EXPANDING MENTAL HEALTH CARE ACCESS FOR IMMIGRANT YOUTH & COMMUNITIES IN GEORGIA

Policy Brief

Anar Parikh, PhD

FALL 2023

ASIAN AMERICANS ADVANCING JUSTICE
ATLANTA

INTRODUCTION

Expanding and improving Georgia's mental health care infrastructure has been an area of bi-partisan interest for state lawmakers in recent years. Since 2019, the state legislature has introduced and/or passed several key bills and an additional half-a-dozen key bills and auxiliary legislation concerned with studying, expanding, and improving the availability of mental health services and facilities in the state.[1]

In response to sustained policy interest in mental health care among Georgia lawmakers and advocates in recent years, this brief will analyze the policy landscape and opportunities for expanding access to the state's immigrant communities, with a special focus on immigrant youth: a population for whom care and services remain largely inaccessible despite the recent substantial investment in the state's mental health care system.

Recognizing that there is no universally applicable approach for a given population, this report aims to highlight key needs and barriers. This brief will also identify opportunities and offer recommendations for eliminating barriers and ensuring public benefits and services parity for all Georgians.

[1] Mental health is a colloquial term that is used to describe a broad range of emotional, psychological, and behavioral conditions that is not synonymous to but often used interchangeably with behavioral health–more commonly used in legislative, research, and policy documents. Other than when referencing language used in formal policy and health care settings, this report primarily uses the colloquial terminology.

Policymakers have a unique opportunity to work with advocates and providers to prioritize the mental health needs of immigrant and refugee populations.

KEY TAKEAWAYS

- Despite well-documented needs, immigrant and refugee populations have been largely neglected in recent efforts to expand and improve Georgia's mental healthcare infrastructure.
- Deportation and detention are severely detrimental to immigrant and refugee individuals and communities' mental and physical well-being.
- The lack of linguistically responsive services is a pervasive issue that compromises immigrant and refugee populations' ability to access quality mental health care.
- Policymakers have a unique opportunity to work with advocates and providers to prioritize the mental health needs of immigrant and refugee populations.
- School-aged immigrants and children of immigrants are particularly vulnerable to insufficient mental health care and resources.
- Young immigrant and immigrant-descendant Georgians' experiences of mental health care are informed by both their individual experiences as well as those of their families and wider communities.

OVERVIEW:

MENTAL HEALTH POLICY IN GEORGIA

Since its founding in 2019, the Georgia Behavioral Reform and Innovation Commission (BHRIC) has published two major reports.[2] Following the publication of BHRIC's first annual report in January 2021, Governor Brian Kemp also contracted consulting firm Accenture to evaluate the BHRIC's recommendations and develop an "action plan" for the Office of Health Strategy and Coordination (OHSC) within the Governor's Office of Planning and Budget. Across both BHRIC reports and the OHSC Action Plan, the findings overwhelmingly document a tenuous state infrastructure for mental health care that is "less of a coordinate system and more of a loose confederation of state and local agencies and partners (Accenture 2021, 3-4). Major issues identified in these reports include a virtually nonexistent mental healthcare system, poor access to care, and heavy reliance on carceral institutions to provide mental health care.

In addition to the grave assessments in both the first BHRIC report and the OHSC Action Plan, Mental Health America's "2021 State of Mental Health in America" ranked Georgia last in access to mental health care among the 50 U.S. states and the District of Columbia (Mental Health America 2021, 13). In response, the Georgia state legislature adopted mental health as a key priority during the 2022 legislative session and established a new bipartisan, bicameral mental health caucus." Recent legislative action has focused on enforcing federal law that requires parity between mental and physical health care coverage, revised licensure requirements for certain professionals, and co-responder programs for law enforcement agencies.

[2] The creation of BHRIC came on the heels of the conclusion of a settlement agreement between the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) and the U.S. Justice Department regarding DBHDD's violation of various sections of the Americans with Disabilities Act. The onset of the COVID-19 pandemic in early 2020 further highlighted the inadequacies of the state's mental health care infrastructure.

TIMELINE OF KEY LEGISLATION

2019

HB 514: Established the Georgia Behavioral Health Reform Commission for the purpose of conducting a comprehensive review of the behavioral health system in Georgia.

Status: Adopted by House and Senate, signed by Governor Kemp, May 2019

2022

HB 412: Created licensure process for applied behavioral therapists who serve children with autism.

Status: Adopted by House and Senate, signed by Governor Kemp, May 2022

HB 972 *(Professional Counselors, Social Workers, and Marriage and Family Therapists Licensing Law)*: Changed licensing and eligibility requirements for those training to be professional counselors, social workers, and marriage and family therapists in Georgia code.

Status: Adopted by House and Senate, signed by Governor Kemp, May 2022

HB 1013 *(Georgia Mental Health Parity Act)*: Enacted to implement the recommendations of the Georgia Behavioral Health Reform and Innovation Commission and comply with federal law regarding mental health parity in insurance coverage.

Status: Adopted by House and Senate, signed by Governor Kemp, April 2022.

