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The Role of Documentation Status Concerns, Perceived Discrimination, and Social Support on Latinx Adults' Physical and Mental Health

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Abstract

There is a growing number of immigrants arriving in the USA, with the majority being of Latinx descent. Coupled with this increase, there has also been growing anti-immigration legislation which impacts the experiences this group faces and creates additional concerns for those who are residing in this country without documentation. Experiences of overt and covert discrimination and marginalization have been shown to relate to poorer mental and physical health outcomes. Drawing from Menjivar and Abrego's Legal Violence Framework, this paper explores the impact of perceived discrimination and social support on the mental and physical health of Latinx adults. We further observe whether these relationships differ based on participants' concerns about their documentation status. This data comes from a community-based participatory study conducted in a Midwestern County. Our analytic sample was comprised of 487 Latinx adults. We found social support to be related to fewer self-reported days of mental health symptoms for all participants regardless of documentation status concern. Perceived discrimination was found to be related to worse physical health for participants with concerns about their status. These findings point to the pernicious role of discrimination for Latinx's physical health and the importance of social support as an asset beneficial for their mental health.

Keywords Documentation status · Discrimination · Mental health · Physical health · Social support · Latinx immigrants

In the USA, there are around 11 million undocumented immigrants, with the majority being of Latinx descent [1]. Despite the large size of this population, access to resources supporting mental and physical health is relatively low due to social, systemic, and linguistic barriers. Gaps arise from undocumented status (e.g., lack of legal paperwork verifying residence in the USA), which further exacerbates individuals' ability to access resources thus increasing their propensity for undiagnosed mental and physical health issues [2–4]. Additionally, the awareness of potential discrimination from government officials, healthcare professionals, and everyday encounters discourages undocumented individuals from seeking care [5–8].

Undocumented Latinx immigrants are being detained at a disproportionate rate in relation to other immigrants. Per ICE's 2020 Fiscal Year Enforcement and Removal report, 176,832 of the 184,884 deportees were from Latinx countries [9]. Mexicans, more specifically, make up about 65% of those detained and 70% of those deported by ICE even though they make up about 51% of the undocumented population [10]. In addition, the Public Policy Institute of California reports that Latinx individuals comprise 45% of vehicle stops, 46% of curbside stops, 50% of handcuffed stops, and 45% of Latinx stops involve weapons [11]. At times, law enforcement collaborates with ICE, which makes it possible for them to collect personal data to target homes and families. Understandably, members of this community feel hesitant in disclosing their personal information when applying for insurance coverage or government benefits [12].

While these issues are pronounced for those who are undocumented, other sociocultural issues impact the Latinx

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population in general—which, according to Pew Research, make up nearly every one in five Americans [13]. For example, the fear of being stigmatized creates a reluctance to discuss, address, and seek assistance for mental and physical health [2, 14, 15]. Seventy percent of Latinx adults report having seen a doctor in the past year in comparison to 82% of non-Latinx adults [16]. In addition, 35% of Latinx individuals dealing with mental illnesses receive treatment each year in comparison to 46% of non-Latinx individuals [17]. Regular checkups can help identify and address health issues at early stages, such as the risk of obesity, diabetes, or testing positive for HIV, which all disproportionately affect the Latinx population in comparison to non-Hispanic Whites [17–19]. This can also be attributed to a lack of bilingual providers, sick leave, transportation, and knowledge of nearby clinics or specialists [20, 21]. Challenges due to language barriers and knowledge of the appropriate terminology for symptoms pose difficulty in obtaining healthcare as paperwork is not translated or the meaning is lost in translation. This can lead to the mental and physical health concerns of Latinx people being dismissed at a disproportionate rate, leaving them with feelings of invalidation which often lead to the development of more serious health problems [15, 22].

Furthermore, discriminatory practices and legislation also impact Latinx individuals' willingness and ability to reach out for assistance [5]. For instance, the Personal Responsibility and Work Opportunity Reconciliation Act, better known as PRWORA, prevents immigrants from utilizing public benefits until 5 years after obtaining lawful status [12, 22]. Since the passage of this act, there has been a decline in the usage of benefits such as SNAP and Medicaid [22]. To help process systemic and intrapersonal discrimination, immigrants often turn to social support stemming from relationships between individuals and their neighbors, coworkers, or friends who might share similar experiences, as well as churches or local Latinx organizations that can offer safe spaces but also share knowledge on how to better navigate these stressful situations [23, 24]. Such support has been found to mitigate the effects of perceived discrimination and depressive symptoms. Individuals who reported lower levels of social support described dealing with more stressors indicating poorer mental health [23, 24]. However, upon arrival, immigrants may lack such connections and knowledge of enclaves that could facilitate this sort of protective factor and remain vulnerable to the effects of perceived discrimination.

