections to deportees by creating an indicator that counts the number of different types of relationships to deportees. This variable was created using the responses to the relationship category question. We counted each unique relationship category selected as a different deportee known (ranging from 0–6). We then summed up the number of responses on that list to create our ranked variable. Given that the mean of this variable is 0.58 and not normally distributed, we collapse this rank ordered variable into three categories of knowing a deportee (0 = none, 1 = 1–2 deportees, 3 = 3 deportees and above). We know of only one published paper that uses these measures. While not health related this study finds that Latino voters who personally know deportees and undocumented immigrants are more likely to report that they think the President and Congress should act on immigration policy versus all other policies (Sanchez et al. 2015)

Summary statistics for all variables used in this analysis are listed in Table 1. Our analytic approach is focused on the exploration of various logistic regressions intended to determine if our measures of personal connections to immigrants are correlated with mental health among the Latino population.

Finally, we control for a handful of measures that have been found to be correlated with Latino health status in previous research. Among the demographic variables we include standard measures of income, educational attainment, age, marital status, gender, and insurance coverage. To assess income we have included several dummy variables representing different income categories: $20,000–$39,999, $40,000–$59,999, $60,000–$79,999, $80,000–$99,999, $100,000–$149,999, and $150,000 and above with less than $19,999 serving as the reference category. We also include an income variable of ‘unknown’ income in the model, which includes respondents who did not report
their income. We included this unknown income variable as a method to save cases and include these respondents in our models. To control for culture- and Latino-specific variables we include citizenship status, language of interview, Mexican origin, and experiences with discrimination. The inclusion of Mexican origin also allows us to control for the differences in mental health care access among Latino populations. To code citizenship status, we explicitly asked respondents: ‘Are you currently a U.S. citizen, a Legal Permanent Resident, or a non-citizen?’ We then coded citizenship status as 1 = U.S. citizen, 0 = non U.S. citizen. In our discrimination measure, we asked respondents: ‘Have you ever been treated unfairly because of your race, ethnicity, or national origin here in the United States?’ This measure is specific to racial/ethnic discrimination, making it ideal for our analysis, and has been utilised in numerous studies (Gee et al. 2006). All statistical analysis was conducted using Stata 12 software, complex survey weights, and state fixed effects (StataCorp. 2011). Statas Statistical Software: Release 12. College Station, TX: StataCorp LP). We include state fixed effects to control for the variation of state and local law enforcement cooperation with ICE by state. Our analytical approach is intended to determine the relationship between personally knowing a deportee or an undocumented immigrant on the probability of needing help for emotional or mental health problems within a nationally representative sample of Latino adults. Our primary focus is to test our personal connection to deportee(s)

Table 1. Summary statistics 2015 RWJF/Latino Decisions LNHIS (n = 1493).

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Problems(^a)</td>
<td>0.25</td>
<td>–</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Personally Know a Detained/Deported Immigrant</td>
<td>0.39</td>
<td>–</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Personally Know an Undocumented Immigrant</td>
<td>0.27</td>
<td>–</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Do not Personally Know Deportee or Undocumented Immigrant</td>
<td>0.34</td>
<td>–</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Deportee is a Relative</td>
<td>0.35</td>
<td>–</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Deportee is Main Breadwinner</td>
<td>0.49</td>
<td>–</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Number of Deportees Known</td>
<td>0.58</td>
<td>0.96</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Do not know deportee</td>
<td>0.61</td>
<td>–</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Know 1–2 deportees</td>
<td>0.34</td>
<td>–</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Know 3–6 deportees</td>
<td>0.04</td>
<td>–</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Citizenship Status: U.S. Citizen</td>
<td>0.77</td>
<td>–</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Female</td>
<td>0.62</td>
<td>–</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Education(^b)</td>
<td>5.52</td>
<td>2.36</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Age</td>
<td>45.87</td>
<td>17.00</td>
<td>18</td>
<td>98</td>
</tr>
<tr>
<td>Married(^c)</td>
<td>0.53</td>
<td>–</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Income Missing</td>
<td>0.21</td>
<td>–</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Income: Less than 20K</td>
<td>0.25</td>
<td>–</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Income: 20K–39K</td>
<td>0.21</td>
<td>–</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Income: 40K–60K</td>
<td>0.13</td>
<td>–</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Income: 60K–80K</td>
<td>0.09</td>
<td>–</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Income: 80K–100K</td>
<td>0.06</td>
<td>–</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Income: 100K–150K</td>
<td>0.07</td>
<td>–</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Income: 150K+</td>
<td>0.04</td>
<td>–</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Currently Uninsured(^d)</td>
<td>0.15</td>
<td>–</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Spanish(^e)</td>
<td>0.58</td>
<td>–</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Mexican</td>
<td>0.55</td>
<td>–</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Discrimination</td>
<td>0.37</td>
<td>–</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

