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Migrant Minds: A Proposed Explorative Survey Examining Cultural Barriers and Mental Health Aid in Mexican Immigrant Women

Alexandra Melissa Garcia
Bard College

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by Alexandra García

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Esta propuesta va dedicada a mi mamá, Rosa,

la primera mujer en mi vida

y por la que quiero cambiar el mundo

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Table of Contents

Abstract **1**
Introduction **2**
Mexican Migration to the United States **2**
Pre-1900s 2
Wave 1: Escaping Dictatorship & The Mexican Revolution (1900 to 1930) 4
Wave 2: The Bracero Program & the Absence of Men (1942 - 1964) 5
Wave 3: The Immigration and Nationality Act of 1965 7
Wave 4: Immigration Reform and Control Act of 1986 9
Causes for Women Leaving Mexico **10**
Quality of Life 10
Mexican Gender Norms 12
Femicide in Mexico 18
The American Dream **22**
Work in the United States **24**
Gender Division of Labor: The Feminization of Domestic and Care Work 24
The Abuse & Exploitation of WOM 26
Mexican WOM's Mental Health **28**
Undocumented Drawbacks 31
Intersection Between Mental Health And Migration **32**
Accessing Mental Health Services **39**
Post-Migration Support **41**
Community in Urban Settings 41
Con Dios Todo Se Puede [Everything Is Possible With God] 41
Methods **42**
Participants 42
Instruments 43
Procedure 45
Data Analysis 45
Expected Results **48**
Theme 1: Language Struggles. 48
Theme 2: Economic Barriers. 49
Theme 3: Lack of Time. 49
Theme 4: Mental Health Stigma. 50
Theme 5: Religion. 50
Conclusion **51**

Limitations 51
Recommendations 52
References **53**
Appendix A1 ..... **64**
Appendix A2 ..... **70**
Appendix B1 ..... **71**
Appendix B2 ..... **72**
Appendix C1 ..... **73**
Appendix C2 ..... **75**
Appendix D1 ..... **77**
Appendix D2 ..... **78**
Appendix E **79**

Abstract

Women on the Move (WOM) are an at-risk population of women who leave their home countries with the hope of a better quality of life (QOL). WOM is a wide umbrella term and for this paper, it encompasses documented, undocumented, migrating, immigrating, and emigrating women. This proposal focuses on Mexican WOM and their mental health; to better understand their experiences with professional mental health in the United States and any barriers they face. This topic is under-researched, and the quantitative studies on the topic are prone to "frequently inconsistent and contradictory" generalizations. This exploratory study will collect qualitative data. By using Braun & Clark's (2006) thematic approach to data analysis, we will be able to formulate themes that start to answer the question: How do Mexican migrant women make decisions about professional mental health seeking, and what barriers do they experience in seeking mental health help? My proposed study will add to the limited literature based on Mexican women migrants and their mental health. This proposal strives to offer insight, from first-hand sources, to help better accommodate immigrants, and thus help formulate recommendations for mental health professionals to design more effective depression treatments that are better informed.

Introduction

Mexican Migration to the United States

Mexican migration to the United States is a complicated dynamism, featuring both benefits and setbacks for Mexican women. Many individual factors push women to leave their home country, such as prevalent gender violence, poverty, or escaping other harmful conditions. They also face different struggles, even trauma, during their migration to a foreign country. And finally, the socioeconomic problems that arise for them post-migration in the new country. Immigration is a tough topic to discuss as it is very politically involved especially in the United States. Women are rarely brought up or involved in this discussion, political or otherwise. These migrant women, also known as women on the move hence WOM (WHO, 2017, pg. 6) face unique struggles that are invisible to the general public. Often, their struggles are not taken seriously or thoroughly researched. This lack of literature can then result in generalizations leading to inconsistencies (Durand & Massey, 1992, pg. 3) which are prevalent in common knowledge nowadays. The generalizations about Mexican women on the move are contradictory and misleading. To clarify some of the more common contradictions, I aim to provide a better understanding of how and why Mexican women migrate to the United States. First, I will provide some background on the border's turbulent history.

Pre-1900s

The initial political conflict (Maranzani, 2018, np) between Mexico and the United States occurred when both country leaders believed that the other had invaded and attacked their land (Shrier, 2011, np). Tensions had been high since the 1820s when Mexican officials invited Anglo settlers into modern-day Texas which was still declared part of Mexico. Then, in 1836, the

Republic of Texas officially declared its independence from Mexico after defeating Santa Ana in the Battle of San Jacinto, which Mexico did not like and Santa Ana, the Former President of Mexico, chose not to recognize Texan independence (Shrier, 2011, np). The heat between Mexico and the United States kept rising as Texas quickly became a U.S. state during the annexation of Texas in 1845. Texas and Mexico continued to have conflict over border lines. Mexico cut off diplomatic ties with the U.S. and did its best to efforts to forestall the annexation of Texas by the United States with no success. However, their disagreements hit a peak on May 12, 1846, when the Senate voted 40 to 2 to declare war on Mexico over their territory disagreements. Yet, despite all of Mexico's anger, it had been an unstable country for years, facing financial instability (Maranzani, 2018, np), "politically divided and also militarily unprepared" (Shrier, 2011, np) led to its surrender. Thus, the Mexican-American War started and took place from 1846 to 1848 which is notably the first time the U.S. fought on foreign soil. And in late 1847, the war ended with Mexico's surrender, and, in 1848, the Treaty of Guadalupe Hidalgo was signed. This treaty depicted the loss of roughly 33 (Maranzani, 2018, np) to 55 percent (Shrier, 2011, np) of Mexico's land including modern-day California, Nevada, Utah, Arizona, Colorado, and New Mexico as well as delineating the 2000-mile-long border between Mexico and the United States (Sullivan & Rehm, 2005, pg. 240). The US-Mexico border would precede the concept of "legal" migrant status. People living in the newly turned U.S. states had the choice to migrate south to Mexico or gain dual citizenship, and while roughly 3,000 Mexicans returned, the majority chose to stay as they were promised to, "be maintained and protected in the free enjoyment of their liberty and property, and secured in the free exercise of their religion without restriction" (Treaty of Guadalupe Hidalgo, 1848, np) which was later changed to civil and political rights and protection over land was erased. With the annexation of

Northern Mexico, nearly 80,000 Mexican citizens became U.S. citizens and the history of Mexican-American citizens would begin.

Wave 1: Escaping Dictatorship & The Mexican Revolution (1900 to 1930)

The first recorded Mexican immigrants that entered the United States, following the annexation of Northern Mexico, were noted around the 1870s because their names were inputted into the U.S. federal census. These immigrants usually stayed in rural states such as Iowa. This soon changed in the years following 1900, and the number of Mexican immigrants began to rise. The first and biggest wave of Mexican immigrants entering the United States happened between the 1900s and 1930s. This first surge of Mexican immigrants was brought about by the poverty they suffered at the hands of Mexican dictator Porfirio Díaz, who was prioritizing the support of the wealthy by providing them with land while poor farmers were stripped of their land. The Mexican Revolution began in 1910 when Mexican citizens began to challenge the governing dictatorship of Porfirio Díaz. Thus, violence was at a high during this long and bloody struggle in Mexico so many workers searched for livelihood elsewhere. Farmers/agricultural workers were often recruited by private labor contractors to work in U.S. territory (Zong & Batalova, 2014, np). The transportation system used to transport goods and labor in and out of Mexico was the north-south railroads connecting central Mexico to the U.S. border; these railroads were built and financed by American business companies between the late 1800s and early 1900s. The economic situation was doing well for immigrants, they were able to send remittances back to their families in Mexico. Not just that, with employment and housing being secure, many returned to Mexico to bring other family members back with them. Migrating to and from Mexico was common during this time, as World War I (WWI) led to a labor shortage for agriculture in the U.S. This process of chain migration benefited both U.S. employers and

Mexican employees, and the number of Mexican immigrants "rose from 105,200 in 1900 to 624,400 in 1930" (Zong & Batalova, 2014, np). Though, it is not possible to know just how many immigrants came to the U.S. during this time, due to lack of documentation, and, "because of the length and openness of the U.S.-Mexican border, a great deal of immigration took place outside of legal channels" (Thurber, n.d., np). Unfortunately, the Mexican-born population would fall by over 40 percent as a result of the Great Depression and immigrants both voluntarily and forcibly migrating back to Mexico.

Wave 2: The Bracero Program & the Absence of Men (1942 - 1964)

The second wave of immigration was spurred by the implementation of the Bracero program from 1942 to 1964. The program was formed from an agreement between Mexico and the United States that permitted Mexican men, *exclusively* men, to come to the United States for work by providing them with, "short-term, primarily agricultural labor contracts" (Bracero History Archive, 2021, np). During the span of this program, women were separated from their families, left behind in Mexico (Avila, 2018, pg. 11), and forced to adapt to transnational living. Many Bracero women, wives to Bracero workers, were affected by their husband's absence; women "often became (temporary or permanent) single mothers" (Castaneda, 2021, pg. 11) or they were abandoned or financially neglected by their husbands (Castaneda, 2021, pg. 11). Yet their perspective is not well documented and women are excluded from this time. This program began as a solution to the United States' labor needs once again, because World War II (WWII) had created an immense labor shortage. Mexico, of course, had its concerns with allowing thousands of men to migrate to the United States if they were going to face discrimination or be exploited by American employers, which did occur despite the terms of the Bracero Program dictating otherwise. Undeniably, this program was popular and successful, with over 4.6 million

contracts signed throughout the 22 years, with many men returning on multiple contracts, and it was the largest U.S. contract labor program (Bracero History Archive, 2021, np). There are two sides to every story. On one hand, the United States saw this program as a benefit for everyone involved, and on the other hand, there is literature depicting the immense pain and suffering of the Braceros while they worked under these contracts. Braceros worked for very low wages, less than an average U.S. citizen, and under strenuous conditions that U.S. citizens refused to accept, they were treated as inferior in society because of their status. And in many unfortunate cases, Braceros had mages withheld from them or never got paid at all.

> "Generally speaking, the Latin-American migratory worker going into west Texas is regarded as a necessary evil, nothing more nor less than an unavoidable adjunct to the harvest season. Judging by the treatment that has been accorded him in that section of the state, one might assume that he is not a human being at all, but a species of farm implement that comes mysteriously and spontaneously into being coincident with the maturing of cotton, that requires no upkeep or special consideration during the period of its usefulness, needs no protection from the elements, and when the crop has been harvested, vanishes into the limbo of forgotten things-until the next harvest season rolls around. He has no past, no future, only a brief and anonymous present" (Kibbe, 1946, pg. 176).

