

A PROPOSED MODEL FOR ADVOCACY SERVICES FOR MEXICAN  
UNDOCUMENTED ALIENS WITH MENTAL HEALTH NEEDS

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The purpose of this presentation is to discuss the studies that have focused on undocumented aliens from Mexico, to discuss barriers that inhibit their use of mental health services, and to outline ways in which social workers employed in mental health institutions can become actively involved in helping this group. Since 1900, immigration to the United States from Mexico has followed a pattern of continuing legal and illegal entry; legal alien families from Mexico are defined as those who have been legally admitted to the U.S., whereas undocumented families are those residing in the U.S. who have entered illegally. Mexico has supplied more immigrants with United States working visas between 1957 and 1966 than any other country.<sup>1</sup> However, an unknown number of Mexicans enter the country illegally; for example, the AFL-CIO estimates the total number of illegal aliens residing in the U.S. is over eight million.<sup>2</sup>

The ease and frequency of entry of illegal aliens has three primary causes: two thousand miles of continuous border is difficult to patrol;<sup>3</sup> procrastination by the U.S. Congress prevents settling the issue of Western Hemisphere immigration;<sup>4</sup> and the lure of employment opportunities for a poor population living in a third world country continues to exist. If these conditions continue, the United States can expect a continuing immigration of Mexican aliens both legally and illegally.<sup>5</sup> As a consequence, the service delivery system of health and mental health agencies will have to address themselves to the possible availability of services to these aliens.

Immigration from one country to another can cause stress and disruption to family life of illegal aliens. The transfer means the family members' physical and mental health are at risk. Thus, obtaining health and welfare services such as health care, employment, social welfare provisions, and adequate housing can influence the family's capability for coping in another country.

Illegal status further affects the mental health of family members. The family that has decided to cross the border illegally must cope with fears of apprehension by the Immigration and Naturalization Service (INS). Furthermore, the family is vulnerable to exploitation from persons residing in the U.S. because there exists the threat to report the family to the INS.

Jorge Bustamante writes that "the threat of apprehension is always present in the illegal alien's mind and tends to interfere with her or his social contacts."<sup>6</sup> One can speculate that while immigration may be disruptive to family life of all aliens, illegal status imposes anxieties which may affect the use of health and welfare services by illegal families.

Despite the recent attention focused on the special needs of the Mexican American, there is still a widespread lack, even among professionals, of a working knowledge and understanding of the problems facing illegal aliens from Mexico. What problems do undocumented Mexican aliens encounter because of their illegal status? What has been their experiences with health and welfare institutions? How can social workers assist them with services? The following sections describe the studies which have focused on the problems of this group and their experience with institutions and explain the service advocacy can provide.

### *Review Of The Literature*

There are three principle sources of data available on the illegal Mexican alien: (1) migration data, (2) arrest records, and (3) experiences and interviews with aliens. Historical literature, which is primarily descriptive, explains background factors concerning illegal alien movement. These studies deal with Mexico's high birth rate, its economic and employment problems, and its dislocated rural population forced into the labor market of the United States. Other scholars elaborate on the technical revolution within Mexico as a dislocating factor that places large numbers of unemployed rural peasants in border areas in search of employment.<sup>7</sup>

A second source of information is arrest records as reported by the immigration records of law enforcement agencies. Tim Dagadag conducted a study to determine the place of origin from which illegal aliens migrate.<sup>8</sup> The sample consisted of 3,204 selected case records of illegal aliens seized in the Chula Vista

sector of California filed during a six-month period. One finding was that most of the aliens migrated from Central Mexico. The study also found that most illegal aliens were low-skilled laborers searching for employment. Two-thirds were single and the remainder married. There was no category for single-parent families. The study did not include women who were engaged in employment.

Another study, by Parker Frisbe, focused on a 20-year longitudinal analysis of border patrol arrests.<sup>9</sup> The period of study was between 1946 and 1965, and the results show that the flow of illegal aliens was clearly affected by the changes in the economic status of agricultural enterprises within the two countries. It concluded that "push factors were of greater importance than pull factors" and that illegal aliens were not attracted to the U.S. but were forced out by Mexico's economic factors.