In this study, we explore the impact of perceived discrimination and social support on Latinx immigrants' mental and physical health. Furthermore, we aim to fill a gap in the literature by exploring quantitative differences between those who report documentation status concerns and those who do not through data from a Community-Based Participatory Research (CBPR) project. The goal of CBPR is to engage members of the target community as partners in research, which improves many aspects of the study making findings more relevant and more easily translated to different settings [25]. CBPR was particularly beneficial to this study given our focus on a vulnerable group. Participatory research methods promote increased trust in the research process that results from the establishment of a researcher and community partnership. In this project, CBPR also supported community empowerment and recruitment purposes and ensured that results were reliable [26].

Theoretical Framework

We draw on Menjivar and Abrego's Legal Violence Framework to better understand the damaging impact of anti-immigration legislation on the health of those in the Latinx community [5]. Anti-immigration legislation has increasingly been passed in recent years as a result of the polarized political climate but also reflects the general isolation undocumented immigrants face [4, 12, 27]. Menjivar and Abrego posit that these inhumane anti-immigrant legislations function as a form of legal violence — "embedded in legal practices, sanctioned, and actively implemented through formal procedures that make it legitimate" ([5], p. 1387). It creates a climate of insecurity and suffering among Latinx individuals and their families. Such laws concretize the stereotypes and negative claims in the media surrounding undocumented immigrants justifying and encouraging the targeting of groups of people for criminalistic behaviors. For example, the Support our Law Enforcement Safe Neighborhoods Act of Arizona (SB 1070) criminalizes the possession of false identification documents (used for employment) and expands the police power to detain anyone on a "reasonable suspicion" claim along with those who are "suspected" of being in the USA unauthorized. The implementation and severity of these laws create the necessity for immigrants to gauge how much mobility and community engagement they can partake in their day-to-day lives. Additionally, many immigrants believe that they are not entitled to protections given their status, thus worsening their health risks and vulnerability to domestic violence, crime, and abuse [5]. The compounding impact of such violence against undocumented immigrants has both short and long-term consequences for their health [5].

Documentation Status Concerns

These experiences of discrimination, criminalization, and threats that undocumented immigrants face create an invisible boundary that seemingly prevents them from integrating into American society leaving them feeling alienated [7].

For example, undocumented immigrants fear going to work, taking children to school, and driving to the grocery store or church because they are afraid of being stopped without proper documents. Many reports limit their social interactions out of fear of encountering ICE agents in public spaces like metro stations, airports, stores, and highways [12]. This fear impacts many aspects of their lives, for example, a resident of Flagstaff, Arizona, describes limiting groceries to the closest store available following the passage of SB1070 [28]. Such concerns about their documentation status preclude undocumented immigrants from feeling safe in their communities, which directly and indirectly impact their health by limiting their access to health insurance, health care, government benefits, food, and economic stability, all necessary for maintaining good health. Thus, examining protective and exacerbating factors impacting the health outcomes of Latinx individuals while comparing those with and without documentation status concerns fills an important gap in research.

The Mental Health of Latinx Adults and the Impact of Discrimination

Many Latinx immigrants flee intense violence and poverty in their countries of origin exposing themselves to several risks during the migration process only to be faced with discrimination and social exclusion in the host country [29, 30]. Enduring these compounding stressors pre-, during, and post-migration often with little-to-no social support has proven to have adverse effects on their mental health. In a study assessing mental health disorders among undocumented Mexicans, 23% of participants met the criteria for a diagnosis of major depressive disorder, panic disorder, and generalized anxiety [31]. Similarly, another study found that 11% of the 11 million undocumented immigrants residing in the USA met the criteria for receiving a post-traumatic stress disorder (PTSD) diagnosis with a majority of the sample (82%) reporting experience with traumatic experiences prior to border crossing [30]. Furthermore, encounters with law enforcement have serious mental health implications for members of this community [7]. However, fear of disclosing their status to a mental health professional, the prohibitive cost of mental health services, and a lack of insurance offering coverage for these services all contribute to the lower likelihood that Latinx individuals will seek mental health care. In a recent study, undocumented Latinx immigrants were the least likely group (26%) to have insurance that covered mental health services and were the most likely (77%) to not seek help for mental health due to the cost of treatment [32].

