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From DACAmented to unDACAmented: The Mental Health Implications of DACA's Uncertain Future on Latino Immigrants

Isabel Cooper-Perales

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From DACAmented to unDACAmented: The Mental Health Implications of DACA’s Uncertain Future on Latino Immigrants

Isabel Cooper-Perales
Fordham University
2018
International Studies
Abstract
In response to political pressure, President Obama authorized the Deferred Action for Childhood Arrivals (DACA) program in 2012. The program gives qualified undocumented young people access to relief from deportation, renewable work permits, and temporary Social Security numbers. This policy opened up access to new jobs, higher earnings, driver’s licenses, health care, and banking. Now that DACA’s status is uncertain, Latino immigrants are faced with severe problems of mental health and well-being. Ending DACA without a more permanent program or solution in place has heightened the stress and fear that families with mixed-citizenship status have increasingly faced. In this thesis, I focus my case studies on Latin American countries, specifically Mexico and the Northern Triangle (El Salvador, Guatemala, and Honduras). My research encompasses primary and secondary sources, quantitative databases, and research papers discussing the overall health implications of these immigrants under the DACA program. I survey this research to elaborate why DACA’s uncertain future has been a problem for the overall well-being of the recipients. In the end, DACA granted temporary relief for many rightfully deserved immigrants: all participants received many benefits throughout the program. However, the benefits don’t account for the stress and mental implications this program has had on them, and especially now as its status has become even more uncertain. This means that in order to possibly terminate the program, there ought to be a more permanent solution for those still seeking temporary relief from deportation.

Keywords: Deferred Action for Childhood Arrivals; Mental Health; Well-being; Undocumented; Dreamers
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INTRODUCTION

What happens to a dream deferred? Does it dry up like a raisin in the sun? . . . Or does it explode? -Langston Hughes

DACA’s experiment has proven that immigration policies that transition qualified undocumented individuals toward legal status can promote lasting social and economic benefits. That includes family unity, general well-being, and economic stability. Therefore, DACA is a critical first step in a movement toward a complete immigration reform. Ending DACA without a more permanent legislative solution in place has augmented the stress and fear that families with mixed-citizenship status have increasingly faced. Deferred action is an optional determination to defer a removal action of an individual as an act of prosecutorial discretion. [USCIS, 2018]

Furthermore, under DACA it does not grant legal status upon an individual and may be terminated at any time, with or without a Notice of Intent to Terminate, at DHS’s discretion. [USCIS, 2018]

In the United States, approximately 4.5 million children of undocumented Latino parents are naturalized citizens due to the fact that they were born on U.S. soil. However, 1 million more remain undocumented because they were brought to the U.S. as minors and, until recently, were ineligible for citizenship. These children face many challenges as a result of a situation they did not choose, and are frequently the subjects of this immigration political debate regarding their future as “illegal aliens”. Furthermore, the day-to-day feelings of helplessness combined with the intense fear of “being hunted” by immigration officials may never disappear, which can significantly affect their long-term mental health. For example, among first generation,
undocumented Latino adolescents, dissatisfaction with the migration decision substantially increases the odds of developing depression or anxiety disorders, especially over a lifetime. [Stacciarini et al., 2014] In addition, the exposure to stressful situations like discrimination, family cultural conflict, and difficulties related to English proficiency may have a snowball effect on mental health. Leading to an increase in suicidal thoughts and even attempts to commit suicide. This may be the ultimate rejection of one’s self and place in society, but for children and parents of undocumented immigrants, it may also represent a failure of the “American Dream.”

Although there have been several legislative attempts at the federal level to grant citizenship to these children, none have been entirely successful. The first version (2001) of the Development, Relief, and Education for Alien Minors Act or the DREAM Act proposed that undocumented children brought to the U.S. as minors could be granted legal permanent residency if they met certain criteria, but it failed (by five votes) to pass in the Senate.

Over the years numerous versions of this Act have been introduced, all of which would have provided a pathway to legal status for undocumented youth who came to the country as children. Some versions have garnered as many as 48 co-sponsors in the Senate and 152 in the House. [American Immigration Council, 2017] For example: Carlos Curbelo proposed the Recognizing America’s Children (RAC) Act, which has a more restrictive path to legalization; the American Hope Act, proposed by Luis Gutierrez; and the Bar Removal of Individuals who Dream and Grow our Economy (BRIDGE) Act, proposed by Mike Coffman, which would
provide deferred action from deportation to Dreamers for only three years. Still, none of these bills have passed. [American Immigration Council, 2017]

In response, on June 15, 2012 President Barack Obama stood at the White House Rose Garden and announced that the “shadow of deportation” would be ‘lifted’ from immigrant youth who met a certain criteria. A memorandum named the Deferred Action for Childhood Arrivals or DACA was drafted by the Department of Homeland Security and announced that same morning by then Secretary of Homeland Security, Janet Napolitano. DACA’s central purpose was clear: many immigrants would soon be eligible “to request temporary relief from deportation proceedings and apply for work authorization” [Obama, 2012].

President Obama explained that this was a temporary attempt. As he wanted to “mend our nation’s immigration policy” given the failure of U.S. congress to pass the bipartisan legislation of “the Dream Act” or take any action to fix a “broken immigration system” [Obama, 2012]. Just as the benefits of DACA extend far beyond direct beneficiaries, now six years later its uncertain status threatens the health and well-being of children, families, and communities.

Out of countless tries to pass a well thought out immigration policy – all of which would have helped so many – it seems as if we are back to square one. Not only do the DACA receivers know how much this program has helped them out, but many Americans are also aware of that. The current U.S immigration system makes it extremely hard for DACA recipients and other unauthorized immigrants to gain permanent legal status in the United States. Even if they have immediate family who are citizens, or have resided in the U.S for many years.