SB 403 *(Georgia Behavioral Health and Peace Office Co-Responder Act)*: Established a co-responder program for behavioral health specialists to accompany law enforcement officials during emergency responses to behavioral or mental health crises.

Status: Adopted by House and Senate, signed by Governor Kemp, April 2022

2023

HB 155: Created provisions for out-of-state professionals in certain fields, including healthcare providers, to obtain licensure in Georgia. Healthcare providers, as defined by the bill includes physicians, dentists, podiatrists, psychologists, pharmacists, optometrists, licensed professional counselors, clinical social workers, registered nurses, licensed practical nurses, registered opticians, physical therapists, chiropractors, physician assistants, registered opticians, cardiac technicians, emergency medical technicians, and paramedics.

Status: Adopted by House and Senate, signed by Governor Kemp, April 2023.

HB 520: A comprehensive mental health bill that addresses a range of mental healthcare issues including, but not limited to, standardizing terminology; establish a statewide public-private partnership; provide funding for a pilot program for behavioral health screenings in county jails; and provide for a comprehensive study of the state's mental health workforce.

Status: Adopted by House; Read and Referred to Health and Human Services in Senate

MENTAL HEALTH CARE ACCESS FOR GEORGIA'S IMMIGRANT COMMUNITIES

Despite substantial resources in the state's mental health care system in recent years, accessing quality and affordable care remains challenging–and often impossible–for many of the state's most marginalized and vulnerable communities including immigrants, ethnic and racial minorities, indigenous peoples, gender and sexual minorities, and experiencing homelessness. Studies have shown, for example, that individuals from ethnic and racial minority groups experience significant disparities in accessing mental health care and "are more likely to utilize psychiatric emergency services, to enter emergency treatment by means of law enforcement, and to be involuntary hospitalized" (Mongelli, Georgakopoulos, and Pato 2020, 17).

Importantly, immigrants and refugees are not a monolith. Individual needs differ significantly across individuals and communities. Migrant populations who have been forced to leave their home countries as a result of political persecution, climate disaster, or other unsafe conditions will require different services than those who have access to more formal immigration channels. Across these differences, however, it is important that services are available, accessible, and affordable. "Just because," as Dr. Owen-Smith points out, "services are available doesn't mean these populations can afford them or that they are culturally and linguistically appropriate."

KEY ISSUES IN IMMIGRANT MENTAL HEALTH

Mental health disparities are the product of a number of systemic issues such as histories of trauma, social isolation, the impact of detention and deportation, administrative challenges, and lack of language access.

Trauma

The process of migration can often involve multiple traumas that require both trauma-informed and culturally competent responses. In her presentation to the BHRIC Subcommittee on Children and Adolescents, Head of External Affairs at The Center for Victims of Torture Georgia (CVT), Darlene C. Lynch, Esq., underscored the fact that trauma is not a single, isolated incident, but one that refugees face at each stage of the migratory process: from fleeing one's home to the process of migration itself to the challenges of re-settlement (BHRIC 2022 - Appendix A, 29-30). Likewise, for immigrant families more broadly, the process of moving countries and the pressures of assimilation are significant sources of strain and potential trauma.

Social Isolation

According to Dr. Ashli Owen-Smith, Associate Professor of Georgia State University's School of Public Health, loneliness and social isolation looms large in migrant communities. Based on preliminary research her team conducted around Clarkston, which has a large refugee population, "the data... is off the charts."[3] With the support of foundation funding, Dr. Owen-Smith is currently piloting a psychoeducation group therapy program with two groups of refugee mothers, primarily from Afghanistan. The groups will meet for five 90-minute sessions that are designed to educate participants about mental health issues while focusing on community and peer support as well as concrete skills for coping with issues like sadness, nervousness, and worry. In lieu of psychotherapy, which may not be appropriate for every individual, Dr. Owen-Smith offers "many people can handle what they are dealing with with more skills."

Detention & Deportation

Immigrant and refugee communities also face the imminent threats of increased surveillance, deportation, and detention– all of which are severely detrimental to individuals' and communities' mental and physical well-being (see Appendix A for more resources). In 2017, the American Medical Association (AMA) announced new policies regarding the health of immigrants and refugees, including opposing the detention of families seeking refuge in the United States. Recognizing the negative health consequences detention has on children and parents, the AMA "opposes family detention centers, separation of children from their parents in detention, and any plans to expand detention centers."

Laura Murchie, Senior Supervising Attorney in the Litigation Department at Asian Americans Advancing Justice-Atlanta

[3] Phone conversation with Dr. Ashli Owen-Smith on October 3, 2023.

says that detention is itself a traumatic experience that would be exacerbated if a detained person is thrown into solitary confinement, consistently denied proper care, and/or faces prolonged detainment. Murchie adds that "in addition to the restriction on their freedom," detained persons experience a lack of access to social, emotional, and legal support networks that create long-lasting negative stress cycles.

Moreover, detention centers are notorious for substandard quality of care and severe neglect of detained persons' well-being. Murchie says that "centers are not equipped to care for detained persons' physical and mental health and regularly actively choose to provide substandard care." These conditions make individuals dealing with mental health issues particularly vulnerable to maltreatment including being taken away from their communities, denial of basic due process in the immigration court system; and release from detention or deportation without care for safety and well-being (Texas Appleseed 2010).

