

THE IMPACT OF CITIZENSHIP AND IMMIGRATION STATUS,  
SOCIOECONOMIC STATUS, AND GENDER ON  
THE MENTAL HEALTH AMONG  
LATINO ADOLESCENTS

A Thesis

Presented to

The Faculty of the School of Social Work  
California State University, Los Angeles

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

By

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June 2014

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## ABSTRACT

The Impact of Citizenship and Immigration Status, Socioeconomic Status, and Gender  
on the Mental Health among Latino Adolescents

By

Adriana Castro Soriano

Citizenship/immigration status, high poverty rates and gender specific issues, present a significant problem, when addressing the mental health needs of Latino adolescents. This study utilized data from the 2009 California Health Interview Survey (CHIS). The independent variables for the study were citizenship/immigration status, socioeconomic status, and gender. The dependent variable was mental health. To examine the relationship between the independent and dependent variables, a frequency and regression analysis was performed. The results of the study indicate that citizenship/immigration status and gender are significant predictors of mental health among Latino adolescents. The results of the study suggest that social workers, community leaders, community members, and mental health providers, should explore selecting effective interventions with optimal outcomes for the mental health of this population.

## ACKNOWLEDGMENTS

I graciously and humbly thank God for granting me the strength, endurance and resilience required to get through this very difficult endeavor. Also, to my husband David I extend an immense gratitude for his continuous sacrifice, displays of compassion, love and understanding in the necessary completion of this thesis. I extend my heartfelt gratitude to my children, Sienna, Alexia, and Samuel for their sacrifice of their mother's time, missed adventures, outings and unspoken conversations. To the rest of my family, thank you for your sacrifice and tending to my children in my absence, allowing me to triumph beyond belief. To my dear friends and sisters Martina Gurrola, Flor Clampitt-Talamantes, and Jackie Sanchez, thank you for your constant encouragement and dedicated friendship, your support has lifted my spirits during times of personal struggles and tribulations. To the Orange County Sheriff's Officers at Lamoreaux Justice Center, my coworkers, my friends, my family away from home, I could not have made it without your support and understanding. A special thanks to Sgt D. Rios, Sgt. M. Washington, and Sgt. K. Mansfield for making it possible to pursue my dreams and allotting me the opportunity to make that dream a reality. To the faculty at CSULA, Dr. Valentine Villa, Ramon Coronado, Lisa-Strickler, Rosa Medina-Carrillo, Dr. Joseph Tillman, and Dr. Glen Hong, you have all been inspirational, honest and transparent on the challenges I will face as a social worker, I thank you for your motivational lectures, advice for the future and personal encouragement. Lastly, "Life's challenges are not supposed to paralyze you; they're supposed to help you discover who you are" (Bernice Johnson Reagon).

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## CHAPTER 1

### Introduction

According to the U.S. Census Bureau (2010), more than half of the growth in the total population of the United States between 2000 and 2010 was due to an increase in the Hispanic population. The Hispanic population increased by 15.2 million between 2000 and 2010, accounting for over half the 27.3 million increase in total population, with more than 4 million in the Los Angeles County area. With this increase, multiple challenges can be faced by this population. One in particular is known as immigration reform. Immigration reform has long been a struggle for Mexican immigrant families. Mass exodus of Mexican immigrants in the United States caused by immigration laws throughout history have been attributed to the maltreatment and discrimination experienced by Mexican immigrants and their children (McKay, 2013).

Unjust laws and deportation policies dramatically affect family structure, creating destructive consequences for Latino immigrant parents and their children (Brabeck & Xu, 2010). According to Dreby (2012), recent studies found numerous negative changes in behavior, among children whose parents were detained or deported. The stressors and dramatic impact experienced by parents were indirectly transferred onto their children, causing severe behavioral issues and developmental delays. Their children suffered separation anxiety, discrimination, social segregation, poverty, societal isolation, and feelings of inferiority (Dreby, 2012). The National Council of La Raza (2007) study found that U.S. born citizens were temporarily or permanently separated from their parents. The children experienced feelings of abandonment, psychological duress, mental health problems, isolation, financial hardship, symptoms of depression, fear, and

family fragmentation, resulting in an overall traumatic experience. The result of these experiences found that undocumented families living in the United States hid fearing arrest, increasing social isolation (National Council of La Raza, 2007). Furthermore, studies have indicated adolescents can be affected if removed from their natural environment and their community, consequently establishing patterns of negative behaviors and coping skills, which may never be corrected (Kirven, 2000). Therefore there is a pressing need to focus on the way mental health services are being provided and allocated, particularly pertaining to the population of Latino adolescents being affected by parental deportation. There are raising concerns surrounding these adolescents, as they will represent American society as the predominantly young work force supporting a substantial aging population (Hoberman, 1992).

According to McKay (2013), Mexican immigrants have long been the primary target for deportation. Informal regulations, lengthy citizenship requirements, and the denial of relief, have been the barriers for this population. Although this struggle has been a tiresome fight for this population, their determining will for achievement and a better life remains the foundation in which these families rely on.

### **Statement of the Problem**

The prevalence of depression and mental health issues amongst Latino adolescent is on the rise and can be directly linked to a number of variables. Several risks factors have been identified, including female gender, increasing age, lower socioeconomic status (SES), and Latino ethnic background (Mikolajczyk, Bredehorst, Khelaifat, Maier, & Maxwell, 2007). Additionally, many adolescents and children in immigrant families are faced with the overwhelming burden of having only one undocumented parent. These

children are faced with the constant fear of deportation, family structural upset, and displacement affecting their overall mental health and well-being (National Council of La Raza, 2007).

There are approximately five million U.S. children with at least one undocumented parent. The recent intensification of immigration enforcement activities by the federal government has increasingly put these children at risk for family separation, economic hardship, and psychological trauma. (National Council of La Raza , 2007, p. 10)

According to estimates projected by Applied Research Center (ARC; 2011), “there will be at least 5,100 children currently living in foster care whose parents have been deported” (p. 4). They are faced with the destabilization of their environment, as well socioeconomic stresses (Brabeck & Xu, 2010). Citizenship affects all aspects of a person’s life and well-being in the United States. For example, citizenship status can be linked to the unfortunate placement of children caught up in dependency proceedings involving CPS (Child Protective Services). Due to parent’s citizenship status, incarcerated parents facing deportation are rarely afforded the opportunity to proactively participate in dependency proceedings to reunite with their families. This is due to ICE (Immigration and Custom Enforcement) failing to secure transportation to dependency proceedings brought about by immigration enforcement and policy, consequently leaving behind shattered families and thousands of children separated from their parents. This dysfunctional immigration system brings about a vicious cycle of displacement within the foster care system, potentially causing severe mental health issues, impaired social

relationships, family economic pressure, conflicts and emotional health concerns (ARC, 2011).

According to federal data released to ARC (Applied Research Center), through a Freedom of Information Act request, a growing proportion of deportees are parents. Even more disturbing, the Federal Government deported forty-six thousand parents with citizen children in a six month period. (ARC, 2011, p. 3)

In addition, the ARC (2011) reported, “ICE detention obstructs participation in CPS (Child Protective Services) plans for family unity,” by denying parents access to mandated programs required in completing established CPS case plans (p. 6). There seems to be a direct correlation between parental accessibility to participate in dependency hearings to isolation detention centers and ICE’s refusal to transport detainees. As a result, parents can neither communicate nor visit their children, restricting their participation in dependency court proceedings. This alone is an extreme barrier, possibly eliminating the potential for family reunification by forbidding their natural rights as parents to defend and protect their children and family. Displacement is inevitable, and unfortunately too many Latino families fall through the cracks, their voices silenced, resulting in some families suffering permanent displacement. For example, the Kriz and Skivenes (2012) study identified challenges and barriers experienced by child welfare workers. Challenges outlined in the study, pertained to displacement within a family structure and the impact of parental detention. Child welfare workers report difficulty in putting services in place as a result of limited choice of services, difficulty in finding family foster placements, financial disincentives to utilize county-funded foster care and county-funded services, limited public service

availability, ineligibility for Medi-Cal and CalWORKS (California Work Opportunity and Responsibility to Kids), fear of deportation, financial problems and domestic violence.

To exasperate these issues, “poverty rates are much higher among unauthorized immigrants than for either U.S. born or legal immigrant residents” (Passel & D’Vera, 2009, p. 17). According to an estimate given by (Lopez, Gonzales-Barrera, & Motel, 2011) Hispanics make up 81% of the nation’s 11.2 million immigrants. Studies have found beginning in 1997 through 2007, 88,000 U.S. citizens’ children lost legal permanent resident parents to deportation (Brabeck & Xu, 2010, p. 345). Additionally, Kopetman (2013) reported Orange County probation officers have referred more children to immigration authorities for possible deportation, leading the state in deporting children, violating state and federal laws. Despite Special Juvenile Status enacted in 1990, which leads to permanent resident status, granting protection for abused, abandoned, and neglected immigrant youth has failed to protect delinquent youth. Therefore, adolescents not granted Special Juvenile Status would be subjected to deportation. “This Law is helpful, but continues to be revised, due to the continual confusion and struggles faced by state court judges, whom lack jurisdiction over children in deportation proceedings” (Mandelbaum & Steglich, 2012, p. 31).

Adolescent depression, when exposed to parental change during childhood, can extend into adulthood, and is an interrelated reliably diagnosed that is preventable. Furthermore, risk factors for depression that develop during childhood meet up with biological and social changes whose prevalence increases in early adolescence, explaining why clinicians and researchers generally use symptoms that make up the adult

syndrome of depression to identify depression in children who are of at least school age (Noel-Hoekesema & Girgus, 1994).