In order to relieve tensions with immigrants and the United States a program allowing qualified immigrants temporary relief from deportation is the first step the government ought to
take. In the following sections, I will be explaining how this program has benefited those who’ve gone through it – in particular Mexican and Northern Triangle immigrants – and why Congress and the President should reconsider the program. It is my intention to present here a compelling argument that will sway even the most skeptical reader.

**LITERATURE REVIEW**

The need for a new immigration policy is in high demand. In 2012, President Obama authorized DACA, giving specifically qualified undocumented young people access to relief from being deported, access to work permits, and temporary Social Security numbers. This policy has opened up new opportunities for those who rightfully deserve them, such as access to new jobs, higher earnings, driver’s licenses, and access to healthcare. As of 2017, the Trump administration and Congress begun to debate whether or not this program, which has helped so many people, should be terminated. While it has improved the economic conditions of undocumented immigrants, participants of DACA will soon be faced with more challenges to their well-being. Those challenges are more severe than ever before.

DACA is limited in the opportunities it provides, and is further limited by its temporary nature. It is a two year validated program that has to be renewed, and many of those who received DACA early on in the process are now facing expiration dates. To add to this uncertain situation, the U.S. government has been unclear about renewal processes. The intricate nature of this program is perhaps best captured by the program’s difficult and uncertain renewal processes. As USCIS notes, “even if you satisfy the threshold criteria for consideration of Deferred Action
for Childhood Arrivals, USCIS may determine that deferred action is not warranted in your case” [USCIS, 2014]. The bottom line is that DACA is temporary, limited, and conditional, providing limited support and guaranteeing very little. Despite these limitations, it has affected thousands providing for a secure and safe stay in the place these people call home.

Since the introduction of DACA, nearly 800,000 young people who came to this country as children have been granted temporary protection from deportation and allowed to live, work, and contribute to the only country most of them have ever known. [USCIS, 2018] Furthermore, according to Tom K. Wong, DACA has been fairly good for the U.S. economy and for U.S. society. Wong’s research projected that DACA beneficiaries will contribute $460.3 billion to the U.S. gross domestic product over the next decade. As for the programs pending status, it is not likely that these projections will be realized.

Many DACA recipients have overcome unfortunate conditions, and have become successful contributors to our society. All reports indicate their contributions to work, community, and to our social security system as well as taxes are necessary. [Wong, 2017] The reality is, these immigrants are not like the typical undocumented workers. They are highly educated, and they can sustain themselves and their communities on their earnings. Therefore, when we think of an undocumented immigrant under DACA, we ought to look at how beneficial and helpful they are to our society.

Qualifications

In this section I’ll be talking about how one would qualify to receive DACA.
In order to be considered for DACA, applicants must meet various requirements. The applicants must be under the age of 31, they must have entered the country before their sixteenth birthday, and must have resided in the United States for a minimum of five years. Furthermore, individuals must be enrolled in school or have a certificate of completion from high school, as well as be free of any felony charges. Individuals who served in the U.S. military can also apply for consideration. Applicants must submit documents to demonstrate that they meet the required guidelines. These documents include, but are not limited to: birth certificates, passports, school records, medical records and employment records. After having complied with the qualifications, Table 1 shows the process of requesting DACA. “Collect documents as evidence you meet the guidelines; Complete USCIS form I-821D, I-765 and I-765WS; Mail USCIS forms and fees (total $465); Submit biometrics; Check the status of your request online.”

Table 1 [USCIS]

On June 5, 2014, USCIS began accepting DACA renewal applications, and as of September 2017 they had accepted 1,094,684 applications (with some DACA holders renewing for the second or third time). By the end of September 2017, 92% (1,002,810) of the renewal
applications had been approved, with 8% (82,612) pending, and less than 1% (9,262) denied. Between August 15, 2012, when USCIS began accepting applications, and September 30, 2017, roughly 906,693 initial applications were accepted for consideration. Thus, as of September 30, 2017, about 68% of the immediately eligible population had applied. USCIS approved 798,980 (88%) of these initial applications as of September 30, 2017; 71,680 (8%) were denied and the remainder were pending. MPI estimates that as of 2017 approximately 1.3 million people met all criteria to apply, 408,000 met all criteria except for education, and 120,000 would be eligible upon turning 15 if they remain in school.

Data on DACA

In order to understand how this program has helped many undocumented immigrants, we ought to look at recent data.

The number of unauthorized immigrants living in the United States in 2015 fell below the total at the end of the Great Recession for the first time, with Mexicans continuing to represent a declining share of this population. [Lopez, PEW 2017] For the longest time, Mexicans have been the largest origin group among unauthorized immigrants, however, their numbers have been shrinking since the peak of 6.9 million, which was 57% of the total, in 2007. In contrast, in 2014, they accounted for 5.8 million (52% of the total). Moreover, they declined to a total of 5.6 million (51% of the total), in 2015. Out of the 2015 data, some of these are immigrants were brought into the United States as children. Most of which have grown up surrounded by the
American culture and in fact do consider themselves as American, yet they struggle with being treated as second class citizens due to their undocumented status. [Lopez, PEW 2017]