Administrative Challenges

Additionally, many state and federal healthcare services are available only to U.S. citizens and those with certain qualified immigration statuses. These restrictions not only further limit the number of accessible avenues for immigrant communities to receive adequate care, but are also a source of confusion for providers and administrators. Lynch noted that staff at DBHDD "don't always understand the difference between immigration statuses, which can lead them to wrongly deny eligible immigrants access to the state's safety net care."[4]

Lack of Language Access

Across the board, the lack of linguistically responsive services in healthcare settings broadly, and mental health care more specifically, is a central issue. According to recent research, non-English Language Preference (NELP) patients have among the highest untreated rates of depression (Garcia, Ochoa-Frongia, Moise et al. 2017 cf. Njeru et al. 2016) and language barriers can be the source of diagnostic assessment bias, diagnostic errors in management, and low retention rates in mental health care (Mongelli 2020, et al. cf. Garcia et al. 2017).[5]

Amid a paucity of providers who can communicate in non-English languages,

[4] Phone conversation with Darlene C. Lynch, Esq. on May 5, 2023.

[5] The term "non-English language preference" (NELP) is an alternative to the more widely used term, "Limited English proficiency" (LEP), in reference to individuals who do not speak, read, or write English as their primary language, and who report speaking English. Whereas the term LEP's focus on proficiency is vague and ethnocentric in its assumption of English as the "primary language" in the United States, the term NELP is a more accurate description of individuals centers patients' specific needs rather than their linguistic ability vis-a-vis a "superior" linguistic community (Ortega, Shin, Martinez 2022).

Across the board, the lack of linguistically responsive services in healthcare settings broadly, and mental health care more specifically, is a central issue.

interpretation in mental health care settings present a number of challenges. In general, medical interpreters' often work precariously for inconsistent income. Van Phan, a doctoral candidate at the University of South Carolina's Clinical Community Psychology Program and Community Field Researcher at Asian Americans Advancing Justice-Atlanta, explains that, "Working with clientele where attendance is not consistent for a variety of reasons (e.g. work, other doctor's appointments, lack of transportation) means that interpreters might have a full day booked up but are left insufficiently compensated when only one client shows up." For patients, in turn, having to re-establish relationships with interpreters can compromise the quality of their care.

Importantly, mental health interpretation is a niche subspecialty within medical interpretation more broadly. Nationally, there is currently only one accredited certification program that is appropriate for bilingual individuals. Currently, DBHDD only coordinates interpretation services in American Sign Language (ASL) through the Office of Deaf Services.

In July 2022, Georgia began to roll out its designated 988 Suicide and Crisis Lifeline under DBHDD's leadership. Currently, the Georgia line is available in English and Spanish. According to the FAQ on the 988 Georgia website, callers who chose the Spanish line will be directed to the national hotline, and DBHDD's local text and chat functionalities are not currently responsive to requests in Spanish, nor is it collecting local data on the number of Spanish line requests received. The 988 Georgia website does provide users with the option to view the website in several languages other than English. However, the Translation Disclaimer states that translations are provided through an automated translation software and 988 Georgia does not guarantee the accuracy of translation.

In compliance with Executive Order 13166, signed by President Bill Clinton in August 2000, agencies and programs that receive federal funding are required to develop and implement a plan for ensuring

NELP individuals have access to relevant services, programs, and information (U.S. Department of Justice). According to Lynch, DBHDD has no good means of data collection to assess the needs of immigrant and refugee communities in the state nor the cultural and linguistic competencies of the state's workforce.[6] She says advocates have made some administrative progress through the creation of new committee on cultural and linguistic access of the federally-mandated Georgia Behavioral Health Planning & Advisory Council—a body that advises DBHDD on how to use block grant funds to meet SAMHSA expectations, including advancing equity in access, services, and outcomes.[7]

THE POLICY LANDSCAPE FOR IMMIGRANT AND REFUGEE MENTAL HEALTH CARE

Amid policy initiatives to improve the mental healthcare system in Georgia, immigrant rights advocates have been working legislatively and administratively to ensure immigrant communities are taken into account. The urgent need for a mental health system that is responsive to the specific needs of Georgia's immigrant population is well established. In the 2022 BHRIC report, the commission noted that addressing workforce shortages and modernizing the state's licensing practices must also include plans for increasing the number of culturally and linguistically competent providers who speak multiple languages and understand the specific cultural histories of a diverse clientele (BHRIC 2023, 10). Additionally, multiple subcommittees also identified meeting the needs of the state's increasingly diverse population as a key need.[8]

Legislatively, advocates have also been pushing for provisions related to language access and cultural competency in recent legislation. This included provisions in HB 1013 that would require the parity system to be culturally and linguistically responsive. During the 2023 legislative session, HB 520, an omnibus mental health bill passed through the House with key provisions for data collection on the availability of culturally and linguistically diverse response services and on languages spoken by actively practicing licensed healthcare professionals in the state.