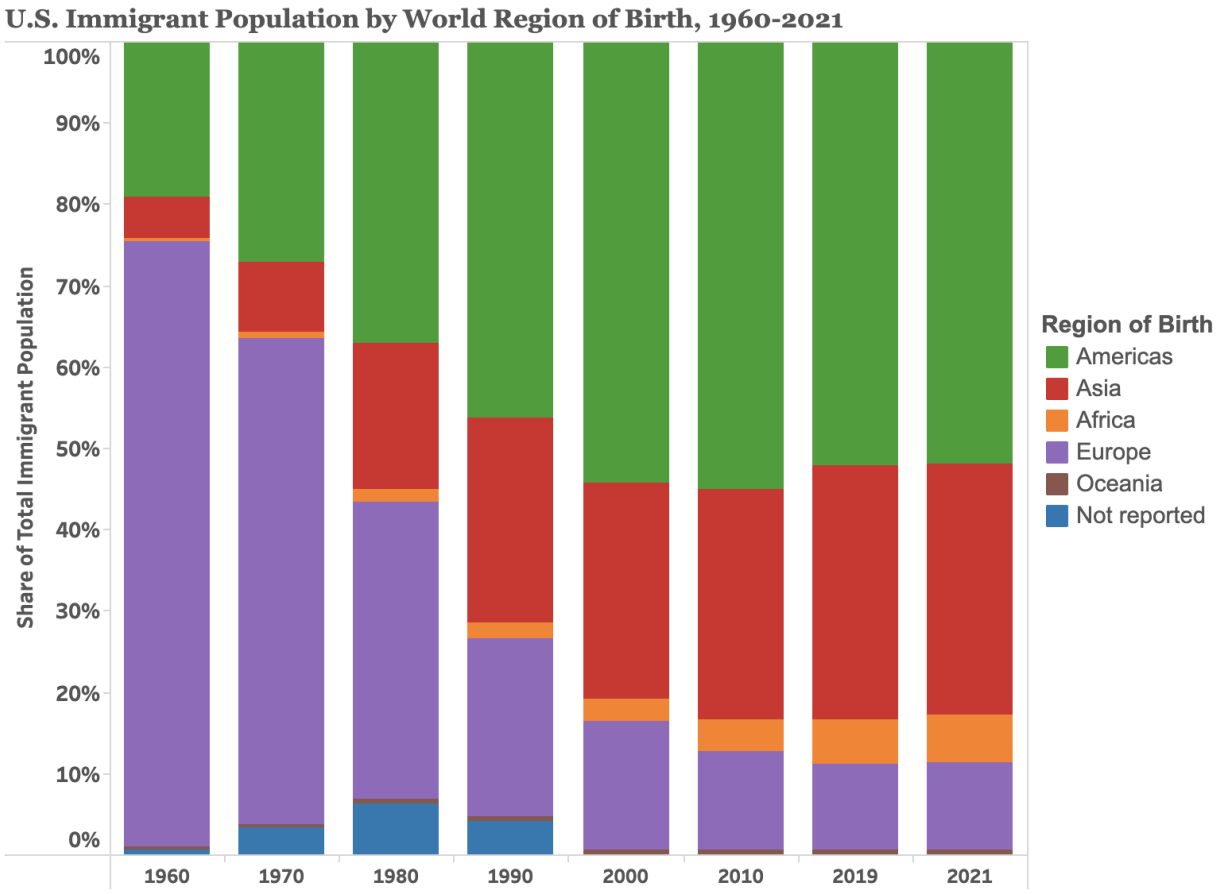
In some states, particularly Texas, Braceros were treated with such disrespect that there was a period when Mexico completely refused to send workers to that state (Thurber, n.d., np). Despite its original purpose being to alleviate the stress of war and labor shortage, the program was kept running even after WWII had ended. However, because of its popularity, becoming a Bracero was incredibly difficult, and not everyone could get a permit, hence many Mexican workers

chose to migrate into the U.S. unauthorized and it is suspected that the number of people who entered without proper authorization was equal to or greater than the number of official Braceros since Latin Americans were "allowed to enter the U.S. without many restrictions" (Cohn, 2015, np). Over 5 million Mexicans came into the United States as Braceros, and after the program was terminated, hundreds of thousands of the workers stayed despite their permits and contracts ending (Latapí & Masferrer, 2022, pg. 3). The modern-day equivalent to Braceros, known as guestworkers, are "second-class" (Sullivan & Rehm, 2005, pg. 240) immigrants in temporary foreign worker programs who continue to be exploited by the U.S. government.

Wave 3: The Immigration and Nationality Act of 1965

The termination of the Bracero program in 1965 initiated the third wave of Mexican immigrants which consisted primarily of unauthorized immigrants (Zong & Batalova, 2014, np). In 1965, the U.S. immigration laws changed the landmark Immigration and Nationality Act, also known as the Hart-Celler Act, that created a system that prioritized family reunification and especially skilled immigrants instead of previous national quotas (Cohn, 2015, np). This change introduced the first numerical limitations to the number of immigrants coming into the U.S. from Mexico, and Latin American countries (Zong & Batalova, 2014, np). After this act, immigration rose once again for Mexico, many other Latin American countries, and Asian countries as well instead of being dominated by European countries. Before 1965, citizens of European descent made up roughly 84 percent of the U.S. population while Hispanics were only 4 percent, and Asians comprised less than 1 percent of the population (Chishti et al., 2015, np). Figure 1 shows the growth in immigrant diversity in the decades following 1965 when Latin Americans became the largest immigrant group in the U.S. (Latapí & Masferrer, 2022, pg. 3).

Figure 1. Bar graph depicting the U.S. Immigrant Population by World Region of Birth from 1960-2021



Note. The figure is taken from Migration Policy Institute data hub (MPI, 2013, np).

Following these changes, a majority of Mexican men continued to regularly (yet illegally) cross the border both ways for work as seasonal farm laborers (Zong & Batalova, 2014, np). This heavy rise in illegal immigration was in large part due to the end of the Bracero program (Khan et al., 2021, pg. 73) and the new limitation on legal immigration into the U.S. (Chishti et al., 2015, np).

Wave 4: Immigration Reform and Control Act of 1986

It's a challenging job to systematize the waves of migrations, some sources separate migration into four waves, others three, and the unauthorized immigrants make quantifying numbers impossible due to a lack of proper documentation. However, Zong & Batalova (2014), document the fourth wave of Mexican Migration started after the Immigration Reform and Control Act (IRCA) was passed in 1986. This act, also known as Simpson-Mazzoli Act, granted amnesty and legalization to over 3 million unauthorized immigrants, "including 2.3 million Mexicans" (Zong & Batalova, 2014, np) if they met a set of conditions such as living in the U.S. before January 1, 1982. In return for the legalization of so many undocumented immigrants, the U.S. Congress wanted to strengthen Border Patrol and penalize and discourage American employers who regularly hired undocumented immigrants for cheap labor. To have better control over undocumented immigrants, which were predominantly Mexican workers, there were stricter regulations for work documentation such as providing the citizenship of the employees. Employers who hired undocumented immigrants were subject to federal penalties which, "did not dramatically reduce unauthorized Mexican immigration, since enforcement against the hiring of unauthorized workers did not develop into a major government effort" (Latapí & Masferrer, 2022, pg. 177). There was also a special provision specifically to reduce the residency requirement for seasonal agricultural workers (Latapí & Masferrer, 2022, pg. 177). Border Patrol was also not high in numbers until the mid-1990s which meant that enforcement was weak and Mexican immigrants, many undocumented, found their own way to cross the border even as it became progressively more difficult. Not just that, due to culture, families would often migrate together and settle down permanently once they reached the United States. Yet, American employers were still eager to hire Mexican undocumented immigrants, despite the new strict regulations, because of how convenient and beneficial it was to them. From their perspective,

there were no better workers than those who are, “decent, ample, tractable, and [a] modest work source, effectively abused, and easily deportable at whatever point they misbehaved, never requested higher wages, better work conditions, or attempted to sort out associations” (Khan et al., 2021, pg. 73) which perfectly described Mexican laborers looking for work in the U.S. Mexican workers were once again a displaced population, defenseless, and faced a high risk of financial abuse and exploitation (Khan et al., 2021, pg. 74) at the hands of their employers and American neighbors. The smallest rebellion would lead to replacement and deportation, so they took the abuse as there was no law protecting them. The rise in restrictions for border crossing led to the militarization of the U.S.-Mexico border (Khan et al., 2021, pg. 75) and the criminalization of undocumented immigrants which has gotten more severe in the decades following this act.

Causes for Women Leaving Mexico

Quality of Life

Many factors influence Mexican women to leave their country and migrate to the United States. It is important to consider whether someone has an adequate quality of life (QOL) and how that plays a role in whether migration is a choice or a necessity for that individual. In 2012, the World Health Organization described one’s QOL as, “an individual's perception of their position in life in the context of the culture and value systems in which they live and concerning their goals, expectations, standards and concerns” (pg. 11). Meanwhile, in 2000, the CDC regarded quality of life to depend on “...aspects of happiness and satisfaction with life as a whole” (Centers for Disease Control and Prevention, 2000, pg. 5). Some commonly agreed-upon factors that influence one’s QOL include income, job satisfaction, education levels, housing

situation, social relationships, access to healthcare, access to cultural activities, and relaxation. The WHO developed two instruments, WHOQOL-100 and WHOQOL-BREF, to quantify QOL cross-culturally. WHOQOL-BREF is the shortened yet reliable version of the WHOQOL-100 tool. These instruments were developed collaboratively within 15 centers worldwide to ensure it possesses high accuracy between cultures, it has also been translated into over 60 languages, and there are also different versions per language based on region (Skevington et al., 2004, pg. 301). For example, there are multiple assessments in Spanish based on country, one for Argentinian Spanish, Chilean Spanish, Colombian Spanish, Mexican Spanish, and one for Spain Spanish. Though the many translations were not officially created by the World Health Organization, I think the core of these tools could lead to some very interesting results because it was made with culture in mind, and the results are "comparable across cultures" (WHOQOL Information, n.d., pg. 2). Although the QOL assessments are used in large epidemiological studies and clinical trials, there is currently no open access worldwide index using WHOQOL-BREF or WHOQOL-100. However, I found that in a 2016 study, a group of researchers looked into the effect that Differential Item Functioning (DIF) between subjects would have on the overall group's WHOQOL-BREF responses. In their research, they found that Mexican participants tended to have "lower scores in satisfaction with their own health, as well as in items asking about having enough energy for everyday life, enough money to cover their needs, and satisfaction with relationships and their living place" (Benítez-Borrego et al., 2016, pg. 5). These results show that quality of life is not optimal. In addition, when compared to the Spanish group's responses, the Mexican participants reportedly answered more positively in introspective and subjective subjects including the meaningfulness of their lives, the acceptance of their physical appearance, their satisfaction with support from family and friends, as well as their self-reported frequency of

negative feelings (Benítez-Borrego et al., 2016, pg. 5). These findings are mixed, showing both the positives and negatives of people's opinions about their environment which is similar to how the WHO quantifies the quality of life of an individual. That being said, participants from other Latin American countries like Paraguaians showed lower scores in overall quality of life, but the main takeaway is the comparison to the Spanish group which seemed to overall be at a higher quality of life scoring. This is to be expected as Europe holds some of, what are considered to be, the happiest countries in the world. While Mexico might not hold the worst quality of life, it also is not the holder of the best quality of life, which means there are negative conditions that are agreed upon throughout the entire country.

Mexican Gender Norms

Machismo and Marianismo are a set of highly debated ideological constructions typically associated with Hispanic culture that showcase the cultural difference in gender relations (Stange et al., 201, np). Though it is important to note that these ideals are not limited to Latino countries as similar behaviors and attitudes have been observed in other cultures including Asia, Europe, Africa, and also the Americas (Perilla, 1999, pg. 116). These concepts originated in the 19th century and were originally used to model the power dynamic as well as expectations for men and women.

The more known of the two is Machismo, the set of beliefs and expectations for men in society to encompass masculine behavior and the idealized idea of what men in society should be. These beliefs pushed forth a narrative that men were to exert dominance and superiority over women, from social settings to familial relations (Ceballos, 2013, pg. 1). In action, machismo can consist of positive behaviors such as promoting courage, strength, and honor; but it is also capable of negative ideals such as increased aggression, brute force, sexism, heavy drinking,

heightened sexuality, and shaming emotions amongst other traits (Perilla, 1999, pg. 116). These exaggerated ideas of manhood are projected starting from birth, learned during childhood, cemented throughout adolescence, and practiced in adulthood. It is a perpetuated social construct that has grown into a serious human rights issue in countries, like Mexico, that excuses destructive male behavior and its abuse toward women (Ceballos, 2013, pg. 3).

Similarly, Marianismo is the ideal behavior and expectations of a woman in society, the name is connected to María (the Blessed Virgin Mary) a very popular religious figure in the Catholic Church and commonly practiced in Latin countries including Mexico. Marianismo sets the foundation for women to be submissive to men, nurturing, passive, and "pure". Another important aspect of marianismo is placing women be family-oriented and home-centered, that is where most of their power lies. A woman's perceived virtue encourages self-sacrifice for the sake of a man, this is seen in the relationship between mother and son, and again between wife and husband. Mexican women have a different experience in their country due to traditional expectations and the unequal rights imposed due to this flawed system (World Health Organization, 2017, pg. 4). Unfortunately, the makings of *una mujer buena* [a good woman] lead to an isolated wife, " remembering her place as a woman; being responsible for passing on cultural traditions; putting others' needs before her own; standing by and supporting her husband, regardless of his behavior; being a good mother; and keeping the family together" (Perilla, 1999, pg. 123). These rigid expectations are to be followed to appease the community and any deviance is cause for ridicule, independence is a luxury given to men as women are shackled with many responsibilities with no consideration for their mental health.

