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Improving Culturally Competent Mental Health Care for Immigrants, a Toolkit for Psychologists

I. *The Journey to Becoming an Immigrant*

An immigrant is someone who leaves their home country to settle in another country, either temporarily or permanently. An immigrant may have a legal status (e.g., work or student visa, permanent residency, or naturalization – obtaining citizenship in host country), or not (e.g., entered the country illegally, overstayed expired visa, seeking asylum or refugee status, or may be under DACA protection). Children of immigrants born in the host country may also experience some of the same issues as their immigrant parents, though not always.

People emigrate for reasons ranging from seeking better educational or job opportunities, or reunification with family members, to more dire reasons such as escaping conflict, persecution, war, or environmental disasters. The reason(s) behind a decision to emigrate will often shape one's mindset about migrating and determine the migration journey. Picture for instance, someone on a fiancee visa flying into the host country, versus someone seeking asylum due to religious persecution and war, after a difficult and often life-threatening migration journey.

The act of leaving one's home country is often fraught, even under ideal circumstances. There will likely be feelings of loss from leaving loved ones, familiar places, and one's culture. At least initially, there can be disorientation from having to navigate new social norms and culture. Sometimes the reality of being an immigrant may be more difficult than anticipated, as one may experience a loss of status (i.e., academic degrees not transfering), discrimination, isolation, and a lack of opportunities. These challenges are further explored in the next section.

II. *Multicultural/Immigrant Psychology*
(Summary of 2024 APA Task Force Report on Immigration and Health)

1. **Issues of Concern Prior to, During, and After the Migration Journey**

- Pre-immigration exposure to the host culture and degree of familiarity/similarity with the host culture will influence the ease of the acculturation process.

- Trauma experienced prior to, during, and after the migration journey, will impact acculturation, especially for the following groups:

  - Women, girls, and sexual and gender minorities, who are more susceptible to experience gender-based violence, intimate partner violence, and discrimination (e.g., girls proactively taking birth control prior to migrating in case they will get raped en route to destination).

- Older adults and individuals with disabilities for whom the migration journey may be more difficult and dangerous, who may have more difficulty adjusting to new cultural norms, and face barriers in obtaining appropriate accommodations and health services.

- Racial trauma: Immigrants of color are more likely to experience greater prejudice, threats, and abuse, due to the combination of minority statuses. These individuals are at risk of complex racial trauma, resulting from years of racist victimization, as well as internalized racism.

- Family separation: whether separation occurs as adults leave their family back home, or over the course of the migration journey, or by immigration enforcement upon arrival, or whether children travel alone as unaccompanied migrants, these family separations often inflict attachment injuries, with children often displaying trauma reactions and disorganized attachments styles, which can lead to difficult family reunion, unhealthy family functioning, and severe mental health and interpersonal problems.

2. **Social Determinants of Health for Immigrant Populations:**

- Healthcare Access

Data shows that most immigrants are healthy and don't need to utilize healthcare as much as their US counterparts. However, many immigrants delay getting care due to obstacles (e.g., work in industries with no health benefits, language barriers, cultural beliefs incompatible with Western medicine, fears of immigration enforcement, etc).

- Economic Mobility

About ⅓ of US immigrants work as laborers in industries with limited opportunities for economic mobility and often abusive labor practices. Low English proficiency also limits socioeconomic prospects.

- Education

In 1982 the US Supreme Court ruled that education must be provided to all children regardless of immigration status. Consequently, mental health services offered in educational settings need to be more responsive to the needs of their students of immigrant origin.There is also disparity in college education, as immigrants of Asian or European origins are more likely to be able to access a college education.

- Housing/Neighborhoods

Many immigrants are more likely to settle in low-income neighborhoods due to lack of credit history, no access to loans, or no knowledge of the US banking system. Many live in crowded homes with mixed immigration status, in low-income neighborhoods, all of which is more likely to impact stress and quality of life (e.g., higher crime rates, low environmental safety, lack of access to public services etc.).