These issues are extremely overlooked by the justice system. Mental Health providers should be educated and familiar on pathways linking mental health and distress caused by this population's immigration status. Mental health providers should take into account fears of deportation, culture-behavior relationship, socio economic barriers to health care services and the direct impact these issues (Brabeck & Xu, 2010). In addition, social science research is vital for social workers, in choosing an appropriate intervention strategy for their clients, especially in regards to how particular research can relate to direct clinical practice (Dettlaff, 2008). Additional research is vital so social workers may be able to implement specific types of interventions; that could possible aid in creating social programs, by addressing problems of societal or interpersonal importance. Lastly, it can assist social workers in better addressing community needs and conduct proper assessments, resulting in gaining a better understanding on how to accurately and efficiently respond to cultural influences and expectations when working with this population (Dettlaff, 2008).

### **Purpose of this Study**

The purpose of this study is to examine the relationship between citizenship and immigration status, SES, and gender and its direct correlation on the mental health among Latino adolescents, ages 12-17. My study will serve as an addition to the literature by including a multiethnic Latino sample. The current literature in this area concentrates proximately on Latino immigrant population, who are U.S. born, naturalized citizens, or non-citizens. At this stage in the research, mental health will be generally defined as a

state of well-being in which every individual discovers his or her own potential, can manage normal stresses of life, can work productively and fruitfully, showing the ability to contribute to her or his community (World Health Organization [WHO], 2010).

An improved and enhanced understanding of this population, by social workers, could help them identify stress factors and seek resolution for their clients, providing proper services, by advocating for protective policies to reunify children with deported parents and provide proper services (Brabeck & Xu, 2010). In addition, by maintaining cultural awareness and establishing cultural sensitivity to this population, this research may provide vital information that could explain the impact on mental health in this minority group. These findings will assist social workers, when working with Latino immigrants and their families and serve as a tool to help navigate through available services, breaking down existing barriers and work through systematic bias against reunifying children with parents. Treatment modalities, addressing complex barriers for mental health services for Latino adolescents and their families, may facilitate ways to enhanced services to this client population. It is paramount that social workers seek and implement intervention strategies that address challenges, risk factors, psychological stresses, economic hardship, and structural barriers, as it related to deportation/detention and immigration status. In doing this, social workers will be better equipped in providing better service delivery, by understanding how parents communicate with their children about the threat of deportation, empowering and educating them, to take an active role in decisions affecting their overall mental health, well-being and family unit (Brabeck & Xu, 2010).



## **Research Questions**

The purpose of this study is to examine the impact of citizenship and immigration status, SES and gender, on the mental health among Latino adolescents. The following exploratory research questions are studied:

1. Does citizenship and immigration status among Latino adolescents, including citizenship and immigration status their mother and citizenship and immigration status of their father, impact Latino adolescent mental health?
2. Does SES (poverty level and adult educational attainment) have an impact on the mental health of Latino adolescents?
3. Does gender have an impact on the mental health of Latino adolescents?

## **Hypothesis**

This study explores the variables that affect the mental health of Latino adolescents. In this study it is hypothesized that citizenship and immigration status, SES, and gender are factors associated with Latino adolescent's mental health. It is hypothesized that non-citizens will have worse mental health than citizens. Additionally, it is hypothesized socioeconomic barriers such as (poverty level and adult educational attainment) would directly impact the mental health of Latino adolescents. Furthermore, it hypothesized that female adolescents will have worse mental health than male adolescents.

## **Sampling Population**

This study will acquire and examine the data collected from the 2009 California Health Interview Survey (CHIS, 2011), which is a highly known collaborative project of the University California Los Angeles (UCLA) Center for Health Policy Services, the

California Department for Health Services, and the Public Health Institute. For the past 10 years as well every other year, the CHIS has collected and analyzed a large amount of data and information on health related issues of California's major race and ethnic households. Topics on multiple health related issues and behaviors, such as, health status, health conditions, health insurance and health insurance coverage. Interviews were conducted within each household. Adults were randomly selected (age 19 and over), adolescents (ages 12-17), and parents of children (ages 0 to 11). Sampled adolescents provided two forms of consent to be eligible to participate in answering the interview questions. The CHIS is a random digital dial (RDD) of California households, including adults, adolescents, and children from California and was stratified by area code. RDD sample included telephone numbers designated to both cellular services, as well as landlines, surname list and was designed to acquire dependable data estimates for the entire state of California. The 2009 CHIS is the fifth CHIS data collected. California was divided in 56 geographic sampling regions, comprised of 41 independent countries and 3 multi-countries. Data was collected and conducted from September 2009 and April 2010. Data was collected from a sampling group of 57,000 households (with up to three interviews per household), totaling 59,938 sample participants, of which, 47,614 total samples were adults, 3,379 were adolescents, and 8,945 of total samples were children used to conduct this particular survey.

The expected outcome of this study is that citizenship and immigration status, SES, and gender are associated with Latino adolescent's mental health, in the United States. Evidence in the literature indicates, rates of anxiety, depression, and suicidal ideation is high among Latino adolescents in the United States, many of whom are

immigrants. Furthermore, “suicide among Latino adolescents remain a major public health issue, within the context of environmental and social influences, including family, friends, and life circumstances such as immigration and employment” (Garcia & Saewyc, 2007, p. 37).

### **Data Collection (Methodology)**

To capture the rich diversity of the California population, interviews were conducted in five languages: English, Spanish, and Chinese (Mandarin and Cantonese dialects), Vietnamese, and Korean. These languages were chosen based on analysis of 2000 U.S. Census data that identified the language that would cover the largest number of Californians in the CHIS sample who either did not speak English or did not speak English well enough to participate. CHIS data was collected and compiled by Westat, a private firm that specializes in statistical research and large-scale surveys.

As previously stated the CHIS is the largest health survey ever conducted in the United States, consisting of 57,000 households in 44 counties, including county-groups. Its purpose is to help aid health planners, policy makers, state, county, city health agencies and community organizations with information on every aspect of health, including the health care needs of California’s diverse communities.

### **Independent Variables**

This research defines its variables using those variables from the CHIS 2009 (2011). There are three main independent variables in this research that will be examined for the purpose of this study. They are: citizenship and immigration status of adolescent, citizenship and immigration status of father, and citizenship and immigration status of mother, which is determined by three levels: U.S. born citizen, naturalized citizen, and

non-citizen and is defined as place of citizenship. Socioeconomic status, including (poverty level and adult educational attainment) and gender as defined in the CHIS (2011) as the following two values: self reported male adolescent and self-reported female adolescents.

### **Dependent Variable**

The major dependent variable in this study is mental health, which will be defined as:

1. Feel nervous within the past 30 days.
2. Feel hopeless within the past 30 days.
3. Feel restless within the past 30 days.
4. Feel depressed within the past 30 days.
5. Feel everything is an effort within the past 30 days.
6. Feel worthless within the past 30 days.

### **Data Analysis**

This research examines the relationship between citizenship and immigration status, SES, and gender have on the mental health of Latino adolescents, using univariate and multivariate analyses.

### **Overview of the Thesis**

The order for this analysis will be arranged as follows: Chapter 2 will present the literature on each of the independent variables; citizenship and immigration status, SES, gender, and its impact on the mental health among Latino adolescents. Chapter 3 will identify the research design, method and sample population, strengths and limitations used in analyzing the data used in the study. Chapter 4 will display the results of

statistical data analysis, and research design and findings. In Chapter 5 a discussion of the findings and implications, limitations for social work practice, in addition to, recommendations for future studies.

## CHAPTER 2

### Literature Review

The following literature will review variables and factors associated with the mental health of Latino adolescents. The literature addresses certain barriers such as: changes in the family structure, due to citizenship and immigration status, as it relates to the fear of deportation and parental detention. In addition, the literature will review the reasons for under utilization mental health services, barriers to certain social services programs, related socioeconomic factors. Furthermore, the literature will review gender differences to mental health issues, directly impacting this population's reactivity to vulnerability and stress.

Described barriers are a common denominator and frequent contributors to the mental health deterrents among Latino adolescents. As a result, treatment modalities do not appropriately address citizenship and immigration status as a part of sustaining emotional regulation, communication and conflict resolution within the family unit (Center of Excellence for Culture Competence, 2011). In reviewing the research, several themes emerge. The most prominent are: (a) the relationship between citizenship status and immigration status and the impact on the mental health among Latino adolescents; (b) the relationship between SES and the impact on the mental health among Latino adolescents; (c) The relationship between gender and the impact on the mental health among Latino adolescents.

#### **The Impact of Citizenship Status on the Mental Health of Latino Adolescents**

The impact and fear of deportation/detention can have lasting devastating effects on the family structure. Immigration policy and practice determines access to benefits of

U.S. citizenship. In addition, child development, is indirectly and directly affected, through the lack of financial capabilities of the family, that can carry on into the adolescent stage of development. Furthermore, studies show the impact and fear of deportation/detention have a direct impact on a child's psychological and cognitive development, emotional well-being, academic performance, peer/ parental relationships, causing developmental challenges (Brabeck & Xu, 2010).

Separation of their primary caregiver and in certain instances of permanent displacement, without the possibility of reunification, has profoundly impacted immigrant parents, as well as their children. As a result, it has transferred a heavy burden unto the shoulders of their children. Limited research shows the effects of fear of deportation/detention, resulting in the breakdown of the family unit. However, studies indicate a direct correlation of stresses and dramatic impacts on the developmental period of children (Brabeck & Xu, 2010). Additionally, findings presented by Brabeck and Xu (2010) focused on the dissolution of the family, and showed that

U.S. born citizens were momentarily or permanently separated from parent(s), further revealing the consequences of this sudden separation, for children and families. Consequences included feelings of abandonment, symptoms of trauma, fear, isolation, depression, family division, followed by extreme financial burden (p. 351).

Furthermore, the Brabeck and Xu (2010) study revealed a quantitative exploration of themes, which explored the impact of parents legal vulnerability, experience with detention and deportation on the family environment (defined as parents perceptions of their own experiences), measured the social and environmental characteristics of families.

