

## 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 sequela of stress<sup>1</sup>
- ❖ School aged Latino children are more likely to have delayed or missed mental health needs than white peers<sup>2</sup>
- ❖ Hispanic children in immigrant families have fewer adverse childhood experiences despite higher incidence of poverty compared to US-born Hispanic families<sup>3</sup>

## Objectives

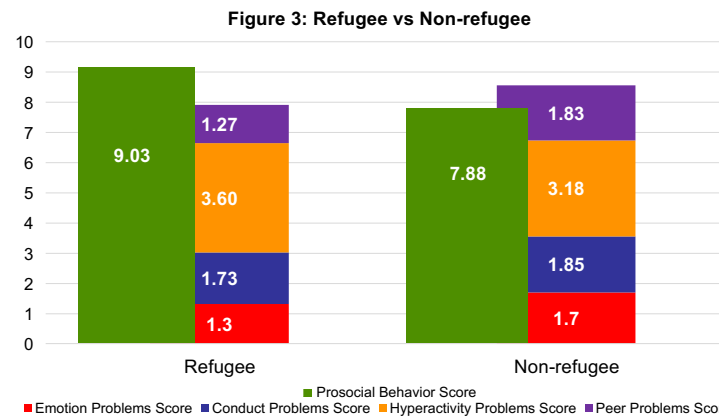
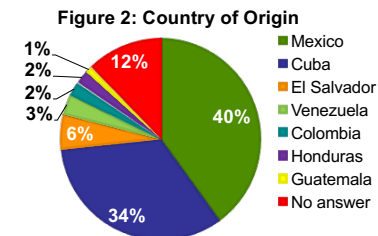
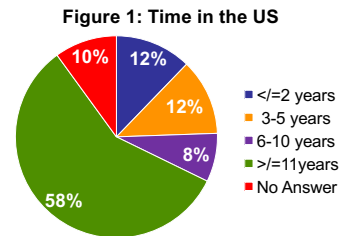
- ❖ To screen for potential mental health disorders in the children of Latino immigrants in a primary care setting
- ❖ To assess if there are significant differences between children whose families have come under refugee/asylum status and those who have immigrated to the United States by other avenues
- ❖ 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
- ❖ UofL IRB approved study

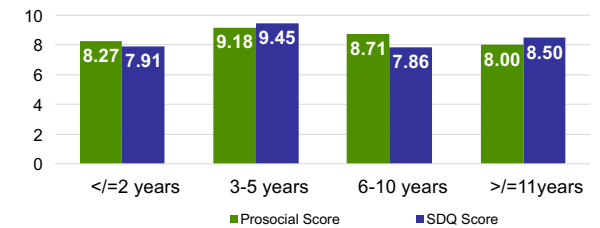
## Results

		N	%
Gender	Male	41	45.6
	Female	49	54.4
Child age	2-5 years	32	35.6
	6-10 years	33	36.7
	11-18 years	25	27.8
Preferred language at home	Spanish	73	81.1
	English/ No preference	17	18.9
Child born in US	Yes	66	75.6
	No	22	24.4



Score	Refugee	Non-refugee	p-value
Overall Difficulties	8.00	8.55	0.654
Emotion Problems	1.30	1.70	0.285
Conduct Problems	1.73	1.85	0.736
Hyperactivity Problems	3.60	3.18	0.455
Peer Problems	1.27	1.83	0.100
Prosocial Behavior	9.03	7.88	0.008

**Figure 4: Length of Time in US**



Time in the US	SDQ Score (mean)	Prosocial Score (mean)
<=2 years	7.91	8.27
3-5 years	9.45	9.18
6-10 years	7.86	8.71
>=11 years	8.50	8.00
p-value	0.91	0.30

## 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
- ❖ 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

## References

1. Perriera KM, et al. Stress and Resilience: Key Correlates of Mental Health and Substance Use in the Hispanic Community Health Study of Latino Youth. *Journal of Immigrant and Minority Health*. 2019; 21:4-13. <https://doi.org/10.1007/s10903-018-0724-7>
2. Caballero TM, et al. Addressing the Mental Health Needs of Latino Children in Immigrant Families. *Clinical Pediatrics*. 2017; 56(7): 648-658. <https://doi.org/10.1177/000922816679509>
3. Caballero TM, et al. Adverse Childhood Experiences Among Hispanic Children in Immigrant Families Versus US-Native Families. *Pediatrics*. 2017; 140(5): e20170297. <https://doi.org/10.1542/peds.2017-0297>