Additionally, discrimination, in the form of microaggressions (e.g., assumptions that Latinx individuals are undocumented or receiving welfare), stereotyping (e.g., media portrayals of Latinx immigrants as rapists and drug dealers), or legislation (e.g., SB 1070), directed towards the Latinx community has been associated with negative mental health outcomes, most commonly depression and anxiety [21, 33]. Experiences of discrimination have been found to be negatively correlated with quality of life and positively correlated with PTSD, likely due to repeated strong, negative interactions in public that arouse fear in undocumented immigrants [34]. These findings suggest that discrimination, whether towards the person or their ethnic group, serves as a sociocultural stressor that produces adverse mental health effects in Latinx individuals. Overall, discrimination leaves undocumented immigrants feeling unwelcomed, isolated, and targeted with little to no support to divert and process these feelings and emotions.

The Physical Health of Latinx Adults and the Impact of Discrimination

Latinx immigrants disproportionately experience adverse physical health outcomes due to similar issues like lack of insurance, language barriers, and lack of documentation. Furthermore, they comprise a large portion of agricultural workers and blue-collar jobs, which often are situated in less-than-ideal conditions (e.g., extremely hot or cold temperatures, exposure to pesticides/chemicals, lifting heavy objects, high altitudes). Despite enduring these conditions, these immigrants receive less compensation and lack basic protection in instances of work-related accidents [35]. In addition, they are often not offered paid leave or sick days, which can be utilized for attending a doctor's visit without consequence. Without sick compensation, immigrants describe debating between paying for a clinic visit or affording essentials such as gas, food, school supplies, and medication [36]. They further explained disliking attending clinics because they felt as though healthcare professionals do not empathize nor attempt to understand their symptoms and rather view them as patients to make a profit of off. Instead, many Latinx individuals prefer to go to *curanderos* (traditional healers), *sobanderos* (masseurs), or seek out traditional *remedios* (remedies) [36].

The impact of discrimination, law enforcement practices, and documentation status are partially responsible for adverse health outcomes in Latinx individuals [34, 37]. For example, a study conducted by Lopez and colleagues found higher law enforcement stress scores and lower self-rated health scores post-raid in comparison to scores collected prior to the raid, demonstrating the negative impact of raids upon the physical health of immigrants [7]. However, this is even more pronounced for those reporting experiences of discrimination. For instance, those who encountered greater

perceived racism and discrimination reported worse cardiovascular health, higher blood pressure, and greater risk for heart failure [33]. These ongoing experiences of marginalization further push individuals to live in a heightened state of vigilance which affects their physical health [38]. Despite experiencing health concerns, undocumented immigrants are hesitant to seek healthcare for fear of deportation, fearful that their status will become apparent or a topic of discussion when filling out paperwork or applying for aid [12]. They end up waiting to seek health services when there is an acute health need instead of accessing preventative health measures. Overall, undocumented immigrants were found to have significantly lower odds of excellent/very good health relative to US-born Latinx citizens [32, 37].

The Protective Role of Social Support

To cope with the stressors from the outside world, undocumented immigrants turn to their social networks, comprised of friends, family, and neighbors sharing similar experiences as them. Without legal status in the USA, undocumented individuals experience restricted mobility, keeping them from being able to visit their country of origin or move freely within the USA [39]. Upon arrival, they often seek out ethnic enclaves that have been established by previous generations of Latinx immigrants, which serve to expand their social networks, provide support, and serve as a resilience factor against future experiences of marginalization [22]. Because these enclaves are well established, they often provide resources, such as childcare, referrals to immigrant-friendly institutions, and community-based organizations that hold workshops, teach English, and offer healthcare services [12, 30]. This type of social support has been found to have positive associations with immigrant's physical and mental health serving as a buffer from discrimination [33, 40].

Support such as participating in shared collective community activities results in interconnectedness and belonging, which develops a pathway for adaptive coping for undocumented immigrants and reduces depressive symptoms [20]. Similarly, affectionate support (e.g., physical and verbal affirmations of love and appreciation) from close figures weakens the relationship between experienced discrimination and depression [20]. In addition, social support has proven to elicit better health outcomes and self-rated health scores [33]. Salgado and colleagues found a buffering effect stemming from social support in day laborers facing adverse living and working conditions [41]. The participants demonstrated acculturative stress, detrimental to physical health; however, higher levels of social support mitigated this relationship.

Current Study

The current study aims to shed light on the effects of perceived discrimination and social support on the mental and physical health of a sample of Latinx adults. We predict that social support will be negatively related to poor mental health and physical symptoms, therefore serving as a buffer. Conversely, we hypothesize that perceived discrimination will be positively related to our outcomes of interest. Furthermore, we intend to fill a gap in the literature by exploring within-group differences and examining these associations among a group of Latinx individuals who endorse documentation status concerns and a group that does not. We believe these relationships will be stronger for those experiencing documentation status concerns.