The qualitative exploration of themes was constructed with several dimensions: (a) emotional well-being, (b) ability to provide financially for the family, (c) parent-child relations (d) child-well-being and child academic performance, and (3) the impact on the family environment. A total of 132 immigrant participants were surveyed through Latino immigrant community organizations in metropolitan area in the northeast region of the United States.

A survey conducted revealed, 6.8% of participants reported that they have a current deportation order, and nearly 38% of participants acknowledged being undocumented. Across participants, the vast majority (73.5%) had children who were born in the United States All participants had at least one child currently living in the United States, a criteria for participation. (Brabeck & Xu, 2010, p. 351)

Furthermore, the study found that a large portion of Latino immigrants in the sample were directly affected by detention/deportation and citizenship and immigration status. More than two thirds of the participants reported that the existence of deportation policies and practices affects how they personally feel, their ability to provide for their family, the well-being of their children, and children's school performance. Additionally, a large number of participants report direct experience with, vulnerability, effects of the deportation system, and it affects on the well-being of their children (Brabeck & Xu, 2010). Lastly, findings present children are affected by their parent's well-being, and when Latino parents suffer as a result of detention/deportation, so do their children. The family environment and parent's legal vulnerability were significant predictors on child well-being (Brabeck & Xu, 2010). The study does represent important findings, yet the



reliance on self-reporting participants could result in distorted data. Relying on the perception of participants rather than the objective measures of financial capacity, child's well-being, and academic performance may have been slightly skewed.

Dreby (2012) supported findings by Brabeck and Xu (2010), in which Dreby surveyed 12 families, including all children (ages 5-15) through semi structured interviews in New Jersey who had an experience with immigration officials, with most reporting a deportation act, marked a permanent change in the family configuration. The study was conducted in both Spanish and English. Questions were structured around family migration, transnational ties, language use, school environment, children's health, child-care history, and friendships. The study found the abrupt separation of families, apprehensions, and threat of deportability due to harsh enforcement policies had a direct impact on children. These impacts range from short and long term consequences (Dreby, 2012). A review of the literature suggests, that stresses and dramatic effects experienced by the parent's have been indirectly inferred on to their children, unconsciously causing sever behavioral issues, developmental delays, emotional problems, and financial and emotional consequences (Dreby, 2012; Garrison, Roy, & Azar 1999; Gonzales, Deardorff, Formoso, Barr, & Barrera 2006; Pena et al., 2008). Furthermore, (Dreby, 2012) found deportation has led to permanent family dissolution, and the threat of deportation inspired fears of separation, among children in combination with complex legalities further perpetuated uncertainties on their identity. A number of contributing factors affecting undocumented and documented Latino immigrants and their families have linked acculturative stress in correlation with citizenship and immigration status, immigration-related challenges and fear of deportation. In addition this population

suffers from discrimination, detriment to their psychological well-being, financial restraints and separation of the family unit (Arbona et al., 2010; Dettlaff, 2008; Gamst et al., 2002; Pena et al., 2008). Furthermore, misunderstanding about immigration laws and policy, immigrant heritage, and customs have possibly the most devastating effect on the threat of deportability on children and children's identity and self-image (Dreby, 2012). Lastly, findings presented by Dreby found, "children worry and are fearful that their family will be separated if their parents are detained or deported" (Dreby, 2012, p. 23). While the Dreby (2012) study involved a sample study in a Mexican community, the community was relatively small and dispersed. Future research, should utilize samples from a larger community of a closer proximity. Additionally, the effects of deportation on all children, regardless of the child participants and their involvement with Home Land Security and citizenship and immigration status, should be considered for future studies.

A study, based on a qualitative research design, conducted by Kriz, Slayer, Lanniceli, and Lourie (2012) demonstrated significant findings, on family separation due to immigrant families interacting with Child Protection Services, also known as CPS. The study analyzed how workers experienced the process of engagement in child protection work with immigrant non-citizen families who fear CPS. The study involved semi-structured interviews utilizing a sample of 24 female child protection workers in a Master's in Social Work (MSW) program. All participants were MSW students, and 19 face to face interviews and five telephone interviews were conducted. Participants received \$30 for their participation. All student participants were interested in the topic of immigration. First, almost all workers ( $n = 19$ ) confirmed that undocumented

immigrant families experience fear of deportation. Data showed that workers must assist families in managing their fears of deportation and boundary misconceptions.

“Undocumented non-citizen and documented immigrants may also fear the possibility of deportation and separation from their children who were born in the United States” (Kriz et al., 2012, p. 316). Emerging findings from obtained data show themes of fear and mistrust, fear management, and how it relates to workers’ minimizing immigrant family fear. Similar scholarly work on immigrant fear, while interacting with CPS, reported fears were linked to the lack of the family’s knowledge and responsibilities of their CPS case plan in association with different fear factors.

Findings in this study support existing research on the nature of child protection practice with non-citizen immigrants. Never the less, this particular study failed to examine the extent to which social workers educated and empowered non-citizen immigrant clients through the utilization of fear management strategies. (Kriz et al., 2012, p. 323)

A similar explorative study, part of a mixed-methods research project conducted by Kriz and Skivenes (2012), was based on 39 in-depth interviews with child welfare workers and their perception, when working with (a) undocumented immigrant families and (b) “mixed status families,” who are families, in which one or both parents are non-citizens, and one or more children are U.S. citizens. “Sample participants were very experienced, with a mean of 16 years, a variance of 28 years and a median of 15 years work experience” (Kriz & Skivenes, 2012, p. 791). The study focused on the challenges faced by social workers, when working with this population. Findings focused their analysis on the responses of 31 child welfare social workers. Twenty social workers

experienced challenges working with this population, with 11 participants reported they had not experienced challenges. Three main categories related to challenges experienced by social workers consisted of (a) challenge in the child welfare system, (b) challenges related to other government services and programs at the city, state, and federal government levels, and (c) challenges at the individual and family level. The general consensus reported difficult in placement of undocumented families compared to other families. The study further revealed the lack of affordable services and funding for undocumented immigrants, play a crucial factor in being unable to place undocumented children. Social workers reported, in order to resolve this issue, the alternative meant avoiding putting certain services in family case plans they could not possibly obtain, in order to ensure that she would not set them up for failure (Kriz & Skivenes, 2012). Additionally, studies revealed that placing some of these children with available family members proved challenging, given their families immigrations status, being no possession of a valid identification and social security number. This study covered the impact of deportation/detention and citizenship and immigration status, by causing displacement within the family structure with minimal or non-existent alternatives for family reunification. The study concluded a need for future research that would provide systematic knowledge about the challenges faced by undocumented immigrants and their families and how their cases differ from other service participants (Kriz et al., 2012). Similar procedures in the above study utilized a similar sample study, in the utilization of participants involved in the field of social work. There were some discrepancies in the outcome of this study, possible due to the workers interpretation of questions asked and their perception of what they consider to be a “particular challenge.” Similar studies

conducted by Osterling and Han (2011) supported findings by Kriz et al. (2012) in the analysis of immigrant families, trouble in accessing services, unaffordable services, will all creating financial hardship. Osterling and Han (2011) used a multivariate models which examined factors related to reunification efforts among Mexican-origin children. The study precluded children subjected to three or more placements were less likely to be reunified with their parents, opposed to children with one placement. In addition, available relatives were not available for alternative placement, and many deemed ineligible because of citizenship and immigration status. Additionally, findings reveal “children with multiple placement experience behavioral problems, in addition, those immigrant families having trouble accessing services, requiring parents to pay for services, could create a financial hardship” (Osterling & Han, 2011, p. 1664). Lastly, findings also revealed, a counterintuitive, which show mothers who spoke Spanish as their primary language were more likely to be reunified with their children, than mothers who spoke English as their primary language. Previous research concluded, the lack Spanish services, was a primary barrier in reunification efforts.

A study conducted by Brabeck and Xu (2010) showed children suffered psychological symptoms of trauma, which included feelings of depression and abandonment, fear, and isolation. Research has shown that the fear of deportation and citizenship and immigration status among immigrant families, have displayed financial hardships, in turn, affecting the emotional well-being of children. Research and measures conducted by Brabeck and Xu (2010) have shown the affects of vulnerability to detention and deportation on children of immigrant families. Deportation and detention affects over all mental health and well-being, as it relates to cognitive functioning, psychological

determent, poor scholastic performance, and physical development. Alarming findings of psychological and cognitive development have been substantiated. Standard assessments have shown Mexican immigrant parents who lacked resources in obtaining necessary required identification, experienced economic hardships and psychological distress, in turn, predicted lower levels of cognitive capability (Yoshikawa, Godfrey, & Rivera, 2008). Research gives evidence to the number of indirect and direct developmental challenges experienced by children of immigrant parents. Additional findings by Brabeck and Xu (2010) reported Latino immigrant families faced developmental challenges, specific to their social and cultural contexts. Through, the sample study does not primarily focus on the stage of adolescence; it does set precedence for possible future mental health disparities that may develop in relation to earlier traumas.

An interesting study conducted by Phinney, Horenczyk, Liebkind, and Vedder (2001) found that evidence for links between policies and ethnic identity is weak. Some studies show that the decisive factors for identity formation and psychological adaption are not national policies but local circumstances. An example could be displayed viewing personal relationships with family and peers, activity settings in the school, and home environment. This study is important in the development of future research in the psychological effects of social identity as it relates to deportation/detention and assimilation into another culture. The study points out the important correlation between maintaining ones cultural identity and social psychological developmental and the types of approaches for future research. Additionally, the study points out the link between social identity and self-esteem and its crucial role in maintaining a strong psychological well-being, especially in the adolescent stages of development. Through this study did

not reflect the direct effects of citizenship status and deportation, it did touch on the psychological factors that one may experience when taken out of their environment and the impact it may have on a child's developmental process.