3. Cultural Determinants of Health for Immigrants:

Acculturation is a process of psychological and cultural changes in an individual's behavior (language, food preferences, dress habits etc), as well as deeper components of one's identity (e.g., values around family, friendships, gender roles, religion, cultural identification etc), that occur as a result of contact between people of different cultures, and which can influence health outcomes. The degree of similarity or difference between two cultures (i.e., cultural distance) is likely to influence the process of acculturation and its outcomes. The process of "remote acculturation" - or acculturation that begins long before arrival in the host country due to globalization, can also mitigate acculturative stress.

- Early Model of Acculturation (Berry, 1997)

Early models of acculturation only took into account two dimensions: the degree to which an immigrant's cultural identity remains grounded in their culture of origin, and their degree of openness to, and adoption, of traits of the host culture.

Heritage Cultural Identity

		High	Low
Host Cultural Identity	High	Integration	Assimilation
	Low	Separation	Marginalization

Integration: The immigrant's identity is grounded in their culture of origin (heritage culture) while being open to cultural features of the host culture. Often characterized as the "ideal" acculturation outcome, though this is not always true.

Separation: The immigrant's cultural identity remains strongly grounded in their culture of origin, with little openness to characteristics of the host culture.

Assimilation: The immigrant's cultural identity shifts, with a loss of their culture of origin, and increasing cultural identification with the host culture.

Marginalization: The immigrant's sense of identity is not strongly tied to their culture of origin, nor is it open to the host culture. Marginalization is often deemed as the least desirable acculturation outcome, and is characterized by a lack of identity and direction.

- Socioecological Models (See APA Task Force Report on Immigration and Health for citations)

Newer acculturation models have added dimensions to Berry's bi-dimensional model, with recent research yielding three, four, and even five dimensional models. Overall, the factors below are generally accepted as key factors influencing acculturation:
  - Culture of origin (heritage culture)
  - Destination culture (host culture)
  - Ethnicity and race (i.e., greater risk of discrimination for immigrants of color)
  - Gender and sexual minorities (greater likelihood of discrimination and violence)

- Context (work/school vs. family settings)
- Developmental level (child, teenager, young adult, elderly)
- SES and implications for access to housing, education, employment
- Immigration status and degree of access to rights, protections, resources, and perceived safety from immigration enforcement (ie: naturalized citizen vs. asylum seeker)
- Changes in identity over time (life-span)
- Changes in sociocultural/political context

- Cultural Stress Theory (Meca & Schwartz, 2024)
  - Cultural stress is posited to result from having to navigate two different cultural streams (**biculturalism**) and from discrimination/rejection by the host culture. It is different from minority stress in that it is focused on one's status as a "foreigner."
  - Cultural stress is operationalized as 3 distinct stress categories:
    - **Negative Context of Reception**: Feeling unwelcomed and a lack of opportunities.
    - **Discrimination**: Unfair treatment and negative interactions with members of the host culture because of one's status as an immigrant.
    - **Bicultural Stress**: pressures associated with having to navigate both the host and heritage cultures, and experiences of out-group discrimination (, i.e., "too foreign") as well as in-group discrimination (i.e., "too acculturated").
  - Protective factors include internal assets (e.g., ability to successfully navigate biculturalism and openness to the host culture) as well as external assets (e.g., supportive family and community, access to resources).
  - Underlying mechanisms of cultural stress include: negative impact on individual mental health, disruption of family functioning, youth maladjustment, and disturbance of identity development (i.e., identity confusion, and instability in identity synthesis).
  - Consider the influence of the broader sociohistorical context on one's cultural stress (e.g., cultural distance between host and heritage culture, fluctuations in the social/political context of reception, and host country's regional differences in openness to immigrants).

- Dynamic Approach to Acculturation (van der Zee, van Oudenhoven, 2022)
  - This model takes an innovative approach to acculturation. It posits that traditional models no longer fit the complexities of today's world, due to factors such as: vast increase in worldwide immigration, technological advances that enhance immigrants' ability to stay connected with their heritage culture, "super diversity" in large cities where host culture members can become the minority, and demographic changes with 2nd and 3rd generation immigrants.
  - The model describes acculturation as a process of **mutual adjustment** between host culture members and immigrants. It emphasizes considering host culture members' adjustment to immigration as well. For instance, **creolisation** (process by which elements of immigrants' culture become absorbed into the host culture, such as food, music, and language changes), is described as an example of host culture members' cultural adjustment to immigration.