\(^a\)Mental Health Problems (sought help for mental health problems in the last 12 months): \(0 = \text{No}, 1 = \text{Yes}\)
\(^b\)Highest education levels completed, \(1 = \text{No formal schooling}, 2 = \text{Grade 1–8}, 3 = \text{Some HS}, 4 = \text{GED}, 5 = \text{HS Graduate}, 6 = \text{Some College}, 7 = \text{Associates}, 8 = \text{Bachelors}, 9 = \text{MA}, 10 = \text{Ph.D./MD}\).
\(^c\)Married: \(0 = \text{Unmarried}, 1 = \text{Married}\).
\(^d\)Insurance Coverage: \(0 = \text{Currently Insured}, 1 = \text{Currently Uninsured}\).
\(^e\)Language of Interview: \(0 = \text{English}, 1 = \text{Spanish}\).
hypothesis to determine the effect of knowing a deportee on predicting poor mental health. We also estimated our models using both probit and linear probability regression models as a robustness check. We did not find any important differences in our results and use logistic regression as our preferred analytic technique largely due to the simplicity in interpretation.

Results

We begin with a discussion of the distributions from our sample (which are provided in Table 1). After dropping missing data, we have a total sample of 1318 respondents. On average about 25% of the sample stated that in the past 12 months they needed to seek help with mental health problems. For our measures of personal connections with immigrants, 39% of our sample knows an immigrant who has been deported, 27% know an undocumented immigrant, and 34% of respondents did not know either a deportee or undocumented immigrant. Of those respondents who know a deportee, over 35% indicated that they knew a deportee that was a close family member, and 49% reported that they knew a deportee who was the main breadwinner. Furthermore, with respect to the number of deportees a respondent knows, we found that 61% of respondents know 0 deportees, 34% know 1–2 deportees, and 4% know 3 or more. The mean age in our sample is 46, and the majority of our sample has a high school education. Just over half of our sample completed the survey in Spanish, and over half of the sample was female. In regards to citizenship, 77% of our sample consists of U.S. citizens and 14% of the respondents are permanent residents. Over half are of Mexican origin and 37% reported experiencing discrimination because of their race or ethnicity.

Our first set of logistic regression models test the difference between Latinos’ personal connections to immigrants on the probability of needing help with mental health problems in the past 12 months, controlling for a vector of variables. Our results in Table 2 estimate a logistic regression model that includes respondents who personally know someone who has been deported and respondents who know an undocumented immigrant compared to respondents who do not know either (reference category), controlling for age, education, gender, income, insurance coverage, citizenship, marital status, experiences with discrimination, Mexican origin, language of interview, and state fixed effects. There is strong support for our primary hypothesis, as we find that there are differences between knowing a deportee on the probability of reporting poor mental health. In fact, Latinos who personally know someone who has been detained or deported are 1.9 times more likely ($p < .01$) to report having problems with mental health in the past 12 months compared to Latinos who do not personally know someone that has been deported, holding all else constant. In other words, the odds of a Latino personally knowing someone who has been detained or deported increases their odds of reporting problems with mental health is 87%, holding all else constant. We find marginal differences for respondents who personally know someone who is undocumented compared to not knowing an undocumented immigrant. We, therefore, see that a more general connection to the undocumented population is not detrimental to one’s mental health, while having a very direct and personal connection to immigration policy has a very pronounced influence on one’s mental health.
The substantive impacts of these relationships are shown in Figure 1, which displays the post-estimation results of our logistic regression. Figure 1 graphs the adjusted predicted probabilities of Latinos’ personal connections to immigrants on mental health problems.