**Top Countries of Origin for DACA recipients**

<table>
<thead>
<tr>
<th>Current DACA enrollees</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mexico</td>
<td>548,000</td>
<td>79.4</td>
</tr>
<tr>
<td>El Salvador</td>
<td>25,900</td>
<td>3.7</td>
</tr>
<tr>
<td>Guatemala</td>
<td>17,700</td>
<td>2.6</td>
</tr>
<tr>
<td>Honduras</td>
<td>16,100</td>
<td>2.3</td>
</tr>
<tr>
<td>Peru</td>
<td>7,420</td>
<td>1.1</td>
</tr>
<tr>
<td>South Korea</td>
<td>7,310</td>
<td>1.1</td>
</tr>
<tr>
<td>Brazil</td>
<td>5,780</td>
<td>0.8</td>
</tr>
<tr>
<td>Ecuador</td>
<td>5,460</td>
<td>0.8</td>
</tr>
<tr>
<td>Colombia</td>
<td>5,020</td>
<td>0.7</td>
</tr>
<tr>
<td>Argentina</td>
<td>3,970</td>
<td>0.6</td>
</tr>
<tr>
<td>Philippines</td>
<td>3,880</td>
<td>0.6</td>
</tr>
<tr>
<td>India</td>
<td>2,640</td>
<td>0.4</td>
</tr>
<tr>
<td>Jamaica</td>
<td>2,640</td>
<td>0.4</td>
</tr>
<tr>
<td>Venezuela</td>
<td>2,480</td>
<td>0.4</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>2,430</td>
<td>0.4</td>
</tr>
</tbody>
</table>

*Table 2 [PEW Research Center, 2017]*

DACA beneficiaries came from all over the world, but the majority were born in Latin America [Lopez, PEW 2017]. As seen on Table 2, Mexico was by far the top country of origin.
for DACA recipients (548,000), followed by El Salvador (25,900), Guatemala (17,700) and Honduras (16,100). These are the top countries because of their history of immigration and current political situation. As an example, Hondurans are fleeing poverty and violence, they make up most of the participants of a “caravan” estimated at between 7,000 and 8,000 people. [Nevins, 2018] They are slowly moving through Mexico in the hope of reaching the United States and receiving refuge. The mainstream narrative of such movements of people often reduces the causes of migration to factors unfolding in migrants’ home countries. In reality, migration is often a manifestation of a profoundly unequal and exploitative relationship between countries from which people emigrate and countries of destination. [Nevins, 2018] Furthermore, there is also a considerable amount of people from El Salvador and Guatemala fleeing their country and going through Mexico in order to arrive to the border, in hopes of a better life.

Around three quarters of the recipients are living in 20 major cities, as seen in Table 3 [Lopez, PEW 2017] With 89,900 DACA recipients, the Los Angeles area has the largest number of active enrollees. Followed by the New York area at around 47,200 living there. In Dallas there’s around 36,700 applicants, and in Houston around 35,800. In addition, Lopez’s research found that nearly half (45%) of DACA beneficiaries live in just two states: California (29%) and Texas (16%), followed by Illinois (5%), New York (5%), Florida (4%) and Arizona (4%).
The majority of DACA recipients are 25 and younger as these immigrants traveled to the U.S prior to their sixteenth birthday, see Table 4. Tragically, many feel as if they are still not part of the country they call home. At this transitional stage in life, many young adults have their mind set on starting a new life and making it in the real world, yet the struggles they have to go through because of their still undocumented status can greatly complicate the early stages of their professional lives. So many simply want to get a college degree, have a better life than their parents did, start over, and perhaps finally obtain their idea of the American Dream.
Short-Term Benefits

Since 2012, studies have shown many short-term beneficial outcomes to this program. In this next section I’ll demonstrate how DREAMers have benefited from the program.

Beginning with the introduction of the DREAM Act in 2001, a narrative of “wasted talent” has been a consistent thread in the policy discussions involving to these young men and women. [Gonzales, Becoming DACAmented 2014] A compelling talking point in support of more inclusive policy is the claim that high achieving “DREAMers” would, if given the right opportunities, maximize their potential and see great returns on their education. Those protected under DACA are known as “Dreamers” or “DREAMers”, and around 800,000 have been granted approval. These are young people who are American in every way except on paper.
Followed by the introduction of the DREAM Act, research from American Immigration Council shows that DACA increased opportunities for economic and social incorporation for its recipients, and many were seeking further social integration beyond DACA. As seen on Table 5, as of 2015 DACA has significantly improved the lives of undocumented immigrants, and almost all DACA beneficiaries indicated that they would apply for citizenship. DACA has opened up economic opportunities for young aspiring Americans, although it is not a permanent solution as DACA does not give its recipients a pathway to citizenship, and it still does not address the mental health issues that come from the threat of deportation of their families and now themselves.

![DACA is significantly improving the lives of recipients](image)

**Table 5 [Wong, 2015]**

Following on with this assumption, after the first 16 months of DACA, its recipients experienced greater access to U.S. institutions, enabling them to better achieve their potential in
the U.S. The “DACAmented” young adults that were surveyed in *Becoming DACAmented*, 2014, have overcome several of the elements of exclusion they previously faced in their “transition to illegality.” Since receiving DACA, many had obtained new jobs and internships. Some had also opened bank accounts and obtained credit cards. Additionally, because of new state measures reconfiguring eligibility, many have also obtained driver’s licenses. Although the Affordable Care Act does not guarantee health insurance to DACA beneficiaries, a significant share of the study’s respondents reported obtaining health care since receiving their DACA paperwork. The study suspects that this may be the result of recent state health care efforts and increased access to postsecondary institutions and the formal labor market.