Methods

Data Collection

Data for this study were drawn from a community-based participatory research project conducted with adult Latinx residents of a Midwestern County in the USA in 2013–2014. The Encuesta Buenos Vecinos (EBV; in English, Good Neighbor Survey, $N = 487$) aimed to provide systematic data on health and health-related issues on the county's Latinx population, examine local health disparities and related factors, and build a foundation for future efforts to improve Latinx community health (for more detail on EBV see Cross et al., 2019 [42]). The EBV Project Leadership Team (PLT) designed and implemented the project via consensus decisions and was comprised of an Academic Principal Investigator from the University of Michigan, a Community Principal Investigator from the Washtenaw County Public Health Department, and a Community Principal Investigator from Casa Latina, a community-based organization engaged with the local Latino community. The Community Principal Investigator from Casa Latina recruited a Community Leadership Team (CLT), which advised the PLT at every stage of the project during monthly meetings. The CLT was composed of members from the local Latino community and included a physician, activists, students, business owners, and others from multiple national origins.

Procedure

Participants had the option of filling out the survey online, in locations well-known to the local Latinx community, as well as through door-to-door outreach by trusted community members via participant referral. The survey, study

flyers, and consent forms were available in both English and Spanish. Data were collected between September 2013 and January 2014. Participants received a $30 gift card for their participation. The time required to complete the survey ranged from 30 to 60 min. Seventy-one percent of surveys were completed on paper and 29% were completed online.

Measures

Documentation Status Concern

Documentation status concern was determined by participants' responses to four survey questions: (1) "My legal status has limited my contact with family and friends," (2) "I will be reported to immigration if I go to a social or government agency," (3) "I have had difficulties finding legal service," (4) "I fear the consequences of deportation." Item 2 was created by the EBV PLT, and the other items are from the Hispanic Stress Inventory [43]. Responses were rated on a scale from (1) strongly agree to (5) strongly disagree. Cronbach's alpha was .91. Responses were dichotomized into the presence (agreed/strongly agreed) or absence (disagreed/strongly disagreed) of documentation concerns [44]. Participants were regarded as having documentation concern if they had agreed/strongly agreed with at least one of the four survey questions and considered to be having no documentation concern if they had disagreed/strongly disagreed with all four questions. Seventy-two participants (14.7%) did not respond to any of the four survey questions and were therefore categorized as missing data and excluded from further analyses. Additionally, if participants responded to all four items with the response option "Neutral/Neither agree nor disagree," they were also excluded from further analysis. For further details on this variable, refer to Cross and colleagues (2019) [42].

Perceived Discrimination

Participants' perception of discrimination was assessed by 4 survey items from the Everyday Discrimination Scale: "In your day-to-day life how often have any of the following things happened to you?" followed by (1) "You are treated with less respect than other people," (2) "People act as if you are not as good as they are," (3) "You are called names or insulted," (4) "You are threatened or harassed" [32]. Responses were recoded into 1 (*never*) to 6 (*every day*) so that larger values indicate more experiences of perceived discrimination [45]. Cronbach's alpha reliability for these items was .79.

Social Support

Social support was evaluated by participants' responses to 4 items [33]: "How much do you agree that the following statements describe your neighborhood?" followed by (1) "People can be trusted," (2) "People help each other out," (3) "I feel like I am part of the community," and (4) "People would help me if I had an emergency." Items 1 and 2 are from the Collective Efficacy scale, and item 3 is from the middle school version of the Civic Responsibility Survey [46–48]. Item 4 was created by the EBV PLT. Responses ranged from (1) strongly disagree to (5) strongly agree. Larger values for this variable indicate more feelings of social support within the community. Cronbach's alpha for these items was .74.

Mental Health

Mental health was assessed by the sum of 4 items from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS) where participants reported on the number of days in the past month they felt: (1) "Sad, blue or depressed," (2) "Worried, tense or anxious," (3) "Did not get enough rest or sleep," (4) "Your mental health was not good? (Mental health includes stress, depression, and problems with emotions)" [49]. Responses ranged from 1 to 30. Cronbach's alpha for these items was .80.

Physical Health

Participants rated their physical health by responding to 2 items from the BRFSS [49]. The health-related quality of life or general health rating (GENHLTH) subscale includes the following: "Is your health …" with response options ranging from (1) excellent to (5) poor. The second way participants rated their health was based on how many days their health was not well. This item was worded as follows, "your physical health was not good? (Physical health includes physical illness and injury)." Responses ranged from 0 to 30 days. These two items correlate positively and significantly, $r(449) = 0.24$, $p < .001$.