On the administrative front, advocates have called on the state's mental health agency to take steps to provide improved services. Among the most urgent

[6] Phone conversation with Darlene C. Lynch, Esq. on May 5, 2023

[7] Email correspondence with Darlene C. Lynch, Esq. on October 17, 2023.

[8] See "Appendix A: BHRIC Subcommittee on Children and Adolescents" (p. 29-32); "Appendix B: Additional Recommendations from the Subcommittee on Children and Adolescent Behavioral Health" (p. 11-12); "Appendix E: Additional Recommendations from the Subcommittee on Hospital and Short-Term Care Facilities" (p. 12); and "Appendix H: Subcommittee on Workforce and Systems Development (p. 4)" for more details.

demands include creating a separate department for culturally and linguistically appropriate services at DBHDD and expanding the agency's capacity to serve a culturally and linguistically diverse clientele. Additional recommendations include creating 1) a pathway for mental health professionals trained in other countries to easily and affordably receive a license to practice in Georgia and 2) a program to train immigrant and refugee health workers to provide care for common mental health disorders in their communities.

For mental health advocates working with Georgia's refugee and immigrant populations, investing in a cohort of trained mental health workers is an especially promising solution for increasing the number of culturally and linguistically responsive care providers. Dr. Owen-Smith notes that not all individuals dealing with mental health issues necessarily require care from MA or PhD-level providers and many may benefit from a "lighter touch" in the form of peer and community support. "Many people can handle what they are dealing with more skills and social connections." This, she explains, is why training trusted community members to deliver peer counseling and paraprofessional mental health care is so important.[9]

The infrastructure for such a program has existed at DBHDD for more than two decades. Since 1990 Georgia has been requesting and receiving Medicaid reimbursements for Peer Support as an option for mental health rehabilitation services (Georgia Department of Behavioral Health and Developmental Disabilities). Peer Support is provided by Certified Peer Specialists (CPSs) who are trained and certified to use their own lived experience to provide support to individuals and families receiving mental health and/or substance use recovery care. Currently there is no dedicated Medicaid-reimbursable peer or paraprofessional program that specifically targets immigrant and refugee populations.

Despite the multi-year, bipartisan effort to strengthen Georgia's mental health care infrastructure and thorough documentation of the system's shortcomings in providing care to immigrant and refugee communities in the state, these populations continue to be underserved. Consistently, provisions calling for comprehensive data collection of existing culturally and linguistically responsive services; expansion of a culturally and linguistically responsive workforce; and the creation of new programs and departments directed towards immigrant and refugee populations have been removed from recent legislation.

[9] Phone conversation with Dr. Ashli Owen-Smith on October 3, 2023.

ISSUES & ACCESS:

MENTAL HEALTH CARE FOR GEORGIA'S IMMIGRANT & REFUGEE YOUTH

Mental health issues in children, adolescents, and young adults has been a key focus of Georgia's mental health care reform initiatives, with specific concern for how untreated mental health issues in youth can carry into adulthood. Immigrant and refugee youth are particularly vulnerable and face a number of challenges including, but not limited to, childhood trauma, health inequities, and racism and xenophobia.

SPOTLIGHT: IMMIGRANT YOUTH SPEAK UP

For immigrant and refugee youth, the topic of mental health is multifaceted and intertwined with issues of social stigma, the trauma of migration, linguistic and cultural difference, and access. As first- and second-generation immigrants, these young people in Georgia are navigating finding mental health care for themselves while also contending with often unspoken mental health issues in their families and communities. They recognize that talking about immigrant communities' access to mental health care is important, especially because it's an issue that is not spoken about openly.

Kevin Luu, who is Vietnamese and Chinese American and in his early twenties, observed that in his experience, mental health "doesn't get talked a lot about in immigrant communities and refugee populations that have gone through traumatic situations. "Some are leaving to find a better future, [in the] process of moving to a new country where you have no language capabilities, [or] common knowledge about resources. All of these things coincide with your mental state and those things get overlooked because mental health isn't seen as the primary issue when [people] are looking for jobs, housing, food. Because of that,

that mental exhaustion is overlooked compared to their physical well being."[10]

Stigma and Cultural Difference

Immigrant and refugee youth are also navigating stigma and silence in their own communities. Alondra Hernandez, a student at the University of Georgia who has lived in Buford, Georgia for most of her life, says, "There is a lot of stigma around mental health in general, and even more so for immigrant families who aren't used to having an open conversation about it. A lot of It's a taboo topic or a kind of brushed off topic." For her, "It's important to break that stigma, and as generations go on to let our children know that it's okay to express those things, to experience that, and to have access to care and become more healthy humans."[11] Another Vietnamese-American PhD student who wished to remain unnamed is training to be a clinical psychologist and says that she thinks more opportunities for increasing awareness and education about mental health is an important way to break the stigma.

In addition to stigma around the topic of mental illness, immigrant-descendant young people also have to navigate cultural differences in how mental health is understood and treated in the United States compared to their elders' understandings of health and wellness. Luu shared that he feels like whereas in the United States, mental health is seen

[10] Phone conversation with Kevin Luu on August 21, 2023.

