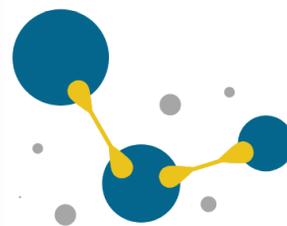


# Mental Health Care Services for Immigrants and Refugees: Analysis of Needs and Resources

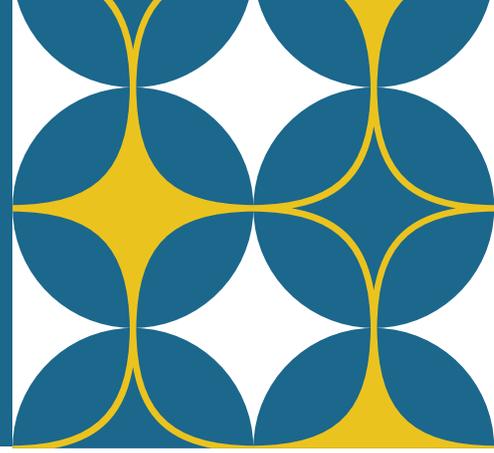
Prepared By  
Diego Erdmenger  
Edited By  
Courtney Maurer  
Denise Muro



MAP  
NETWORK

MIGRANT ALLIANCE AND PARTNERSHIP NETWORK

# About MAP Network



## ABOUT US

Migrant Alliance and Partnership Network is a 501(c)3 nonprofit embedded in the University of Massachusetts Boston's Center for Peace, Development, and Democracy. We connect service providers through networking efforts, conducting participatory research on pressing challenges in the field, and creating innovative tools and resources to support service providers' work.

## WHO WE ARE

**Denise Muro**  
Executive Director

**Courtney Maurer**  
Director of Research

**Diego Erdmenger**  
Research Fellow

On behalf of Migrant Alliance and  
Partnership Network  
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## Introduction

As globalization and the rate of immigration continues to grow within the U.S., securing the mental health of migrating populations is becoming a critical aspect of the host country's public health concerns. The occupational hazards and prevalence of communicable and non-communicable diseases among immigrants can differ significantly from the native-born population. For this reason, the unique characteristics and mental health needs of immigrant and refugee populations must be addressed by public health systems. The prevention of community transmittable diseases is a main focus of immigrant health; in response various strategies to screen for diseases and treat immigrants and refugees continue to be implemented<sup>1</sup>. Programs focused on Tuberculosis screening and treatment, zoonotic and parasitic infection prevention, vaccine-preventable diseases and other conditions associated with immigrant populations have shown positive results by protecting both the immigrant and the host community<sup>2</sup>. Non-communicable diseases, however, are often not addressed with such rigor and scrutiny. Oftentimes healthcare systems do not put much emphasis on mental health care and this area of immigrants' health is left untreated due to the lack of treatment options and resources.

Similarly to the concept of health care, mental health is a multifactorial concept that is influenced on both macro and micro levels. Cultural, religious, communal, ethnic, historical, and personal idiosyncratic factors need to be taken into consideration, just as much as genetic and physiological factors, when assessing an individual's mental health needs. Immigrants' mental health needs cannot be treated with a "one size fits all" approach; it would be counterproductive considering the complex nature of mental health treatment and the unique needs of each immigrant.

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<sup>1</sup> Bateman-House & Fairchild, 2008; Barnett, 2004

<sup>2</sup> Mitchell, et al., 2019; Liu, et al., 2015; Zammarchi et al., 2015

Evaluation methods, health care delivery systems, and treatments need to be tailored specifically for each case to achieve greater success of optimal care.

We present findings on a systematic review of the available literature on the need, usage, risk factors, and barriers of access to mental health care in immigrant and refugee populations. Furthermore, this paper will also include a section that recollects and analyzes the mental health care resources available for immigrants and refugees in the state of Massachusetts. We identify strengths and weaknesses in the network of resources available and make recommendations to improve the mental health care support system for these populations.

The impact of mental illnesses on health care systems is extremely hard to estimate due to the complexity of treatments and lack of data regarding mental health in general. The treatment, hospitalization, insurance claims, and loss of productivity due to mental illnesses represents a significant human and economic cost for countries' public health systems. To estimate the full impact of mental illnesses, both the economic and the human capital costs need to be taken into consideration. In the United States, the treatment of mental illnesses accounted for \$89 billion or 5% of the total service spending in 2013<sup>3</sup>. The loss of human capital is equally significant. Mental illnesses and substance use disorders are the leading causes of Years Lived with Disability (YLD)<sup>4</sup> representing 175.3 million YLD worldwide<sup>5</sup>. Untreated and unmanaged mental illnesses carry significant consequences that affect not only the individual and their social network, but also the economic and public health system. There is significant evidence that mental illness can be a risk factor linked to unemployment<sup>6</sup>, homelessness, and over-representation in criminal justice

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<sup>3</sup> Kamal, Cox, & Rousseau, 2017

<sup>4</sup> Years Lived with Disability (YLD) is a measurement and metric used to quantify the burden of disease. YLD's are calculated by multiplying the prevalence of a disorder by the short- or long-term loss of health associated with the disability (the disability weight).