Studies conducted by Arbona et al. (2010) and Schmitz and Veldez (2003) reported findings on the experience of Mexican immigrants and their families as it relates to deportation/detention experience. A National longitudinal Survey of Youth data set conducted by (Schmitz & Felez, 2003) found attention deficit/hyperactivity disorder (ADHD) is influenced by culture. This influenced can be partially accredited to the differences in perceptions of child behavior and the demands of the environment in homes, schools, and communities of people from different ethnic and cultural groups. This study could be linked to the environmental demands and stresses faced by Mexican immigrants and their children and the fear of deportation/detention. "Additionally, the study points out, culturally different individuals are more likely to be exposed to risk factors, psychological stressors, and economic hardships" (Schmitz & Velez, 2003, p. 111).

Schmitz and Velez (2003) supported findings by Arbona et al. (2010) in a similar longitudinal study which examined impacts of rising anti-immigrant national sentiment and the increase of enforcement relative to restrictive immigration laws and needed immigration reform measures. Arbona et al. (2010), found "there are difficulties associated with undocumented status and may intensify immigration related challenges, such as language and cultural difficulties, separation from family, resulting in escalated levels of acculturative stress" (p. 363). Empirical findings indicate that acculturative stress is directly associated to psychological distress. These findings are important

because research has shown that there is a definite link from the parental well-being and the well-being of their children. The study also focused on family separation. Twenty four of 177 participants reported being separated due to detention/deportation, 33 reported being separated from their children, and 36 were alone and separated from members of their nuclear family.

A study by Ayon et al. (2010) involved the assessment of the growth of Latino children in public child welfare and how their mental health is progressing. A longitudinal study examined the severity of emotional and behavioral problems experienced by this population. The National Survey of Child and Adolescent Well-Being (NSCAW) sample study included over 6,200 children who had contact with public child welfare system. A child behavior check list was part of the study and placed emphasis on academic performance, social competency, family and peer relationships and, maladaptive behavior. The majority of the children sampled were Mexican ( $n = 255$ , 64%), with an age mean of 8.53. “Results of the study showed approximately one-third of the children in the sample, met criteria for emotional and behavioral problems,” in addition to multiple barriers when attempting to access services” (Ayon et al., 2010, p. 376). Very few studies have examined Latino adolescent mental health, yet this study was important to encourage the next step in this area of research. The study obtained an adequate sample study. Latino family participants are not over-represented nationally within the Child Public Welfare System, and should be considered in conducting future studies.

Berliner, Hyman, Thomas, & Fitzgerald (2003) focused on the characteristics of children’s memory for trauma and for a positive event and was compared by relationships



of memory characteristics to trauma systems. This study is invaluable in displaying the deterrent and trauma experienced by the children of immigrants when a primary caregiver is detained and or deported, and its effects on the psychological well-being. Berliner's et al. (2003) study sample consisted of 30 children who were examined and convenience sampled (ages 8-16), who experienced a traumatic event. This age range was selected because the measure of trauma systems used, applied to the age group. Additionally, children in this age group seemed more capable of responding accurately and understanding questions posed by the study, opposed to children in a younger age group. Children were given a questionnaire that included 70 questions about the characteristics and nature of memory from a traumatic and positive experience. "Findings seemed consistent with the hypothesis, in that a child's memories for trauma have less sensory detail and are less coherent than memories for positive events" Findings, also indicated that children were indeed affected by the type of trauma experience" (Berliner et al., 2003, p. 234). Findings further established there was not a clear distinction in the two types of memories. Although the study did not emphasize on trauma experienced from the separation of a child and a primary caregiver, it did display a child's capacity for trauma memory and connected to a child's clinical diagnosis, including post traumatic stress disorder (PTSD) and adjustment disorders. In order for future studies to have a larger gap in data, studies should have a larger sample size. Future studies should also include an independent verification of the time of the positive event compared to the most recent traumatic event. A time variance in the events experienced could be a very important variable on future findings.

Garcia and Saewyc (2007) explored the health-related perceptions and experiences of immigrant Latino adolescents. Three thematic categories emerged: mentally healthy, mentally unhealthy, and promoting health. Adolescent perceptions were described as follows: physical, mental, and social attributes, concentrating on the mental health aspects as positivity, looking forward to the future, and happiness. Mentally unhealthy was included: stress, anxiety, depression, suicidal ideation and isolation. Garcia and Saewyc found some participants correlated mental health problems with difficulty in adjusting to life as an immigrant in the United States as it related social isolation, withdrawal, depression, and fatigue associated with those who they left behind in Mexico. In promoting health, Garcia and Saewyc found participants correlated positive communication with those they trust, including family, friends, and health care providers. This study was important, depicting that Latino adolescent participants were able to recognize and describe health promotion strategies, though no participant spoke about accessing formal health care providers to address identified mental health problems (Garcia & Saewyc, 2007).

Findings conducted by De Anda, Frankie, and Becerra (2009) were unique in demonstrating that adolescent perspective on immigrant status. This particular study utilized six conceptualized social issues. These six social issues emerged into: adolescent sexuality, abuse and victimization, socioeconomic stressors, adolescent behavior problems, and education and career planning. Data was utilized from the Community Needs Assessment Survey in an urban Los Angeles High School in Los Angeles County. The sample study consisted of 1,784 Latino respondents (mean age 16.1 years) and 892 parent/adolescent dyads. Findings revealed, perceptions of

immigrant status were correlated with socialization and developmental experiences, resulting in mirroring the perception of peers and U.S. born cohort rather than parental perceptions. Additionally, findings suggested that immigrant groups may experience stressors in their environment, affecting present culturally embedded coping styles, more profoundly than their U.S. born cohort, expressing and dire concern in seeking culturally appropriate solutions (De Anda et al., 2009).

Fergusson and Woodward (2002) also explored similar relationships between social roles and outcomes of adolescents with depression. The study participants were adolescents ages 14-16. The author's hypothesis was proven true in finding adolescent social background, familial, and personal factors were associated with depressive symptoms, resulting in an increased risk of future adverse outcomes rather than the direct effects of depressive symptoms on later adjustment of life experience. These studies are important, and not only did the study address mental health issues among adolescents, it represented stresses through socialization forces affecting the family unit in addition to warranting further research in communities with large immigrant populations with immigrant parents and U.S. born children (Fergusson & Woodward, 2002). These findings are similar with previous research, linking stressful life events, such as; social-background factors and exposure parental changes in childhood, to an increased risk of later suicidal behaviors (Fergusson, Woodward, & Horwood, 2000). Fergusson et al. (2000) concluded accumulative exposure to adverse life events during adolescence and early adulthood can cause mental health problems including depression, anxiety, substance abuse and conduct disorders. The longitudinal study consisted of adolescents (15-21 years) born in New Zealand, and examined the association between childhood

circumstances and adolescent mental health and life events, factoring in social background, the family environment, stressful life events in addition to other mental health factors (Fergusson et al., 2000).

### **Impact of Socioeconomic Status Among Latino Adolescents**

The development stage called adolescence is not as uniform as it is characterized; developmental differences in the course of adolescence occur among socioeconomic groups. Nevertheless, the change that occurs during this period whether rapid or gradual create a vulnerability that is accentuated by poverty.

(Dashiff, DiMicco, Myers, & Sheppard, 2009, p. 23)

Poverty plays a significant and consequential role on the impacts of mental health amongst adolescents. Poverty influences mental health through a variety of paths during adolescents, and directly defers proper delivery of mental health services (Dashiff et al., 2009).

Poverty can be crippling to persons self-worth and aspirations for the future. Poverty can affect many aspects of a person's life and create generational conflict, affecting many generations to come. According to the WHO (2010), several dimensions of poverty are caused by informational barriers, social exclusion, vulnerability, lack of satisfaction of basic needs, relative deprivation, marginalization, and low income. Parent-adolescent conflict poses as an additional barrier, due to poverty and economic distress, producing parental distress that infers negatively on the parent-adolescent relationships (Stern, Smith, & Jang, 1999). Extreme poverty is worldwide and the deviation between the rich and the poor is expanding, posing a health risk, affecting infrastructures that support mental health care (Timimi, 2005). Relatively, most of the

literature in the area suggests a relation between SES and mental health among minority groups (Hoberman, 1992; Seccombe, 2000). Therefore it is important to identify certain economic barriers that limit access to mental health services, due to chronic exposure to poverty, which increases adolescents' risk of depression, substance abuse, early sexual debut, and criminal activity (Fergusson et al., 2000). The poverty rate is substantially higher among unauthorized immigrants than for either U.S. born legal immigrants or immigrant residents, consequentially affecting the poverty level among children whose parents are unauthorized immigrants, revealing one-in-three is poor (Hoberman, 1992; Seccom, 2000).

A study by Schmitz (2006) examined the following: the influence of social and family the self-esteem of Mexican ( $n = 287$ ), Mexican American ( $n = 558$ ), and Puerto Rican ( $n = 212$ ) children. Data utilized was derived from a National Longitudinal Survey of Youth between the (ages of 14-21). A test of the longitudinal path model showed significant social and family effects on cognitive stimulation effects were correlated to emotional support in the home environment, academics, and self-esteem. However, findings also suggest, the aspects of the home environment do not influence the development of child-self-worth and scholastic self-perception.

In support of general research pertaining to some adolescents, additional factors of SES and self-esteem may be more important than maintaining cultural roots. Researchers concluded a child's self-worth and self-perception measured by the home environment indicate significant social and family contextual effects on academics and self-esteem of Mexican and Puerto Rican children. This study also showed that Mexican males showed significantly lower levels of self-worth as opposed to Mexican females.

Lastly, “the results indicate that socioeconomic status for adolescents and the family structure, influence the presence of a cognitively stimulated and emotionally supportive home environment, which do not influence the development of child self-worth and scholastic self-perception” (p. 527). A study by Schmitz (2006) derived pertinent information in support of the development of a child’s self-worth and the home environment but pulled data from two different cultures, Mexican and Puerto Ricans; this variance may have contributed to inconsistency findings. Future research should also study acculturative process, using direct measures of acculturation, in assessing and examining in the development of adolescent perceptions of self-worth.