DACA’s benefits derive from the legal distinction between *lawful presence* and *lawful status*. Normally when one has unlawful status, one accrues unlawful presence [USCIS, 2018]. Although DACA does not confer permanent lawful status, which would allow access to federal financial aid, DACA beneficiaries have lawful presence, interpreted as a temporary authorization by the Department of Homeland Security to be in the United States, which avails access to certain privileges. For example, 45 states have taken action to allow DACA recipients to apply for a driver’s license. [Gonzales, *Becoming DACAmmented* 2014]

DACA opened doors and eased stress. In a 2013 research study and 2015 interviews, Gonzalez [VOX 2018] found that within just 16 months of the program, 59% of respondents reported having found a new job. Almost one-half of their survey respondents opened up their first bank account after receiving DACA, and a third acquired their first credit card. Around 60% had obtained their driver’s license, and 20% reported that their access to health care had
improved, sometimes because they had access to health plans provided by schools or employers. DACA’s benefits appeared to be greatest for people with degrees from a four year college. They were more than 1.5 times as likely to obtain new jobs and increase their earnings than DACA beneficiaries who never went to college. [Gonzalez, VOX 2018] In Tom K. Wong’s research [2017] one of his respondents stated, “Because of DACA, I opened a restaurant. We are contributing to the economic growth of our local community. We pay our fair share of taxes and hire employees [...] It will be hard to maintain my business if DACA ended. I depend on my [social security number] for a lot of my business, such as when getting licenses, permits, leases, and credit.”

Furthermore, according to Tom K. Wong’s data [2017], DACA was having a positive and significant effect on wages, economy, and education. The average hourly wage of respondents increased by 69% since receiving DACA, rising from $10.29 per hour to $17.46 per hour. In addition, the purchasing power of DACA recipients had continued to increased, showing a great impact on the economy. In the study 65% reported purchasing their first car. The average cost paid was $16,469. These large purchases matter in terms of state revenue, as most states collect a percentage of the purchase price in sales tax. DACA’s impact on education stemmed from 45% of respondents currently in school, 72% of those are pursuing a bachelor’s degree or higher. The majors reported include accounting, biochemistry, business administration, chemical engineering, and many more.

One of the many successful stories of DACA beneficiaries accounts for Cesar Vargas. After his intense legal immigration battle, back in 2015 he became the first undocumented
lawyer in New York. After DACA passed he said, “It was like day and night. From not having a driver’s license and being very careful, very vigilant every time there was a police officer … it was mostly an uneasiness that maybe some people don’t have to go through, especially just driving or travelling with your passport to another state. With DACA, I was able to get my driver’s license and travel in peace. With the papers, I was an American, and this is my home.” [Rhodan et al., TIME 2017] People like Cesar Vargas, shows how helpful and beneficial the DACA program has been for him and many more.

**Uncertain Status**

The uncertainty of the program has its recipients scared for their lives. In the following section I will be talking about what this means for their mental health.

Ignoring the positive benefits that DACA has afforded undocumented immigrants, and ignoring public support for DACA, President Trump still made the decision to terminate the program on September 5th, 2017. He announced that no further renewals would be permitted for anyone whose DACA protection expired on March 6th or later. The Trump Administration set in motion the elimination of work permits for all DACA recipients, and subjected these young people to the threat of immediate deportation, putting their safety, livelihoods, and well-being at risk. In addition, about 22,000 who had deferrals that expired at that time were forced from their jobs and subject to deportation. [Center for American Progress] Furthermore, as of September 4th, 2017, according to data from USCIS, 689,800 individuals were current DACA beneficiaries.
MPI estimates that 52% of the immediately eligible population as of 2017 were participating in the program.

Then, on November 8th, 2018, a federal appeals court upheld a nationwide order against the Trump administration’s attempt to revoke deportation protections for some 700,000 young “Dreamers” who were brought into the United States illegally as children. [Dickerson, NYT 2018] Jeff Sessions, President Trump’s ex-attorney general, announced back in September 2018 that the DACA program would end gradually over six months, prompting legal challenges and protests. Mr. Trump has criticized the program as an “amnesty-first approach,” and said that President Barack Obama had overstepped his authority by introducing it.

The federal circuit court took charge on one of the country’s most controversial immigration issue. It brought DACA closer to review by the United States Supreme Court, which would eventually have to resolve the diverse legal claims revolving around the program. Legal challenges against the administration’s attempt to end DACA are pending in several states. [Dickerson, NYT 2018] The circuit judges in San Francisco supported a nationwide order established in January by Judge William Alsup of the Northern District of California, ordering safeguards from deportation to remain in place for Dreamers while the complex legal issues make their way through the courts.

The court reinforced three separate cases that were brought on behalf of the State of California, the University of California system and the beneficiaries of the program themselves. The judges rejected the arguments of government lawyers who argued that DACA had been introduced illegally by President Obama in an act of executive overreach. [Dickerson, NYT
Instead, the court found there was a good chance that the Trump administration’s abrupt attempt to revoke the program violated the Constitution’s equal protection clause, based on its disproportionate impact on Latinos. “The Executive wields awesome power in the enforcement of our nation’s immigration laws. Our decision today does not curb that power, but rather enables its exercise in a manner that is free from legal misconceptions and is democratically accountable to the public,” the court wrote. [Dickerson, NYT 2018]

DACA is unique among immigration policies, however the current immigration system is “terribly out of date and it doesn’t match up well with what the country needs now”, according to Janet Napolitano. She estimated that about 4,000 undocumented students are enrolled in the California state university system, most of whom, she believes, are enrolled in DACA. [Dickerson, NYT 2018] Mark Rosenbaum, a lawyer for Public Counsel, said he hoped that the administration would give up on deconstructing the program. “Nobody in the country is suffering because of the presence of the young people. There’s no imperative. This is just cruelty that serves no national purpose,” he said. [Dickerson, NYT 2018]

The majority of undocumented immigrants are fleeing out of desperation, often because their home country is not safe, these outcomes will become devastating for some. If DACA adults and children would return to their countries of origin, they would be forced to live in the same oppressive and dangerous environments that they were trying to escape in the first place. Many articles have stated the fact that immigrants returning to their countries have faced death and poverty like never before.
In the absence of a pathway to citizenship, hundreds of thousands of undocumented youth have made difficult “transitions to illegality” [Krogstad, PEW 2014] as they have reached adulthood. Although DACA does not address many of the problems these young people confront, such as mental health problems, it does allow scholars, policy makers, and community members the opportunity to better understand the effects of policies that aim to widen access for undocumented population.