![Figure 1](image-url)

**Figure 1.** Adjusted predicted probabilities of logistic regression model of Latinos personal connections to immigrants on intent to seek help for mental health problems: 2015 RWJF/Latino Decisions LNHS (n = 1294).

Note: Controlling for Education, Age, Income, Gender, Citizenship, Mexican Origin, Language of Interview, Discrimination, Marital Status, insurance coverage, state fixed effects, and complex survey weights (all of which were set to their mean or mode values). *P < .01 for the difference between not knowing a deportee versus knowing a deportee and knowing an undocumented immigrant.
As shown, respondents who personally know an immigrant who has been detained or deported are statistically more likely to report poor mental health relative to Latinos who do not personally know someone who has been deported. In fact, if a respondent personally knows someone who has been deported, the probability of them reporting problems with mental health are 33%, holding all else constant.

Our next model estimates a logistic regression to examine the probability of needing to seek help for mental health problems as the number of deported immigrants respondents personally know increases. In this model, we use our categorical measures of the number of deportees and set not knowing a deportee as our reference category. There is strong support for these results as shown in Table 3, as we find that as the number of deportees a Latino knows personally increases the probability of reporting poor mental health increases. In fact, if respondents personally know 1–2 deportees as opposed to not knowing any deportees the likelihood of needing help for emotional or mental health problems such as feeling anxious, sad, or nervous increases by a factor of 1.5 \((p < 0.05)\), holding all else constant. In other words, knowing 1–2 deportees increases the odds of needing help for emotional or mental health problems by 45%, holding all else constant. This disparity increases for respondents who personally know 3 or more deportees. The results suggest that respondents who personally know 3 or more deportees as opposed to knowing zero deportees increase the likelihood of needing help for emotional or mental health problems such as feeling anxious, sad, or nervous by a factor of 4 \((p < .01)\), holding all else constant.

<table>
<thead>
<tr>
<th>Table 3. Logistic coefficients for regression of number of deportees known on mental health problems a 2015 RWJF/Latino Decisions LNHIS.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variables</td>
</tr>
<tr>
<td>Reference category: Do not know any deportees</td>
</tr>
<tr>
<td>Personally Know 1–2 Deportees</td>
</tr>
<tr>
<td>Personally Know 3+ Deportees</td>
</tr>
<tr>
<td>Citizenship Status: U.S. Citizen (^a)</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Education (^b)</td>
</tr>
<tr>
<td>Age</td>
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<tr>
<td>Married</td>
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<tr>
<td>Income reference category: Less than $20,000</td>
</tr>
<tr>
<td>Income Missing</td>
</tr>
<tr>
<td>Income: 20K–39K</td>
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<td>Income: 40K–60K</td>
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<td>Income: 60K–80K</td>
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<td>Income: 100K–150K</td>
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<tr>
<td>Income: 150K+</td>
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<tr>
<td>Currently Uninsured</td>
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<tr>
<td>Spanish</td>
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<tr>
<td>Mexican</td>
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<td>Discrimination</td>
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<tr>
<td>Constant</td>
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<tr>
<td>Observations</td>
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<td>Adjusted (R)-squared</td>
</tr>
</tbody>
</table>

Notes: **\(p < .01\), *\(p < .05\), *\(p < .1\), \(\beta\) is a logit coefficient, using complex survey weights and state fixed effects.