[11] Phone conversation with Alondra Hernandez on October 3, 2023.

> *Some are leaving to find a better future, [in the] process of moving to a new country where you have no language capabilities, [or] common knowledge about resources.*
>
> **- Kevin Luu,**
> Vietnamese and Chinese American youth

as something that can be physiologically explained, in the Vietnamese and Chinese immigrant spaces he grew up in, mental health "is not looked at as a real phenomenon." Phan says, "It's not hard to understand why. Therapy is itself a western thing and practiced a lot differently [in various parts of the world. Even for providers who identify as being from a minority population undergo Western training." For this reason, Phan says that "It certainly helps to have representation, it is able to help bring people in," but getting people to stay requires developing a rapport and a strong client/provider match. "Culturally competent care matters second most after the therapeutic relationship."

Language Barriers

For immigrant youth, the extent to which they themselves face language barriers can vary based on their specific migration trajectories. While those who were born in or have spent the majority of their lives in the U.S. may not face language barriers themselves, they are acutely aware of how significantly language features into whether or not others in their community will be able to access care.

In the case of one family member, Luu explains that having an aunt who was English proficient meant that his uncle was able to get resources. Even if family members are able to "speak English at a conversational level, they aren't able to speak it at a level of medical issues or complications."

"Language is definitely a *big* factor that gets in the way of mental health care," says Hernandez. "A lot of people from my community don't really know where to go either because they aren't aware of what resources are available—they just don't have the knowledge of what's out there—but also even if they did find or come across some mental health resource, there's always, like, a language barrier. Apart from how hard it is already to find effective and meaningful connections with a mental health care provider, when they don't speak the language or your native language that you speak, I feel like there is some distrust from my community about reaching out to providers because they feel like they might not understand or really have a way to communicate with them at all."

At the same time, Hernandez says that she wants doctors and care providers to know that she thinks: "Providing mental health care in Spanish is different than providing mental health care in Spanish that is also aware of the culture. So, instead of just translating what would be a usual session, it would also be helpful for providers to be educated on what a Hispanic family might endure." Some issues Alondra highlights include being informed about the trauma that's experienced through immigration such as moving countries, not speaking the language, the process of assimilation;

> *Providing mental health care in Spanish is different than providing mental health care in Spanish that is also aware of the culture. So, instead of just translating what would be a usual session, it would also be helpful for providers to be educated on what a Hispanic family might endure.*
>
> **- Alondra Hernandez,**
> Hispanic youth

cultural aspects like the value of family; or other cultural factors like the role of machismo, or "the Hispanic patriarchy," in Latinx communities.

Accessing Mental Health Care

In the absence of language barriers, stronger cultural connections in the U.S., and the availability of counseling services in colleges, some young people find that mental health care is more readily available to them than it is to their parents.

Still, as a child of immigrant parents, Hernandez says she "understands how difficult it can be to be the one to introduce that topic [of mental health] into the family and … you don't know who you can go to for help when you don't have the knowledge or resources." Even before she was in college she tried to get care, but she "assumes it's easier for young people to access on their own when they are a little more independent." She found access to mental health care through the university she goes to by going through her primary care provider, who provided a referral. She says, "It was honestly really helpful, and I wasn't familiar with what I was experiencing. I didn't have any family to turn to, so even getting access to mental health care in the first place was kind of scary to navigate."

Fatima Banda, who is also a daughter of immigrant parents, also noted that there

> *If there is already a delay in these resources to everyone, it's even more significant to minority communities that are already facing these kinds of barriers.*

- Fatima Banda,
Daughter of immigrant parents

is a stark difference between what is available on her college campus and what was available in primary and secondary education settings. "I definitely look back now and comparing my high school, for example, with college: college, there's a great emphasis on it. You know, you get your emails, midterms come around and they're like 'don't forget these resources you have available,' but I definitely cannot say that was the case growing up." Further, Banda underscores that "if there is already a delay in these resources to everyone, it's even more significant to minority communities that are already facing these kinds of barriers."

Importantly, mental health care for these young people is not limited to counseling or medical intervention. It is also about general wellness, relationships, and community support. Luu says that in addition to talking to counselors—which were more accessible to him when he was in college—he also leans on relationships he has cultivated over the years, like having friends he can lean on, and seeking out online resources to help him deal with his mental health. "I'm able to have an outlook when things are low (i.e. anti-Asian hate because of Covid) because I have those support networks including a cousin who works in that field. It helps me know that I am not alone when I'm in need."

Likewise, Hernandez described mental health as "the well-being of your mind and your mental state. It's not always in regards to dealing with mental illnesses and things like that. Although it can be part of it. So, for example, in addition to

going to therapy, taking care of my mental well-being is [also] like listening to music or taking a quiet moment."

POLICY ADVOCACY FOR MENTAL HEALTH CARE FOR IMMIGRANT AND REFUGEE YOUTH

Of the five BHRIC subcommittees, the Subcommittee on Children and Adolescents provided the most comprehensive review of needs and recommendations for addressing the specific needs of immigrant and refugee youth. These presentations addressed the unique mental health concerns of migrant populations; the multiple systemic barriers immigrant and refugee families face in accessing care; and how the state's mental health systems can address these barriers.[12]

As a result of these testimonies and wider advocacy, the Subcommittee on Children and Adolescents identified several recommendations regarding the mental health needs of immigrant and refugee children. Broadly, these recommendations emphasize the need for established departments, services, and resources dedicated to improving immigrant families' access to state mental health programs.