DACA recipients face many negative consequences because of Trump’s decision to fade out the program. There is no doubt that they are upstanding members of our communities, and everyone in the program has gone through a rigorous application process, and is either employed, a student, or a service member. DACA recipients will be deported when their program ends, many will suffer the harsh consequences of mental health issues, social issues, financial issues, and so on.

Just as the benefits of DACA extend far beyond direct beneficiaries, it’s a fact that this termination will threaten the health and well-being of children, their families, and their communities. *A Dream Deferred: Ending DACA Threatens Children, Families, and Communities* [Uwemedimo et al. 2017] explains how the health disparities experienced by the approximately one million undocumented immigrant children and adolescents living in the United States (ex. those not enrolled in DACA) is a suggestion of the potential impact of ending the program. Parents’ unauthorized status creates stress for children that can threaten their health, development, and general well-being.
METHODOLOGY

DACA gave qualified undocumented young people access to relief from deportation, renewable work permits, and temporary Social Security numbers. This policy opened up access to new jobs, higher earnings, driver’s licenses, health care, and banking. Now that DACA’s status is uncertain, Latino immigrants are faced with severe problems of mental health and well-being.

With the uncertainty of DACA’s status, my research question revolves around the mental health implications that Latino immigrants will face because of this. Will there be negative effects on one’s mental health and well-being? Or are there no significant effects at all?

Immigration to the United States, and to any other country for that matter, is extremely traumatic and life-changing for that immigrant. What they seek is not violence, but a warm welcome and a pathway to assimilation into the country. Since the program is relatively recent, and the rise of the Trump administration carries many implications with it, the topic is still quite relevant and new. I conducted my research through USCIS and PEW with statistical data and facts on DACA. Later, I focused my research on mental health and well being impact on Latino immigrants, and narrowed down my research to specific studies on DACA’s impact on recipients.

The case studies I will be focusing on are DACA recipients coming from Mexico and the Northern Triangle (El Salvador, Guatemala, and Honduras). Because of their country’s political problems and gang violence, DACA has provided (those who qualified) temporary relief from deportation. Furthermore, financial, social and political benefits have helped the beneficiaries a great deal. Both the case studies will be concentrating on: the relationship their countries have to
the United States; why these immigrants are fleeing their country; how DACA has benefited them for the better; and what mental health outcomes they are facing now as the program has reached at a state of uncertainty.

DACA’s experiment has proven that an immigration policy that transitions qualified undocumented individuals toward legal status can promote lasting social and economic benefits, including family unity, general well-being, and economic stability. Therefore, DACA is a critical first step in a movement toward complete immigration reform. Ending DACA without a more permanent legislative solution in place has augmented the stress and fear that families with mixed-citizenship status have increasingly faced.

**ARGUMENT/CASE STUDIES**

**Status on DACA: Mental Health and Well-Being**

In the following section, I’ll be looking at what I refer to as “mental health and well-being of undocumented immigrants”, as well as DACA’s current political status.

As we have seen, DACA provides social, political, and economic benefits for many undocumented immigrants. Nevertheless, it wouldn’t be unreasonable to assume that a person’s legal status within a country will affect their mental health and overall well-being. Mental health is defined by the World Health Organization (WHO) as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. The positive dimension of mental health is stressed in the WHO's definition of health found in its
constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” [WHO, 2014]

DACA has brought temporary relief to people like Dulce Garcia, a 35-year-old beneficiary and recent lawyer in San Diego. [Dickerson, NYT 2018] In an interview, she described the difficulties of growing up undocumented. Her family shared living spaces with other families and was homeless for a time. “Whether Dulce Garcia and the hundreds of thousands of other young dreamers like her may continue to live productively in the only country they have ever known is, ultimately, a choice for the political branches of our constitutional government” said Judge Kim McLane Wardlaw. “It just acknowledges that we’re American, that we are here and that we have value, not just because we contribute so much to society or the economy or through our labor and taxes, but because we’re human and we dream.” said Ms. Garcia.

It appears that the exposure to the DACA program has led to meaningful reductions in symptoms of psychological distress, like the example in Caitlin Dickerson’s research of Ms. Garcia. Furthermore, in Table 6 [Venkataramani et al., 2017], there doesn’t seem to be any major improvements in self-reported overall health pre and post-DACA, which was consistent with the fact that the population of DACA recipients is mostly young and therefore generally in good physical health. However, the impact on mental health are consistent with results from observational studies showing rising symptoms of anxiety and depression with policies that raise the risk of deportation. [Venkataramani et al., 2017]
From DACAmented to unDACAmented: The Mental Health Implications of DACA’s Uncertain Future on Latino Immigrants

Table 6 [Venkataramani et al., 2017]

<table>
<thead>
<tr>
<th></th>
<th>Eligible for DACA</th>
<th>Not eligible for DACA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-DACA</td>
<td>Post-DACA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pre-DACA</td>
</tr>
<tr>
<td>Number of respondents</td>
<td>2188</td>
<td>1784</td>
</tr>
<tr>
<td>Self-reported overall health</td>
<td>598</td>
<td>540</td>
</tr>
<tr>
<td>Mental health outcomes (Likert</td>
<td>3.99 (0.91)</td>
<td>4.00 (0.94)</td>
</tr>
<tr>
<td>scale score 1–5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fair or poor health</td>
<td>95 (4%)</td>
<td>101 (6%)</td>
</tr>
<tr>
<td>K6 score (0–24)</td>
<td>3.06 (4.49)</td>
<td>2.66 (4.3)</td>
</tr>
<tr>
<td>Moderate or worse</td>
<td>168 (28%)</td>
<td>133 (25%)</td>
</tr>
<tr>
<td>Psychological (K6 score ≥5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender, female</td>
<td>1116 (51%)</td>
<td>906 (51%)</td>
</tr>
<tr>
<td>Age (years)</td>
<td>23.0 (3.32)</td>
<td>25.39 (4.02)</td>
</tr>
<tr>
<td>Age at immigration (years)</td>
<td>9.6 (4.19)</td>
<td>10.6 (3.81)</td>
</tr>
</tbody>
</table>