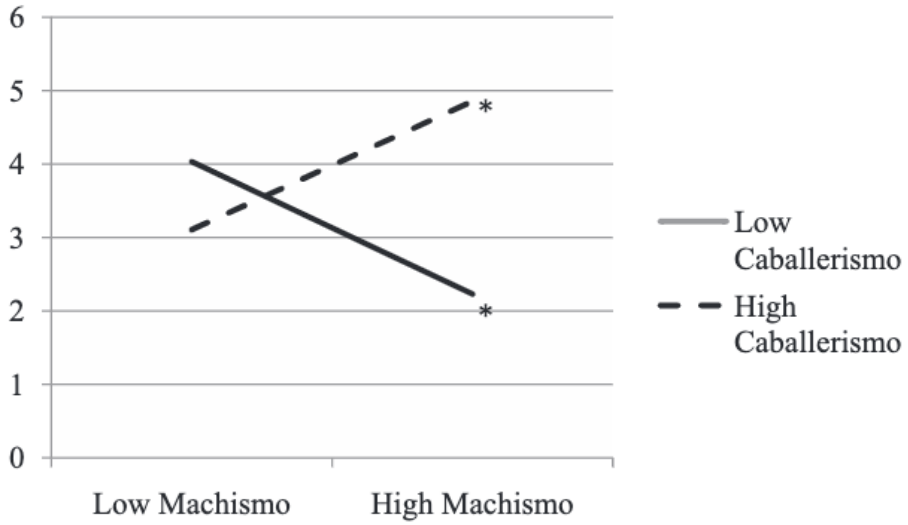
Both ideological constructions are being discussed and argued against. Ehlers (1991) built a case to criticize Marianismo because of its blatant victim-blaming (pg. 2). She argued that

while women are treated as inferior, subordination is presented in varying degrees and forms. Also, she believed that women's submissive behavior is a survival strategy that comes from living in a patriarchal society. Finally, she acknowledged that despite rigid gender roles women are still individuals, and therefore, each responds to their environment in a unique way of coping with their experience. In her research, she observed how Guatemalan women endured a patriarchal hierarchy, first focusing on marriage. In Latin American culture, marriage is an expectation though most women know the reality of marriage is an unhappy one. She stated, "Female Mexican textile workers considered marriage to be problem-ridden and thought themselves better off alone. Still, 90 percent of Latin American women marry, and continue to speak fatalistically about it" (Ehlers, 1991, pg. 3). I believe that openness about personal suffering is another coping method commonly used by Latin American women to help them endure life. Socially, the only way women can express any of their dislikes or concerns is with fellow women which creates a strong community between women. Thus, the idea of women gossiping is formed, while the men are away working, women reclaim some power by talking with other women while still following the expectations of their husbands and fathers.

Machismo is going through some criticism as well for its sexist ideals and for providing men (husbands, fathers, sons, and brothers) with the power to abuse the women in their lives. A new counterpart has been gaining traction in literature, called caballerismo, as a more positive set of ideals and beliefs for men. Caballerismo stems from the word *caballero* meaning gentlemen which reframes how men value and therefore treat women. These updated ideals move away from toxic masculinity and embrace "chivalry, bravery, and family-provider attributes" (Nuñez et al., 2016, pg. 3). It has also shown positive effects in research, in 2014, researchers Ojeda and Piña-Watson analyzed the effect socioeconomic factors and bilinear Latino masculinity

(machismo and caballerismo) have on self-esteem in Mexican day laborers. They used Aiken and West's (1991) simple slopes analysis to observe if the slopes of the significant interaction effects were significantly different from zero (Ojeda & Piña-Watson, 2014, pg. 291).

Figure 2. Interaction effect between machismo and caballerismo on self-esteem ($p < .001$)



Note. Figure taken from Ojeda & Piña-Watson, 2014, pg. 291.

With a p-value of < 0.001, the results shown in Figure 2 attest to the influence of caballerismo on machismo to alleviate its negative effects on self-esteem and general well-being. The results suggest that Mexican immigrants with higher levels of caballerismo, as well as high levels of machismo, scored higher in self-esteem than those who showed lower levels of caballerismo but high levels of machismo. In summary, caballerismo is significantly positively related to self-esteem and it can protect against the effects that high machismo has on self-esteem as well as any negative effects that machismo has on mental health (Ojeda & Piña-Watson, 2014, pg. 292).

As mentioned before, to this day, gender norms play a critical role in women's quality of life which extends to decisions involving migration like the when and why. A woman's

migration journey can be forced or voluntary, meaning that a woman's family has more of a say than she does when it comes to this decision. This decision may also be based on gendered expectations (O'Neil et al., 2016, pg. 4). A family might be against a woman migrating for fear of 'moral corruption' which is to say the more knowledgeable a woman becomes, the less submissive she is and that is considered a problem. Migrating could also increase the difficulty of marrying off a daughter so families consider that, meanwhile, a son does not have these same restrictions because a man is expected to be more intelligent, well-traveled, and successful before committing to marriage. At the same time, a family could be more inclined to have their eldest daughter migrate because she is expected to support her family so she is deemed most likely to regularly send remittances to her family to cover their costs (O'Neil et al., 2016, pg. 4). In Latin culture, a daughter is given domestic responsibilities from a young age, her purpose is to serve her family until she is married, then her purpose shifts to being a wife and mother and serving her husband and children. Women's education is not held to the same importance as a man's. This behavior differs from the reasons why young men travel for them, migration is mainly about education, work, or wealth opportunities for the improvement of his personal life. He does not carry the same debt to his birth family that a young woman would.

We must also consider the occasion in which a woman chooses to migrate without familial support or pressure, but instead as an escape to her life in her home country. Many young women choose to flee their home countries to escape subjection to traditional practices and harmful customs such as child/forced marriages, or female genital mutilation (FGM) (Temin et al., 2013, pg. 25). There is historical evidence of FGM having occurred in Mexico, alongside other South American countries such as Brazil and Peru, as recently as the last generation (Equality Now, n.d., np). There are four types of FGM according to the World Health

Organisation. Type 1, called Clitoridectomy, has been reported in Western Brazil and Mexico until the late 1970s. Clitoridectomies, also known as clitorectomies, are the partial or complete excision of the clitoral glans and/or the clitoral hood (World Health Organization, 2023, np). In 1995, the UN Office of the High Commissioner of Human Rights reported that places in eastern Mexico and Brazil were practicing "introcision" (Equality Now et al., 2020, pg. 40). Introcision is described as, "the enlarging or tearing of the vaginal opening and in some cases the perineum as well" (Equality Now et al., 2020, pg. 41). The reasoning behind such practices stems from gender constructs, there was a false belief that this practice would have health benefits for women which we now know is quite the opposite (National FGM Centre, 2022, np). Because women were expected to be virginal, it was thought that FGM lowered sexual drive/sexuality making it so young women were forced to undergo this practice. Today, we know such inhumane practices were popularized due to sexist ideologies that led to many risky and even deadly complications. There is no research to determine if these practices are still ongoing in these countries or not. And, unfortunately, in Latin America, there are no laws that ban female genital mutilation (Equality Now, n.d., np). With no legal help, no emotional support, and no autonomy, young girls may choose to migrate to escape their dangerous situations.

Despite there being a federal law banning this custom since 2014, child marriage and informal unions are still prevalent in Mexico. The rates of child marriages have been stagnant for almost 30 years, through generations, despite decreasing worldwide (Fredrick & Pizzey-Siegert, 2017, np). In a 2017 study from the Ford Foundation and Investigación en Salud y Demografía (INSAD), they found that roughly 25% of girls (that is 1 in 4 girls!) are married off before the age of 18 despite the law (Spevacek, 2017, pg. 9). Additionally, living in a rural state means higher risk, in those states, the statistics rise to around 30% of girls (Fredrick & Pizzey-Siegert,

2017, np). Before the 2014 ban, child marriages were allowed with parental consent but now the minimum age for a woman to be married is 18 and so informal unions are the typical route for underage women. Families living in poverty will sell their young daughters to older men and they become informal wives. Poverty is a driving force behind why these exchanges happen, Kedzierska wrote that "in some rural areas payment of between US$8,000 and US$9,500 is enough" (np). Often, young girls go from one abusive household to another. The abuse is now done at the hands of her new husband and family, she might be beaten or raped and the crimes committed against her will go unreported (Kedzierska, 2021, np). To escape their abusive life, women chose to migrate to get away from the mistreatment.

Femicide in Mexico

Mexico is not a safe place for women. Gender violence is highly prevalent in many states of Mexico, perpetuated by corrupt law enforcement, which leaves many women defenseless and in a constant state of fear (McGinnis, 2020, np). The fear is communal, women of all ages look out for each other because they are at a disadvantage, against men with all the power in their society. Gender violence is not a recent phenomenon, it has been around for years, though in Mexico it was officially recognized by the government in 2012. In 2012, Mexico's Federal Penal Code included, under Article 325, an official definition of femicide (in spanish: *femicidio*) to classify the growing number of homicides committed to women. In its English translation, it reads that if a woman is murdered because of her gender and this can appear in multiple ways such as:

> 1) The victim presents signs of sexual violence of any kind; 2) Inflammatory or degrading injuries or mutilations, before or after the deprivation of life or acts of necrophilia, have been inflicted on the victim; 3) There are antecedents or data of any

> type of violence in the family, work, or school environment of the perpetrator against the victim; 4) There has been a sentimental, emotional, or trust relationship between the asset and the victim; 5) There are data that establish that there were threats related to the criminal act, harassment, or injuries of the perpetrator against the victim; 6) The victim has been held incommunicado, whatever the time prior to the deprivation of life: 7) The victim's body is exposed or displayed in a public place. (Código Penal Federal, 1931, p. 110)

Before the official classification of femicide, the number of homicides of women was believed to be around 37,000 between 1985 and 2010 (engendering). That is only 25 years (McGinnis, 2020, np)! And women "disappear" frequently, and its common occurrence is a tragedy as most of these women are not found alive or at all. Law enforcement does not protect the lives of women, with police turning a blind eye to abusers, stalkers, and harassers and thus, violent and aggressive men do not get charged or convicted. Also many, if not most, of femicides are not investigated thoroughly and their murderer is not brought to justice. In the years following 2012, 15% of homicides were investigated as femicides and that rate continued to grow. Women have been getting murdered at alarming rates since the 1990s! According to Mexico's Secretary General of National Public Security (SESNSP), the rate of femicide cases rose by approximately 139% between 2015 to 2019 (McGinnis, 2020, np). The data is finally able to capture some semblance of the horrors that occur in the corrupt streets of Mexico though definitely not all. It is common knowledge that many crimes do not get reported, "93 percent of crimes were either not reported or not investigated in 2018" (McGinnis, 2020, np). Many of these crimes are not reported due to the ineffectiveness of society, women are not believed when they report so they take to other means. There are programs exclusively open to and run by women, such as self-defense lessons

to help women be prepared for sudden attacks and provide them with strategies to better improve their chances of survival.