- Rather than considering a *general* cultural orientation (i.e., an individual's broad views of other cultures) the model is focused on **interactional dynamics** between individuals (i.e., concrete person-to-person interactions), and suggests that people adjust acculturation strategies based on their interaction partner. Consider for example the differences between an immigrant interacting with someone from their culture, versus a host culture member.

- Combining Berry's two-dimensional model with the Dual Concern Theory (i.e., concern for self vs. concern for others), the authors describe **4 acculturation strategies** depending on whether interaction partners are *only* focused on their own cultural identity, versus focused on both theirs' and their partner's cultural identity:
  - **Identity integration**: trying to connect one's own perspective with the perspective of the interaction partner which may result in new ways of approaching the situation.
  - **Identity assimilation**: giving in to the cultural perspective of the interaction partner.
  - **Identity infliction**: imposing one's cultural perspective on the interaction partner.
  - **Identity avoidance**: avoiding discussing cultural perspectives that are potentially conflicting.

- These 4 acculturation strategies allow individuals to *choose* which strategy to use depending on each interactional context, a process that is referred to as **cultural frame switching**.

- **5 intercultural competencies** are listed as essential to successful intercultural interactions:
  - Cultural empathy: ability to empathize with feelings/thoughts/behaviors of people from other cultures.
  - Open-mindedness: ability to have an open and unprejudiced attitude towards different cultural groups, norms, and values.
  - Social initiative: active efforts and initiatives to approach intercultural social situations.
  - Emotional stability: ability to remain calm in stressful situations, especially when confronted with intercultural differences and conflict.
  - Flexibility: ability to adjust one's behavioral strategies based on contextual factors.

4. Adapting Mental Health Service Provision for Immigrants

Evidence suggests that adaptation of interventions such as using culturally congruent examples, material, and language are effective, but the key ingredients for therapeutic outcomes are the same as with non-immigrant populations. Instead, structural changes at the community and system levels are described as having the potential for greatest positive impact for immigrant populations, such as:

- Facilitating community involvement and partnerships with organizations for systemic change.
- Working across systems to improve health and decrease disparities.
- Providing wraparound services in locations convenient to immigrant populations.
- Diversifying the workforce by partnering with community health workers of diverse cultural backgrounds.
- Promoting secure attachments by increasing interpersonal support to youth and families.
- Emphasizing health promotion with education, prevention, and early interventions.
- Implementing trauma-informed and culturally sensitive interventions.
- Following best practices for working with interpreters.
- Seeking training for conducting forensic assessments related to immigration evaluation.

III. Strategies for Psychologists to Boost Cultural Competence

Cultural competence involves understanding, appreciating, and interacting effectively with people from different cultures.

Cultural Humility is a life-long process and commitment of self-reflection. Acknowledgement that one can never fully know another culture.

Cultural Competence and Humility are essential for delivering mental health services to underserved populations. See below several strategies for boosting your cultural competence:

1. **Learn and Understand**
   - Understand your client's background, family roles, level of acculturation, and any culturally-specific views, values, and/or stigma around mental health and therapy.
   - **Learn about the history, traditions, values, and beliefs of various cultures.** This broadens your understanding and helps you avoid stereotypes.
   - Many organizations offer **cultural competence training**, including online courses that provide tools to understand different cultural perspectives.
   - **Watch movies** from different countries
   - Even a basic understanding of another language can deepen your connection with people from that culture.