The last source of information comes from studies utilizing data from the illegal aliens themselves. These reports consist of personal interviews with apprehended and unapprehended illegal Mexican aliens. One of the most daring studies, using participant observation techniques, was the 1969 experiences of Bustamante.

In Julian Samora's study of illegal aliens, a research assistant (Bustamante) working for Samora assumed the role of an illegal alien. The INS was advised of the study, but not the details. The research assistant left all his identifying papers with a letter from the director of the project in the hands of a lawyer in a U.S. border city. The research assistant went to Mexico and assumed the identity and behavior of a poor Mexican. When he reached the Mexican border, assistance was given by a smuggler who aided a group of illegals in crossing the border. They were apprehended by the Border Patrol and sent to a detention center. A diary and research notes were sent to Samora in the form of letters. Contrary to the findings of previous studies, Bustamante reported that illegals were attracted to the U.S. because of opportunities for work. The process of crossing the border was dangerous and the illegal alien was exploited by the smuggler and rancher. All of the informants were men.

Samora collected data from 493 illegal aliens in detention centers and in the community.<sup>10</sup> He concluded that the movement of illegal aliens was a factor in creating social problems in the United States. Samora considered the illegal alien as creating a series

of problems in communities where they lived; these problems include housing, public health and welfare, delinquency, and crime. He also provided the historical background of illegal migration patterns. A profile of the illegal alien was presented with reasons why they immigrated illegally. All the informants were men.

The most recent study was conducted by Consuelo Lopez.<sup>11</sup> She investigated the differences in family adaptation between undocumented and resident families. The design was descriptive and exploratory. The two hypotheses were: the presence of security will result in resident aliens demonstrating more security in self and environment than undocumented aliens; and undocumented alien families will have a lower family role congruence than will resident families.

The sample consisted of twenty-five resident and twenty-five undocumented families chosen from the Maravilla Health Center in East Los Angeles. It took Lopez a two-year period to collect the data as some aliens were hesitant to be interviewed. The major assumption of the study was that immigrants will undergo a period of resocialization to meet behavioral expectations in America which will differ from those of Mexico. She also investigated the association between the independent variable immigrant status and the dependent variables of role congruence and family role conflict. Some of her conclusions were that illegal aliens had a strong desire to remain in this country; they felt less secure and more anxious than resident aliens; there was no difference in role conflict and role congruence in both groups; and both groups accepted egalitarian norms in family roles.

Lopez's study differed from the others in that the focus was now on the family unit as opposed to single men immigrating. She did not go in depth as to the type of welfare services used by both groups but only included parks, schools, and insurance plans. Another limitation was not inquiring as to the type of supportive services the informal network gave in time of need. The sample was drawn from a health center indicating that both groups knew how to use health resources.

Whereas Lopez concentrated on the family dynamics, Ramon Salcido investigated the use of services and measured perceived stress. Salcido's study examined the use of formal and informal community services between documented and undocumented alien families.<sup>12</sup> The aliens' experiences were viewed within a social

system perspective which focused upon the external systems of the economy, community, and service institutions. The sample consisted of twenty-five documented female aliens and twenty-five undocumented female aliens from Mexico.

The data indicated that undocumented aliens have fewer economic resources and less education than documented aliens. And there was less use of health and welfare services among the undocumented group. Both documented and undocumented aliens made use of the network for services. None of these studies, however, detect and define barriers which prevent the undocumented from maximizing their use of mental health services.