<sup>5</sup> Whiteford et al., 2013

<sup>6</sup> Moustერი, et al., 2019; Prins et al., 2018

populations<sup>7</sup>. This highlights the importance of securing adequate treatment options and delivery systems for every individual, including vulnerable populations.

Immigrants and refugees experience a variety of challenges, from pre-immigration social factors that cause forced migration, to the trauma associated with the migratory process itself. These traumatic experiences create a significant need for access to mental health care and support systems. The availability of mental health services for immigrants and refugees is a key factor in their successful integration into a new community. Medical providers, community leaders, and public health officials should make access to relevant and culture-sensitive mental health services for these particular populations a priority. Inclusive and culturally-sensitive mental health services create a more empathic environment for immigrants and refugees to relate which strengthens the link between these populations and the community.

Limited information on mental illness and conditions affecting immigrants and refugees is available. The lack of information surrounding this topic hinders mental health professionals from serving these populations adequately. For example, according to the Substance Abuse and Mental Health Service Administration (SAMHSA), one in five U.S. adults were diagnosed with a mental illness in 2018<sup>8</sup>; however, this information is not broken down into particular demographic data sets or specific populations (i.e., immigrants and refugees). Updated data and research on immigrants' and refugees' mental health is sorely needed to better understand the particular conditions and needs that are associated with forced immigration.

Through a review of available literature on the topic, this paper includes results obtained from the evaluation of particular epidemiologic and demographic characteristics, risk factors, access and usage of services, and barriers for access to mental health associated with immigrant

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<sup>7</sup> Fox, et al., 2013

<sup>8</sup> Substance Abuse and Mental Health Services Administration, 2019

and refugee populations. This paper's main objective is to complete a comprehensive analysis of mental health resources and providers available to the immigrant and refugee populations in Massachusetts. Conclusions will identify strengths and weaknesses in the current network of resources and ways to improve it to benefit not only vulnerable populations, but also the public health system as a whole.

## **Methodology**

This paper includes a literature review that was conducted utilizing academic databases such as PubMed, Google Scholar, and PsycInfo. Some of the search terms used include, but are not limited to: "immigrant AND mental AND health," "mental AND health AND immigration," "mental AND illness AND immigrant AND refugee," "mental AND health AND burden AND immigration," "mental AND health AND immigrant AND services." A number of relevant articles were selected from scientific journals with a greater emphasis placed on recent articles, spanning from 2010 up to the present, and on studies conducted in the United States.

Over 40 scientific articles were selected and vetted to conduct the literary review. The main topics this review focuses on are the mental health care needs of immigrants and refugees, the epidemiology and risk factors associated with mental illness among these populations, the current level of use of mental health care services, and barriers to care experienced by the target populations. The literary review functions as a theoretical framework and the basis for the analysis of the identified mental health resource network and system described later in this paper.

## **Resource Database**

Immigrant and refugee mental health resources were located through immigrant and refugee organizations' network databases and internet search engines. Organizations that made

references to cultural-sensitive resources, served areas with high immigrant or refugee populations, or had immigrant and/or refugee specific services were included in the database and analysis. Organizations with an unspecified focus on target populations or unclear descriptions of services provided were contacted for further clarification. These sources were then vetted and classified according to location, service provided type, and target population.

The organizations and resources meeting the inclusion criteria of offering mental health services specifically directed to immigrants and refugees were included in the elaboration of the resource database and resource analysis. This analysis focuses on identifying needs, strengths, weaknesses, and particular characteristics of the system. These observations were based on evidence found on the scientific literature review previously conducted. Finally, I present conclusions and recommendations based on both analyses that are given in hopes of strengthening the current mental health support network available to immigrants and refugees in Massachusetts.

#### Parameters and Limitations

There is limited scientific data published that focuses on immigrant and refugee populations, and this constitutes a limitation of this paper. Some of the sources included in this paper are over ten years old due to an extreme lack of current data and studies, but are relevant and highlight important disparities among specific immigrant and refugee populations.

A clear distinction between immigrant statuses is not always specified in the researched articles. Definitions like “immigrant,” “legal immigrant,” “undocumented immigrant,” and “second-generation immigrant” are not always distinguishable in the literature. This is a possible limitation to the generalizability of this paper’s conclusions.

Some organizations may provide specific services directed towards immigrant and refugee populations’ needs without mentioning it in the information provided to the general public. This

would result in the exclusion of these organizations from the analysis and result in a possible underreport of resources available to immigrant and refugee populations in Massachusetts.