2. **Engage**
   - Engage with people from different backgrounds to better understand their perspectives.
   - **Attend cultural events, festivals, or community gatherings to learn about different cultures.**
   - Curiosity can lead to rich, meaningful conversations. **Ask people about their cultural practices and perspectives, but be respectful of their comfort level with sharing.**

3. **Listen and Reflect**
   - Listening attentively and with empathy is key to understanding someone else's viewpoint.
   - **Don't assume you know everything about their culture.**
   - **Recognize that you may have biases** and be open to learning from others. It's okay to make mistakes as long as you learn from them.
   - Be mindful of how your own cultural lens shapes your views.
   - **Ask for feedback** from people of different cultural backgrounds about your actions and perceptions. This can help you identify areas to improve.

4. **Develop and Adjust**
   - Cultural competence isn't just about knowing facts; it's about adapting your behavior and communication style to be more inclusive.
   - **In different cultural settings, you might need to adjust how you communicate or behave.** For example, in some cultures, indirect communication is preferred over direct confrontation.

5. **Support and Promote**
- In a team or community setting, actively encourage the input of individuals from different cultural backgrounds.
- **Be an Ally!** Stand up for those who may face discrimination or marginalization. Champion diverse voices in conversations and decision-making processes.

6. **Grow**
- Nobody is perfect, and cultural competence is an **ongoing journey.**
- Cultivate a **mindset of lifelong learning**. Cultures evolve over time, and staying informed will help you remain sensitive and respectful.
- Cultural competence isn't a one-time goal; it's about continually engaging with the world and the people in it.

Additional Readings on improving cultural competence:
[How to Improve Cultural Competence in Health Care](#)
[How do I become culturally competent?](#)
[Executive Summary - Improving Cultural Competence - NCBI Bookshelf](#)

IV. Multilingual Resources For Psychologists and Their Clients

Providing psychological services in other languages can be an essential way to increase access to mental health support for individuals from diverse linguistic and cultural backgrounds.

Psychologists should have **linguistic competence** (i.e., be fluent in the language used) or work with **qualified interpreters**, because fluency isn't just about speaking the language; it includes understanding cultural expressions, idioms, and context.

1. **Use of Interpreters**
- Use **trained mental health interpreters** when bilingual psychologists are not available.
- Avoid using family members or friends as interpreters due to confidentiality concerns, potential bias, and undue burden on relatives (especially children of immigrants)
- Examples of HIPAA compliant translator services
  - The Stratus InPerson app is a service call tool for use by the medical and legal industries to request, locate, and schedule interpreters. The application allows institutions in need of interpretation services to instantly geolocate those willing and able to provide the specific language needs of the requester via advance scheduling or immediate response. https://www.stratusvideo.org/
  - Microsoft Translator https://www.microsoft.com/en-us/translator/blog/2019/02/06/microsoft-translator-is-now-certified-compliant-to-meet-your-needs/
  - iTranslate Medical https://itranslate.com/blog/release-note-itranslate-medical-designed-to-meet-hipaa-standards
  - Jeenie, On-Demand Medical Interpreting https://jeenie.com/

2. **Translated Materials**
- Provide **translated** forms (consent, psychoeducational materials, treatment plans etc).
- Be cautious about using automatic translation tools for sensitive content and inaccurate translations.
- Examples of worksheets in languages other than English:
  - **Therapist Aid** offers worksheets in different languages. When a worksheet has been translated to multiple languages, you will see a "Language" section in the download menu. https://www.therapistaid.com/

  - **Psychology Tools** offers therapy resources that are designed to support clinical work, including a range of CBT worksheets, exercises, informational handouts, self-help guides, audio therapy tools, and the Treatments That Work™ series. Translated versions are available in over 70 languages. https://www.psychologytools.com/

  - **SAMHSA** offers many of their publications translated in Spanish and select other languages for free (filter search by language) https://library.samhsa.gov/resources?f%5B0%5D=language%3A947

  - The **World Health Organization** also provides **self-help** guides and other resources available in many languages. https://www.who.int/teams/mental-health-and-substance-use/treatment-care/innovations-in-psychological-interventions