Results

Analysis Plan

We examined whether there were significant differences between those with documentation status concerns and those without, for our main study variables through *t*-tests. We then conducted separate regression analyses for both

groups to explore our hypotheses after checking for regression assumptions.

Demographics

The 487 participants represented a diverse set of demographic characteristics. Of the participants who reported on their level of education, a majority had a high school diploma or higher (68.4%). Participants' ages ranged from 18 to 88 (M_{age} = 36.68, SD = 13.74) and had a mean income of $23,308. Women comprised 57.7% of the sample. Most of the sample (62%) had been living in the USA for 11 years or more, and the large majority (89.7%) reported being born outside of the USA. Our analytical sample consisted of 415 Latinx individuals (see the "Documentation Status Concern" section for more information). Participants reported being from a variety of Central and South American countries, with the majority being from Mexico (37%). For more information on participant demographics, please see Table 1.

Descriptive Statistics

All variables in the analysis were tested for skewness and kurtosis and all were within normal ranges (within an absolute value of 2 and 7, respectively) suggesting that all variables of interest are normally distributed. The assumption of the absence of multicollinearity was met by observing the bivariate correlations between primary study variables. We report these values as well as means and standard deviations of the primary study variables for the full sample in Table 2.

Participants reported low levels of perceived discrimination (M = .80, SD = 1.03) on a 1–5 scale. The mean for social support was above the midway point of the response scale (M = 3.69, SD = .79). As far as physical health, the mean was 2.43, (SD = 1.07) and participants estimated that for approximately 5.21 days in the past month, they felt like their physical health was not good. For mental health, the mean for the number of total days those participants felt negative mental health symptoms in the last month was 22.45 (SD = 26.29).

Many of our main study variables were also significantly related to one another. Worth noting, perceived discrimination was significantly and negatively related to community support $r(481) = -0.17$, $p < .001$. Perceived discrimination was also related to higher numbers of days reporting mental health symptoms $r(457) = 0.13$, $p < .01$ and a high number of days reporting that their physical health was not good $r(447) = 0.10$, $p < .05$. Additionally, social support was also related to fewer days reporting adverse mental health symptoms $r(458) = -0.24$, $p < .001$. GENHLTH and POORHLTH were significantly related to eachother $r(449) = 0.24$, $p < .001$ as well as a number of days reporting mental health symptoms (GENHLTH $r(459) = 0.18$, $p < .001$, POORHLTH $r(448) = 0.42$, $p < .001$). See Table 2 for the remaining correlations between study variables.

Table 1 Demographics by documentation status concern

Characteristic	No concern	Concern	Whole sample
N	198	217	466
Age categories			
18–29	43.40%	30%	35.30%
30–44	27.80%	48.80%	39.40%
45–64	24.70%	16.60%	20.90%
65+	4.00%	4.10%	3.90%
Gender			
Female	57.1%	60.4%	57.7%
Male	42.9%	39.6%	42.3%
Income			
M =	31,386.15	15,997.47	23,308.57
Level of education			
Less than HS	7.10%	47%	29.60%
HS/GED/equivalent	28.80%	35.90%	34.10%
Some college/AA	7.10%	7.40%	7.00%
BA or <	55.10%	7.80%	27.30%
Years in the USA			
< 5	16.70%	9.70%	13.80%
6–10	10.60%	35.50%	22.60%
11+	71.70%	52.50%	61.60%
Foreign-born	68.20%	94%	89.70%

Table 2 Descriptive statistics and bivariate correlations for study variables

	M	*SD*	*N*	Missing-ness	1	2	3	4	5
1. Perceived discrimination: 0, never; 1, less than once a month; 2, once a month; 3, a few times a month; 4, a few times a week; 5, everyday	0.80	1.03	412	.80%	---				
2. Social support: 1, strongly disagree; 2, disagree; 3, neutral/neither agree nor disagree; 4, agree; 5, strongly agree	3.69	0.79	414	.25%	−0.17***	---			
3. Mental health sum score: Number of days reporting mental health symptoms	22.45	26.29	395	4.82%	0.13**	−0.24***	---		
4. GENHLTH: 1, excellent; 2, very good; 3, good; 4, fair; 5, poor	2.43	1.07	414	.25%	0.08	-0.03	0.18***	---	
5. POORHLTH: Days...your physical health was not good? (physical health includes physical illness and injury)	5.21	8.26	386	6.99%	0.10*	0.13**	0.42***	.24***	---