Finally, the specific type of service provided by an organization, oftentimes, was not clearly defined in the information available to the general public. This represents a limitation for the analysis of areas of need covered by the resource network. More detailed information related to this topic could be obtained by interviewing clients themselves or the staff that work at organizations that offer mental health resources to immigrants and refugees.

### **Review of Mental Health Characteristics in Immigrant and Refugee Populations**

There are around 44.7 million immigrants currently living in the U.S.<sup>9</sup> and with the immigrant share of the U.S. population nearly reaching historically high levels (13.6%)<sup>10</sup>, securing the mental health care of this population has increasing direct implications for the country's public health system. By creating greater access to mental health resources for immigrants and refugees, individuals will have more culturally specific resources that can foster a greater sense of belonging and a safe space to heal. It is important to understand how the immigrant and refugee population differ from native-born Americans, in order to adequately address the needs for these populations. Immigrants and refugees have an increased need for mental health care due to particular pre-immigration stressors that predispose or increase the risk of certain conditions associated with mental illness.

Immigrants and refugees are historically vulnerable populations, often fleeing their country of origin to escape extreme poverty, war, persecution, and violence. According to a survey conducted by the International Organization for Migration (IOM), undocumented immigrants in

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<sup>9</sup> Betalova, Blizzard, & Bolter, 2020

<sup>10</sup> Radford, 2019

the U.S. identified and reported economic hardship and violence as their main motivators for relocation<sup>11</sup>. These precipitants for migration are also chronic stressors that affect the individual's mental health and general well-being. Exposure to this kind of trauma makes the psychological needs of these populations unique and urgent.

Exposure to pre-immigration and immigration stressors, along with the acculturation process, creates a significant need for accessible and affordable mental health care resources for immigrant and refugee populations. There's strong evidence suggesting that these populations develop a higher incidence of mental illness and this could be associated with stressors related to the immigration process. Pre-immigration trauma is significantly associated with greater odds of depressive disorder and psychological distress in refugees and anxiety disorders in immigrants<sup>12</sup>.

According to Bas-Sarmiento et al., the rate of mental illnesses among U.S. immigrant populations is higher compared to the population of their country of origin and higher compared to the same ethnic-racial U.S.-born group<sup>13</sup>. Anxiety, depression, and suicidality are some manifestations of mental illness that have been reported in immigrant and refugee populations<sup>14</sup>. A study conducted in undocumented Mexican immigrants from high-risk neighborhoods<sup>15</sup> residing near the California-Mexico border reported that 23% of participants met the criteria for a mental disorder; with Major Depressive Disorder (14%), Panic disorder (8%), and General Anxiety Disorder (7%) being the most common disorders observed in this population<sup>16</sup>.

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<sup>11</sup> International Organization for Migration, 2018

<sup>12</sup> Sangalang, et al., 2018

<sup>13</sup> Bas-Sarmiento et al., 2016

<sup>14</sup> Sangalang, et al., 2018; Fortuna, et al., 2020; Bas-Sarmiento et al., 2016

<sup>15</sup> The author selected these neighborhoods as those located in "conservative U.S. cities with strong opposition and punitive action against undocumented immigrants" and defined them as a high-risk area for undocumented immigrants.

<sup>16</sup> Garcini, et al., 2017

Posttraumatic stress and drug and alcohol abuse have also been evaluated in immigrant populations and have been reported at significantly high rates. A study conducted on Latino immigrants living in Boston found that up to 53.7% of participants reported experiencing Posttraumatic Stress Disorder (PTSD) symptoms like re-experiencing, avoidance, numbing, and hyperarousal<sup>17</sup>.

These studies illustrate how myriad factors that lead to forced immigration also have an impact on the psychological health of immigrants and refugees. These stressors result in an increased need for immigrants and refugees to have access to immigrant specific mental health services. It is a fundamental factor in securing the well-being of the individual and in facilitating the integration process to the host country.

Providing mental health care for any population should be a top priority for public health systems. It is oftentimes overlooked and a tough topic to manage and address; however, in heterogeneous populations, that include immigrants and refugees, a multi-factorial approach becomes fundamental. The differences in cultural, ethnic, and personal beliefs that vary among countries and even communities require cultural-sensitive, personalized, and comprehensive medical care, especially mental health treatment and care.

#### Risk Factors Associated with Mental Health Illnesses in Immigrant Populations

As previously mentioned, immigrants and refugees experience a series of pre- and post-immigration stressors that have been associated with an increased risk and prevalence of mental illness and the need for mental health care resources. There is limited data on the subject; however, some studies have analyzed what particular factors are strongly associated with mental illness in

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<sup>17</sup> Ramos et al., 2017

refugees and immigrants. This information could be useful when trying to identify higher-risk groups and direct specific strategies in the delivery of services to these vulnerable populations.