Women's protests are becoming a common occurrence, with women banding together to try and spread awareness of their suffering to the news, their government, and the world. Women of all ages participate in these protests because it affects all of them. Little girls are aware of the horrors happening around them because they must be vigilant, if not they run the risk of being sexually assaulted or losing their life. One of the biggest protests was held in 2020 during their International Women's Day march on March 8, 2020, where over 80,000 people walked through Mexico City (Abi-Habib & Lopez, 2021, np) holding banners with the words, "NO NOS MATEN" [Don't kill us], "QUIERO VIVIR SIN MIEDO" [I want to live without fear], "SOMOS EL GRITO DE LAS QUE YA NO ESTÁN" [We are the cry for those (women) who are no longer here], and similar messages. Protests such as this one are the amalgamation of years of abuse that women face daily in Mexico. The majority of women express extreme distress about having to be violent during protests but it is the only way the government seems to pay attention to the serious matter at hand. Peaceful protests, they say, do not generate the same results and these women are angered by the suffering all of them have faced, do face, and will continue to face until something is done (Abi-Habib & Lopez, 2021, np). It is not a light matter, something to be debated, for them it is quite literally life or death.

Today, Mexico is becoming one of the most dangerous places for women to live in and travel to. According to the World Population Review (2023) and Bloom (2019), Mexico is ranked fourth generally for the most dangerous countries for women, and Mexico is also ranked in the top four in worst street safety, highest intentional homicide, and most non-partner sexual violence. The risk of early death is incredibly high for single women from kidnappings and

disappearances to trafficking and, too commonly, murder. However, married women are not any safer as domestic abuse is extremely common in Mexican households. This abuse is frequently overlooked because of the “unequal distribution of power in the structure of male-female relationships” (Perilla, 1999, pg. 108) that allows the abuse to take place. When poverty and unemployment became serious household issues in the late 1990s, women were introduced to the labor field, then they had to take on double or even triple the typical workload. From then on women are expected, “ to bear the responsibility of domestic chores, child care, and the organization of daily life” (Olivera & Furio, 2006, pg. 109). Not to mention the social disgrace a mother can face if she prioritizes work, she is seen as irresponsible and failing to complete her maternal obligations. Yet men receive none of the same expectations or social critique, and their wives are forced to serve them in any way they demand because they are the recognized breadwinner and family providers. These double standards perpetuate the idea of male superiority which keeps women in a position vulnerable to abuse.

The majority of Mexican men and women have seen their father figures physically abuse their mothers as children which normalizes this type of violence and abuse. This experience then allows sons to grow up into men that also abuse their wives, and trains daughters to allow this mistreatment. Physical abuse is just the start of the extent of abuse as well, married men seem to think they have complete rights to their wives' bodies and it’s believed that between 80-90% of married women have experienced marital rape (Perilla, 1999, pg. 121). Customs are different in Mexico, and sexual violence is just another form of men asserting their dominance over women. Furthermore, this type of behavior is culturally explained by machismo as “being manly” so men do not face any consequences for being abusive because it has been so normalized.

Previously, I mentioned that some women choose to leave their country of origin, but others have to leave. It is about accepting the risk of escaping a bad situation and potentially landing in another bad situation. Migration can bring immigrants a lot of hope, benefits, and even success; but there is a heavy risk for Mexican immigrants to commit to leaving Mexico. It is an impossible trade-off, especially for young migrant domestic worker women who are very likely to face severe human rights violations such as labor exploitation, economic struggles in the form of reduced or no payment, unforgiving labor weeks, isolation, social exclusion, discrimination, sexual, physical, and emotional violence and in some cases trafficking (O'Neil et al., 2016, pg. 7). It is what is called a lose-lose situation, where neither choice guarantees safety or happiness because staying puts women at high risk of abuse or death but migrating leaves women vulnerable to trafficking, exploitation, or abuse. Women who choose to break away from an oppressive system sacrifice everything for a better future. If only it were that easy…

The American Dream

As previously stated life is incredibly cruel to women living in Mexico and the American Dream is a myth shared for motivation. They have high hopes that moving to the United States can bring them work, success, and overall improve their quality of life. Mexico, still considered a third-world country, sits right along the border of California and is home to the American Dream. So there is a lot of talk about how close opportunities are since out of Latin American countries, Mexico sits the closest geographically to the United States. Although the United States arguably does not provide an adequate quality of life, it is important to note that in comparison to the life of poverty known in Mexico, it serves as a major improvement. And due to familial ties,

stories are told and retold around their communities about those who have migrated and their experiences. These tales are woven into imagery shared between families and friends about a different life that most of them can only imagine. Most commonly, the promise of steady labor is passed around which is already very tempting to many Mexican households since unemployment rates are high, work is long, and wages are low. That's another important pull factor, there is a significant difference in wages for both countries, where workers earn 6 times the amount in the United States than they would earn in Mexico (Peréz, 2017, np). Cost of living is another subtle way that the United States builds an image of being a paradise in comparison to many Latin American countries, with wholesale marketing and cheap retailing, and currency differences, wages in the United States can cover and provide a more sustainable life than experienced in Mexico.

Of course with such promises comes exaggerations with beliefs that United States streets are lined in gold, and word of mouth perpetuates this type of narrative around the neighborhood. As grandiose as these ideas may seem, they are a significant part of how Mexico views and understands life in the United States. The social imagery spread sets up an expectation that anyone, even those born in the depths of poverty, could achieve the desired American dream and reach a better quality of life. Migrants or their families that share their stories provide a significant incentive for a larger flow of people moving north to the United States. However in recent decades, this migrant narrative has undergone some changes, life in the United States is not what was expected and in fact, brings its own set of challenges for migrants. In Carballo (2019)'s qualitative study on Mexican immigrants in Kansas, one interviewee captures the shift in perspective on the American Dream saying,

> "When I got older I realized that this thing about the dream was just an attraction for those that wanted to leave, because being there is quite difficult, especially for us, Mexican migrants. There, one can have many things, but does not have any spare time as is working all the time, and here, in Tres Vales one has time but no work, this is how things are." (Noel, 27 years old. Lived in Kansas for 3 years)" (Carballo, 2019, pg. 35-36)

As a result of many migrants returning to Mexico, the idolization of the United States has decreased in some cases as migrants are realizing that this social imagery is not reached through merit alone. They describe life in the United States as difficult in a different way, their new struggles slowly chipping away at their souls. Undocumented immigrants run the risk of deportation at all times, so they live in secret and hide their existence from society and the government. As heartbreaking as it is to hear, there would be times when employers called to have their workers deported just because they wanted them out. This power dynamic between employer and employee could not be changed or fought by the immigrants and instead, they had to accept the risks and the dehumanization that came with the way they were mistreated to survive and earn a living. It is not a surprise that returning to Mexico became as common as migrating, many workers were not able to withstand their mistreatment and the culture shock they simultaneously went through. All in all, the American Dream, for most, is a cycle of work and hope that takes workers with high spirits and exploits them because of their migration status.

Work in the United States

Gender Division of Labor: The Feminization of Domestic and Care Work

Upon arrival in the United States, Mexican WOM face a different set of problems, ones they are not equipped to handle alone. These migrants face the novelty of a new country while dealing with stressors that come from migration, such as financial difficulty, discrimination, and language struggles. They lack many, if not all, basic living necessities such as a stable home, a steady income, a support system, etc which are typical stressors for women-migrants. The development of these stressors then contributes to the deterioration of their well-being and specifically that of their mental health. Employment is critical to survival and integration into American society, but career options are limited for Mexican women escaping poverty. Gender has a strong impact in the workforce where men have the advantage once again as,

> "the labor market – including migrant labor – remains highly segmented by gender, as well as by class and ethnicity. Men are perceived as stronger and more capable of manual labor and, as a result, are more likely to work in mining, industry, transport, trade, and construction. Men are also overrepresented in management positions" (O'Neil et al., 2016, pg. 5).

Gender takes precedence when it comes to career opportunities, this is then, especially for migrant women. So what are their common choices? Childcare providers, housekeepers, and care and domestic workers. Men are thought of as better workers because they have traditionally been recognized as society's breadwinners and leaders while women have been pushed to the side. Female acknowledgment has always been forged from a supporting role, women of all ages and

ethnicities get their power from supporting a man, like being First Lady to the President or working as a woman secretary to a male CEO or a nurse working under a Doctor, these jobs are stereotypically female. Though times have changed, these roles continue to be dominated by women while jobs dominated by men carry more prestige, more control, and higher wages. And, unfortunately, “feminine” jobs are valued less, paid less, and they continue to promote harmful stereotypes surrounding gender and migration status (O’Neil et al., 2016, pg. 4). So Mexican women are taken advantage of when they do this type of labor since their skills- being good caretakers, good cooks, and good cleaners- are not deemed valuable in comparison to the manual labor that male migrants provide. Women sometimes have no choice but to promote societal stereotypes out of desperation, their need for survival, and unwillingly follow the centuries-old gender norms.

Women immigrants are also less likely to have their legal rights enforced in comparison to immigrant men (O’Neil et al., 2016 pg. 6). This inhumane discrimination is ongoing because many “unskilled” women immigrants are out-of-public eye, and therefore less aware of their rights than “unskilled” migrant men who have more visible occupations like construction and agriculture and are often paid better and work under better conditions (O’Neil et al., 2016, pg. 6).

The Abuse & Exploitation of WOM

An immigrant's gender controls their experience in their new country, which means women immigrants are at a greater disadvantage than men because they have less access to information, less education, and fewer opportunities for migration work permits. These factors, “put them at greater risk of exploitation and abuse, including trafficking” (O’Neil et al., 2016, pg. 5). Culturally, a women’s education is seen as less important which increases their risk of being a victim to gender hierarchy. Reports have said that 80% of trafficking victims are women

(O'Neil et al., 2016, pg. 5) and migrating alone increases a woman's risk of being trafficked. Women are more likely to, "fall into sexual exploitation because of the gender norms that allow males to undervalue and dominate females of all ages" (Temin et al., 2013, pg. 9). Trafficking victims are also often stuck in the sex trade or even choose to remain in it, despite experiencing inhumane treatment, due to fear of social rejection if they return home (O'Neil et al., 2016, pg. 5). However, this is not the only bad situation women often find themselves in after immigrating to the U.S.

Workplace Sexual Harassment (WSH) has been a serious "longstanding occupational health concern" (Kim et al., 2016, pg. 2) in the United States. In Title VII of the Civil Rights Act of 1964, WSH became triable under sexual discrimination, similarly, The US Equal Employment Opportunity Commission (EEOC) also included WSH under the definition of both "quid pro quo" and "hostile work environment" (Kim et al., 2016, pg. 2). Available literature predicts that roughly half of working women will experience some form of WSH and that the risk is increased amongst minority women working in male-dominated environments. Yet, women tend to not report their WSH, only 2% 13% do, and authorities have little to no idea of the abuse! There are many long-lasting negative effects to experiencing WSH such as chronic pain, physical limitations, PTSD, depression, and work withdrawal, to name a few. The most available literature is focused on WSH occurring to "middle-income, educated, white women working in nonagricultural settings" (Kim et al., 2016, pg. 2). However WSH also happened to women farmworkers, mainly immigrant women, with far less coverage and media awareness (Sims & Cárdenas-Vento, 2015, np). There are around 2.9 million farmworkers and nearly a quarter (~25%) of farmworkers are women (Kim et al., 2016, pg. 2), they are the vulnerable minority of the agricultural industry because of their socioeconomic status (low-income, English second

language (ESL), and womanhood) they are common victims of WSH. In fieldwork, it is common for women to not report an employer for rape or WSH to keep their job, stay in the country undocumented, and keep their children safe and provided for.