Note. ***$p < .001$, **$p < .01$, *$p < .05$

Preliminary Analyses

Our first set of analyses sought to explore whether there were significant differences between participants with a documentation status concern and those who did not report concerns. We conducted *t*-tests using SPSS version 26. In total, five *t*-tests (Table 3) were conducted to examine differences in reports of perceived discrimination, social support, mental health, and physical health (measured using two individual items). Of the five *t*-tests conducted, two detected significant mean differences: physical health (as measured by GENHLTH and POORHLTH). Participants with documentation status concerns, compared to those who do not have these concerns, tended to report significantly worse physical health in terms of both overall subjective rating of physical health $t(412) = -7.29$, $p < .001$ and a number of days of feeling unwell $t(384) = -2.40$, $p < .001$. Participants with documentation status concerns reported worse physical health as evidenced by their mean responses to items GENHLTH ($M = 2.75$, $SD = 1.10$) and POORHLTH ($M = 5.74$, $SD = 8.82$) in comparison to those reporting no concerns whose means were GENHLTH ($M = 2.03$, $SD = 0.89$) and item POORHLTH ($M = 3.82$, $SD = 6.74$).

Primary Analyses

Two sets of independent regression analyses were performed to answer our research questions. To explore the extent to which perceived discrimination and social support were associated with the physical and mental health of our participants, we ran one set of analyses on those who reported a documentation status concern ($N = 217$) and those who did not ($N = 198$). Self-reported age and level of education were included as control variables for all subsequent analyses. Standardized coefficients are reported below. Unstandardized coefficients and explained variance values can be found in Table 4.

Documentation Status Concern

For participants who indicated that they had a documentation status concern, social support was negatively associated ($\beta = -.30$, $p < .001$) with mental health symptoms, whereas there was no relationship between perceived discrimination and mental health symptoms. Perceived discrimination was significantly and positively related to physical health symptoms as measured by GENHLTH ($\beta = .19$, $p < .01$), but there was no association with physical

Table 3 *T*-test results equal variances assumed

Parameter	No concern		Concern		*t*	*p*
	M	*SD*	*M*	*SD*		
Perceived discrimination	0.73	0.83	0.86	1.19	−1.28	.202
Social support	3.75	0.74	3.73	0.83	0.27	.788
Mental health sum score	22.86	25.44	22.75	26.97	0.04	.966
GENHLTH	2.03	0.89	2.75	1.10	−7.29	.000
POORHLTH	3.82	6.74	5.74	8.82	−2.40	.017

Table 4 Regression of associations between perceived discrimination, social support, and health

Variables	Documentation status concern			No concern		
	B	*SE*	*p*	*B*	*SE*	*p*
Control variables	Mental health					
Education	.52	.43	.231	−.53	.52	.310
Age	.48	.14	<.001	−.18	.13	.161
Study variables						
Perc. disc.	2.35	1.47	.111	2.94	2.29	.200
Social support	-9.69	2.22	<.001	−8.00	2.53	.002
R^2	.15			.10		
Control variables	GENHLTH					
Education	−.04	.02	.025	−.04	.02	.018
Age	.03	.01	<.001	.02	.01	< .001
Study variables						
Perc. disc.	.17	.06	.004	.05	.08	.542
Social support	−.06	.09	.480	−.15	.08	.076
R^2	.19			.15		
Control variables	POORHLTH					
Education	.24	.16	.132	−.38	.14	.008
Age	.09	.05	.081	.08	.04	.030
Study variables						
Perc. disc.	.50	.54	.363	1.24	.64	.053
Social support	−1.60	.82	.052	−.60	.69	.382
R^2	.05			.08		

Note. Unstandardized coefficients are reported in the table

health as measured by POORHLTH. Social support was unrelated to physical health as measured by GENHLTH, but we found a marginal negative relationship between social support and POORHLTH ($\beta = -.14$, $p = .052$).

No Documentation Status Concern

For those who had no documentation status concern, there was a negative association ($\beta = -.23$, $p < .01$) between social support and mental health symptoms, but no significant relationship between perceived discrimination and mental health. There were no significant associations between perceived discrimination or social support and physical health measured in with GENHLTH. There was a marginal positive relationship between perceived discrimination and POORHLTH ($\beta = .15$, $p = .053$).