Although we don’t see many negative effects on mental health post-DACA in the chart above, recipients are still feeling sad and worried about their undocumented status. Their status disrupted their dreams and crumbled the trust they had placed in their families, friends, and social institutions. Aranda and Vaquera’s study [2017], found out that some participants admitted that prior to DACA they had thought about suicide. Post-DACA, these feelings disappeared. The program had brought some participants relief from their undocumented status, DACA “has gone a long way to give me some sense of security and stability that I haven’t had in a very long time.” [Aranda & Vaquera, 2017]

Recipients’ current psychological well-being is most strongly predicted by whether or not someone actually has DACA status. The predicted probability of experiencing distress and negative emotions started out at around 70% for both undocumented and DACA-covered
individuals, but current distress and negative emotions for DACA recipients dropped to under 20%, but were over 40% for those without DACA. [Patler, 2017] What might explain these results? In response to the study’s question “What do you think has most changed for you since receiving DACA?” DACA beneficiaries offered explanations such as: “I have a better job, I am more stable, and not afraid to drive around. I have an ID now and I am more capable to do what I want. I feel better emotionally, physically, and psychologically.” [Patler, 2017] These results suggest that the change from ‘undocumented’ to DACA ‘lawfully present’ status is associated with improvements to psychological well-being.

**Case Study: Mexican Immigrants**

In the following section I analyze the mental health and well-being of immigrants coming from Mexico, specifically focusing on those who are enrolled in DACA. I will be looking at both individual case studies and long-term studies involving multiple subjects.

Recent political arguments over immigration reform haven’t included any mention of cross-border diplomacy. Despite the increasing relevance to each other of the U.S. and Mexican economies over the past few decades, the governments of the two nations have shown little interest in cooperating on the issue of human migration. The history of the Mexican-U.S. labor relationship reveals a pattern of mutual economic advantage, with only rare moments of political negotiation.

Fewer Mexicans are migrating to the U.S. today than in the past. In fact, more Mexicans are leaving than coming into the U.S. since the end of the *Great Recession*. Between 2009 and
2014, 870,000 Mexican nationals left Mexico to come to the U.S., down from the 2.9 million who left Mexico for the U.S. between 1995 and 2000. [Krogstad, PEW 2016] Of those moving back to Mexico, many chose to return for “family reasons”. About 1 million Mexican immigrants and their U.S.-born children moved from the U.S. to Mexico between 2009 and 2014, and 61% said they had done so to reunite with family or to start a family, according to the 2014 Mexican National Survey of Demographic Dynamics. [Krogstad, PEW 2016] After four decades of strong growth, the Mexican immigrant population in the United States hit a turning point in 2010. While the overall number of immigrants in the country increased every year between 2010 and 2017, the number of Mexicans first flattened out and then started a slow decline in 2014. Between 2016 and 2017, the Mexican immigrant population shrunk by about 300,000, from 11.6 million to 11.3 million. Nonetheless, Mexicans are still the largest foreign-born group in the country, accounting for 25 percent of the 44.5 million immigrants as of 2017. [Batalova, MPI 2018]

Mexicans are less likely to be naturalized U.S. citizens than immigrants overall, mainly due to the presence of a large unauthorized immigrant population ineligible for U.S. citizenship. In addition, Mexico shares a direct border with the U.S., and that is why the influx of Mexicans may generally be much greater than that of people from more remote countries. Although it does have a greater need, it is still not better accommodated than other immigrant-sending countries. [Batalova, MPI 2018] In 2017, about 31% of Mexican immigrants were naturalized citizens, compared to 49% of the total foreign-born population. [Batalova, MPI 2018] Mexico is also the largest origin country among beneficiaries of DACA, which is why I chose it as one of my case
studies. As of May 31, 2018, there were 560,020 Mexicans participants in the DACA program, which represents 80% of the 702,250 active DACA recipients, according to U.S. Citizenship and Immigration Services (USCIS). [Batalova, MPI 2018]

Why the United States? For a long time, migration from Mexico to the United States has been largely driven by low-skilled, unauthorized workers seeking economic opportunity. However, in recent years, migration patterns have changed due to factors including the improving Mexican economy, stepped-up U.S. immigration enforcement, and the long-term drop in Mexico’s birth rates [Batalova, MPI 2018]. However more Mexican immigrants have returned to Mexico than have migrated to the United States, and apprehensions of Mexicans at the U.S.-Mexico border are at a 40-year low. Mexico is also no longer the top origin country among the most recent immigrants to the United States. In addition, newer immigrants from Mexico are more likely to be college graduates and have stronger English skills than those who arrived in prior decades. [Batalova, MPI 2018]

Mexican individuals who immigrated to the U.S. before age 13 have a significantly higher risk of developing mood and anxiety disorders than those who do so later in life. [Stacciarini et al., 2014] This may be because of their fear of being deported, and separated from their family. This fear will then result in depression, which can transfer to their potential children, which then leads to language deficits, developmental delays, social aggression, and poor academic performance. [Stacciarini et al., 2014] A study with immigrant Latino workers in North Carolina found that nearly one in five had high social isolation scores, which was indicated by two or more signs of social isolation, measured by eight-item self-report scale.
Interviews have revealed that isolation and depression were the result of adjusting to life in the U.S., missing friends in Mexico, and lack of geographic mobility, which may prevent contact with the larger community. [Stacciarini et al., 2014]