Work environments are typically hostile and abusive, and another large part of the abuse is the cycle of hard labor. The severe imbalance of power between American employers and their immigrant workers allows employers to take advantage of minorities in desperate need of work to overwork, abuse, and underpay them. In 2019 southern Texas, The Guardian released an article containing the stories of undocumented Mexican women working in the fields. There we learn that many of them are paid by the box, meaning their wage was determined by how much they harvested in the day. However, they were only paid $3 a box so on an average day, women would earn $39 for their efforts. On top of that, the work is physically demanding and sometimes dangerous based on the harvested crop, easier crops were typically cilantro, lettuce, and beets but others are more painful such as watermelon, parsley, and grapefruit (Sims & Cárdenas-Vento, 2015, np). Women work under these inhumane circumstances because it is the preferred alternative to living/working in Mexico for most,

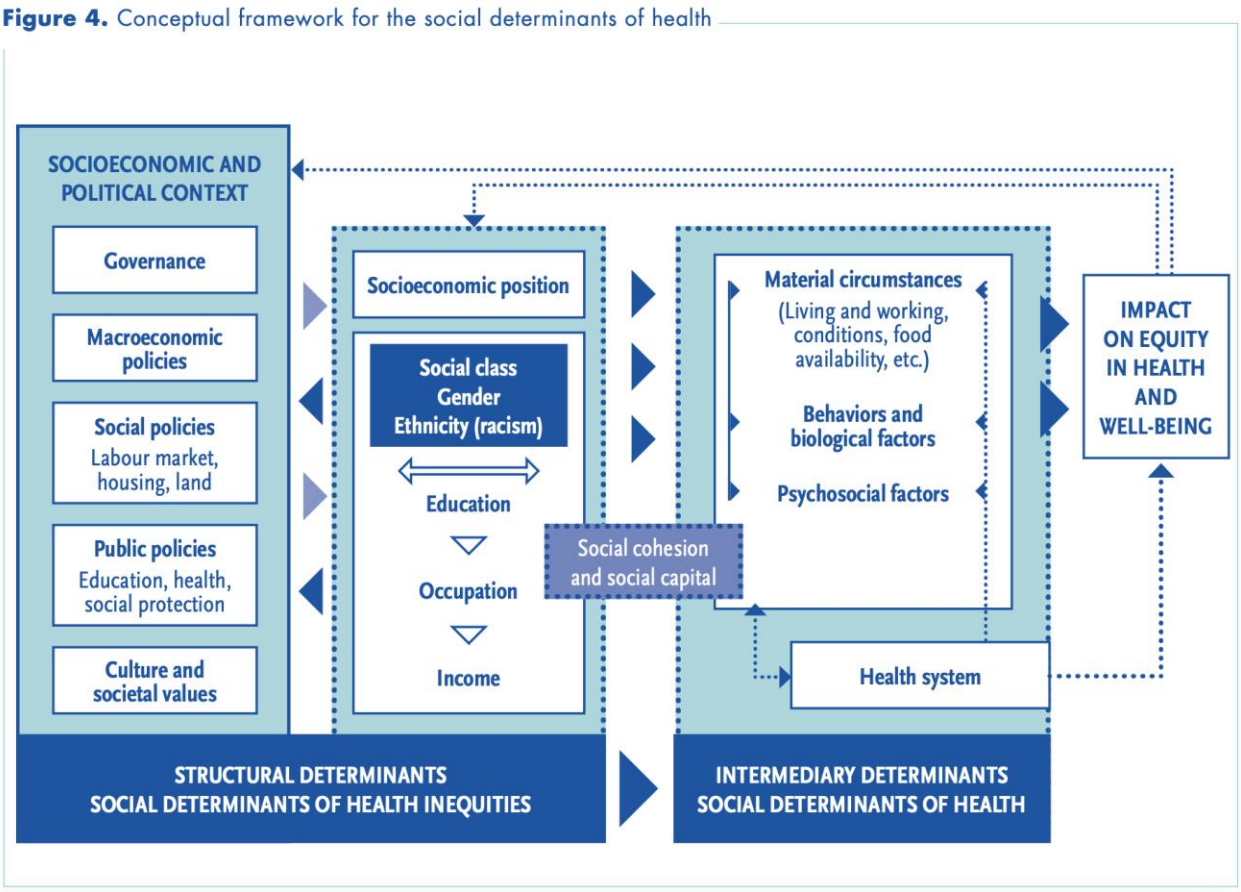
> "Edith worked as a paramedic in Mexico, but she could barely make ends meet. "I lived in total poverty in Mexico," she says, her eyes moistening. "My home was just a wood shack and when it rained we would get wet. I came here because this is a country of opportunity" (Sims & Cárdenas-Vento, 2015, np).

Edith is one of the many women in this article that shares her experience of enduring the hardships of being a Mexican immigrant woman working in the U.S. Each story is unique but they share common themes of hope, desperation, and abuse throughout their immigration journey and livelihoods.

Mexican WOM's Mental Health

The WHO 2017 report revealed that women from racial or ethnic minorities are more likely to suffer in their mental and physical health post-migration. As we learned, gender has a lot of control over how someone experiences many aspects of life, therefore, we can say that gender influences health and well-being (Nuñez et al., 2016, pg. 2). On top of that, women on the move constantly face discrimination and cultural misconceptions within medical services so they will often not get the help they need medically (this includes physical health as well as mental

Figure 3. Conceptual Framework for the socioeconomic determinants of Health



Note. Figure taken from WHO's 2017 Women On The Move: Migration, Care Work And Health

health). All of these struggles are determinants of health which are illustrated in Figure 3, this illustration shows the structured categorization of economic and social conditions that affect an individual or population's difference in health status. This fact is even more true with migrant healthcare workers, these “women are conspicuous in the delivery of care and thus the delivery of health, but are invisible to the institutions and policies that design and implement global health strategies” (WHO 2017). The women directly involved with healthcare are frequently ignored and do not receive the healthcare they need, often because of linguistic and cultural barriers.

The linguistic barrier that exists for the majority of Mexican women immigrants plays a fundamental role in additional stress and struggle socially after immigrating to the U.S. Many migrants struggle with English and as a result, they face discrimination daily, this repeated abuse and inconsideration takes its toll on their overall well-being. The hardest part is that most people who speak English fail to learn the reasons why someone is unable to speak English, or they are unable to show compassion for another individual they deem inferior for simply not speaking the same language. There are many reasons and factors to consider before casting judgment on someone’s language difficulties. Some people might struggle to pick up a language and that can be because of a disability or old age. Other possibilities include time, duration of stay, or accessibility, for example, an individual might be too busy to dedicate themselves to becoming fluent like full-time workers, or perhaps someone just arrived in the United States a month ago and just started practicing, or even someone might not have the resources to learn English, like affording a tutor, finding an ESL class, or having the privilege to practice with friends.

Despite being the largest ethnic community in the United States, the Latino community is significantly underrepresented in research and literature. This scarcity in recognition extends to how they are viewed in the healthcare system and, more specifically, mental health care. In the

studies comparing gender-based effects on mental health, studies conclude that “women experience nearly twice the rate of depression as men. The same pattern holds in Hispanics” (Nuñez et al., 2016, pg. 2) as well as, “higher psychological distress and worse physical health” (Sternberg et al., 2016, pg. 3). But for many Hispanic people, mental health is often not prioritized or even discussed and a lot of mental unrest is brushed off.

Undocumented Drawbacks

Mexican immigration is unique in comparison to immigration from Spain and even other South American countries, the proximity between Mexico and the U.S. alongside their blended history, entices so many immigrants to cross the border, even if it is unauthorized. Despite Border Patrol increasingly becoming harsher, they found a way and in 2004, it was suspected that 57% of all unauthorized immigrants in the U.S. were Mexican-born (Sternberg et al., 2016, pg. 2). Once they make it to the U.S. many women express disappointment and frustration in the employment opportunities they were offered, saying, “I know how to do pedicures really well, I am really skilled at it actually. But I can’t do that kind of work here, because I don’t have papers” (Sims & Cárdenas-Vento, 2015, np). This type of limitation harms the mental health of undocumented Mexican women, who have such high hopes for their lives in the United States. Those with undocumented status also reported feeling higher levels of distress due to family separation, poverty, and culture shock. Unfortunately, several U.S. states exclude and ban undocumented migrants from accessing health services, which leads to more shame and hopelessness, more physical and mental pain, and higher stress levels (WHO, 2017, pg. 41).

Even the women who chose to return to Mexico after arriving/living in the United States are at a higher likelihood of depressive symptoms as well as anxiety than women who do not migrate (Sternberg et al, 2016, pg. 2). Furthermore, being undocumented does bring about

additional stress factors such as “failure to succeed in the country of origin; dangerous border crossings; limited resources; restricted mobility; marginalization/isolation; blame/stigmatization; guilt/shame; vulnerability/exploitability” (Sternberg et al., 2016, pg. 2) and these constantly facing these stressors raises the risk of common mood disorders, stress, and poor mental health. Deportation is also a stressor rising within this population due to the continuous rise in immigration border enforcement many people constantly live in fear.

Intersection Between Mental Health And Migration

Researchers found that refugee immigrants and asylum-seekers are at a heightened risk of experiencing post-migration stress, a phenomenon that aims to capture the negative effects that migration experiences upon resettlement in a new country. Research suggests that this is an international phenomenon, with immigrants from Africa, the Middle East, and Asia all showing signs of post-migration stress. Up until recently, the rising research focus has been on pre-migration and the trauma-related stressors from a refugee’s home country and how their life before migrating affected their mental health. Refugees immigrants and asylum-seekers have encountered traumatic events before their resettlement into a host country (pre-migration). This trauma can occur in many different ways, such as physical violence, sexual abuse, war, risk of persecution, natural disasters, and other life-threatening or otherwise unlivable circumstances, and happens before and during migration. Considering that refugees are escaping traumatic situations, it is a reasonable starting point but recently, there’s been a change in perspective to understand the link between post-migration stress and mental health. Alongside trauma, studies suggest that post-migration factors specifically tied to the refugees’ experiences in a new country

can cause psychological problems as well as negatively affect mental health (Sangalang et al., 2019, pg. 912).

Most current literature focuses on refugee immigrants and there is, unfortunately, less research on non-refugee immigrants and the mental health effects of stress and trauma during their migration journeys. That may be due to how studies tend to group all types of foreign-born or migrant groups as "immigrants" and do not take into consideration the important differences between subgroups of immigrants (Sangalang et al., 2019, pg. 910). Subgroups of immigrants may include those not qualifying for legal status as refugees or asylum-seekers despite facing serious adversity in their home countries, including mass violence, gender violence, or other traumatic events.

Migrant status is another significant factor in pre-, peri-, and post-migration experiences. More so, being an undocumented immigrant is cause for unique experiences that are not always taken into consideration and most research focuses on immigrants in a broader sense. Undocumented immigrants are vulnerable to "violence during the process of transit, including detention, verbal and physical assaults, and other human rights abuses" (Sangalang et al., 2019, pg. 909). Their experiences would differ greatly from other subgroups, like immigrants who have temporary statuses or are purposely traveling for work or family reunification. Additionally, not all refugees want to be publicly known as a refugee because the title serves as a direct connection to their past struggles, misconceptions are common, and any stigma surrounding their home countries. Therefore while the broad use of the word "immigrant" might work in some studies, it is necessary to recognize the different subgroups of immigrants that exist. This is especially noteworthy in studies that revolve around the experience of immigrants and the effects of immigration, as experiences are more personal, and when large populations are generalized, they

lose their reliability. With this consideration being made, while poor mental health can be measured throughout all these subgroups, the findings would prove more beneficial with the additional focus on cultural, social, and ethnoracial differences between subgroups.

In a new 2023 study, Lavadas et al. used Exploratory Models (EMs) amongst Afghan refugees resettled in camps in Northern Greece to better understand their perception and explanation of depression and the high levels of psychological stress expressed by their community. The researchers realized that pre-migration experiences would affect what refugees think about and how they access appropriate mental health care. With a better understanding of how Afghan refugees view serious mental health issues such as depression or PTSD, it becomes clearer how their views and beliefs can influence their coping strategies and help-seeking behaviors which differ from how European populations understand mental health issues. The disparities between what is effective for European mental health care and the acceptability in terms of adequate Afghan mental health care become more notable in their results. The study was qualitative and consisted of a vignette-based focus group. The vignettes used were of fictional people, they matched the gender of the respondents, and they were realistic representations of possible Afghan refugees showing symptoms of moderate depression according to the DSM-5 as well as the ICD-10 criteria. These interviews were recorded and the vignettes allowed participants to discuss sensitive, otherwise emotional, topics and share their opinions in a way that felt safer because it was not directly personal.