Discussion

Latinx individuals living in the USA face both interpersonal and systemic discrimination that can be detrimental to their physical and mental health. Due to pervasive anti-immigrant sentiment within this country, those who are undocumented face an increased level of fear in engaging within society, due to the ever-present reality of deportation. In this study, we sought to explore the role of social support, or feelings of trust and closeness to those in the community, as well as the impact of perceived discrimination on the physical and mental health of Latinx adults. We further explored how this may function similarly or differently between Latinx immigrants who report concerns about their documentation status and those who do not.

Our results support our prediction that having a stronger sense of social support would be protective against experiencing negative mental health symptoms. All participants who reported having a stronger social support network, regardless of their documentation status concerns, reported fewer negative mental health symptoms. This finding supports previous research that has found social support within the community to be protective for Latinx individuals [12, 27, 33, 40]. Furthermore, we found a marginal relationship between social support and physical health for those expressing documentation status concerns. However, for the same group, we found that more experiences of perceived discrimination were related to worse physical health, but perceived discrimination did not impact the mental or physical health of participants with no documentation status

concerns. These findings were surprising as we hypothesized based on previous studies that discrimination would negatively impact both the mental and physical health of all participants, regardless of documentation status concern [34, 37]. These results further exemplify the consequences of the legal violence experienced by the Latinx undocumented community by highlighting the toll of discrimination on their physical health. It also points to increased social support as a possible protective source to combat the vilification and exploitation of undocumented immigrants [5].

Perceived Discrimination

We observed low average rates of perceived discrimination in both groups within our sample. It is possible that more pronounced examples of discrimination were less likely, and more subtle or passive forms of discrimination occurred that were not captured by our survey items. Additionally, the low levels of perceived discrimination could possibly be attributed to the strong role of social support that exists in the community our participants reside in. Studies that found significant levels of perceived discrimination among participants were conducted in states scoring highest among immigrant policy exclusion, such as Arizona, Mississippi, and South Carolina [3, 38, 45, 50]. Meanwhile, in the location of the present study, local organizations may serve as a hub for resources but also represent pillars of the community which may result in an increased sense of belonging and security. Through organizations promoting Latinx integration, Latinx individuals participate in community events and have the opportunity to network. In turn, they barter knowledge and services that often encourage intracultural interactions, which may enable them to better process and cope with potential negative experiences with members of other ethnic groups.

Mental Health

Our results also reveal how prevalent mental health issues are within our sample. Our findings suggest that participants experience more negative mental health days than not; participants with documentation concerns reported a higher amount of adverse mental health days. This can possibly be attributed to the Obama administration's record-setting number of deportations and raids at the time of this study. Lopez and colleagues demonstrated the impact that raids can have on Latinx's mental health [7]. The imminent threat of a family member or oneself being apprehended during daily tasks such as picking up children, going to work, or coming home compounds the stress of those with documentation concerns. Furthermore, we found that those who reported more days of poor mental health symptomatology also reported poorer physical health symptoms. This is evidence that often those who struggle with negative mental health or physical health likely also suffer in the other domain as well. Conversely, we found a negative and significant correlation between perceived discrimination and social support, indicating that for those who report feeling more support within their community also report experiencing less discrimination. Our findings support previous studies in which social support helped mitigate the adverse effects of perceived discrimination originating from legislation, other individuals, or law enforcement and served as a protective factor against depression for Latinx immigrants [21, 23, 24].

Results of our *t*-tests indicate that there are no significant differences in levels of perceived discrimination, social support, and mental health among both subgroups in our sample. This may be because both subgroups in our sample reside within the same geographical region and are likely reporting about the same community, which offers similar resources to Latinx adults with and without documentation concerns as well as some protection from greater racial profiling present in other parts of the nation. States linked to harsher immigrant-excluding, or restricting, policies regarding the use of public benefits, integration, and enforcement demonstrated lower use of mental and health care services by Latinx individuals; as a state's policy exclusion score increases, the probability of immigrants' visit to a health provider decreases [3]. However, our result that there was no significant difference in mental health symptoms between groups was surprising based on previous research. We initially believed that those who experience documentation status concerns would also report more adverse mental health; however, both groups likely face stigma when discussing or seeking mental health assistance [20, 51]. For instance, within the community where our participants lived, Latinx individuals are able to attain health insurance, but that insurance likely does not cover mental health treatment, which presumably may contribute to the high number of days that both groups reported experiencing negative mental health symptoms.