3. **Locating Appropriate Referrals**
- As a result of a recent initiative by the 2024-2025 Leadership Development Academy (LDA) cohort, t**he MPA directory** now includes **a searchable option to indicate if you speak and provide services in multiple languages**. While this question previously existed, it was not part of the public-facing, searchable *Find a Psychologist* tool.Log into your member profile and update this information—along with any other relevant details— to better support community members and colleagues seeking multilingual psychological services.
- **Psychology Today** allows users to select a language filter to find providers who offer services in multiple/ specific languages.
- **The Hope Community Collective** is a bilingual, English/Spanish non-profit organization with several locations across MS (Hattiesburg, Tylertown, and Foxworth) that provide mental health services in Spanish. https://www.hopecommunitycollective.com/

V. Legal/Regulatory and Ethical Considerations

Disclaimer: Please note the information provided in this section is for general informational purposes only and does not constitute legal advice. While we strive to provide accurate and up to date content, we make no representations or warranties of any kind, express or implied, about the completeness, accuracy, reliability, suitability, or availability with respect to the information, products, services, or related graphics contained herein.

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1. Regulatory Considerations

Per the APA Policy Statement on Immigrant Health (2024), APA affirms support to promote the health of immigrant families and children. APA recognizes that immigrants may be disproportionately likely to experience stress and other behavioral health concerns, which can be made worse with harmful public policies and lack of access to appropriate supports and services.

APA recognizes the need for psychologists to become more knowledgeable about how to address the behavioral health needs of immigrants appropriately. Likewise, policymakers, educators, researchers, and health care providers should become better versed in the psychological impacts of trauma associated with immigration as well as anti-immigrant actions and sentiments on behavioral health and support for access to psychological and physical health care as well as educational services for immigrants and their families.

As it pertains to the issue of treating immigrants without legal status, it is each provider's responsibility to check with federal, state and local laws; their malpractice insurance carrier, and if necessary, to consult with a healthcare practice attorney on potential liabilities.

2. Ethical Considerations

- Ensure informed consent is clearly understood in the client's language.
- Follow HIPAA or relevant privacy laws, especially when interpreters are involved.
- Do not rely on family members to translate information pertaining to therapy for the patient.
- Ensure your ability to provide care *competently* in another language or seek training to that effect.
- Evaluate carefully whether a particular client falls under your scope of practice.
- Weigh the needs of providing emergency care against issues of competency and scope of practice.
- Determine your ability to offer sliding fee scale/pro bono work given the likelihood that some immigrants might be underinsured or not have any insurance coverage.
- Discuss risks to continuity of care if a client becomes unreachable, detained, or deported. Explain early on in therapy the limitations of professional responsibility in such cases.

3. Resources to Help Navigating the Legal Immigration System

- **Mississippi Immigrants Rights Alliance (MIRA)**: MIRA works towards advocating for the rights of immigrants, providing legal assistance, conducting community outreach and education programs, and collaborating with other organizations to address issues related to immigration policies. They offer services such as legal clinics, workshops on immigration rights, and resources to help individuals navigate the complexities of the immigration system. Programs and Services – Mississippi Immigrants Rights Alliance (MIRA)

- **El Pueblo MS:** El Pueblo works with and for low-income immigrants across Mississippi to provide services that empower immigrants, especially victims of violence, to live lives of dignity and hope. For example, on this page, you can find a Family Preparedness Plan and Know Your Rights information. [Immigration Response & Preparedness | El Pueblo](#)
  - Biloxi – (228) 436-3986
  - Columbus – (601) 900-7088
  - Forest – (601) 564-7148

- **American Immigration Lawyers Association (AILA):** Founded in 1946, AILA is a nonpartisan, nonprofit, voluntary bar association that provides continuing legal education, professional services, information, and expertise to more than 18,000 attorneys who practice and teach immigration law. [About AILA](#)

- **Immigrant Legal Resource Center: Step-by-Step Family Preparedness Plan**
  - Every family should have a Family Preparedness Plan in case of an emergency. It is equally critical for immigrant families to think ahead and set more concrete plans for immigration emergencies that can arise.
  - This link provides a toolkit that goes into detail about different childcare options available in case of an absent parent, where to find trusted immigration services in your community, and how to prepare to assert your constitutional rights in the presence of an immigration officer. [Step-by-Step Family Preparedness Plan | Immigrant Legal Resource Center | ILRC](#)