Table 1. Central Themes in Female Focus Group

Table 2 Central themes in female focus groups

Main Category	Theme	Illustrative quote	Number of participants
Explanatory Models of depression	Pre-migration Traumatic Experiences: Perpetual gender-based violence	In Afghanistan it is kind of like a man-ruling country. It is not for women. Everything, every right has gone for the men. F3	3 (FG1) 1 (FG2) 5 (FG3)
	Post-migration Living Difficulties: Life in the camp	It's a really difficult situation that we are living in the camp. Of course, you get depression in this situation. F1	2 (FG1) 2 (FG2) 4 (FG3)
Coping Strategies	Social Support	You feel 'ok there are more women that have the same problem'. This makes you feel better and stronger to continue. F4	3 (FG1) 3 (FG2) 4 (FG3)
	Cognitive Strategies	The future about us and the future of our children. Think about the progress. F4	3 (FG1) 3 (FG2) 4 (FG3)
	Professional Help	The women here are, basically all of them, under the psychiatric care here. I am going to the psychologist for three years and one month now. F12	1 (FG1) 1 (FG2) 1 (FG3)

Note. The table is taken from Lavadas et al., 2023, pg. 6.

They found evidence of gender-based discrepancies between the two focus groups, which suggests that trauma is understood differently by Afghan women than by men. The results were split into two categories for both genders; explanatory models of depression; and coping strategies. The central themes for the women's focus group, shown in Table 1, "emphasized gender-based violence and the role of women in Afghan society, while males stressed experiencing violent conflicts" (Lavadas et al., 2023, pg. 6). The article furthers this narrative with citations from their interviews that recount their past in Afghanistan and the traumas they endured, such as child and/or forced marriages. Afghan women's trauma surrounding gender-based and domestic violence pre-migration perfectly parallels Mexican women's suffering in their home countries. The same can be said of peri-migration, Afghan refugees recalled their journey to asylum as being risky, life-threatening, and traumatic situations that then further affected their mental health (Lavadas et al., 2023, pg. 8). The similarities continue as the refugees discussed their current dilemmas post-migration. Their lives in the refugee camps are difficult and bring about new stressors. One of the most evident similarities between Mexican women and Afghan women is the stressors of family separation. For Afghan women, this is

based on asylum status acceptance or rejection that women are separated from children and other family members. For Mexican immigrants, this separation also occurs but in two ways, either the child/family is left behind in the home country or people are separated through the means of deportation. Family, being so closely tied to womanhood in both cultures, results in high levels of stress for both ethnic groups because these women are expected to keep families together and provide them with care. Another similarity was the acceptance of uncertainty and the text brought awareness to the extent to which the women were worried about, not just, their future but also the future of their children, their families, and the women around them who were going through similar struggles. They all shared similar doubts about lacking stability, expressed empathy regarding their hopelessness, and formed a tight community as a coping mechanism.

This coping mechanism is also seen to occur with Mexican women, who upon immigrating to the United States typically settle in *barrios* [neighborhoods] with fellow Latin American women. Communities inspire hope, which is a main source of motivation for many immigrants, refugees, and non-refugees. This study found that while women in refugee camps sought out the professional psychological help provided to them, many did not receive notable results, the main suspicion behind this is that cultural differences were not taken into account. Mental health professionals from Greece could not provide them with effective mental health care because they know treatment and counseling that is only effective for Greek or European residents, not Afghan refugees. The women were aware of the cultural, historical, and social barrier between counselor and patient saying, “Here in Europe, many psychologists cannot understand us. And they don’t have any solution to give us” (Lavadas et al., 2023, pg. 10). In agreement with recent research, some women admitted to being skeptical about mental health care services in refugee camps if they had common mental disorders because there was a

disconnect in shared life events that affected the effectiveness of their counseling. One woman quit receiving mental health care in 3 weeks after expressing a definitive different opinion regarding crying. Lastly, one crucial discovery to take from this study that sets them apart from Mexican women immigrants is how Afghan women seemed to be overall more inclined to see mental health problems as normal as a response to the trauma they underwent. However, they noted that individuals who did not consider mental health problems to be medical issues, would not seek professional care as often and were more likely to rely on "informal psychosocial supports within the community" (Lavadas et al., 2023, pg. 13) such as religion.

In a 2020 study by Malm, researchers developed and validated a multi-dimensional yet precise instrument to measure the effect that post-migration stress has on the mental health of refugees (pg. 10). This new measurement instrument is called the Refugee Post-Migration Stress Scale (RPMS) and it examined, "seven hypothesized domains of post-migration stress: perceived discrimination, lack of host country-specific competences, material and economic strain, loss of home country, family and home country concerns, social strain, and family conflicts" (Malm et al., 2020, pg. 1). The development of RPMS was carried out in two phases, the first consisted of pilot tests and validation of the scale. The second phase tested the validity of the scale and its effectiveness in quantifying post-migration stress using confirmatory and exploratory factor analyses (Malm et al., 2020, pg. 3). This assessment of concurrent validity was done using correlational analyses including measures of common mental illnesses and mental well-being. The results were in support of past studies, the RPMS found, "significant correlations with anxiety, depression, and PTSD scores, and significant negative correlations with mental wellbeing scores" (Malm et al., 2020, pg. 1) in all 7 proposed domains of post-migration stress. So they concluded that there is a high likelihood of RPMS being a reliable predictor of post-

migration stress in refugees and their results are supportive of past research. Another study, done in 2022, decided to explore how an individual's health-related quality of life (HRQOL) is consequently affected by previously established post-migration stress. Similarly to the Malm (2020) study, their participants were Syrian refugees resettled in Sweden. Their focus built on top of the newly established link found negatively correlating post-migration stress and mental health by collecting quantitative data with standard instruments that would support previous research. In 2016, the participants filled out the European Quality of Life Five Dimensions Five Level (EQ–5D–5L) questionnaire through postal, to assess their HRQOL based on the index scale of the questionnaire. The index score was preference-weighted based on the QOL of the general Swedish population. The four predictors of this study were based on self-reported post-migration stressors: "financial strain, social strain, competency strain, and perceived discrimination" (Sengoelge et al., 2022, pg. 3). We saw similar stressors mentioned in other studies regarding post-stress migration and their overall negative impact on refugee immigrants' well-being. All these studies illustrate a clearer image of the common post-migration stress factors while acknowledging the common co-existing trauma experienced pre- and peri-migration. The results showed that in comparison to the general Swedish population used as a reference, Syrian refugees reported a lower HRQOL with a mean EQ–5D–5L index score of 0.863 with an index score of 1 being considered "full health". They found evidence supporting a negative dose-response association meaning that the higher the stress experienced (low strain, medium strain, and high strain) the lower the reported HRQOL would be. This further illuminated the importance of recognizing immigrant struggles and the effects of discrimination in their relocated country.

Up-and-coming studies, such as the last three, not only acknowledge post-migration stress but also suggest that the most common source of stress are social and economic factors. The studies highlight the negative association between these stressors and the overall mental well-being among refugees, which brings more awareness toward immigrant discrimination, unemployment, and social isolation. In contrast to refugees, less research has examined the mental health effects of trauma and stress from post-migration phases for non-refugee immigrants (Sangalang et al., 2019, pg. 909). Using the literature available to us, though it focuses on the experience of specifically refugee immigrants and their mental health, I think the available literature can build a foundation to better understand the effects of post-migration stressors on all subgroups of immigrants, and in my case, Mexican women on the move.

Accessing Mental Health Services

Cultural background plays a major role in mental health resources, affecting the process and the "five As of access to care: affordability, availability, accessibility, accommodation, and acceptability" (McLaughlin & Wyszewianski, 2002, pg. 1441). In the United States, Latinos are less likely to have health insurance overall which means that they have less direct access to medical services compared to the American population. In 2002, a study showed that only 35% of Hispanic participants reported no insurance which was substantially higher than 14% of White participants and the 21% of African-American participants who reported being uninsured (Marin et al., 2006, pg. 24). Accessibility refers to the patient's ability to obtain health-related services such as diagnoses, check-ups, and treatment. On average, many migrant women face accessibility challenges when it comes to health services, the inaccessible services range from maternal health, abortion, and contraceptive resources. These services are crucial to women's

healthcare, safety, mental health, and well-being, so when these facilities are difficult to access it deters migrant women from seeking out medical services.

To be accessible, healthcare must also be affordable as well as geographically available. These conditions in healthcare are the foundation of social determinants of their health, both mentally as well as physically. Ideally, accessible healthcare could ease social integration and lead to economic prosperity (WHO, 2017, pg. 15). Yet this is not always the case with migrant women, who face poverty and financial hardships which does not allow them to have insurance. And even if an immigrant has insurance, they do not receive the same quality of care as the general population (WHO, 2017, pg. 15). So general data agrees that Latin American immigrants not only underuse health services, but they also are subject to higher out-of-pocket expenses that only reinforce the idea that healthcare is not affordable. Many low-income migrants just do not have the money to afford to participate in the United States' money-hungry healthcare system.

Acceptability within mental health professionals and services can be the deciding factor for an immigrant to pursue mental health aid. First of all, acceptability is about how comfortable a patient feels within the offices and spaces dedicated to mental health help. There can be many deterrents that stop a patient from pursuing professional help, those can include; social class, language, cultural awareness, and the ethnicity of the provider (as well as that of the patient). These characteristics are important because they would allow immigrants to feel more comfortable and welcome into a vulnerable state. Many immigrants shy away from seeking help due to language barriers, cultural insensitivity, and overall professionals that can only provide services that are effective through the White lens. A mental health professional’s treatment is only as effective as it is aware of its recipient’s culture, a point made clear in Lavadas et al.'s (2023) study on Afghan women refugees where the women voice their concerns on how certain

mental health advice does not translate well into different cultures and can prove to be ineffective (pg. 10). This is not the only deterrent to mental health seeking. Migration status also brings along potential challenges, undocumented status can cause intense fear to avoid professional healthcare in fear of discrimination, and other unfair practices. This form of discrimination is directly linked to affecting migrants' health and quality of life. Many immigrants have different experiences with the healthcare system which ties into the social determinants of health that directly impact their health and well-being as well as attribute to lower QOL. Some migrant women have been refused emergency services, like pregnant women who do not have legal status, or women who are overcharged for services (WHO, 2017, pg. 41) that they cannot afford to pay off.

Post-Migration Support

Community in Urban Settings

As a result of the often unaccommodating and unsympathetic medical field, immigrant women turn to other pillars in their life for support. As Latin American immigrants are less likely to use traditional professional mental health help, they have other means to raise their spirits, especially post-migration. Even though they might not be receiving medical attention, these methods show evidence of positively influencing the immigrants who participate in them and their mental well-being. Similarly to the recent Lavadas et al. (2023) study, it is common for immigrant communities to form in urban cities, for instance, Houston, Texas, and Los Angeles, California are two of the top cities in the United States that have the highest number of Latin American residents. This proximity provides culture, comfort, and positive social interactions which promotes positive well-being. As mentioned before *barrios,* foster understanding between

Latin American immigrants because they share not just culture, but also the experience of migration and the migrant perspective on everyday hardships such as employment and language barriers.

Con Dios Todo Se Puede [Everything Is Possible With God]

A big pillar of support is dedicated to religious belief and practices, and over 80% of Mexican immigrants consider themselves very religious (Moreno et al., 2020, pg. 1). Catholicism is the most commonly reported religion in Latin American and Mexican immigrants at 66% (Westoff & Marshall, 2010, pg. 3). A Massey & Higgins (2011) study observed the effects that immigration had on religious belief and practices concluded how immigrants change their religious behaviors (pg. 17). They found that immigrants that never attended religious services are likely to begin after immigration. Why is that? Well, Moreno (2020) conducted a qualitative study to explore the reasonings behind why religion unites immigrants in the U.S (pg. 1). Using a semi-structured interview process with Latin American immigrants living in the U.S. they uncovered themes of the role that religion plays on the high-stress migration process as well as religion's impact on their experience living in the U.S. post-migration (Moreno et al., 2020, pg. 5). Without a doubt, religion provided a sense of stability, strength, and a hopeful outlook on life peri-migration. In the U.S., religious practices also provided emotional, social, and economic support in addition to creating a sense of family and community within the migrant population.