Communities at the Core: Community-Forward Mental Health Care

In addition to the recommended administrative changes at DBHDD and Georgia's behavioral health licensing system, advocates also testified in support of sustaining existing and new streams of funding for community-based organizations that are integrating mental health care into settings (i.e. the workplace, schools, service organizations) where immigrant and refugee families are already familiar.

Along these lines, schools are one important site for providing mental health information and care to families from a range of linguistic and cultural backgrounds. They are often more neutral than hospitals and other clinical settings and have built-in outreach potential among already enrolled students. However, immigrant youth are typically underrepresented in school-based mental-health services. And, in order to better engage these youth and their families, schools must make information more accessible and available; use culturally and linguistically responsive interventions; and ensure all school personnel receive both mental health and cultural competency training (Serpell, Claus-Ehlers, and Lindsey 2007).

[12] The full list of the Children and Adolescent Subcommittee's recommendations can be found in Appendices A and B of the Georgia Behavioral Health Reform and Innovation Commission's 2022 Annual Report.

> Importantly, mental health care for these young people is not limited to counseling or medical intervention. It is also about general wellness, relationships, and community support.

In their presentation, Dr. Davielle Lakind, Assistant Professor of Clinical Psychology at Mercer University and Amber McCorkle, Director of Programs at Clarkston Community Center (CCC) explain that "these settings also minimize social distance and stigma, and house community advocates...to help navigate systemic barriers." (BHRIC 2022, Appendix A: 30). In Georgia, several organizations, including the CCC, the Latin American Association (LAA), and Ser Familia offer programming that seek to address and pre-empt mental health issues by creating spaces for youth to make social connections, receive peer support, and connect youth and families to additional services and resources.

ADDITIONAL POLICY RECOMMENDATIONS

The issue of expanding mental health care access for immigrant and refugee populations is a truly interdisciplinary one and policy interventions can and must span across a number of fields including the medical system, social work, immigration reform, and community organizations. Across and within these fields there are a plethora of paradigms regarding appropriate interventions. Given the vastness and complexity of this field, it would be impossible to comprehensively document the full range of potential recommendations. As such, the recommendations below are broadly meant to help legislators, providers, advocates, and community organizations identify potential priorities for policy and programming that affirm the importance of accessible, affordable, and available mental health care that is community-centered and anti-carceral.

- Use existing recommendations such as those provided to the BHRIC Subcommittee on Children and adolescents to develop a robust infrastructure for linguistically and culturally responsive care, including, but not limited to:
  - Conduct comprehensive data collection on the existing availability of responsive services;
  - Establish a Department of Immigrant and Refugee Services within the Georgia Department of Developmental and Behavioral Health
  - Identify and establish licensure pathways for foreign-trained behavioral health professionals to practice in Georgia

The issue of expanding mental health care access for immigrant and refugee populations is a truly interdisciplinary one and policy interventions can and must span across a number of fields.

- Oppose carceral solutions to mental health treatment including involuntary commitment, detainment, or deportation of immigrant individuals and families;
    - Favor release for vulnerable individuals who are detained, including NELP individuals and those who are facing mental and physical issues;
- Expand the availability of mental health care resources and programming for school-aged youth through expanded availability and accessibility of mental health-related information; the recruitment of bilingual providers; culturally responsive programming
- Develop new and sustain existing community-based programs that emphasize creating social connections, addressing stigma, and reducing systemic barriers to quality mental health care for immigrants and refugees

APPENDIX A

Bibliography: The Psychological Impacts of Detention

These peer-reviewed published papers were identified from a scoping review using key concepts and terms relevant to immigration detention and immigration and medical care in the United States. The publications cited below are a part of an in-progress scoping review on medical care in detention facilities by researchers at the Georgia Human Rights Clinic based at the Emory University School of Medicine and the Rollins School of Public Health at Emory University.

Key terms and concepts for the search include: immigration and customs enforcement; medical treatment; healthcare; public health' mental health; immigrant; asylum; asylee; and refugee.

Antonius, Daniel and Peter S. Martin. 2015. "Commentary: Mental Health and Immigrant Detainees in the United States." *Journal of the American Academy of Psychiatry and the Law* 43(3): 282-286.

Bailey, Cassandra A. and Kaylee Widener. 2022. "The Nexus Between Immigration Status, Policy, and Proceedings, and Mental Health. *Current Opinion in Psychology* 101411.

Bamford, Jordan, Mark Fletcher, and Gerard Leavey. 2021. "Mental Health Outcomes of Unaccompanied Refugee Minors: A Rapid Review of Recent Research." *Current Psychiatry Reports* 23: 1-11.