Children of Mexican immigrant families in low-income communities are less likely to obtain healthcare and receive routine healthcare examinations (Capps & Fortuny, 2006). Recent studies preclude immigrant parents have poor working conditions, low-skilled jobs, and poor wages. Furthermore, studies have proven that immigrant families are less likely to participate in public programs, like Medicaid, food stamps, and temporary assistance to needy families and other government assistant programs (Capps, Hagan, & Rodriguez, 2004). In fact, many immigrants fear deportation and never make attempts to access services. Dettlaff (2009) found

undocumented immigrants fear the utilizations public services, and being deemed a “public charge” under immigration law, which in turn may jeopardize their ability to become legal residents, if they are considered unable to provide and support themselves and their families. (p. 462)

A study conducted by Chavez (2012) examined if undocumented immigration status predicts the use of medical services. This study is important because it references

the importance on continuum of health related care, possibly affecting this population's overall mental health. In addition, this study gives an up-close local perspective on the related issues impacting our local community. Chavez explored this question by examining the utilization of medical care by undocumented immigrants compared to legal immigrants and citizens in Orange County. The collection of data was done through random sampling telephone surveys on Latinos ( $n = 805$ ) and non-Hispanic Whites ( $n = 3,960$ ). Findings showed undocumented immigrants utilization of health care services was very low compared to the White non-Hispanic sample study. "Survey questions focused on residence, family, education, work, income, discrimination, immigration status, political engagement, and various social and economic experiences and use of medical and health related services" (Chavez, 2012, p. 889). The study showed the reason for the discrepancies in service utilization is due to undocumented immigrants low wages, lack of health care, and numerous stresses in their lives. The study also found that Latinos were found to use medical services less than legal immigrants. This study can serve as a positive tool in further studies and is an important foundational conclusion in the connection to the lack of health care received by undocumented immigrants and that of their children. Lastly, the lack of health care utilization can pose a direct impact on the quality of health care received, posing health hazards and risks. The sample size was not allocated proportionately, which can have a direct impact on findings. In addition, literature presented by Pew Research Center (Passel & D'Veira, 2009) found Mexicans are more likely than other unauthorized immigrants to have children, with 74% being U.S. born, which is greater than the 59% Mexicans share of unauthorized immigrant population. Furthermore, research

demonstrates families without health care utilized health care services less frequently, thereby placing them at risk for poorer health and may suffer from adverse effects of illnesses due to forgoing ongoing treatment. Lastly, access to health care, social inequality, and family well-being are perpetually connected (Seccombe, 2000).

A study conducted by Bolland (2003) as part of a multiple longitudinal study examined hopelessness and risk behaviors among adolescents living in high-poverty inner-city neighborhoods. The author challenged ethnographic literature, stating that adolescent reactivity to their uncertain futures by abandoning hope and engaging in high levels of risk behavior. Bolland tested the relationship using a survey of 2,468 inner-city adolescents (aged 9-19) living in 12 low-income neighborhoods. Questions posed regarded hopelessness, violent and aggressive behavior, substance use, sexual behavior, and accidental injury. Findings suggested that adolescence respondents did express high levels of hopelessness being predicted with each of the risk behaviors presented, with male's participants prevalent in participating in violent behaviors such as brandishing a gun, cutting or shooting someone, within the last year, and gang involvement. Similar patterns were presented by females expressing levels of hopelessness about their futures. Substance abuse carried the same results for both male and females, showing uniformity in smoking cigarettes and the utilization of cocaine. Respondents reported high levels of hopelessness, with both male and female more likely to engage in sexual intercourse during the past 2 weeks, with some reporting wanting to get pregnant or already having a child. Accidental injuries were also more prevalent among those reporting high levels of hopelessness, raising concern in regards to how accidental these injuries actually were. This study was unique in using poverty as a mediator in conjunction with the above



variables, revealing adolescent in poor neighbors affected by poverty are more likely to engage risky behavior, leading to more profound trajectories, consequently, placing them at risk for futuristic mental health disparities (Bolland, 2003). Additionally, these studies reveal being “poor” involves more than having a low income or being economically inconvenienced and may not be easily overcome with increased initiative, but that overall poverty affects one’s total existence (Bolland, 2003).

### **The Impact of Gender**

Gender plays a vital role in how Latina adolescents mold and adapt to daily stresses. Chronic strain of poverty and restricted choices, gender expectations, affected by gender differences, in biological responses to stress, self-concept, or coping styles, may play a definite role in female adolescent overall mental health and well-being. (Nolen-Hoeksema, 2001, p. 173)

Additionally, Nolen-Hoeksema (2001) pointed out gender difference is important in how women in particular have greater vulnerability to depression. According to Eaton et al. (2012), one in seven adolescents in the United States has seriously considered attempting suicide within the past 12 months and one in nine having a plan to follow through. Even more alarming, Latina adolescents report substantially higher rates of behaviors associated with suicidal ideations. Furthermore, Hough et al. (2002) reported Latinos may be under represented, especially in mental health programs and public school programs for children with serious emotional disturbances. Additionally, Hough et al. revealed adolescent girls with a mental health diagnosis were more likely to utilized non-specialty outpatient mental health services. Therefore it is imperative that suicide prevention and intervention programs involve female adolescents in conjunction with

their families to target triggers that set off conflict within the family and barriers blocking lines of communication (Center of Excellence for Culture Competence, 2011). Lastly, the prevalence of disruptive disorder; including conduct disorder, ADHD and oppositional defiant disorder (ODD) was substantially high among Latino adolescences (Hough et al., 2002). Literature reviewed in the mental health status of adolescent boys and girls show adolescent identity formulates around the school environment--friends social clubs, neighborhood and communities--and if removed from the natural environment, adolescent may fall into a state of crisis, creating instability, a cluster of mixed negative emotions, behaviors, and unforeseen dilemmas (Kirven, 2000). Furthermore, in regards to foster care Kirven (2000) reported adolescents of color, especially minority males, poorly adapt to the foster care system, putting them at a disadvantage for returning to their natural environment. In some instances, male adolescents feel rejected and unaccepted by their family; feel looked down upon by the larger society, placing them at a higher risk level, resulting in high risk delinquent behavior (Kirven, 2000).

Umana-Taylor & Updegraff (2007) studied a sample of 273 Latino adolescents attending one of five high schools in the midwest. Researchers used a cross-sectional data to examine the degree to which Latino adolescent's self-esteem, ethnic identity, and cultural orientation correlated between perceived discrimination and depressive symptoms at a mediated or moderate level. Findings suggested positive self-concept (self-esteem, ethnic identity) may reduce negative effects of risk associated with perceived discrimination. Findings also showed that adolescent identifying with higher levels of ethnic identity exploration and resolution reported higher levels of self-esteem,

noting that self-esteem seemed to be a risk reducer as it found to have a positive association with adolescents mental health. Findings further revealed the relationship between discrimination, self-esteem, and depressive symptoms were moderated for boys' but not girls' cultural orientation, representing a modest percentage of variance. In addition, boys who reported high levels of orientation to culture showed a substantial negative correlation between discrimination and self-esteem, with a significant positive relationship between discrimination and depressive symptoms. Girls with strong families and feministic values may protect them from negative effects of discrimination opposed to cultural orientation. Lastly, the differential patterns for boys and girls, suggest distinctions in cultural socialization experiences may lead to gender differences in risk and protective factors (Umana-Taylor & Updegraff, 2007). In a similar comparative analysis study by Gil, Vega, and Dimas (1994) conducted in middle schools in Dade County, Florida, analyzed the effects of acculturation, acculturative stress, and family pride on self-esteem on Hispanic/Latino adolescents, both foreign and U.S. born. Gil et al. reported the opposite effects on U.S. born adolescents, finding stress as a result of acculturative strains and family pride had prevailing effects on self-esteem of foreign born, however the opposite was true for U.S. born. However, regardless of lower exposure, the U.S. born participants was susceptible to low self-esteem stemming from acculturative strains and low family pride. Consequentially, Gil et al. found widely cited findings reported highly acculturated persons are more likely to use drugs and be depressed as an effect of internalizing negative societal images and minority status. Lastly, Gil et al. further stipulated research on this subject failed to reveal the differential

process of psychosocial adjustment faced by immigrant and nonimmigrant adolescents, reporting differences in the types of strains reported.

Sanchez, Colon, and Esparza (2005) explored a similar study with Latino adolescents, finding a sense of community is viewed to be important for a person's overall well-being and mental health. Sanchez et al. explored the roles of sense of belonging and gender in academic outcomes of urban Latino adolescents. Participants included adolescents in their senior year in an urban high school. Males and females were compared on all study variables using an independent sample *t*-test. Variables in the assessment included grade point average, absenteeism, motivation, effort, educational aspirations, and expectations. As predicted, female participants were found to perform better academically than males, tended to receive better grades and higher grade point averages (G.P.As). Additionally, sense of belonging was positively associated to intrinsic value for English and academic endeavor (Sanchez et al., 2005). However, findings did not support prior hypothesis, in that there was not a significant difference between males and females on the sense of belonging, which may be a result of Latino cultural values (Sanchez et al., 2005),

An interesting study by Stevens, Murphy, and McNight (2003) explored the traumatic stress and gender differences in relation to substance abuse, mental/physical health, and human immunodeficiency virus (HIV) risk behavior utilizing a sample study of 274 male and 104 female adolescents, with all participants being enrolled in four drug treatment programs in Arizona. Low versus acute levels of traumatic stress (TS) symptoms were analyzed. Stevens et al. found significant differences between male and females, with females consistently presenting with more problems with TS symptoms,

and high levels of HIV sexual risk behavior with higher frequency of sexual relationships which were unprotected (Stevens et al., 2003). In addition, adolescents with acute TS symptoms had a substantially larger number of sexual partners, than those with low TS symptoms. This study is particularly important for treatment providers, when addressing adolescent substance abuse treatment modalities, in linking history of traumatic experiences/events, drug use and unsafe risky sexual behavior (Stevens et al., 2003). Nolen-Hoeksema & Girgus (1994) reported similar findings in gender differences as it relates to depressive symptoms in girls and women. Furthermore, Nolen et al. found adolescent gender differences in depression are precursors of adult gender differences in depression due to continuity between the gender differences. For example, depression interferes with performance, like accomplishment of important goals (college, good grades). Second, being in a depressive state seems to affect people's thought process, making negative memories and interpretations of past events more available, thereby influencing decision making (Nolen-Hoeksema & Girgus, 1994).