### *Advocacy Services: A Model For Mental Health*

Advocacy can be divided into four areas of practice: (1) family advocacy, in which the social worker represents an individual or family; Hugh et al. recommend that the agency representative fight the battle with the system, with the ultimate goal of showing the client or family how to fight its own battles;<sup>13</sup> (2) community advocacy, in which a board or staff of an agency takes collective action to change a condition affecting the lives of the agency's clients; (3) legislative advocacy, which refers to "any individual, agency, or organization which attempts to influence the course of a bill or other legislative measure," according to Patti and Deal;<sup>14</sup> (4) ombudsmanship, the least familiar of advocacy functions, which "controls and regulates the impersonal, frequently unjust, operations of large bureaucracies such as government departments, universities, correctional institutions, and welfare agencies."<sup>15</sup>

Social workers engaged in mental health services must be capable of using all four interventions (or a combination of the four which best fits the client's situation) to assist the undocumented alien. As members of a mental health team, social workers possess the knowledge and professional skills needed to engage in advocacy.

The advocacy program should incorporate some basic principles as part of service delivery. Central to the concept of advocacy is that the undocumented have legal and consumer rights. Hence, advocates must view their undocumented clients as ordinary consumers, regardless of their backgrounds or ages. An inseparable corollary is the assumption of the human rights of each client. Showing respect to individuals regard-

less of their cultural background is an intrinsic part of service delivery, and the goal of the advocacy system should be to provide humane treatment and emotional support for each client, as well as specific information.

Another principle of advocacy is the provision of an environment conducive to the physical, intellectual, and emotional well-being of the undocumented within the health care institution. If the institution creates an environment inimical to the well-being of the undocumented patient, the advocate should notify the proper authorities within the institution. Maintaining maximum contact between the mental health institution and the community comprises the last and encompassing principle of advocacy service, because the isolation of mental health personnel from the Mexican community they serve has been a major factor in preventing effective delivery of services to that community.

### *Barriers*

The application of these practices and principles of advocacy would serve to mitigate some of the problems which have been identified in the review of the literature. Barriers can be conceptualized in three distinct dimensions which inhibit the utilization of mental health services by undocumented aliens: problems within the individual; obstacles in the environment; and barriers within the institution. Lack of education, unfamiliarity with mental health services, and negative perceptions of institutions are the problems which inhibit the undocumented from using mental health services. The obstacles in the environment are restrictive eligibility requirements, insensitivity to Mexican cultural values, and communication problems.

### *The Individual*

Counseling and consumer education are two direct forms of service the social worker can provide to the undocumented to make the most effective use of services. Counseling should provide information on what mental health services are available and to what degree they can be of benefit. Counseling should also describe institutional procedures and hospital procedures which are not understood because of language differences. Too often, this group is not familiar with what mental health services is about. All necessary information must be conveyed in a clear and concrete manner, without condescension.

## *The Environment*

The social worker has an important role to play in making the environment responsive to the needs of undocumented aliens. Political action and brokerage advocacy are the indirect services in which the worker can be a partisan advocate for changes in the present Social Security and Medi-Caid Programs which restrict benefits. By lobbying directly with citizens' groups in the Mexican American community for these changes, the social worker can influence the legislative process at a governmental level useful to clients. Likewise, if immigration laws could be changed to allow amnesty for persons sixty-five and over who have resided in this country for more than five years, this would make a large percentage of the Mexican population and Mexican elderly eligible for SSI and Medi-Caid benefits.

Brokerage, on the other hand, entails acting as an intermediary between the client and existing services in the community.<sup>16</sup> Brokerage, in this context, recognizes the dependence of the individual on the social environment, and facilitates change by maximizing the resources available to the client.<sup>17</sup> For example, a Mexican senior seeking mental health services may be faced with inadequate housing, no medical or social security benefits, and no alien documentation. In such a case, the social worker should review the client's existing resources. If none exist, the worker would then seek out adequate resources for the client. In this way, brokerage expands the role of the advocate beyond the boundaries of the hospital setting to make sure that the client reaches the appropriate services.