Pre-immigration stressors like financial hardship, trauma, and lack of social support networks were significantly associated with difficulties in adjustment to the migration process<sup>18</sup>. At the same time, these difficulties in adjusting lead to negative psychosocial outcomes, creating a very difficult to break vicious cycle. In a study conducted in Asian and Latino American immigrants, Li found that pre-immigration trauma is positively associated with social isolation, communication difficulty, legal status stress, and race-based discrimination in both groups<sup>19</sup>.

Discrimination, along with the process of acculturation and time living in the U.S., were among the post-immigration factors most strongly associated with the development of mental illnesses. A study reported that living in the U.S. for longer than ten years was significantly associated with increased odds of having suicidal ideation (OR 2.2)<sup>20,21</sup>. This is due to the increase of acculturation stress and the loss of cultural characteristics such as an individual's sense of identity, religion, and support networks<sup>22</sup>. In groups that strongly rely on religious support or familial and friendship support networks, this risk may increase significantly as more time passes while living in the U.S.. The erosion of these support networks due to distance or loss of contact has a detrimental effect on an individual's psychological well-being.

As expected, the distress associated with being undocumented was identified as a common stressor leading to depressive and anxiety-related symptoms. Isolation, marginalization, fear of deportation, loss of a sense of community, limited upward social mobility, separation from family,

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<sup>18</sup> Chung et al., 2011

<sup>19</sup> Li, 2016

<sup>20</sup> (OR) refers to the statistical measure Odds Ratio. In this case people living in the U.S. for longer than ten years are 2.2 times more likely to experience suicidal ideation than people living in the U.S. for less than ten years.

<sup>21</sup> Fortuna et al., 2020

<sup>22</sup> Brown, Cohen, & Briana, 2014

sense of “voicelessness”, and invisibility were named among the most common stressors affecting immigrant and refugee communities<sup>23</sup>. Initiatives to increase a sense of community and empowerment to immigrant populations have yielded positive results in the promotion of mental health. The Educational Resources Information Center (ERIC), an online digital library of education research and information, sponsored by the Institute of Education Sciences of the United States Department of Education, is a powerful source of resources which could help English as a second language (ESL) teachers’ access to information to properly identify and address mental health necessities in refugees and immigrants. Likewise, civic youth groups and self-empowerment programs may improve health-literacy at a community level<sup>24</sup>.

Just as undocumented status is a factor that increases the risk of mental illness in immigrants, there are some proven factors that increase the mental health and well-being of the individual. The factor with the most significant protective effect against suicidal ideation is citizenship status. Fortuna et al., found that immigrants who have citizenship status showed significantly lower odds of having symptoms associated with suicidal ideation when compared to undocumented immigrants (OR 0.45)<sup>25,26</sup>. This finding is supported by other studies that reference fear of deportation as one of the biggest post-immigration stressors faced by the immigrant community.

Similarly, community building, a sense of belonging, personal and professional development, sense of accomplishment, English language attainment, and economic stability in the host country are negatively correlated to mental illness. Programs targeted at improving these

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<sup>23</sup> Garcini, et al., 2016

<sup>24</sup> Montgomery & Lennox Terrion, 2016; Fernández-Gutiérrez et al., 2018

<sup>25</sup> (OR) refers to the statistical measure Odds Ratio. In this case immigrants with citizenship status were 55% less likely to present symptoms associated with suicidal ideation than undocumented immigrants.

<sup>26</sup> Fortuna et al., 2020

aspects have shown beneficial results to the individual's physical and mental health and greater social cohesion<sup>27</sup>. This evidence is so significant that some studies strongly advocate for non-specialty community-based organizations (CBOs)<sup>28</sup>, English as a second language (ESL) programs<sup>29</sup>, or school-based programs,<sup>30</sup> since these initiatives foster communal networks and life skills that improve the psychological well-being of immigrant communities.

Further studies exploring the risk factors associated with mental illnesses in these populations along with the effects immigration stressors have on the individual's mental health are sorely needed. This information is fundamental in understanding the mental health needs of immigrant and refugee populations. This will allow the creation of effective targeted screening strategies and the development of specific programs and interventions to serve these groups more effectively.

### **Use of Mental Health Resources among Immigrant and Refugee Populations**

Existing racial and ethnic disparities that affect the access and usage of mental health resources have been widely described. Access to health care, including mental health, is usually lower among people from minorities and vulnerable populations. According to the Agency for Healthcare Research and Quality (AHRQ) among adults with a mental illness, 48% of whites received mental health services compared to 31% of Blacks and Hispanics and 22% of Asians<sup>31</sup>. This disproportionately lower use of mental health services along with an increased need for mental health care creates a wider gap of psychological well-being between these groups.

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<sup>27</sup> Liu, 2019; Hombrados-Mendieta, et al., 2019

<sup>28</sup> Community-based organizations (CBO) are public or private nonprofit organizations that are representative of a community and work to meet the community's needs. CBO's can partner with healthcare organizations (HCO) to provide health care services to the community.