### **Summary**

Research is unequivocal in demonstrating the relationship between citizenship and immigration status, SES, and gender in being valuable factors associated with Latino adolescent's mental health. It has been documented that displacement of Latino adolescents with strong family cohesiveness due to deportation and citizenship status can be detrimental to their overall mental health. Consequentially, failing in early detection of mental health issues may result in placing this population at risk for poorer health and a possibility of a continuum of mental health issues leading into adulthood. The literature review depicts the effects of citizenship and immigration status on Latino adolescents and

the prevalence of mental health disparities in relation to their exasperated fear of deportation and immigration detention. The literature shows how poverty has been linked to substance abuse, depression, anxiety, and suicidal ideation among Latino adolescents. Poverty affects children's overall health, achievement, aspirations for the future, behavior, and developmental process. Poverty promotes social inequalities and structural barriers, especially amongst the immigrant population. Immigration enforcement systems erect often, insurmountable barriers to family unity, leaving behind, children in foster care, failed reunification efforts, termination of parental rights and shattered families (ARC, 2011). It is evident through the review literature how Latino adolescent's self-esteem, ethnic identity, cultural orientation, and parental poverty can be directly correlated to perceived discrimination and display of depressive symptoms, delinquent behavior, social disorganization, and failure in developing optimal moral judgment. In addition, the literature points out the acculturation process as it pertains to citizenship and immigration status and its affect on highly acculturated youth, leading to the probability of drug use, engagement in risky behaviors, and portraying feelings of depression. As a result, this may cause the internalization of negative societal images linked to their minority status. Lastly, research exposed the impacts of policy change and implementation on immigration and citizenship status. Furthermore, research revealed post-immigration adjustments and symptoms of mental health, resultant trauma, and intergenerational conflict as it relates to acculturation, parental immigration detention, various structural barriers to service delivery and systemic bias against undocumented parents and their children (Garrison et al., 1999).

Furthermore, the literature points out how gender differences and inequalities are important in how women in particular have greater vulnerability to depression and stress. Additionally, research has clearly magnified how adolescent gender differences displaying an array of depressive symptoms are precursors of adult gender differences in depression. Finally, gender differences show females have different biological responses to stress, self-concept, and coping styles, as females tend to eternalize and act-in depressive symptoms, in turn, placing them at high risk for suicide and self injurious behavior. Males specifically may negatively express similar symptoms by acting-out, through the over display in aggression and delinquent violent behaviors.

## CHAPTER 3

### Methodology

Chapter 3 is comprised of two sections. The initial section identifies a depiction of the data set, research design, methods, limitations, and techniques utilized in the study to accumulate data. The second section will depict the variables and how the data set was coded in this study.

The anticipated outcome of this study is that citizenship and immigration status, SES, and gender are associated with Latino adolescent's mental health. This study explores the variables that affect the mental health of Latino adolescents. It is also anticipated that non-citizens will have worse mental health than citizens. Additionally, it is anticipated that socioeconomic barriers such as poverty level and adult educational attainment would directly impact the mental health of Latino adolescents. Furthermore, it is anticipated that female adolescents will have worse mental health than male adolescents.

The literature introduced evidence pertaining to subjects whom are affected by citizenship and immigration status, SES, and gender in the United States (U.S. born, naturalized citizens, and non-citizens) tend to have poorer overall mental health, higher rates of anxiety, depression, and suicidal ideation. Additionally, research studies point out that Latino adolescents who have strong family cohesiveness may suffer displacement due to deportation and citizenship and immigration status; consequential reflecting higher levels of mental health issues. Furthermore, the literature expels evidence that subjects of gender specific are indeed affected by gender differences in biological responses to stressors and certain traumas, in turn impacting overall mental



health. It is implied that, “suicide among Latino adolescents remain a major public health issue, within the context of environmental and social influences, including family, friends and life circumstances, such as immigration and employment” (Garcia, & Saewyc, 2007, p. 37).

Secondary data was utilized for this study to examine the variables that impact the mental health of Latino adolescents, ages 12-17 and parents of children ages 0-11.

Subsequently, the data was used to examine the relationship in which citizenship and immigration status, SES, and gender have on the mental health of Latino adolescents.

The data set utilized for this study will acquire and examine the data collection from 2009 CHIS (2011), which is a vastly known collaborative project of the UCLA Center for Health Policy Services, the California Department of Health Services, Public Health Institute, the California Endowment, California Mental Health, the National Cancer Institute, First 5 California, and Kaiser Permanente. For the past 10 years, as well as every other year, the CHIS has collected and analyzed a large amount of data and information on health related issues of California’s major race and ethnic households. More specifically, the study collected substantial information on multiple health related topics issues, such as, health status, health conditions, health insurance coverage, health related behaviors and issues for all age groups. CHIS data was collected and compiled by Westat, a private firm that specializes in statistical research and large scale research (CHIS, 2011).

The target population for this study was derived from persons living in a California household. The 2009 CHIS is the fifth CHIS data collected. Adults were randomly selected (age 19 and over), adolescents (ages 12-17), and parents of children

(ages 0 to 11). Sampled adolescents provided two forms of consent to be eligible to participate in answering the interview questions. The CHIS is a random digital dial (RDD) of California households, including adults, adolescents, and children from California and was stratified by area code. RDD sample included telephone numbers designated to both cellular services as well as landlines surname list and was designed to acquire dependable data estimates for the entire state of California. Using a computer-assisted telephone interviewing (CATI) system administered by Westat, interviews were conducted in all languages. Adult interviews averaged approximately 40 minutes for full completion, adolescent and child interviews took approximately 16 to 18 minutes for completion, with an approximate duration of 9 minutes for child interviews.

Approximately 200 adolescent interviews were conducted and an additional 500 child interviews were completed from the cell phone sample in CHIS 2009. California was divided in 56 geographic sampling regions, comprised of 41 independent countries and 3 multi-countries. Data was collected and conducted from September 2009 and April 2010. Data was collected from a sampling group of 57,000 households (with up to three interviews per household), totaling 59,938 sample participants, of which, 47,614 total samples were adults, 3,379 were adolescents, and 8,945 of total samples were children used to conduct this particular survey.

To capture the rich diversity of the California population, interviews were conducted in five languages: English, Spanish, and Chinese (Mandarin and Cantonese dialects), Vietnamese, and Korean. These languages were chosen based on analysis of 2000 U.S. Census data that identified the language that would cover the largest number of Californians in the CHIS sample who either did not speak English or did not speak

English well enough to participate. High concentrations were placed on Korean and Vietnamese groups and were sampled at higher rates in order to increase precision. An approximate of 12% of adult interviews, 8% of adolescent interviews, and 24% of child interviews were conducted in a non English language (CHIS, 2011).

In order to promote participant support and maximize the response rates, an advance letter was mailed to 58% of RDD sample telephones numbers and 82% of list sample numbers, with no addresses available for cell samples. The letter included a \$2 bill to promote cooperation. Completion rate for CHIS 2009 for landline samples was 36.1%. Households who received the advance letter had higher completion rates, with cell phone sample completion rate in all households being 19.7%. Extended interviews conducted for adult interview completion rate for the landline sample varied across the adult at 49%, adolescent 42.8%, and child sample completion interviews at 72.9%, with the adolescent rate required getting permission from a parent or guardian. Adults, who completed approximately 80% of the questionnaire in regards to employment, income, property status, and food security, were counted as complet, after all follow-up attempts failed.

Proxy interviews for 283 elderly adults with a reduced questionnaire were conducted for frail or ill older adults over the age of 65. This was allowed in lieu of extended adult interviews in order to evade biases for possible health estimates for elderly persons that may possibly develop. Proxy interviews were completed by either a spouse/partner or adult child, with questions identified as appropriate for proxy respondent. For the purpose of this study 8,905 Latino adolescents were included in the analysis.

### **Dependent Variables**

The major dependent variable for this study is mental health of Latino adolescents (ages 12-17). Mental health was measured using six questions, with one of five options respondents were able to choose from. Options included: 1 = all the time, 2 = most of the time, 3 = some of the time, 4 = a little of the time, 5 = not at all. Subsequential questions included: feel nervous [in the] past 30 days, “eel depressed hopeless [in the] past 30 days, feel depressed [in the] past 30 days, feel restless [in the] past 30 days, feel everything [is] an effort [in the] past 30 days, and feel worthless [in the] past 30 days.

### **Independent Variables**

This research defines its variables using those variables from the CHIS 2009. There are three independent variables in this research used to examine what factors may be correlated to Latino adolescents experiencing negative mental health symptoms. The three main independent variables in this research will be examined for the purpose of this study to explore three aspects of mental health. Citizenship and immigration status of adolescent, father, and mother, which is determined by three levels: U.S. born citizen, naturalized citizen, and non-citizen and is defined as place of citizenship. Respondents are able to answer questions with one of two responses being 1 = yes or 0 = no.

