Using a Systems of Care Approach to Explore and Challenge Biases from the Immigrant Paradox

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Learning Objectives

- Develop an understanding of the Immigrant Paradox and Healthy Migrant Hypothesis
- Hypothesize biases associated with the Immigrant Paradox
- Use a case presentation to highlight biases and offer system of care solutions

Background

Two major hypotheses exist to explain why migrants/immigrants may be "healthier" on arrival to a new country (Healthy Migrant Hypothesis) and why the subsequent generations may have increased risk of mental health conditions (Immigrant Paradox). The table below highlights the two hypotheses and their central tenets.

Healthy Migrant Hypothesis	• Migrants are a healthy group that decide to, benefit from, and succeed in migration, but this advantage could decrease with time • This situation represents a paradox because migrants usually face disadvantages during migration which can negatively impact their health over time. Primarily focused on physical health
Immigrant Paradox	• Contentious findings that state immigrants have improved health in first generation (both physical and mental) • Newer research emerging demonstrating subsequent generations of migrant/immigrant children have diminishing outcomes in physical health, mental health and other outcomes. Possibly due to feeling "disconnected" to any culture

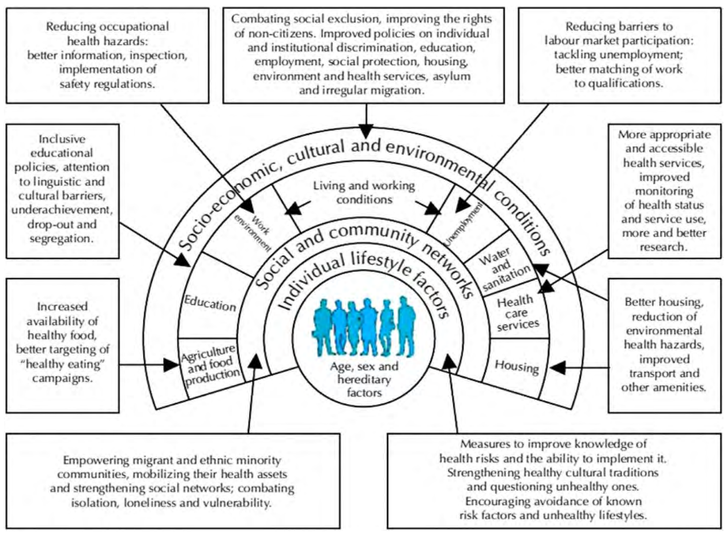

Figure 1. Graphic of Migrant/Immigrant determinants of health from Matlin et al. (2018). Migrants' and refugees' health: towards an agenda of solutions. Public Health Reviews, 39(1), 1-55. Source data from Ingleby, D. (2012). Ethnicity, migration and the 'social determinants of health' agenda. Psychosocial Intervention, 21(3), 331-341.

As these determinants are supported for Migrant/Immigrant populations on their immediate arrival to a new country could positive coping skills improve?

Culturally Targeted System of Care Interventions

A traditional systems of care approach includes coordination between Mental Health, Primary Care, Schools, appropriate County/State Agencies and Families. A culturally targeted system of care intervention would consider adding other culturally appropriate partners. Examples of possible partners:

Religious organization if family/child has identified faith

Local community centers

Inclusion of extended family as desired by legal guardian(s)/child

Representatives from traditional organizations with knowledge of patient cultural norms

Case Presentation

- 13 year old female (she/hers) admitted to a Philadelphia area hospital with one month of worsening depression, active suicidal ideation to die via hanging, and both auditory and perceptual disturbances.
- Psychiatric History:
  - No acute inpatient admissions
  - Sees a therapist weekly
  - No psychiatric medication history
  - History of drinking soap, cutting with a pen, and choke herself as self harming behaviors. Behaviors ongoing for the past year
  - No family psychiatric history reported
- Social History:
  - Born in New York City area to migrant mother and immigrant father. Has not seen father for past five years when biological mother and children came to Philadelphia area. Concerns that father was attempting to sex traffic children, reported to appropriate authorities
  - Family is Hispanic from a Central American country and identifies as Catholic
  - Has two biological siblings
  - Since coming to Philadelphia biological mother has new male partner who sexually abused patient. Charges pending and child at time of admission was in physical custody of a foster parent
  - In 6th grade however she is not at grade level and has an Individualized Educational Plan (IEP)
- Hospital Course:
  - Started on SSRI and eventually started on a low dose second generation antipsychotic as perceptual disturbances persisted
  - Family meetings were held between patient, siblings, biological mother, and foster parent
  - While traditional modalities of therapy and engagement with typical system of care partners helped patient improve, when patient interacted with Catholic clergy from her parents country of origin saw great improvement- despite patient stating she was not religious

No conflicts of interest to disclose

Discussion

- Clinicians should feel empowered to work with patients and families to engage with culturally appropriate systems of care partners
- Cultural identity should be explored with patients whether through use of a structured DSM cultural interview or unstructured interactions
- Clinicians and staff should have open dialogue regarding potential bias as a result of the Healthy Migrant Hypothesis or Immigrant Hypothesis
  - Examples of unintended bias:
    - Assuming an immigrant/migrant child is "stronger"
    - Not exploring possible traumas related to migration/immigration or having migrant/immigrant families
    - Assuming child is fully acculturated, even if second/third generation
- Additional research such as prospective cohort studies can assist in further distilling the Immigrant Paradox hypothesis and understanding the role of Culturally targeted system of care interventions based on specific immigrant/migrant groups.

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