Cartwright, Hannah C. Megan E. Hope, and Gregory L. Pleasants. 2020. "Self-Care in an Interprofessional Setting Providing Services to Detained Immigrants with Serious Mental Health Conditions." *Social Work* 65 (1): 82-90.

Cayabyab, Christian Rey, et al. 2020. Psychological Morbidity Among Forcibly Displaced Children: A Literature Review. *Irish Journal of Medical Science* 189(3): 991-997.

Cleary, Michelle et al. 2019. "Mental Health of Refugee Children: A Discursive Look at Causes, Considerations, and Interventions." *Issues in Mental Health Nursing* 40(8): 665-671.

Crocker, Rebecca M. and Patrisia Gonzales. 2022. “Santos Remedios: How Mexican Immigrants Use Authoritative Healing Knowledge to Survive Migration.” *Culture, Medicine, Psychiatry* 46(2): 509-530.

Dash, Genevieve F. 2020. “Ethical Considerations in Providing Psychological Services to Unaccompanied Immigrant Children.” *Ethics and Behavior* 30(2): 83-96.

Dlugacz, Henry A., Luna Droubi, Mehgan Gallagher. 2019. “Custodial Suicide and Class Action Remedies: Current Obstacles and Future Directions.” *Behavioral Sciences and the Law* 37(3): 281-303.

Erfani, Parsa, et al. 2021. “Suicide Rates of Migrants in United States Immigration Detention (2010-2020). *Aims Public Health* 8(3): 416-420.

Foong, Andrew, et. al. 2019. “The Mental Health Plight of Unaccompanied Asylum-Seeking Children in Detention.” *Journal of Advanced Nursing* 75(2): 255-257.

Green, Aliza, et al. 2020. “Piloting Forensic Tele-Mental Health Evaluations of Asylum Seekers.” *Psychiatry Research*: 291: 113256.

Greer, Christina P. 2013. “Safeguards for Mentally Disabled Respondents in Removal Proceedings.” *Health Matrix* 23(1): 279-316.

Ibrahim, Yasin, et al. 2019. “Forensic Psychiatry Evaluation in a U.S. Immigration Detention Center in Southwest Texas.” *Journal of Forensic and Legal Medicine* 66: 113-116.

Keller, Allen S., et al. 2003. “The Impact of Detention on the Health of Asylum Seekers. *Journal of Ambulatory Care Management* 26(4): 383-385.

Keller, Allen S, et al. 2003. “Mental Health of Detained Asylum Seekers. *Lancet* 362(9397): 1721-1723.

Korngold, Caleb, et al. 2015. “Mental Health and Immigrant Detainees in the United States: Competency and Self-Representation. *The Journal of the American Academy of Psychiatry and the Law* 43(3): 277-281.

Lawrence, Carmen. 2004. “Mental Illness in Detained Asylum Seekers.” *Lancet* 364 (9441): 1283-1284.

MacLean, Sarah A., et al. 2019. “Mental Health of Children Held at a United States Immigration Detention Center. 2019. Social Science and Medicine 230: 303-308.

MacLean, Sarah A., et al. 2020. “Characterization of the Mental Health of Immigrant Children Separated from their Mothers at the U.S.-Mexico Border. *Psychiatry Research* 286: 112555.

Mares, Sarah. 2021. “*Mental Health Consequences of Detaining Children and Families Who Seek Asylum: A Scoping Review*.” *European Child & Adolescent Psychiatry* 30 (10): 1615-1639.

Mares, Sarah and Jon Jureidini. 2004. “Psychiatric Assessment of Children and Families in Immigration Detention: Clinical, Administrative, and Ethical Issues.” *Australian and New Zealand Journal of Public Health* 28(6): 520-526.

Marquez, Beatriz A., et al. 2021. “Pushing Them to the Edge: Suicide in Immigration Detention Centers as a Product of Organizational Failure.” *Social Science and Medicine* 283: 114177.

McLeigh, Jill D. 2010. “How do Immigration and Customs Enforcement (ICE) Practices Affect the Mental Health of Children?” *American Journal of Orthopsychiatry* 80(1): 96-100.

Minero, Laura P., et al. 2022. “Lantinx Trans Immigrants’ Survival of Torture in U.S. Detention: A Qualitative Investigation of the Psychological Impact of Abuse and Mistreatment.” *International Journal of Transgender Health* 23(2): 36-59.

Newman, Louise K. and Zachary Steel. 2008. “The Child Asylum Seeker: Psychological and Developmental Impact of Immigration Detention.” *Child and Adolescent Psychiatry Clinics of North America* 17(3): 665-683.

Ochoa, Kristin C., et al. 2010. “Disparities in Justice and Care: Persons with Severe Mental Illness in the U.S. Immigration Detention System.” *Journal of the American Academy of Psychiatry and the Law* 38(3): 392-399.

Serpell, Zewlanji N., Caroline Clauss-Ehlers, and Michael Lindsey. “Schools Provision of Information Regarding Mental Health and Associated Services to Culturally Diverse Families” *Advances in School-Based Mental Health INterventions: Best Practices and Program Models* 2: 1-17.