These children face unique challenges as a result of a situation they did not choose, and are frequently the subjects of controversial political debate regarding their future as “illegal aliens.” Once they leave the protective environment of school, they enter a state of developmental limbo in which they cannot vote, drive, or apply for a job, and are thus excluded from a natural transition to adulthood. Furthermore, the day-to-day feelings of helplessness combined with the intense fear of “being hunted” by immigration officials may never disappear, which can significantly affect their long-term mental health. [Stacciarini et al., 2014]

Fear is what many immigrants feel about their current status, about their well-being, and about their mental health. They fear that their whole lives will be snatched away from them, they fear of being deported, and they fear of being mentally unstable. As seen on the table below [Stacciarini et al., 2014], on a social level, immigrants will feel like their “undocumented status” has limited them to live their lives in a constant state of fear. Which leaves many immigrants “broken” and lost. This sense of “belonging” through the rural community level, has always been a doubtfeul feeling for many immigrants. The day to day reality of being an undocumented immigrant inspires feelings of rejection that inhibit this sense of truly belonging to the United States. Moreover, on a family level, immigrants will feel like their family dynamics, are in uphill battles because of their status.
The “Social Isolation”, as seen on Table 7, that immigrants feel on an individual level, refers to them being in a constant mode of hiding from others in order to avoid revealing their undocumented status, isolating themselves from many types of activities. With that comes a feeling of depression, in a 2014 study of The mental health implications of growing up undocumented by Stacciarini et al., one participant describes it as a “direct consequence” of her undocumented status, which has led to persistent feelings of frustration, isolation, and inadequacy as well as lack of belonging and opportunity. All these feelings then culminated in a suicide attempt, which resulted in her seeking mental health treatment at her children’s request.

An 18-year-old undocumented male immigrant patient from Mexico, referred for consultation to a community-based psychology outpatient clinic after presenting to urgent care
for symptoms of a severe *Ataque de Nervios* or panic attack symptoms. [Garcini, 2017] The patient was brought to the United States at the age of two by his undocumented parents and has never returned to Mexico. His father was the primary provider for their family, until his recent deportation, which has led the patient to now work multiple jobs to provide for the family, including his ill mother and two younger U.S. born siblings. As a result of the DACA program being in a political limbo, he is now feeling anxious, worried, depressed, and hopeless; just like the many other thousands of recipients.

Mexican immigrants are fleeing their country in search of a better life, yet after arriving in the United States they often live in a constant state of fear and uncertainty. Although DACA has granted temporary relief, Mexican immigrants are still facing various mental health consequences. Furthermore, the amount of international travel and border crossing migration places demands on states to maintain an orderly migration system. In fact, the United States has responded with vigorous immigration policies in order to address the issue of illegal migration to their country. Some strategies, such as immigration detention and the use of checkpoints to target undocumented immigrants, pose a serious threat to accessing health services as well as potentially negative mental health outcomes for this very vulnerable population. As we’ve seen DACA can have a large impact on immigrants’ health by forcing people to remain uneasy about their immigration status.

**Case Study: Northern Triangle Immigrants**
In the following section I analyze the mental health and well-being of immigrants coming from the Northern Triangle, that are enrolled in DACA.

Immigration trends from Mexico and the three Central American nations (El Salvador, Guatemala, and Honduras), known collectively as the “Northern Triangle”, have increased in recent years. According to U.S. Census Bureau data analyzed by Pew Research Center, about 115,000 new immigrants arrived from the Northern Triangle in 2014, double the 60,000 who entered the U.S. three years earlier, in 2011. Tens of thousands of Salvadorans, Guatemalans, and Hondurans, many of them unaccompanied minors, have arrived to the U.S. seeking asylum from the region’s rise in violence. Their countries, were part of civil wars in the 1980s, leaving a inheritance of violence and fragile institutions. These regions remain terrorized by corruption, drug trafficking, and gang violence despite tough police and judicial reforms.

While the United States has provided the three governments billions of dollars in aid over the past decade, some analysts believe U.S. immigration policies have intensified the threats to regional security. [Labrador et al., 2018] This refers to the ways in which members of a state perceive their cultural, linguistic, religious, or national identity to be threatened by immigrants. It is immigration in general, legal or illegal, that creates this threat for some people, and as long as immigrants pose a challenge to the identity of the receiving state, there will be an intensified feeling of threat to the regional security.

Mexico is stopping more unauthorized Central American immigrants at its southern border. The Mexican government said in 2014 that it would increase enforcement at its southern border in response to an increased flow of Central Americans traveling through Mexico to reach
the U.S. In 2015, the government there carried out about 150,000 deportations of unauthorized immigrants from El Salvador, Guatemala and Honduras, a 44% jump over the previous year. These three Central American countries alone accounted for nearly all (97%) of Mexico’s deportations in 2015. [Krogstad, PEW 2016] The United States has long been the dream destination for many Latin American migrants, whether fleeing poverty, political unrest, natural disaster or violence. But now a growing number of migrants are putting down roots in Mexico, legally or illegally, instead of using it as a thruway to the United States. They have many reasons for staying here. Crossing the Mexico-United States border has become increasingly difficult, migrants say, especially with rising smugglers’ fees and tougher enforcement. Some are deterred by the abundance of dangers that lurk on the route through Mexico. Some believe it might be easier to qualify for some form of legal status in Mexico than in the United States. [Semple, NYT 2017]

