Impact of Refugee Status on Mental Health in Latino Children
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**Background**
- Immigrants face many sources of stress such as:
  - Cultural and linguistic adjustment
  - Finding a support system and sense of community
  - Discrimination
  - Navigating governmental requirements and health care system
- These pressures can compound stresses already facing a family that may or may not be related to the immigration process such as: Financial strain, Socioeconomic status, Family functioning
- While acculturation stressors increase a child's risks of mental health problems and substance use, constructive ethnic identities and family support protect immigrant children from negative behavioral and health-related sequelae of stress.
- School aged Latino children are more likely to have delayed or missed mental health needs than white peers.
- Hispanic children in immigrant families have fewer adverse childhood experiences despite higher incidence of poverty compared to US-born Hispanic families.

**Objectives**
- To screen for potential mental health disorders in the children of Latino immigrants in a primary care setting
- To assess if there are significant differences between children whose families have come under refugee/asylum status and those who have immigrated to the United States by other avenues
- To correlate mental health disorders with time lived in the US

**Methods**
- Sample: 85 subjects ages 2 to 18 voluntarily enrolled at a general pediatrics office in Louisville, KY
- Screening tool: Strength and Difficulties Questionnaire-SDQ (sdqinfo.com) in their preferred language (English or Spanish)
  - The SDQ examines children’s behaviors as markers for mental health with parental responses for ages 2-18 years and an additional self-reported screener for ages 11-18 years.
  - This tool is validated in both English and Spanish
- Questionnaires were scored for each subscale:
  - "Internalizing" behaviors: Emotional and Peer problems
  - "Externalizing" behaviors: Hyperactive and Conduct problems
  - The Prosocial score, a positive, protective score
- Demographic information:
  - Time lived in US
  - Preferred language spoken at home
  - Refugee/asylum status was assigned to those families from a country for whom asylum was granted at time of arrival
- Analysis:
  - T-test used for refugee vs non-refugee data comparison
  - ANOVA used for length of time lived in the US
- IRB approved study

**Table 1: Demographic Data**

<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>41</td>
<td>45.6</td>
</tr>
<tr>
<td>Female</td>
<td>49</td>
<td>54.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child age</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-5 years</td>
<td>32</td>
<td>35.6</td>
</tr>
<tr>
<td>6-10 years</td>
<td>33</td>
<td>36.7</td>
</tr>
<tr>
<td>11-18 years</td>
<td>25</td>
<td>27.8</td>
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</table>

<table>
<thead>
<tr>
<th>Preferred language at home</th>
<th>N</th>
<th>%</th>
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<tbody>
<tr>
<td>Spanish</td>
<td>73</td>
<td>81.1</td>
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<tr>
<td>English/No preference</td>
<td>17</td>
<td>18.9</td>
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</table>

<table>
<thead>
<tr>
<th>Child born in US</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>64</td>
<td>75.6</td>
</tr>
<tr>
<td>No</td>
<td>21</td>
<td>24.4</td>
</tr>
</tbody>
</table>

**Results**
- To further our understanding, the mental health of Latino youth and children, future research is needed with larger, multi-site, and more detailed comprehensive measures of demographics, acculturation, and associated stressors

**Conclusions**
- Culturally/linguistically sensitive mental health screening is an important component to pediatric care, particularly for children of immigrant parents
- Families who immigrate under refugee/asylum status have more access to resources than immigrants without such status
- Despite differences in access to acculturation systems, this study did not show a significant difference in emotional, conduct, hyperactivity, or peer problems correlated to immigration status
- However, children of families in refugee/asylum status did demonstrate a higher protective prosocial score (p=0.008)
- Limitations: Sample is too small at this time to correlate other specific demographic factors that might be more or less protective; we did not collect information on parents' legal immigration status at time of visit which could play a large role on the state of children’s mental health

**References**