Socioeconomic status was measured by family’s income in regards to the federal poverty level (FPL) and adult educational attainment (including adult level of educational attainment). Respondents’ income were classified according to the FPL as 1 = 0-99% FPL, 2 = 100-199% FPL, 3 = 200-299% FPL, and 4 = 300% FPL and above. Adult educational attainment was classified as 1 = grade 1-8, 2 = grade 9-11, 3 = grade 12/H.S diploma, 4 = some college, 5 = vocational school, 6 = AA or AS degree, 7 = BA or BS

degree, 8 = some graduate school, 9 = MA or MS degree, 10 = Ph.D. or equivalent, and 91 = no formal education.

The last independent variable was gender as defined in the CHIS (2011) as the following two values: self-reported male adolescent and self-reported female adolescents, which were coded as 1 = male and 2 = female.

### **Limitations**

Limitations of the survey study are essential in identifying notable discrepancies based on the fact that these surveys are conducted over the phone opposed to having face-to-face contact interviews. CHIS response rates historically are comparable to the response rates of other scientific telephone surveys in California, such as the California Behavioral Risk Factor Surveillance System (BRFSS) Survey. Due to changes in the BRFSS response rate calculation methods, it has been increasingly difficult to compare the CHIS and BRFSS response rates, with California's urban areas in particular being among the most complex parts of the nation in which to conduct telephone interviews.

In fact, survey responses in California tend to be much lower when compared nationally with response rates continually declining for the past 10 years. For example, the 2009 BRFSS displays refusal rates for California at 32.2%, the highest in the nation and twice the national average at 15.7% (CHIS, 2011). Furthermore, when compared to 2007 CHIS survey samples of 51,108 adult interviews to 2009 CHIS survey samples of 47,614 adult interviews, there is a notable decline. Lastly, when observing answers given to the proxy surveys completed by a spouse/partner or adult child, we cannot be assured that those answers were indeed not influenced by the person answering for the 283 ill or frail elderly participants. Therefore, there was a chance that answers may have been

contaminated by bias interference. Lastly, limitations are present when looking at University California Los Angeles Center for Human Policy Research (UCLA-CHPR) imputed missing values. There were missing values present consistently for almost every variable in the data files other than those imputed by Westat. In some cases there were sensitive variables in which non-response had its own meaning, though overall, item non-response rates were low, reporting 2% of the sample. However, household income, reported a limited number of item non-response rate greater than 20%.

## CHAPTER 4

### Results

Chapter 4 presents the results of the statistical analysis obtained from the data from CHIS 2009. The relationship between the impact on mental health relative to citizenship and immigration status (of father, mother, and adolescent), which is determined by three levels: U.S. born citizen, naturalized citizen, and non-citizen, defined by place of citizenship, SES, as defined by poverty level and adult educational attainment, and gender defined by self-reported male and self-reported female among Latino adolescents ages 12-17, is analyzed by utilizing univariate and multivariate statistical techniques. It is possible to observe the relationship between the dependent and independent variables, through the regression and frequency analyses, in which results are highlighted in the two tables.

### **Frequencies**

Table 1 and Table 2 list the dependent and independent variables utilized for the study. The dependent variable of the study is mental health, which will be defined as: feel nervous past 30 days, feel hopeless past 30 days, feel restless past 30 days, feel depressed past 30 days, feel everything is an effort past 30 days, and feel worthless past 30 days. The independent variables in this study are comprised of citizenship status of adolescent, father of adolescent, and mother of adolescent, which is determined by three levels: U.S. born citizen, naturalized citizen, and non-citizen; SES, which includes poverty level and parental education; and gender. The percentages delineated in Table 1 are based on 814 Latino adolescents ages 12-17 years old who were interviewed for the 2009 CHIS.

Table 1 reports the independent variable in reference to Latino adolescents ages 12-17 surveyed. In terms of feeling nervous, .6 % report feeling nervous all of the time past 30 days, 3.9% report feeling nervous most of the time past 30 days, 16.5% report feeling nervous some of the time past 30 days, 47.5% report feeling nervous a little of the time past 39 days and; 31.4% report feeling nervous, not at all past 30 days. In regards to feeling of hopelessness past 30 days, .5% report feeling hopeless all of the time past 30 days, 2.5% report feeling hopeless most of the time past 30 days, 7.6% report feeling hopeless some of the time past 30 days, 21.7% report feeling hopeless a little of the time past 30 days and; 67.7% report feeling hopeless, not at all past 30 days. In regards to feeling restless in past 30 days, 1.5% report feeling restless all of the time past 30 days, 4.1% report feeling restless most of the time past 30 days, and 16.5% report feeling restless some of the time past 30 days, 28.1% report feeling restless a little of the time past 30 days, and; 49.9% report feeling restless, not at all past 30 days. In regards to feeling depressed in the past 30 days, 1.0% report feeling depressed all of the time past 30 days, 1.8% report feeling depressed most of the time past 30 days, 7.9% report feeling depressed some of the time past 30 days, 12.3% report feeling depressed a little of the time past 30 days and; 77.0% report feeling depressed, not at all past 30 day. In regards to feeling everything is an effort in the past 30 days, 7.0% report feeling everything was an effort all the time past 30 days, 16.6% report feeling everything was an effort most of the time past 30 days, 21.9% report feeling everything was an effort some of the time past 30 days, 18.3% report feeling everything was an effort little of the time; and 36.2% reported feeling everything was an effort, not at all past 30 days. In regards to feeling worthless past 30 days, .2% report feeling worthless all of the time past 30 days, 2.1%



Table 1

*Frequencies of Dependent Variables*

Dependent variables	Valid percent
Feel nervous past 30 days	
All of the time	.6
Most of the time	3.9
Some of the time	16.5
A little of the time	47.5
Not at all	31.4
Feel Hopeless Past 30 Days	
All of the time	.5
Most of the time	2.5
Some of the time	7.6
A little of the time	21.7
Not at all	67.7
Feel restless past 30 days	
All of the time	1.5
Most of the time	4.1
Some of the time	16.5
A little of the time	28.1
Not at all	49.9
Feel everything an effort past 30 days	
All of the time	7.0
Most of the time	16.6
Some of the time	21.9
A little of the time	18.3
Not at all	36.2
Feel everything an effort past 30 days	
All of the time	7.0
Most of the time	16.6
Some of the time	21.9
A little of the time	18.3
Not at all	36.1
Feel worthless past 30 days	
All of the time	.2
Most of the time	2.1
Some of the time	6.1
A little of the time	12.7
Not at all	78.9

*Note:* Mental Health Status among the Latino adolescent population ages 12-17 years old, California Health Interview Survey (CHIS, 2011;  $n = 814$ ; percentages presented).

report feeling worthless most of the time past 30 days, 6.1% report feeling worthless some of the time past 30 days, 12.7% report feeling worthless a little of the time past 30 days and; 78.9% report feeling worthless past 30 days, not at all.

Table 2 includes the results of the frequency analysis of the independent variables. In reference to citizenship and immigration status of father, among Latino adolescents ages 12-17, 15.8% report their fathers were U.S. born citizens; 28.0% report their father were naturalized citizens; and 56.1% report their father were non-citizens. In regards to citizenship and immigration status of mother, among Latino adolescents ages 12-17, 17.6% report their mother were U.S. born citizens; 20.8% report their mother were naturalized citizens; and 61.7% report their mother were non-citizens. In regards to citizenship and immigration status of Latino adolescents ages 12-17, 75.4% report being U.S. born citizens; 3.9% of Latino adolescents report being naturalized citizens; and 20.6% of Latino adolescents report being a Non-citizen.

In regards to SES measured by poverty level and adult educational attainment, 40.9% of Latino adolescents ages 12-17 report living in the lowest poverty level, which is 0-99% FPL, 33.8% report living in the range 100-199% of the FPL, 11.8% stated living in 200-299% FPL; and 13.5% replied living in the 300% and above FPL percentile. In regards to adult educational attainment, 31.9% of Latino adolescents report their parents having an educational attainment level of grades 1-8; 16.7% replied having educational attainment level of grades 9-11; 23.6% report their parents having completed 12 grade or attaining a high school diploma; 7.6% report their parents only having some college; 3.1% report their parents having only vocation school; 4.1% responded their parents having either an AA degree or AS degree; 6.3% stated their parents attaining a BA

Table 2

*Results of Frequency Analysis of Independent Variables*

Independent variable	Valid percent
Citizenship and immigration status of father	
U.S. born citizen	15.8
Naturalized citizen	28.0
Non-citizen	56.1
Citizenship and immigration status of mother	
U.S. born citizen	17.6
Naturalized citizen	20.8
Non-citizen	61.7
Citizenship and immigration status of adolescent	
U.S. born citizen	75.4
Naturalized citizen	3.9
Non-citizen	20.6
Poverty Level	
0-99% FPL	40.9
100-199% FPL	33.8
200-299% FPL	11.8
300% FPL and above	13.5
Adult Educational Attainment	
Grade 1-8	31.9
Grade 9-11	16.7
Grade 12/H.S. diploma	23.6
Some college	7.6
Vocational school	3.1
AA or AS degree	4.1
BA or BS degree	6.3
Some grad school	.2
MA or MS degree	3.2
Ph.D. or equivalent	.6
No formal education	2.7
Self-reported gender	
Male	52.5
Female	47.5

*Note:* Citizenship and Immigration Status of Father, Citizenship and Immigration Status of Mother, Citizenship and Immigration Status of Latino Adolescent population, Poverty, Adult educational attainment, and gender among Latino Adolescents ages 12-17 years old, California Health Interview Survey (CHIS, 2011;  $n = 814$ ; percentages presented).

(Bachelors of Arts) degree or BS (Bachelors of Science) degree; .2% report their parents having some graduate school; 3.2% report their parents either having a MA (Masters of Arts) degree or MS (Masters of Science) degree; and .6% stated their parents attaining a Ph.D. or equivalent and 2.7% report their parents having no formal education. Among Latino adolescent's ages 12-17 that were surveyed, 52.5% identified as male and 47.5% identified as female.