<sup>29</sup> Rusch et al., 2015

<sup>30</sup> Mental illness screening programs, mental illness prevention programs, and trauma counseling programs.

<sup>31</sup> Agency for Healthcare Research and Quality, 2017; American Psychiatric Association, 2017

These disparities are even more evident when it comes to immigrant and refugee populations, which use mental health services at considerably lower rates than their U.S.-born racial/ethnic counterparts<sup>32</sup>. For example, Latino immigrants have lower rates of mental health service utilization compared to U.S.-born Latinos (15% vs 38%)<sup>33</sup>. This seems to be a common problem between all immigrant populations regardless of origin or citizenship status. In a study conducted by Lee and Matejkowski, it was found that Latino and Asian non-citizens were 40% less likely to use mental health services than U.S.-born Latino and Asian participants<sup>34</sup>. Moreover, only 4% of Asian immigrants sought mental health services in 2002<sup>35</sup>. Additionally, only 10% of women with African and Latino ancestry were actively using mental health care although 45% of them met the criteria for depression symptoms in 2008<sup>36</sup>.

Overall, undocumented Latino immigrants had a lower rate of utilization; significantly below U.S.-born Latinos and documented Latino immigrants. They had a significantly lower number of appointments and inpatient/outpatient service utilization<sup>37</sup>. Equally concerning is the fact that even when immigrants do seek mental health services, they are less likely to accept psychotropic treatment<sup>38</sup>. This creates a problem in the integral treatment of these populations, as some mental health illnesses and conditions require coadjutant psychotropic management along with psychological therapy.

For cultural reasons, immigrant populations may choose to rely on alternative mental health support systems and services, such as family networks, religious leaders, community leaders, and

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<sup>32</sup> Seraphia Derr, 2015

<sup>33</sup> Vega, et al. 1999

<sup>34</sup> Lee & Matejkowski, 2011

<sup>35</sup> Abe-Kim et al., 2002

<sup>36</sup> Nadeem et al., 2008

<sup>37</sup> Perez & Fortuna, 2005

<sup>38</sup> Seraphia Derr, 2015; Chen & Vargas-Bustamante, 2011

friendship networks in order to self-manage mental illness such as anxiety and depression<sup>39</sup>. Various studies highlight the importance of religious leaders and community networks as mental health resources for immigrants, especially in some populations. Studies have revealed that Chinese immigrants prefer to seek counseling through religious leaders<sup>40</sup>, followed by other informal mental health alternatives before turning to formal professional help. Similarly, only 9% of Korean immigrants preferred formal professional counseling<sup>41</sup>. This is a clear indication of how important it is for mental health professionals to take into account their patients' religious and spiritual beliefs and cultural backgrounds.

A significant number of studies also report factors that are positively associated with the use of mental health resources based on gender. In general, women tend to access mental health care resources more frequently than men. Gender, age, higher levels of education, marital status, and having insurance coverage are strongly associated with higher use of resources<sup>42</sup>. Bauldry and Szaflaraski also reported that a higher degree of acculturation is associated with an increased likelihood of mental health care utilization for both mood and anxiety disorders<sup>43</sup>.

The dependence of these groups on alternative mental health support provides the opportunity to expand service to areas and communities with a shortage of medical professionals or a lack of access to mental health care. As these alternative sources of support do not have a mandatory data collection and reporting system, this might also lead to an underreporting of the true level of mental health illness and resource usage within vulnerable populations and racial/ethnic groups. It is important to integrate these resources into mental health systems to create

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<sup>39</sup> Seraphia Derr, 2015

<sup>40</sup> Kung, 2017; Leung et al., 2012

<sup>41</sup> Cheung et al., 2010

<sup>42</sup> Seraphia Derr, 2015

<sup>43</sup> Bauldry & Szaflaraski, 2017

an effective communication and referral system between alternative and medical mental health providers.

### Barriers to Mental Health Care in Immigrant and Refugee Populations

Immigrant and refugee populations face unique barriers when accessing mental health care. These barriers can be both cultural and structural and can complicate the delivery of services to these groups, leaving them in an even more vulnerable situation. Cultural barriers can vary between populations and are reflected by the beliefs and preconceptions regarding mental health that are idiosyncratic to each individual's cultural background. These barriers include, but are not limited to, the social stigma of mental illness, ideations of masculinity, religious beliefs, traditional family dynamics, and lack of culturally sensitive providers<sup>44</sup>.

The cultural stigma of mental illness is the most frequent barrier of care individuals' face when seeking mental health care resources; this is most notable among Black African and Caribbean immigrants<sup>45</sup>. Moreover, Nadeem, Lange, and Miranda's study shows that people with a stigma-related concern to mental illness were less likely to perceive a need for mental healthcare. This becomes relevant as stigma-related concerns might complicate not only the process of accessing mental health resources, but also the perception of the need for these services, making the delivery process of mental health services extremely difficult.