Methods

Participants

The primary criteria for inclusion in this qualitative study will be Mexican-born immigrant women age 35 or older, with mild to severe depressive symptoms, and a willingness to participate. The participants will be recruited to this study to share their experience with cultural barriers and seeking mental health aid in the United States. Therefore, participants will be recruited from 3 different locations in the U.S.; New York City, New York, Los Angeles, California, and Housten, Texas. The method of recruitment will be through flyers and advertisements hung around different parts of the cities. Flyers will be available in both Spanish and English. A total of 10 interviews will be conducted per city in a rented space, located in a convenient and easily accessible spot for the participants. All the interviews will be recorded for transcription and translations and they will also be conducted privately. The space will be controlled, safe, and quiet, have access to sunlight via windows, and be able to comfortably sit the interviewer and the participant. Interviewers will be women and have Latinx backgrounds to build better rapport with the participants as well as provide a sense of ease and safety. They are required to be fluent in Spanish as well as English so that transcribing and translating the interviews will be as accurate as possible. The interviewers must also be able to travel across the country to each destination.

Instruments

The interview protocol will follow a semi-structured format which allows interviewers the freedom to expand on current guideline questions as well as provide some organization. This

organization will then allow researchers to recognize themes within the interview transcripts when they analyze the data. The table below contains the list of questions for the interview in their English translation, which will not be used during the interview.

Table 2. Semi-Structured Interview Protocol; created.

1. **Consent Form Discussion.**
2. **Introduction.**
    - Tell me a bit about yourself.
        - Country of Origin, Status, Time in the U.S., Marital Status, Religion.
    - When/How did you arrive in the United States?
    - How has it been living in the United States as a Mexican immigrant?
    - What job do you work now?
        - What jobs have you worked in the past? In Mexico? In the U.S.?
    - Tell me about your current housing situation.

3. **Personal Experience With Mental Health.**
    - Tell me about the first time you experienced feelings of depression
    - How often do you have feelings of hopelessness about the future
    - What role does your culture play in perceiving depression?
4. **The Role of Family and Community.**
    - Tell me about your family
    - How does your family view mental health? Or mental health services?
    - What do your friends say about mental health? Or mental health services?
5. **The Role of Religion:**
    - How do you view religion?
        - Tell me about your religious beliefs and practices.
    - How does your family view religion?
    - How has religion played a role in your immigration process?
    - How have your religious practices helped you here in the United States?
6. **Barriers to Seeking Help.**
    - How do you feel about reaching out to professional mental health services
    - Tell me about the first time you sought out mental health help
    - What was unexpected about your experience with health services in the U.S.?
7. **Barriers/Challenges to Accessing Help**
    - What was your experience with mental health like in Mexico?
        - How does it compare to your experiences in the United States?
    - If comfortable, could you tell me about any hesitations you had during your experience with mental health services?
8. **Successes in Accessing Help.**
    - What would you describe as 'effective care' from mental health services?
    - Tell me about any personal experience with mental health services that you felt were effective
9. **Debriefing/End of Interview**

Procedure

Upon arrival participants will be greeted and seated. Prior to the start of the interview, each participant will start with screening for depression and depressive symptoms using the Center for Epidemiologic Studies Depression Scale (CES-D). This process should take roughly 20 minutes, including scoring. After this screening, participants will be sat, informed about the

recording process, and reassured that the interviews will be fully confidential. The individual interviews allow for greater depth about the sensitive subjects. Additionally, they will be asked whether they have previously sought professional mental health care or not. This response will be noted but does not affect the structure of the interview. The interviews will all follow the same general format outlined by the table above and spark a discussion of sensitive and emotional experiences before it concludes and the participants are all thanked and debriefed. The total time expected for this procedure ranges between 1 hour and 30 minutes to 2 hours, and participants will be compensated with a monetary stipend of $50 USD for their time, participation, and vulnerability.

Similarly to Eggerth et al.'s (2011) qualitative study, the interviews will all be done in Spanish by a fluent Spanish-speaking Latina researcher (pg. 5). The audio recordings of each individual interview will be used for later transcription and translation. After the transcriptions and English translations of the interviews are completed, the audio recordings will all be destroyed to protect the confidentiality and safety of the research participants.

Data Analysis

The data will be analyzed in accordance with Braun & Clark's (2006) thematic approach to data analysis (pg. 81). Using this thematic approach, the researchers can organize the information into themes and patterns most reported within the data of the interview transcripts. This method of thematic analysis allows researchers to not rely on implicit theoretical commitments such as that of the grounded theory but instead allows the freedom that the acquired data may speak for itself. Despite its freedom and its presence in psychology, thematic analysis is not often acknowledged as a proper qualitative analytic method (Braun & Clark, 2006, pg. 77). I believe its flexibility is beneficial because this type of exploratory research is not

tied to a fully worked-up yet hypothetical grounded-theory analysis, such as my proposal did not have a set hypothesis.

Using this method for data analysis means that there are a lot of behind-the-scenes discussions that are not often included in the methodology (Braun & Clark, 2006, pg. 82). These ideas are necessary for the consideration and discussion of the data. Braun & Clark constructed a 6-step process depicted in Table 3 below for how thematic analysis is to take place. Each step is vital in properly analyzing the qualitative data and providing themes that accurately represent the proposal's goal. There will be an ongoing reflexive dialogue (Braun & Clark, 2006, pg. 82) between the researchers throughout the analytic process to define, workshop, and solidify the themes from the interviews.

Table 3. The 6 phases of thematic analysis

Phase	Description of the process
1. Familiarizing yourself with your data:	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
2. Generating initial codes:	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes:	Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing themes:	Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis.
5. Defining and naming themes:	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
6. Producing the report:	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

Note. Table taken from Braun & Clarke, 2006, pg. 87

Phase 1 will consist of the completion of transcribing the audio recordings in Spanish, as well as translating the transcription into English to allow non-Spanish speakers access to the data. The transcription and translation will be shared with the research team and they will review it and provide analytic input. In addition, researchers will be encouraged to do repeated readings

to familiarize themselves with the data, this coincides with immersion and is an important part of understanding the verbal data. Phase 2 is the initial innovation phase, where codes are used to generate possible patterns and meaningful groups. To do this, researchers will separate “the most basic segment, or element, of the raw data or information” (Braun & Clark, 2006, pg. 88) so that it can be assessed in the following phase. Phase 3 is where the collection of codes is analyzed and categorized into candidate themes. Some codes will be joined and broadened into main themes, others into subgroups to support the main themes, and others will be moved under a miscellaneous group until further review. The importance of this phase is that the significance behind the codes is extracted and agreed upon. Phase 4 is the refining stage with two stages. In stage 1, researchers will look at their themes again to see if they are strong and unique. If anything proves to be problematic, ideas will be regrouped and revised until the list of candidate themes are ready. Then this list is moved to stage 2, where researchers will discuss the validity of each original theme and its role within the entire data set. Each theme must be specific, and supported by the data but, most importantly, all the themes must build on each other to tell a cohesive story. Stage 5 refers to the point where researchers will identify the essence of their themes and give them names. These names are expected to be precise yet simple. Stage 6 is the final step, where researchers will report their themes, and sub-themes, as well as provide the more captivating data from the transcriptions to support their data analysis. This section is not just a conclusion but must also be a narrative that the researchers can prove.

Due to the qualitative data, any research approach taken is vulnerable to the researchers' biases. The biases can stem from "personal, educational, and/or professional experiences" (Eggerth et al., 2011, pg. 5) and must be addressed. The researchers of this study have an advantage in this sense because of their Latinx background, though it does not erase bias, there is

more strength to their analysis yet a quick background of each research would be provided. Researcher 1, is Mexican-American and Peruvian-American, she is bilingual, an English/Spanish speaker as well as a recently graduated psychology major.

Expected Results

It is expected that the data analysis will yield five themes that emerged from the thematic analysis of the interviews. Below, I present five hypothetical themes to illuminate Mexican women migrants' cultural barriers and experiences of mental health services in the United States.

Theme 1: Language Struggles.

I predict that the participants will attest to the struggles of speaking English as a second language. The participants could give numerous accounts of moments in the healthcare environments when they were unable to get their point across. In some cases, they might not be able to get any service if no mental health worker speaks Spanish. Representative statements would look like this:

> "Do you know how frustrating it is to have to translate everything in my head before I say it? To have people laugh in my face because I'm struggling to find the words? You should try talking in my shoes for one mile!" (Winer, 2014)
>
> "Do you even know how smart I am in Spanish? Of course, you don't. For once, it would be nice to speak to someone in my own language..." (Winer, 2014)

Theme 2: Economic Barriers.

Because immigrants do not always have insurance to cover health coverage, paying the cost of health services, including mental health, is not a possible option. Instead, many Mexican-

born women delay receiving health care at all in order to save money, which results in unnecessary suffering both physically and mentally. Representative statements would sound like:

> "Without papers, I just try to not cause any problems" (Sims & Cárdenas-Vento, 2015, np).
>
> "In the U.S., I grew up with limited interactions with traditional Western medicine due to not having health insurance, so instead, I [used] traditional medicine passed down from my family. My mother and father would holistically treat us with herbs, teas, *remedios*, and *sobadas*. I believe in the healing power of plants and *remedios*" (Blossom, 2019, np).
>
> "This is not to say I don't advocate for therapy, but sometimes, therapy is just not an option" (Blossom, 2019, np).

Theme 3: Lack of Time.

For many Latinas, time is money and money is tight. So based on available employment opportunities Mexican women-migrants spend most of their time working. Their busy schedules do not allow them the time to use mental health services. I would expect similar statements as:

> "Here we are paid by weight, so you have to work very fast. Here it is a lot harder" (Sims & Cárdenas-Vento, 2015, np).
>
> "It is like you have to come out of it. You can't be like this all the time, you have to work, you have to move forward" (Garcia & Valdez, 2021, pg. 31)

Theme 4: Mental Health Stigma.

The participants often mention how mental health has affected those closest to them such as family and friends. The spread of stigma might also have influenced participants, and in

general many people, and deterred them from seeking mental health help. Participants' responses would look like this:

> “We tend not to talk about our feelings as a community. Latinas are expected to take care of their family instead of taking care of themselves first” (Blossom, 2019, np).
>
> “La ropa sucia se lava en casa” [Translation: Don’t air your dirty laundry in public] (Elescano, 2022, np).
>
> “My family members have a big stigma on mental health. They feel like if you’re seeing some kind of therapist it’s because you’re like crazy or something” (Garcia & Valdez, 2021, pg. 28).

Theme 5: Religion.

Religion is the theme that has the most balance, many people find peace engaging in religious practices but for others, it can be a source of stress. This means that participants might express reliance on religion through difficult times or as a barrier to reaching out. Statements could potentially range between:

> “I was often told to simply pray and put my faith in God whenever I asked for therapy during my teen years” (Blossom, 2019, np).
>
> “In LA County, there have been roundtables with spiritual leaders, priests, and mental health peers who are speaking out about people [who] can use both religion and therapy for their well-being” (Blossom, 2019, np).
>
> “My parents thought therapists outside of the church were only interested in taking our money” (Blossom, 2019, np).

Conclusion

This proposal aims to get a better understanding of how Mexican women migrants make decisions surrounding their mental health and the possible barriers they experience while seeking access to mental health services. The hypothetical data can only offer semblance to the real answers that Mexican women can provide if this proposed study was ever conducted. As of now, I can safely say that, in accordance with the available research, there is no conclusion! There is still a lot to learn about Mexican-born immigrants, their role in American mental health services, and their resulting mental health.