Limitations and Future Directions

Our results should be considered in the context of certain limitations. All our participants resided in the same county in Southeastern [Michigan], thus limiting the generalizability of our findings. This area of the country is not an immigrant gateway community, a Latinx new immigrant destination, nor a common context for Latinx immigrant research. Latinx immigrants represent less than 5% of the population of the area; however, their residence in [Michigan] places them within close distance of the Canadian border, where the US Customs and Border Control agency can perform warrantless searches. This considerably raises this community's chances of interacting or being stopped by Border patrol officers and it also increases their concerns about

deportation, which has been one of the main focuses of our study. Additionally, those with documentation status concerns may likely be reticent to participate in research studies. Although we have a sizeable sample size, some of our main findings were marginal. Having a larger number of participants in both of our groups would likely yield significant results. Considering the difficulty in recruiting participants of such vulnerable status in research, it is important to consider our results in light of these constraints.

Given the limitations of survey research, our results lack the potential depth that could further explain or accurately capture participant's experiences. Future studies with this population should attempt to include mixed methodologies to get both the depth and breadth of information from participants. Furthermore, future quantitative studies with larger sample size should aim to test documentation status as a possible moderator of the relationship between discrimination, social support, and physical and mental health outcomes. Conducting longitudinal studies examining how these associations interact across time would also yield important insights. Additionally, the variables used to capture mental and physical health in our study present another limitation. We were only able to report how many days within the last month participants experienced depressive symptomatology. We were unable to fully capture the extent to which these symptoms negatively affected participants' everyday life.

In addition, our data was collected in 2013–2014, which is the pre-Trump Presidency and pre-pandemic era. Qualitative data such as interviews can provide additional information to help researchers and practitioners understand the impact that these events have on the Latinx community. For example, Trump exacerbated the feelings of mistrust of law enforcement and documentation concerns with his extreme anti-immigrant rhetoric and threats to TPS and DACA programs [52, 53]. This form of leadership encouraged conservative Americans to become more vocal about anti-immigrant sentiments, which became more pronounced in public places such as schools, government offices, and protests [54]. The effects of this political climate have been correlated with depression and indicators of anxiety in addition to lowered levels of social support, which has proven essential to mitigate the effects of perceived discrimination and additional stressors [20, 55]. Following his presidency, the onset of COVID-19 elicited new pressure on Latinx essential workers who continued to work at risk of becoming infected without protection, extra pay, or benefits throughout the pandemic [56]. Recent study findings demonstrate that experiencing COVID-19 correlated with symptoms of depression and posttraumatic stress [18]. Furthermore, the role of no insurance access should also be examined in relation to the likelihood of receiving COVID-19 care, testing, vaccination, and knowledge of general resources for COVID-19.

Our findings highlight the prevalence of mental health struggles in this community. The expansion of culturally relevant therapy can aim to reassure Latinx individuals that they are welcomed and seek to validate their feelings. Models such as Menjívar and Abrego's Legal Violence Framework and other models that view the Latinx experience as multilayered and complex should be used as a basis for understanding the various facets that may be affected by experiencing discrimination [5]. Along with empathizing with Latinx communities, an effort to speak Spanish to meet the client where they are could increase the likelihood that Latinx immigrants will seek out mental healthcare as language barriers limits the access to physical and mental care. It also aids conversations as a lot can be lost in translation and be a cause of being dismissed or not receiving appropriate care.

Conclusion

In line with prior studies, our findings echo the beneficial impact of social support within the Latinx community [21, 23, 24, 33, 49]. Participants who felt a stronger sense of support reported lower mental health symptoms regardless of their documentation status concerns, while those with documentation status concerns who perceived higher levels of discrimination reported worse physical health symptoms. Building a positive sense of community, whether amongst friends, family, and neighbors, or organizations like churches, resource hubs, and community centers, serves as a protective shield from anti-immigrant sentiments and systemic discrimination. Being able to build a network of social support, to have opportunities to safely congregate and feel supported within their communities while accessing resources, promotes feelings of belonging and knowledge of how to navigate this country as a Latinx person. There is an immediate need for widespread access to mental and physical health resources and services. Barriers, whether linguistic or financial, must be removed to promote feelings of trust between Latinx immigrants and healthcare professionals but also to remove the second-class citizen treatment that they face in America. Many Latinx individuals do not access beneficial government programs, community resources, general healthcare, and mental care, for fear of being deported, turned away, discriminated against, or misunderstood. Living a healthy life is a right that transcends legal status, and it must be rectified in order to lower disproportionate negative mental and physical health rates.

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Data Availability Not applicable.

Code Availability Not applicable.

Declarations

Ethics Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. The study was approved by the Institutional Review Board on the University of Michigan HUM00054391.

Consent to Participate Informed consent was obtained from all individual participants included in the study.

Consent for Publication Not applicable.

Conflict of Interest The authors declare no competing interests.

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