Language barriers are also intricately associated with lower usage of mental health services. Sentel et al. reported that English-speaking immigrants access mental health services more than non-English speaking immigrants (51% vs 8%)<sup>46</sup>. This is an extremely relevant factor

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<sup>44</sup> Morrow et al., 2019; Caplan, 2019

<sup>45</sup> Nadeem et al., 2009

<sup>46</sup> Sentell, Shumway, & Snowden, 2007

when considering that almost 48% of immigrants in the U.S. are not proficient English speakers<sup>47</sup>. This highlights the importance of not only access to culture-sensitive trained professionals or providers, but also the need for multilingual resources to improve access to health care for immigrant and refugee populations.

The structural barriers that immigrants and refugees encounter in their search for psychological support and mental health wellbeing are generally the same they face in all aspects of the healthcare system. The most common barrier immigrants and refugees encounter is the lack of access to affordable healthcare. In the U.S. immigrants are 15% less likely to have a source of health care and have an uninsured rate three times higher than the U.S.-born population<sup>48</sup>. This makes finding adequate and affordable resources a difficult and strenuous process. The increasing costs for mental health treatment can prove prohibitive for some individuals without insurance coverage. With the average cost of admission to a hospital to treat mental illness conditions ranging from \$2,900 to \$13,300<sup>49</sup>, many immigrants and refugees may be deterred from looking for needed assistance, especially in psychological emergency situations.

In various studies immigrant participants have reported lack of health insurance coverage, high cost of treatment, long wait times and low supply of local providers among significant structural barriers encountered when seeking mental health care<sup>50</sup>. Added to these barriers, undocumented immigrants also reported reluctance to seek for attention due to anxiety about being asked for documentation<sup>51</sup>. For this specific reason, it is important that organizations providing

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<sup>47</sup> Radford, 2019

<sup>48</sup> Chen & Vargas-Bustamante, 2011

<sup>49</sup> Stranges et al., 2011

<sup>50</sup> Marshall, et al., 2006; Bridges et al, 2012; Seraphia Derr, 2015

<sup>51</sup> Shattell et al., 2008

services to immigrants are established as a safe place and can ensure patients' personal information will be kept confidential so that patients can feel comfortable reaching out for help.

Even in cases where immigrants or refugees are able to overcome the cultural and structural barriers previously described in their search for mental health care, they are still faced with a general lack of information on resources available to them. Fewer than 25% of Latino immigrant respondents in a nationwide study reported having knowledge of mental health resources available to them<sup>52</sup>. Furthermore, 35% of immigrants were unaware that they had a diagnosable mental disorder<sup>53</sup>.

A lack of knowledge of fundamental mental health symptomatology, signs, conditions, and treatment options hinder immigrant and refugee populations from identifying their needs and understanding the importance of accessing mental health care. When information about available resources for immigrant and refugee populations is not easy to find and access, the gaps in the usage of mental health services could potentially increase, complicating the integration process for these groups in the host country.

Education strategies that focus on de-stigmatizing mental illness, bringing attention to signs and symptoms of possible mental disorders, and facilitating access to information regarding available resources are fundamental to public health systems in overcoming barriers to care that negatively impact immigrant and refugee populations nationwide.

### **Mental Health Care Resources in the State of Massachusetts**

A search on relevant mental health resources in the state of Massachusetts was conducted through network databases, organizations serving immigrant and refugee populations, and internet

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<sup>52</sup> Garcia et. al, 2011

<sup>53</sup> Ruiz et al., 2013

search engines. Resources were selected if they met inclusion criteria of having any kind of reference to cultural-sensitive services, serving in areas with high populations of refugees and/or immigrants, or providing immigrant and/or refugee specific services. Selected organizations were sorted according to location, type of service provided, target population, and whether they provided refugee or immigrant specific services. Results for the state of Massachusetts can be seen in [table 1](#).

A total of 46 organizations offering immigrants and refugees clinical mental health services or conducting mental health research were identified in Massachusetts. Immigrant and/or refugees specific clinical services were identified in 26 (56.5%) of the organizations. The services provided varied from clinical evaluation, pharmacotherapy, counseling, mental health emergency, help hotlines, suicide prevention, community integration, substance abuse, health rights advocacy, education directed to patients and providers, information and resources databases, sexual and domestic abuse prevention, counseling, and research. The following information analyzes the 46 organizations and describes their target populations, services provided, and research conducted regarding immigrant and refugee mental health.

Seventeen (36.95%) of the identified organizations made a specific reference to a target population. Some of these resources were directed to ethnic-specific populations like Asian, Russian, or Haitian groups; while others were more directed to service providers, researchers, and academic professionals in the field of services to immigrants and refugees. Five specific organizations emphasized serving specifically Asian or South Asian populations, one of these organizations particularly serves South-Asian women. Two other specific organizations direct their efforts towards Haitian and Haitian-American communities in the greater Boston area, offering translation services as well as public health initiatives.