The number of asylum seekers worldwide originating from the Northern Triangle reached 110,000 in 2015, five times greater from 2012. Migrants from all three countries cite violence, forced gang recruitment, and extortion, as well as poverty and lack of opportunity, as their reasons for leaving. In 2015, the latest year for which data is available, as many as 3.4 million people born in El Salvador, Guatemala, and Honduras were living in the United States, more than double the estimated 1.5 million people in 2000. [Cohn et al., PEW 2017]

About 55% of them were undocumented. More than a quarter million of unauthorized immigrants from the Northern Triangle have temporary protection from deportation under DACA. According to the most recent Department of Homeland Security statistics (released in
Sept. 4, 2017) they include about 25,900 from El Salvador, 17,700 from Guatemala and 16,100 from Honduras. [Cohn et al., PEW 2017]

Among the possible explanations for the recent rise in Northern Triangle immigration, as stated previously, are high homicide rates, gang activity and other violence at home, according to a survey of migrants from the region. [Kennard, 2018] For example, El Salvador’s uncontrolled violence and gangs has made it the most violent country in all of Central America. Other survey data indicates that Northern Triangle migrants are attracted to the U.S. for the same reasons as other migrants: economic opportunity and a chance to join relatives already in the country. The nature of the violence is distinct in each country, but the proliferation of gangs, narcotics trafficking, weak rule of law, and official corruption are common threads. Organized crime is a legacy of decades of war in the region, notes a CFR special report. In El Salvador, fighting between the military-led government and leftist guerrilla groups (1979–92) left as many as 75,000 dead and Guatemala’s civil war (1960–96) killed as many as 200,000 civilians. Honduras did not have a civil war of its own, but nonetheless felt the effects of nearby conflicts; it served as a staging ground for the U.S.-backed Contras, a right-wing rebel group fighting Nicaragua’s Sandinista government during the 1980s.
Although the mass migration of Central American families has been attributed to gang violence and drug cartels, little research has systematically examined the reasons behind this migration, or the medical and mental health of these migrants. The aim of one recent study [Keller et al., 2017] was to examine social and psychological factors contributing to this migration, in order to inform policy and decision makers regarding health and mental health of these individuals. The need for more information about Central American families arriving at the U.S. border is particularly important given that families have few legal protections. Table 8 presents reported traumatic experiences broken down by each of the Northern Triangle countries. Participants were asked about their exposure to a variety of traumatic events including violent
acts, sexual violence, death threats, murder of family members, extortion, and kidnapping.

[Keller et al., 2017]

While we can see that the rates of trauma were high across all three countries of migrants, we can also see that there were national differences in the rates of many trauma experiences. Significantly more migrants from El Salvador and Honduras described physical violence and threats, and their experiences were more likely to satisfy the legal requirements for asylum. [Keller et al., 2017] These findings should not be taken as a dismissal of the trauma experienced by refugees from Guatemala, as nearly half of those individuals were exposed to severe trauma, perceived no legal recourse from the authorities and feared for their safety if forced to return. Moreover, the relatively lower rate of trauma reported by Guatemalan migrants may reflect greater difficulty escaping from the violence in this region. [Keller et al., 2017]

Northern Triangle immigrants are fleeing their country in order to find peace within themselves. Their past experiences have left them severely traumatized and with their mental health status at a extreme low. However, DACA was able to accommodate some of these immigrants and grant them a greater sense of peace and security. In 2016, approximately 124,000 youth from Guatemala, El Salvador, and Honduras were immediately eligible for work authorization and relief from deportation through DACA. As of December 31, 2016 (the latest data available from the U.S. government), nearly 79,000 unauthorized youth from these countries had applied for the DACA program, and nearly 65,000 had been approved. Yet, as DACA’s status is still in a limbo, the majority of these immigrants’ mental health has been affected and,
there’s no doubt that they will be feeling similar consequences to those immigrants from Mexico, such as anxiety, depression, hopelessness.

**DISCUSSION/CONCLUSION**

Despite the social, economic and cultural contributions that undocumented Latino immigrants make to the United States, they live in a vicious environment and suffer major social injustices. In addition, they have very few opportunities to participate as full members of American society, and the daily fear of being deported can harm their long-term mental and emotional health. Society may be faced with an increased population with mental health problems, precarious legal status, and the loss of the valuable contributions that the “Dreamers” can make if they are not simply granted citizenship and allowed to fulfill their ultimate life potential. One path to success could include increasing the availability of bilingual mental health counselors, regular screening for depression and anxiety, and establishing mentorship programs for adolescent immigrants. Programs aimed at increasing community connections and geographic mobility may also help protect against negative mental health outcomes that these Latino immigrants face.

DACA may have considerably improved the health of immigrants although it hasn’t been a complete solution. It ultimately helped many eligible recipients to reduce the social injustices and inequalities (e.g. decreasing family separation and fear of persecution and deportation) within a large, underserved group of minorities in the United States. Mental health providers, public health agencies, and primary care providers need to be aware of the potential negative
mental health outcomes that can occur in undocumented immigrants and implement preventative measures.

DACA represents a natural experiment that has proven that immigration policies that transition qualified undocumented individuals toward legal status can promote long-lasting societal and economic benefits, including family unity, general well-being, and economic stability. Therefore, DACA is a critical first step in a movement toward comprehensive immigration reform. Children should never be used as a political bargaining chip. Steps to end DACA without a more permanent legislative solution in place has augmented the stress and fear that families with mixed-citizenship status have increasingly faced. Healthcare professionals must collectively exercise their privilege as respected members of society and use scientific evidence from DACA’s fallout to advocate for one common dream: a pathway to legal status that the children and families, who contribute a great deal to American society, fully deserve.
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