\(^a\)Citizenship: (0 = Permanent Residents and Undocumented, 1 = U.S. Citizen).

\(^b\)Highest education levels completed, (1 = No formal schooling, 2 = Grade 1–8, 3 = Some HS, 4 = GED, 5 = HS Graduate, 6 = Some College, 7 = Associates, 8 = Bachelors, 9 = MA, 10 = Ph.D./MD).

\(^c\)Income Reference Category: Less than $20,000.
The substantive impacts of these relationships are shown in Figure 2, which displays the post-estimation results of our logistic regression. Figure 2 graphs the predicted probabilities for each category of knowing a deportee on mental health problems. As shown, personally knowing 1–2 and 3 or more deportees increases the odds of reporting mental health problems. This provides strong evidence that there is a cumulative effect, where stronger connections with the deported population, reflected in multiple relationships, yield more harmful effects.

Regarding demographic control variables we find that, across the models, U.S. citizens are more likely to report problems with mental health. When we further decompose citizenship status, we find that non-citizen permanent residents are less likely to report problems with mental health relative to U.S. citizens. We find no difference for non-citizen undocumented respondents in our analysis. We also find an inverse relationship between education and mental health problems in those respondents with higher levels of education. These individuals with more education are less likely to report problems with mental health. This finding is also consistent with income, as higher incomes Latinos are less likely to report problems with mental health relative to those making under $20,000. Both education and income have traditionally been thought of as protective factors and we find similar results in our research. Regarding our other control variables, we find that respondents of Mexican origin are less likely to report problems with mental health than their Latino co-ethnic counterparts. This finding is in line with prior research that shows the Mexican origin Latinos are less likely to report mental illness such as anxiety, depression, and substance use relative to other Latino groups such as Puerto Ricans (Alegria et al. 2008).

Figure 2. Adjusted predicted probabilities of logistic regression model of the number of deportees known on intent to seek help for mental health problems, 2015 RWJF/Latino Decisions LNHIS (n = 1295).

Note: Controlling for Education, Age, Income, Gender, Citizenship, Mexican Origin, Language of Interview, Discrimination, Marital Status, insurance coverage, state fixed effects, and complex survey weights (all of which were set to their mean or mode values). *P < .01 for the difference between not knowing a deportee versus knowing 3 or more deportees. †P < .05 for the difference between not knowing a deportee versus knowing 1–2 deportees.
Lastly, consistent with the literature on discrimination and health, we find that respondents who have experienced discrimination because of their race or ethnicity are more likely to report problems with mental health (Gee et al. 2006). In our sensitivity analysis, we also ran models to better understand the type of relationship respondents have with deportees. For example, if the deportee was a relative versus a co-worker. In the full sample, we do find statistical differences if the deportee is a family member relative to not knowing a deportee. In our stratified models, we find that among respondents that know a deportee, there are no statistical differences if the deportee is a close relative of family versus a friend. We also do not find differences if the deportee was the main breadwinner or if the breadwinner was a male. Lastly, given that deportation and detainment are very different experiences, we also attempt to understand this experience and find no differences in mental health if the deportee has been deported or currently in detainment or have been recently released.

**Discussion**

The findings of our analysis show that simply knowing a person who has been detained and deported affects one’s mental health. This association between knowing a deportee and negative mental health outcomes is not a direct one. Instead, this relationship is nuanced and dynamic and involves psychosocial processes. We utilise stress process theory to shed light on these processes, to help us understand the mechanisms behind the relationship between knowing a deportee and mental health.

With a large majority of Latinos knowing an undocumented immigrant and large percent personally knowing someone who has been detained and deported, immigration continues to be a particularly salient issue for the Latino community. Immigration policy and its enforcement creates important and multifaceted externalities that affect Latinos, their families, and their communities. These externalities are both direct and indirect.