A total of eight (17.39%) organizations advertise services directed to refugee populations through their webpage. Three of these organizations focused on the trauma associated with refugee populations. The organizations also offer programs focused on promoting and cultivating resilience in young refugees. Two organizations tend to specific refugee populations from Southeast Asia; one of these particularly works with refugees from Burma. These results are in agreement with the increased necessity, described in the scientific literature, that this population has for mental health and psychological support, secondary to the traumatic conditions that usually precede forced mobilization.

Four organizations referenced conducting research projects as part of the services they provide; three of these also offer clinical and counseling services. Not surprisingly, three of these organizations are associated with medical or academic institutions. The research projects and published work of these organizations are focused on sociological, cultural, and mental health care topics affecting these populations.

Eight organizations compiled and provided a mental healthcare organizations database accessible to the public. These databases enlist a number of useful resources for immigrants and refugees regarding multiple areas like housing, education, legal advisory, health care, and mental health care. The William James College INTERFACE referral service offers a comprehensive database of mental health care resources specifically directed to immigrants and refugees and a hotline for referral services. Many of the resources found in those databases are included in this analysis, however some are not due to lack of information or specificity regarding the inclusion criteria.

An additional 20 nation-wide resources were identified for the analysis. These resources are not necessarily based in the state of Massachusetts but are easily accessible and specifically

directed for the immigrant and refugee populations. Most of them provide educational material or emergency helplines accessible anywhere in the U.S.. Even though these organizations do not have a physical presence in the state, five of these offer a directory of mental health professionals and psychologists serving these populations in the Massachusetts region.

Twelve of these nation-wide resources offer educational materials, workshops, or training directed to both, providers and patients. Most of these can be easily accessible through the organizations' webpage. A list of these resources, target populations, and services provided can be found in [table 2](#).

### **Mental Health Care Resource Analysis and Recommendations**

Identifying and vetting mental health care resources available for immigrants and refugees can be a daunting task. Even though there are a considerable number of organizations that provide mental health and psychological support to individuals in the state of Massachusetts, there are few that tend to immigrants and refugees. There may very well be other organizations, not included in this analysis, that serve these vulnerable communities; however, if they offer no specific information about the services they provide for immigrant or refugee populations it can be hard for these groups to access these resources.

All of the organizations included in this analysis reference the services they provide in some way; however, these descriptions are often vague and hard to find on their web page. The vagueness of this information likely hinders individuals from easily finding adequate providers when seeking mental health services.

The service most often provided by the analyzed organizations was counseling services. These services include anything from youth mentoring and counseling to family and couples counseling. Likewise, many organizations identified offer services directed to substance abuse and

community integration. This covers an important need in the mental health care and psychological support system. These services provide a consistent and reliable tool to deal with long-term and day to day issues affecting both immigrants and refugees. Services like counseling and community integration are fundamental in supporting the well-being of individuals as functional members of society. However, individuals suffering from acute psychological conditions and emergencies might experience more difficulty finding adequate resources. Some organizations offer hotlines to provide counseling in emergency situations, but there are not many that offer specialized emergency services, like hospitalization and therapy, specifically for immigrants and refugees. In turn, immigrants and refugees may be forced to turn to traditional institutions in the medical system, such as emergency rooms at their local hospitals or treatment centers. The high cost of traditional medical services and the low insurance rate in these two populations prohibit them from accessing much-needed help.

Just as individual psychological treatment and support are important, promoting continuous culturally-sensitive education and training for providers is fundamental in strengthening the mental health care network for immigrants and refugees. A few organizations included in the study offer a series of resources directed to providers ranging from webinars, medical conferences, blogs, and publications to help providers (i.e. medical professionals, mentors, counselors, and social workers) better serve and understand the needs of these populations. This continuous education and training can help both provider and patient overcome some of the barriers associated with mental health care.

Information regarding the mental health and psychological wellbeing of immigrants and refugees is scarce and extremely needed. Research on this topic would help providers better understand the epidemiology of mental health conditions that might affect these individuals.

Research on the mental health of refugees and immigrants is a topic that has gained interest in recent years, especially in Europe. This has yielded useful information that has influenced public policy and molded social programs aimed at a prompt, smooth, and effective integration of the individual into the host society. As stated before, there are five organizations identified in this analysis that reference conducting research (medical, epidemiologic, or sociologic) as part of the services they provided. The results from the research conducted by these organizations should be used as a tool to direct future efforts to improve the mental health of immigrants and refugees.

There are more mental health organizations providing resources specifically available for refugees than there are for immigrants on a national level. As refugees have a need for emotional and psychological support due to the conditions associated with forced mobilization like violence, sex-trafficking, war, and extreme poverty, this has led many organizations to direct their efforts to serve these populations. However, immigrant populations often experience the same pre-immigration conditions that render them in extreme need of similar services. While refugee status confers certain benefits such as Refugee Medical Assistance (RMA)-short-term medical insurance- and some eligibility for Medicaid or the Children's Health Insurance Program (CHIP), immigrants are not eligible to receive these federal benefits. The lack of federal protection and benefits may leave immigrant populations more vulnerable than refugee populations, even when their needs for mental health care are similar.