- **Resource Article:** This article lists a compilation of information, suggestions, and resources in case of contact with immigration enforcement: [Here's What Immigration Lawyers Recommend If Undocumented Residents Encounter ICE or Law Enforcement](#)

- **United States Citizenship and Immigration Services:** Official United States governmental website for all matters related to legal immigration procedures such as applying for visas, work authorizations, permanent residency, naturalization, etc… ([USCIS](#))

VI. APA's Position on the Immigration Landscape and APA Resources

The APA has continuously reaffirmed its support for the provision of culturally-sensitive mental health services to minority populations, including immigrants. Consult the links below for specific information about the APA's opinions, guidelines, and advocacy efforts.

APA Policy Statement on Immigrant Health (Council of Representatives, 2024)
https://www.apa.org/about/policy/statement-immigrant-health.pdf

APA Services Inc. has set the following **advocacy priorities** concerning immigration:
- Access to health services, including mental and behavioral health services
- Health equity for underserved and vulnerable populations
- Health promotion and prevention throughout lifespan and settings
- Human rights and racial equity

https://www.apaservices.org/advocacy/issues/immigration

https://d3dkdvqff0zqx.cloudfront.net/groups/apaadvocacy/attachments/Advocacy-Factsheet-Immigration_V4.pdf

APA recent updates and opinions on federal policies' effects on immigrant populations:
https://updates.apaservices.org/update-on-federal-immigration-eos

APA's Multicultural Guidelines (Council of Representatives, 2017, currently in pre-revision)
https://www.apa.org/about/policy/multicultural-guidelines.pdf

Guideline 1. Psychologists seek to recognize and understand that identity and self-definition are fluid and complex and that the interaction between the two is dynamic. To this end, psychologists appreciate that intersectionality is shaped by the multiplicity of the individual's social contexts.

Guideline 2. Psychologists aspire to recognize and understand that as cultural beings, they hold attitudes and beliefs that can influence their perceptions of and interactions with others as well as their clinical and empirical conceptualizations. As such, psychologists strive to move beyond conceptualizations rooted in categorical assumptions, biases, and/or formulations based on limited knowledge about individuals and communities.

Guideline 3. Psychologists strive to recognize and understand the role of language and communication through engagement that is sensitive to the lived experience of the individual, couple, family, group, community, and/or organizations with whom they interact. Psychologists also seek to understand how they bring their own language and communication to these interactions.

Guideline 4. Psychologists endeavor to be aware of the role of the social and physical environment in the lives of clients, students, research participants, and/or consultees.

Guideline 5. Psychologists aspire to recognize and understand historical and contemporary experiences with power, privilege, and oppression. As such, they seek to address institutional barriers and related inequities, disproportionalities, and disparities of law enforcement, administration of criminal justice, educational, mental health, and other systems as they seek to promote justice, human rights, and access to quality and equitable mental and behavioral health services.

Guideline 6. Psychologists seek to promote culturally adaptive interventions and advocacy within and across systems, including prevention, early intervention, and recovery.

Guideline 7. Psychologists endeavor to examine the profession's assumptions and practices within an international context, whether domestically or internationally based, and consider how this globalization has an impact on the psychologist's self-definition, purpose, role, and function.

Guideline 8. Psychologists seek awareness and understanding of how developmental stages and life transitions intersect with the larger biosociocultural context, how identity evolves as a function of such intersections, and how these different socialization and maturation experiences influence worldview and identity.

Guideline 9. Psychologists strive to conduct culturally appropriate and informed research, teaching, supervision, consultation, assessment, interpretation, diagnosis, dissemination, and evaluation of efficacy as they address the first four levels of the Layered Ecological Model of the Multicultural Guidelines.

Guideline 10. Psychologists actively strive to take a strength-based approach when working with individuals, families, groups, communities, and organizations that seeks to build resilience and decrease trauma within the sociocultural context.

VII. References

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