## *The Institution*

Advocacy services which confront the barriers created by the institution are both direct and indirect. Ombudsmanship deals directly with individuals within the health care institution, but research deals with individuals only indirectly. Ombudsmanship is concerned with correcting administrative problems and errors within the health institution. Unlike the broker, the ombudsman does not link up resources for needy clients, but pinpoints obstacles the institution presents to patients. Ombudsmanship provides an advocate to represent clients who believe their needs are not being met because of red tape or that they are being given the run-around by an insensitive staff.

Research, in contrast, approaches institutional change indirectly.<sup>18</sup> The advocate may investigate and document patterns of service complaints and interview clients to determine if they are satisfied with the services provided by the institutions. This research would verify if the services provided are those needed by service consumers and detect gaps in the services. Research also specifies the barriers in measurable terms which enable the advocate to predict events which may occur again if conditions are not changed.

Counseling and consumer education, political action and brokerage, ombudsmanship and research are all active practices in which social workers can engage. All should be pursued within mental health institutions so as to ensure the maximum utilization of existing services by undocumented aliens.

The following case history demonstrates the efficiency of such a system. The services provided are problem recognition, counseling, consumer education, and brokerage;

Mr. A., sixty-five years of age, is an illegal alien from Guadalajara, Mexico. He speaks only Spanish. He has no schooling, so he cannot read in Spanish or English. Mr. A., has no family in the area; only the friend from whom he rents a small room, and with whom he shares food.

Mr. A. has resided in the U.S. for more than twenty years and has paid Social Security contributions and taxes from his pay as a dishwasher just as native-born Americans do. He presently draws \$80.00 a month from odd jobs he does in the neighborhood. Mr. A. is sick, yet he feels that he is not entitled to health and welfare benefits he supported with his taxes and Social Security contributions. He also fears deportation by the INS. Fortunately, he came to the attention of a social worker at the community health center. With assurance that he would not be turned over to the INS and that the services were free, Mr. A. received health screening at the center. Later diagnosis revealed Mr. A. had severe diabetes.

The social worker gained Mr. A.'s trust and recognized his lack of resources as the major obstacle to using the health and other services he needed. The advocate advised Mr. A. about current immigration laws which might make him eligible for resident alien status. As



a resident alien he would be eligible for Medi-Cal and SSI provisions. After identifying Mr. A.'s reasons for not seeking health care, and informing him of his rights under immigration law and as a consumer, the advocate used brokerage to resolve his medical problems and get the paperwork underway for residency status and welfare benefits:

The worker's first concern was obtaining the medication for Mr. A. He purchased the medication with petty cash funds allotted for that purpose. The worker then accompanied Mr. A. to a United Way-funded agency for assistance in applying for resident alien status. A week later, the worker accompanied Mr. A. to the welfare office to provide support, and to make sure he understood the necessary forms before signing them.

Mr. A.'s case shows how the advocate recognized the client's problem, overcame the language difficulty and lack of education, informed him of his legal and consumer rights, and showed him how to obtain the necessary services from the appropriate institution. Advocacy provided Mr. A. with the medical treatment he needed and served to connect him with the required services.

### *Conclusion*

It is essential to the effectiveness of an advocacy program that the social work administration and the mental health administration agree on the purpose and scope of advocacy services, so that together they can provide a structure in which advocacy services can develop. Utilizing existing resources, wherever possible, maintaining close contact with the Mexican community the institution serves, adhering strictly to the basic humanitarian principles of advocacy, and working together, social workers can transcend the barriers that have prevailed against consumers within institutions, as well as overcoming the cultural and environmental obstacles to full utilization of mental health care services among the disadvantaged.

### Notes

<sup>1</sup>Leo Grebler, Joan Moore, and Ralph Guzman. *The Mexican American People*. (New York: The Free Press, 1970).

<sup>2</sup>*Los Angeles Times*. (17 September 1972) 16.