Latino immigrants who have been deported or who are currently detained awaiting deportation face conditions that pose risks to their personal safety. These conditions may also create situations of stress, anxiety, and fear that affect their mental health. We expect that the trauma experienced through abuse, neglect, and family disruptions are negative indicators that may affect these individuals tremendously. What is less known however is how these experiences impact the wellbeing of their families as well as the overall community. We find strong support for our theory that the record number of deportations is having an indirect effect on the mental health of those who are connected to the deportee population. These negative indicators also impact healthcare and mental health social service providers who aim to help families in distress.

The families of those detained or deported also face many challenges as they confront the economic and social hardships the sudden removal and detainment of a family member can cause. Social networks and extended families can, therefore, become strained and vulnerable themselves. The children of detained individuals, who are sometimes U.S. citizens, are put in extremely precarious situations. They must endure the sudden loss of a parent or parents, experience sudden uprooting, and environment changes, and cope with stress and trauma, many times without adequate professional help.

As we have found in this analysis, the manner in which federal immigration policies are being enforced has far reaching effects. It is not necessary for an individual themselves to
be detained or deported or have a family member detained or deported for these effects to be felt. The mere fact of knowing someone who has been detained or deported can have detrimental impacts on Latino mental health. These findings point to the strong connection among Latinos and Latino immigrants and elucidate the severity of the marginalisation of undocumented immigrants, as even merely knowing someone with a precarious legal status contributes to your own sense of danger and vulnerability.

These findings contribute to the growing literature on the effects of immigration and public policy on the health of Latinos which is especially important as the Latino population grows and is faced with more punitive immigration policies and enforcement (Stewart et al. 2015). These findings serve to better inform the policymaking process to create policies that can address critical issues of social services, safety, and population health while still protecting the social, economic, and health conditions of individuals and their families.

We also must acknowledge the limitations of this study. Given that our study is cross-sectional and a study of Latino populations, we are limited in our ability to make causal claims and generalisations across racial and ethnic populations over time. This limitation is not particular to this study, as currently there are no datasets which query respondents on their personal relationships with deportees and physical and mental health status. We also realise that detention and deportation are two very different experiences. We have attempted to test this difference and find no differences, which suggest just knowing a deportee is bad for mental health and their current status in the deportation process is not associated with poor mental health.

**Conclusion**

Immigration is an ideologically charged issue, producing political gridlock that has hampered the passage of meaningful immigration reform. This inaction has allowed the federal government to enforce and strengthen already existing immigration policies. As mentioned in this paper, this focus on enforcement of federal immigration policies has meant a dramatic increase in the detention and deportation of unauthorised immigrants. And as we have shown through this study, this rise in deportations has indirectly contributed to negative mental health outcomes for Latinos.

These findings, along with extant literature cited in this article, highlight the urgency of policy action on immigration reform. Although a bipartisan legislative solution may appear implausible, a more feasible policy consideration for decision makers is placing a moratorium on immigrant deportations. Removing the spectre of deportation would have an immediate impact on the stress levels of individuals, and consequently affect positive mental health outcomes. Moreover, a moratorium would allow the Department of Homeland Security and its enforcement agencies to address issues of efficiency, safety, and human rights violations claims made by detainees and their families.

Although the fates of the Deferred Action for Childhood Arrivals (DACA) extension and the Deferred Action for Parental Accountability (DAPA) are currently being debated in the Supreme Court, they serve as a model of how reprieve from deportation can affect not only the health of unauthorised immigrants, but their socioeconomic status as well. They also serve as models for alternative policy solutions to comprehensive
immigration reform that includes mechanisms for assuaging the negative effects of detention and deportation.

These policy recommendations, however, are ultimately only temporary solutions to a progressively inadequate and inefficient immigration legislative framework. Comprehensive immigration reform is needed, and policymakers must take into account the real effects of their policy choices on immigrants, their families, and communities as they debate and draft this reform.

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