Populations that face linguistic barriers in their daily life, will most likely face difficulties when searching for mental health services. It is, therefore, important to have accessible multilingual information to facilitate the access services to immigrant and refugee populations. Almost two-thirds of the resources found in the state of Massachusetts present the information on their webpage only in English. This may create barriers for their target populations, whose native

language is likely not English, to access the information and services they provide. Many of these organizations offer a variety of resources such as educational webinars, blogs, and testimonials that may be inaccessible for many people due to a language barrier. Offering information in multiple languages would be helpful in reaching target populations and would increase the reach and impact of these resources.

With mental health consisting of a variety of factors and components, it is important to approach the delivery and access to mental health care as an inclusive process. Medical professionals and traditional methods should not be the only providers included in the mental health resource network. Organizations offering immigrant and refugee services of community integration, education, advocacy, and empowerment play an important part in increasing the well-being of these populations.

By the time immigrants and refugees arrive in the U.S., little can be done to manage the pre-immigration stressors and trauma; therefore, it is important to develop efficient strategies and execute initiatives focusing on creating a network of inclusive community-building efforts. Community leaders must be included in this process as they may be the closest point of access to marginalized and ostracized communities. Studies have proven the involvement of community-based initiatives and leaders may yield positive outcomes in mental health and well-being in immigrants and refugees (Rusch, Frazier, & Atkins, 2015). Likewise, school-based programs have proven effective in easing the adaptation and integration of children that might have experienced trauma in the forced mobilization process. In this sense, various organizations that dedicate efforts to community-building programs that help immigrants and refugees in the adaptation or acculturation process could have been included in these or any further analysis of mental health

resources. However, for this to happen it would be important for those organizations to investigate and communicate the positive mental health benefits that their programs have on these groups.

A sense of personal and professional accomplishment along with self-worth are fundamental factors for the psychological well-being of any individual. This makes access to education an integral part of the process of improving the mental health of immigrant and refugee communities. Organizations that provide English as a second language (ESL), higher education, or trade resources can facilitate the integration of these groups as a productive sector of society. This would result in an increase in social mobility and self-fulfillment that, in turn, could improve the general well-being of individuals.

There is a significant and negative psychological impact caused by a sense of invisibility, voicelessness, or loss of rights often experienced by immigrants and refugees when arriving in a new country. For these reasons, organizations that work to empower and dignify immigrant and refugee communities play an important role in the mental health care system. In this paper, eight organizations were identified as providing advocacy services for immigrant and refugee populations; one of them specifically focused on mental health advocacy.

## **Conclusion**

By the time immigrants and refugees arrive in the country, they have been exposed to various stressors related to the immigration process that affect their mental health; creating an increased need for mental health care. Addressing these particular stressors, along with the cultural idiosyncrasies of each group and a lack of healthcare access, represent a major challenge to overcome for mental health care providers and the host country's public health system.

In order to understand the particular needs within immigrant and refugee populations, it is important to understand the risk factors associated with mental illness in these particular groups.

Additionally, significant cultural and structural barriers to care create difficulty accessing mental health care. For these reasons, it is fundamental that mental health care providers are aware of cultural characteristics and that they receive culturally-sensitive training to improve the success of mental health services.

An integrative approach to mental health care, one that involves community-based organizations, educational programs, empowerment, advocacy organizations, and community and religious leaders, could possibly facilitate the access of support networks to immigrant and refugee communities. A more inclusive and holistic approach to mental health care could be a key component in overcoming some of the barriers that hinder psychological support to these groups.

There are various organizations providing mental health care services to immigrant and refugee populations in Massachusetts. However, accessing detailed information regarding the type of services offered or the organization's targeted population can be difficult. By centralizing the information regarding available resources and services provided, this paper intends to facilitate the process of accessing mental healthcare providers that assist immigrants and refugees in Massachusetts.

Some organizations provide mental health care services for specific ethnic groups; however, some overlap in services and target population is evident. While some ethnic groups are well represented by the number of organizations tending to them, other groups are less represented. Notably, the Latinx immigrant community in Massachusetts appears to be underrepresented considering the share of the state's population they represent. An effort to create working networks between organizations and strengthen existing ones could improve the coverage of mental health care services provided.

Overall, psychological well-being is a fundamental factor in the adaptation process of migration. Immigrant and refugee populations have unique mental health characteristics and needs that need to be addressed in order to provide adequate healthcare. Little can be done about the pre-immigration stressors that these populations have experienced, but by improving the access to mental health care resources for immigrants and refugees it is possible to mitigate the negative consequences these might have on the individual, the community, and the public health system.

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