- <sup>3</sup>Commission of Western Hemisphere Immigration. *Report of the Commission*. (Washington, DC: U. S. Government Printing Office, 1969) 3-4.
- <sup>4</sup>Ibid.
- <sup>5</sup>Ibid.
- <sup>6</sup>Jorge A. F. Bustamante. "Through the Eyes of a Wetback: A Personal Experience." *Los Mojados: The Wetback Story*. Julian Samora, ed. (South Bend: University of Notre Dame Press, 1971) 107-128.
- <sup>7</sup>Whitney W. Hicks. "Economic Development and Fertility Change in Mexico." *Demography*. Vol. 1, No. 3(August, 1974) 407-421. Leo Grebler. *Mexican-American Study Project*. Advance Report 2 (Los Angeles: Division of Research, Graduate School of Business Administration, University of California, 1965). Jorge A. Bustamante. "The Wetback as Deviant: An Application of Labeling Theory." *American Journal of Sociology*. Vol. 77, No. 4(January, 1972) 709. Alejandro Portes. "Return of the Wetback." *Society*. (March/April, 1974) 40-46.
- <sup>8</sup>Tim W. Dagadag. "Source and Regions and Composition of Illegal Mexican Immigration to California." *International Migration Review*. Vol. 9(Winter, 1975) 499-510.
- <sup>9</sup>Parker Frisbe. "Illegal Migration from Mexico to the United States: A Longitudinal Analysis." *International Migration Review*. Vol. 9(Spring, 1975) 3-15.
- <sup>10</sup>Julian Samora. *Los Majados: The Wetback Story*. South Bend: University of Notre Dame Press, 1971).
- <sup>11</sup>Consuelo Lopez. *Immigrant Status Security and Family Role Conflict: A Comparative Study of Resident Aliens and Undocumented Aliens from Mexico*. D.S.W. Dissertation (Los Angeles: University of Southern California, 1976).
- <sup>12</sup>Ramon M. Salcido. "Undocumented Aliens: A Study of Mexican Families." *Social Work*. Vol. 24, No. 4 (July, 1979) 306-312.
- <sup>13</sup>Howard Hugh, et al. "Relevant Agency Programs for the Large Urban Community." *Social Casework*. Vol. 51, No. 4(April, 1970) 203-204.
- <sup>14</sup>Rino J. Patt and Ronald B. Dear. "Legislative Advocacy: A Path to Social Change." *Social Work*. Vol. 20, No. 2(March, 1975) 108-113.

15 Donald Fritz. "The Advocacy Agency and Citizen Participation: The Case of the Administration on Aging and the Elderly." Paper presented at the 1978 Annual Conference of the American Society for Public Administration. (November, 1978).

16 Ronald C. Frederico. *The Social Welfare Institution*. (Lexington, MA: D.C. Heath and Company, 1976).

17 Ibid.

18 Orlin Malicher. "A Role for Social Workers in the Consumer Movement." *Social Work*. Vol. 18, No. 1 (January, 1973) 65-66.

### Critique

With the data we have the evidence of need, with the proposed method, we have been offered a logical approach to difficult conditions, but what we need now is a method for overcoming the extraordinary conditions. Salcido's contribution is both an offering and a projection of one of a number of serious social problems in the United States. As an offering, this paper provides data sustaining the structure and validity of a model; as a projection, Salcido focuses the phenomena of United States/Mexican border relations as that situation concerns United States nationalism and Mexican aliens who are illegal residents, especially in southern California. The here and now situations, identified by Salcido, as they pertain to "minority" individuals in the United States, continue without effective intervention from social workers who are training in the mores of traditional social and behavioral science epistemology.

Nothing stands out so clearly as Salcido's statement that "Despite the recent attention focused on the special needs of the Mexican American, there is still a widespread lack, even among professionals, of a working knowledge and understanding of the problems facing this particular population." But the question is: Where would the American social worker receive the kind of training which Salcido claims they lack as a class? To put it another way, where would the social workers be significantly exposed to the works of such comprehensive social scholars as Rudolfo Alvarez, Kenneth Clark, Jonathan Kozol, Ivan D. Illich, and a number of others who have experience and discarded the Darwinist-based social and behavioral science of American institutions of learning? There is little