### **Regression Analysis**

Table 3 outlines the result of the regression analysis. The results of the analysis of the relationship between the study's variables find that few of the variables are associated with Latino adolescents mental health. Specifically, non-citizen Latino adolescents are more likely than Latino adolescents who are citizens to report feeling everything is an effort. Gender was the most consistent predictor of Latino adolescent mental health; female adolescents were more likely than male adolescents to report feeling nervous, hopeless, depressed, and worthless. The remainders of the variables were not significant in predicting mental health.

### **Summary**

Results of this study reveal that the various independent variables analyzed (i.e., citizenship and immigration status of father, citizenship and immigration status of mother, citizenship and immigration status of adolescent, educational attainment, poverty level, and gender) only gender and citizenship and immigration status have a significant correlation to the mental health of Latino adolescents ages 12-17. Specifically, the results find that Latino adolescents that are U.S. citizens are less likely to feel everything is an effort. On the contrary, Latino adolescents who are non-citizens are more likely to

Table 3

*Regression Analysis*

	Feel nervous past 30 days	Feel hopeless past 30 days	Feel restless past 30 days	Feel depressed past 30 days	Feel everything is an effort past 30 days	Feel worthless past 30 days
Citizenship and immigration status of father	NS	NS	NS	NS	NS	NS
Citizenship and immigration status of mother	NS	NS	NS	NS	NS	NS
Citizenship and immigration status of adolescent	NS	NS	NS	NS	.099**	NS
Education	NS	NS	NS	NS	NS	NS
Poverty	NS	NS	NS	NS	NS	NS
Gender	-.099**	-.109**	NS	-.072*	NS	-.090

*Note:* Regression Analysis: Mental Health Citizenship and Immigration Status of Father, Citizenship and Immigration Status of Mother, Citizenship and Immigration Status of Adolescent, Educational Attainment, Poverty level and Gender among the Latino Adolescent Population ages (12-17), California Health Interview Survey (CHIS, 2011;  $n = 814$ ; beta values presented).

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ . NS = not significant.

feel everything is an effort. Additionally, in regards to citizenship and immigration status of father and mother, frequencies data report this population has relatively high rates of non-citizenship status. With regards to SES, the results of the frequencies analysis find that a large percentage of this population lives well below the FPL. Furthermore, the analysis finds that these populations of Latinos have low adult educational attainment. With regards to gender, the analyses revealed that female adolescents are more likely

than male adolescents to feel nervous, hopeless, depressed, and worthless in the past 30 days.

## CHAPTER 5

### Discussion

This chapter will look at significant findings of this study as well as the implications for social work policy and practice. Additionally, limitations of the study along with recommendations for future research will be explored.

#### **Significant Findings**

Multiple hypotheses were tested with regards to how citizenship and immigration status, SES, and gender were important factors when addressing Latino adolescents (ages 12-17) mental health. It was hypothesized that Latino adolescents who were non-citizen were at higher risk for mental health issues when compared to Latino adolescents who were citizens. Furthermore, it was believed an adolescent was at higher risk for having mental health issues if they lived in poverty and had parents with relatively low education levels and were female. Not all variables presented in the hypotheses were sustained. Results of the study found gender and citizenship/ immigration status to have a significant correlation to mental health among Latino adolescents ages (12-17). The results found Latino adolescents that were U.S. citizens were less likely to feel everything is an effort in the past 30 days. On the contrary, Latino adolescents who were are non-U.S. citizens were more likely than U.S. born citizens to feel everything is an effort. In regards to gender, being the most consistent predictor of Latino adolescents' mental health, the study revealed female adolescents, in particular, were more likely than male adolescents to feel nervous, hopeless, depressed, and worthless in the past 30 days.

## **Implications for Practice**

An analysis of the study indicates a higher rate of mental health disparities among Latino adolescent females. In addition, citizenship and immigration status among this population demonstrate there is a correlation to mental health issues. Though the results of the analysis between the studies vary, gender is found to be the most consistent predictor of Latino adolescent mental health. However, implications for practice and policy are also necessary in addressing this population's SES as well as educational attainment.

In regards to gender, we have learned females and males biologically respond differently to stress, depression, and other mental health issues. Nolen-Hoeksema and Girgus (1994) found a linear relationship to females being at greater risk of developing depression prior to early adolescence. Future research is needed to address the types of biological risk factors that cause such changes. For example, females tend to become depressed during periods of rapid shifts in levels of ovarian hormones as it is related to premenstrual periods and postpartum (Nolen-Hoeksema & Girgus, 1994).

Furthermore, additional research is needed to address adolescent gender differences in depression. This is important because challenges that present themselves in the lives of adolescent girls continue to manifest and become more prevalent in the lives of adult women (Nolen-Hoeksema & Girgus, 1994). Lastly, it would be important in considering future research in providing additional preliminary evidence addressing cultural and gender role discrepancy as a possible contributing factor to youth depression. Latina adolescents tend to have greater differences in traditional gender role beliefs, potentially contributing to maladaptive family intersections. It may be of significant



importance to target these types of interventions when treating depressed youth from immigrant background (Cespedes & Huey, 2008).

While the relationship between SES and mental health among this population of Latino adolescents was not significant, there is an alarming number 40%, living below the FPL. In addition, parents of this population of Latino adolescents have relatively low levels of education and very low percentage of adult and child educational attainment. Literature reviews showed significant evidence which demonstrated this population's SES significantly impacted the mental health disparities among these adolescents. For example, a study by Seccombe (2000) underlined the consequences of poverty on children, finding an unequivocal relationship between poverty and the overall well-being of children. This study leads us to believe there is a need for more cultural influence to assist immigrant groups, where there is a high degree of stigma associated with mental health problems for Latinos. The value and need for additional school-based mental health services for Latino children and their families would be fundamental in addressing structural barriers to care, limited educational attainment, and language differences. Mental health programs that are school-based can reach families at a micro level of intervention in helping to place a greater emphasis on prevention and early intervention efforts. Efforts would focus on reducing incidents of emotional and behavioral problems for the student population, which would allow mental health professionals the opportunity to observe this population in multiple settings (Garrison et al., 1999).

The Pew Research Center (Passel & D'Vera, 2009) study revealed 59% of most undocumented immigrated adults did not have health insurance. This leaves the children of unauthorized immigrants less likely than their parents to sustain health insurance

coverage. Additionally, Pew Research Center (Passel & D’Vera, 2009) findings revealed low income levels were directly correlated to low-skilled occupations, resulting in lower household income. This is especially true for undocumented immigrant households/ unauthorized immigrants with a median annual household income of \$36,000 compared to \$50,000 for U.S. born citizens. In regards to educational attainment, the Pew Research Center found among unauthorized immigrants ages 18-24, about 40% had not completed high school compared to 15% of legal immigrants and 8% of U.S. born citizens. Furthermore, of those who arrived in the U.S. at age 14 or older, 46% failed to complete high school. Through empirical evidence and research, we have learned a number of important lessons about the causes and consequences of poverty routinely faced by millions of families. For instance, improving structural impediments such as gender or racial discrimination play a significant factor in perpetuating poverty. Additionally, there is a need for more rigid enforcement enactments, pertaining to child support that needs to be implemented to insure children receive necessary finances. An increase in the minimum wage is of dyer importance, so the working family may have the opportunity to rise above poverty. At a minimum, all implications of these types of practices should be taken into close consideration. An important dimension of social stratification in the United States would provide allowable access to quality health care, improving the standard of living for those in poverty at affordable cost, preventing lower income families from slipping into poverty, overwhelmed by soaring our-of-pockets health care cost (Seccombe, 2000). This huge societal issue, not only directly affects this population, but it has a profound effect on all those affected by the consequences of poverty, especially those with minimal educational resources and avenue to escape. Issues of

poverty are multifaceted and considerable changes must occur within our social structure in order for poverty to be significantly reduced (Seccombe, 2000).

### **Limitations**

Although results of this study have implications for theory and research on the mental health of Latino adolescents, several limitations should be noted. First, all data obtained was done so by utilizing self-report data from Latino adolescents, which prevented researchers from evaluating how parental involvement may of influenced adolescent outcomes. Second, the data set utilized was secondary data. Secondary data can be easily skewed and may lead to unexpected outcomes, leading to possible errors within the data set unknown to researchers. Third, additional limitations can be seen in questionable validity of the participants. Relying on truthfulness and integrity of participant's responses may be unreliable due the fact that the researcher cannot control that aspect of data collection, posing a risk that may compromise the quality of the data collected in this study. Lastly, data was collected via telephone communication, eliminating a substantial number of Californians' without telephone services. This included those who were not surveyed due to incarceration, homelessness, hospitalization in residential treatment facilities or who had disabilities, lacking assisted listening system. Furthermore, those participants with languages differences, such as LEP (Limited English Proficiency) could prevent them from accurately participating in this study.

### **Recommendations for Future Research**

Collectively these studies have revealed specific patterns and themes present throughout Latino adolescents experience with immigration and citizenship status.

Specific features of poverty and gender based biological responses to the development of mental health disparities should be explored further (Seccombe, 2000). For instance, program and policy change may be substantially more successful if the needs, ideas and recommendations of the poor themselves could be reflected upon and taken into consideration in order to gain true perspective on necessary changes that should occur (Seccombe, 2000). An aggressive and committed research agenda should be formulated and designed specifically to address impoverishment that grips millions of families, possibly bringing understanding and insight into the intricate causes and multifaceted consequences of poverty (Seccombe, 2000).

There are several pathways to explore recommendations for future research. Specifically, theories of depression as it relates to gender differences in Latina adolescence would be beneficial in responding to the unique needs of this population. Additionally, research is needed on the mental health needs of Latino immigrant children and families in the child welfare system in order to expand the knowledge base and develop interventions addressing this population's specific needs. It is of equal importance, to take into account the complex interplay among biological, psychological and social changes experienced during adolescence affecting the individual as well as family dynamics, in order to provide empirically based evidence on effective practices with this population.

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