BIBLIOGRAPHY

988 Georgia. Frequently Asked Questions. Accessed October 10, 2023. https://988ga.org/faqs.

988 Georgia. Translation Disclaimer. Accessed October 10, 2023. https://988ga.org/translation-disclaimer.

American Medical Association. "AMA Adopts New Policies to Improve Health of Immigrants and Refugees."Accessed October 10, 2023. https://www.ama-assn.org/press-center/press-releases/ama-adopts-new-policies-improve-health-immigrants-and-refugees.

Georgia Department of Behavioral Health and Developmental Disabilities. "Certified Peer Specialists." Accessed October 13, 2023. https://dbhdd.georgia.gov/recovery-transformation/cps.

Crozier, Justin, Betsy Hicks, and Jordan Kalteaux. 2022. "HB 1013: Georgia Mental Health Parity Act.: *Georgia State University Law Review* 39(1): 145-190.

Garcia, Maria E., Lisa Ochoa-Frongia, Nathalie Moise, et al. 2017. "Collaborative Care for Depression among Patients with Limited English Proficiency: a Systematic Review." *Journal of General Internal Medicine* 33: 354-357.

Georgia Behavioral Health Reform and Innovation Commission. 2021. *First Year Report*. Prepared by Michael Polacek, Fiscal and Policy Analyst, House Budget & Resource Office.

Georgia Behavioral Health Reform and Innovation Commission. 2023. 2022 Annual Report. Prepared by Grant Thomas, Director, Office of Health Strategy and Coordination.

Governor's Office of Health Strategy and Coordination. 2021. Mental Health Reform Action Plan. Prepared by Accenture.

Mental Health America. 2021. "The State of Mental Health in America." Accessed October 19, 2023. https://mhanational.org/sites/default/files/2021%20State%20of%20Mental%20Health%20in%20America_0.pdf.

Mongelli, Francesca, Penelope Georgakopolous; and Michele t. Pato. 2020. "Challenges and Opportunities to Meet the Mental Health Needs of Underserved and Disenfranchised Populations in the United States." *Focus* 18(1): 16-24.

Njeru, Jane W., Ramona S. DeJesus, Jennifer St. Sauver, et al. 2016. "Utilization of a Mental Health Collaborative Care Model Among Patients Who Require Interpreter Services." *International Journal of Mental Health Systems* 10(1): 1-6.

Ortega, Pilar. 2022. Rethinking the Term "Limited English Proficiency to Improve Language-Appropriate Healthcare for All." *Journal of Immigrant and Minority Health* 24: 799-805.

Prison Policy Initiative. 2023. "Policies and Practices Surrounding Mental Health." Accessed October 4, 2023. https://www.prisonpolicy.org/research/mental_health/.

Texas Appleseed. 2010. *Justice for Immigration's Hidden Population: Protecting the Rights of Persons with Mental Disabilities in the Immigration Court & Detention System*. Accessed October 16, 2023. https://www.texasappleseed.org/sites/default/files/10-ImmigrationDetentionReportMentalDisabilities.PDF.

United States Department of Justice, Civil Rights Division. Executive Order 13166. Accessed October 16, 2023. https://www.justice.gov/crt/executive-order-13166.

ACKNOWLEDGEMENTS

We would like to thank multiple staff at Asian Americans Advancing Justice-Atlanta: Van Phan, Community Field Researcher and PhD Candidate in Community-Clinical Psychology; at the University of South Carolina; Berenice Rodriguez, Civic Engagement and Organizing Director; Laura Murchie, Senior Supervising Attorney; and James Woo, Communications Director.

We are also immensely grateful to the many experts who have been working to expand mental health care for immigrant and refugee Georgians: Darlene C. Lynch, Esq. at the Center for Victims of Trauma; Dr. Ashli Owen-Smith, Associate Professor and MPH Program Director at Georgia State University School of Public Health, the Clarkston Mental Health Workgroup; Dr. Amy Zeidan, Assistant Professor of Emergency Medicine at Emory University School of Medicine; and the Georgia Human Rights Clinic.

Finally, we would like to thank the young people who generously shared their experiences with mental health care as the children of immigrants. As life-long Georgians, Kevin Luu, Alondra Hernandez-Vega, Fatima Banda, and others provided invaluable insights not only about their individual lives, but those of their communities.

This brief benefited immensely from the expertise, lived experience, and support of many and would not have been possible without their collective contributions.

Asian Americans Advancing Justice-Atlanta is the first nonprofit legal advocacy organization dedicated to protecting the civil rights of Asian Americans, Native Hawaiian, Pacific Islander (AANHPI) and Arab, Middle Eastern, Muslim, and South Asian (AMEMSA) communities in Georgia and the Southeast.

Through our work, we envision a social movement in which communities of color are fully empowered, active in civic life, and working together to promote equity, fair treatment, and self determination for all.

Founded in 2010 as the Asian American Legal Advocacy Center (AALAC), our organization became part of the Asian Americans Advancing Justice affiliation in 2014. Since then, we have re-organized our focus areas more specifically into four groups: Policy Advocacy, Civic Engagement & Organizing, Impact Litigation, and Legal Services.

www.advancingjustice-atlanta.org

policy@advancingjustice-atlanta.org