Limitations

The limitations of this proposal are in large part, a factor of the available literature, and common methods used in many psychology studies. All of the methods of data analysis for qualitative data have a likelihood of biases from the researchers. This is no exception to that but the researchers will take every precaution to analyze the data without personal bias. However, it is still important to note this possibility as a limitation. Also, the lack of literature was a limitation from the very beginning, because this is not a well-researched topic there is a lack of foundation. Finally, qualitative studies are typically less reliable because of their difficulty to interpret followed by their difficulty to generalize the findings. In addition, because of its small proposed sample size, the generalizability of my initial findings will be limited in their generalizability. However, this is a necessary first step as this area of research is not well documented, so this study can provide a solid foundation for future research.

Recommendations

In the future, when this proposed study has been conducted, I think that as an exploratory qualitative effort, this current proposal can one day be used to create new and more informed measures in future research. The study would produce an analysis that would list the influencing factors that affect a Mexican women migrant's decision to seek mental health services and a typology of barriers that Mexican WOM face while accessing mental health help. Additionally, the results would add to the limited literature about Mexican women migrants' struggles with mental health services in the United States. Hopefully, these findings could also be used to formulate recommendations for mental health professionals and practitioners for more effective depression treatments due to better design and understanding. The study would provide an opportunity to bring more awareness to the stigma surrounding the commonality of depression in Mexican migrant women. And finally, the findings might one day provide inspiration for future research and the development of hypotheses.

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Appendix A1

The Spanish translation (by Roberts, et al, 1989) of the CES-D Depression Scale Screening Tool to be Conducted Prior to the Interview.

CES-Depression Scale (Radloff, 1977)

I'm going to read you a list of ways you might have felt or behaved in the past week. Please answer how you have felt during the past week. I am going to read these as if I were you, then YOU answer them.
Esta es una lista de formas o maneras que usted podría haberse sentido en la última semana. Por favor indique con que frecuencia Ud. se ha sentido así en la última semana. Yo le voy a leer las siguientes frases como si yo fuera Ud., y usted contesta.

During the past week:
Durante la última semana:

(Bubble only one response for each of the following questions)

1. I was bothered by things that usually don't bother me.
1. Me han molestado cosas que normalmente no me molestan.*

Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)	Don't Know	Refused
Casi Nunca / Nunca (menos de 1día)	Muy Poco (1-2 días)	Algunas veces / poco (3-4 días)	Casi Siempre / Siempre (5-7 días)		

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2. I did not feel like eating; my appetite was poor.
2. No tuve ganas de comer, no tuve apetito.*

Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)	Don't Know	Refused
Casi Nunca / Nunca (menos de 1día)	Muy Poco (1-2 días)	Algunas veces / poco (3-4 días)	Casi Siempre / Siempre (5-7 días)		

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3. I felt that I could not shake off the blues even with help from my family or friends.
3. No he podido superar el sentirme triste ni siquiera con la ayuda de mi familia o mis amigos.*

Rarely or none of the time (less than 1 day) | Some or a little of the time (1-2 days) | Occasionally or a moderate amount of the time (3-4 days) | Most or all of the time (5-7 days) | Don't Know | Refused

Casi Nunca / Nunca (menos de 1día) | Muy Poco (1-2 días) | Algunas veces / poco (3-4 días) | Casi Siempre / Siempre (5-7 días)

---

4. I felt that I was just as good as other people.
4. Me sentí de igual valor que otra gente.*

Rarely or none of the time (less than 1 day) | Some or a little of the time (1-2 days) | Occasionally or a moderate amount of the time (3-4 days) | Most or all of the time (5-7 days) | Don't Know | Refused

Casi Nunca / Nunca (menos de 1día) | Muy Poco (1-2 días) | Algunas veces / poco (3-4 días) | Casi Siempre / Siempre (5-7 días)

---

5. I had trouble keeping my mind on what I was doing.
5. Tuve problemas en concentrarme con lo que hacía.*

Rarely or none of the time (less than 1 day) | Some or a little of the time (1-2 days) | Occasionally or a moderate amount of the time (3-4 days) | Most or all of the time (5-7 days) | Don't Know | Refused

Casi Nunca / Nunca (menos de 1día) | Muy Poco (1-2 días) | Algunas veces / poco (3-4 días) | Casi Siempre / Siempre (5-7 días)

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6. I felt depressed.
6. Me sentí deprimido(a).*

Rarely or none of the time (less than 1 day) | Some or a little of the time (1-2 days) | Occasionally or a moderate amount of the time (3-4 days) | Most or all of the time (5-7 days) | Don't Know | Refused

Casi Nunca / Nunca (menos de 1día) | Muy Poco (1-2 días) | Algunas veces / poco (3-4 días) | Casi Siempre / Siempre (5-7 días)

---

7. I felt that everything I did was an effort.
7. Sentí que todo lo que hacía era un esfuerzo.*

Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)	Don't Know	Refused
Casi Nunca / Nunca (menos de 1día)	Muy Poco (1-2 días)	Algunas veces / poco (3-4 días)	Casi Siempre / Siempre (5-7 días)		

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8. I felt hopeful about the future.
8. Me sentí esperanzado(a) en el futuro.*

Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)	Don't Know	Refused
Casi Nunca / Nunca (menos de 1día)	Muy Poco (1-2 días)	Algunas veces / poco (3-4 días)	Casi Siempre / Siempre (5-7 días)		

---

9. I thought my life had been a failure.
9. Sentí que mi vida ha sido un fracaso.*

Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)	Don't Know	Refused
Casi Nunca / Nunca (menos de 1día)	Muy Poco (1-2 días)	Algunas veces / poco (3-4 días)	Casi Siempre / Siempre (5-7 días)		

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10. I felt fearful.
10. Me sentí con miedo.*

Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)	Don't Know	Refused
Casi Nunca / Nunca (menos de 1día)	Muy Poco (1-2 días)	Algunas veces / poco (3-4 días)	Casi Siempre / Siempre (5-7 días)		

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11. My sleep was restless.
11. No dormí bien.*

Rarely or none of the time (less than 1 day) | Some or a little of the time (1-2 days) | Occasionally or a moderate amount of the time (3-4 days) | Most or all of the time (5-7 days) | Don't Know | Refused

Casi Nunca / Nunca (menos de 1día) | Muy Poco (1-2 días) | Algunas veces / poco (3-4 días) | Casi Siempre / Siempre (5-7 días)

---

12. I was happy.
12. Me sentí feliz.*

Rarely or none of the time (less than 1 day) | Some or a little of the time (1-2 days) | Occasionally or a moderate amount of the time (3-4 days) | Most or all of the time (5-7 days) | Don't Know | Refused

Casi Nunca / Nunca (menos de 1día) | Muy Poco (1-2 días) | Algunas veces / poco (3-4 días) | Casi Siempre / Siempre (5-7 días)

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13. I talked less than usual.
13. Hablé menos que de costumbre.*

Rarely or none of the time (less than 1 day) | Some or a little of the time (1-2 days) | Occasionally or a moderate amount of the time (3-4 days) | Most or all of the time (5-7 days) | Don't Know | Refused

Casi Nunca / Nunca (menos de 1día) | Muy Poco (1-2 días) | Algunas veces / poco (3-4 días) | Casi Siempre / Siempre (5-7 días)

---

14. I felt lonely.
14. Me sentí solo(a).*

Rarely or none of the time (less than 1 day) | Some or a little of the time (1-2 days) | Occasionally or a moderate amount of the time (3-4 days) | Most or all of the time (5-7 days) | Don't Know | Refused

Casi Nunca / Nunca (menos de 1día) | Muy Poco (1-2 días) | Algunas veces / poco (3-4 días) | Casi Siempre / Siempre (5-7 días)

---

15. People were unfriendly.
15. La gente fue poco amable.*

Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)	Don't Know	Refused
Casi Nunca / Nunca (menos de 1día)	Muy Poco (1-2 días)	Algunas veces / poco (3-4 días)	Casi Siempre / Siempre (5-7 días)		

---

16. I enjoyed life.
16. Disfruté de la vida.*

Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)	Don't Know	Refused
Casi Nunca / Nunca (menos de 1día)	Muy Poco (1-2 días)	Algunas veces / poco (3-4 días)	Casi Siempre / Siempre (5-7 días)		

---

17. I had crying spells.
17. Lloré a veces.*

Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)	Don't Know	Refused
Casi Nunca / Nunca (menos de 1día)	Muy Poco (1-2 días)	Algunas veces / poco (3-4 días)	Casi Siempre / Siempre (5-7 días)		

---

18. I felt sad.
18. Me sentí triste.*

Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)	Don't Know	Refused
Casi Nunca / Nunca (menos de 1día)	Muy Poco (1-2 días)	Algunas veces / poco (3-4 días)	Casi Siempre / Siempre (5-7 días)		

---

19. I felt that people disliked me.
19. Sentí que la gente no me quiere.*

Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)	Don't Know	Refused
Casi Nunca / Nunca (menos de 1día)	Muy Poco (1-2 días)	Algunas veces / poco (3-4 días)	Casi Siempre / Siempre (5-7 días)		

---

20. I could not get “going”.
20. No tuve ánimo.*

Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)	Don't Know	Refused
Casi Nunca / Nunca (menos de 1día)	Muy Poco (1-2 días)	Algunas veces / poco (3-4 días)	Casi Siempre / Siempre (5-7 días)		

Appendix A2

The Original CES-D Depression Scale Screening Tool (for reference; not used).

Center for Epidemiologic Studies Depression Scale (CES-D), NIMH

Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

	During the Past Week			
	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	Most or all of the time (5-7 days)
1. I was bothered by things that usually don't bother me.	☐	☐	☐	☐
2. I did not feel like eating; my appetite was poor.	☐	☐	☐	☐
3. I felt that I could not shake off the blues even with help from my family or friends.	☐	☐	☐	☐
4. I felt I was just as good as other people.	☐	☐	☐	☐
5. I had trouble keeping my mind on what I was doing.	☐	☐	☐	☐
6. I felt depressed.	☐	☐	☐	☐
7. I felt that everything I did was an effort.	☐	☐	☐	☐
8. I felt hopeful about the future.	☐	☐	☐	☐
9. I thought my life had been a failure.	☐	☐	☐	☐
10. I felt fearful.	☐	☐	☐	☐
11. My sleep was restless.	☐	☐	☐	☐
12. I was happy.	☐	☐	☐	☐
13. I talked less than usual.	☐	☐	☐	☐
14. I felt lonely.	☐	☐	☐	☐
15. People were unfriendly.	☐	☐	☐	☐
16. I enjoyed life.	☐	☐	☐	☐
17. I had crying spells.	☐	☐	☐	☐
18. I felt sad.	☐	☐	☐	☐
19. I felt that people dislike me.	☐	☐	☐	☐
20. I could not get "going."	☐	☐	☐	☐

SCORING: zero for answers in the first column, 1 for answers in the second column, 2 for answers in the third column, 3 for answers in the fourth column. The scoring of positive items is reversed. Possible range of scores is zero to 60, with the higher scores indicating the presence of more symptomatology.

Appendix B1

Semi-Structured Interview Protocol; created and used for all Participants (in Spanish).

1. Discusión del formulario de consentimiento.

2. Introducción.

- Cuénteme sobre usted.
  - País de origen, estado, tiempo en los EE. UU., estado civil, religión
- ¿Cuándo/Cómo llegaste a los Estados Unidos?
- ¿Cómo ha sido vivir en Estados Unidos como inmigrante mexicana?
- ¿Cuál es su trabajo ahora qué trabajos has tenido?
  - ¿Qué trabajos has trabajado en el pasado? ¿En Mexico? En los EE.UU.?
- Cuénteme sobre su situación de vivienda

3. Experiencia personal con la salud mental.

- Cuénteme sobre la primera vez que usted sentiste deprimido.
- ¿Con qué frecuencia tiene sentimientos de desesperanza sobre el futuro?
- ¿Qué influencia tiene su cultura en su percepción de la depresión?

4. La función de la Familia y la Comunidad.

- Cuénteme sobre tu familia
- ¿Qué piensa su familia sobre la salud mental? ¿O los servicios de salud mental?
- ¿Qué dicen tus amigos sobre la salud mental? ¿O los servicios de salud mental?

5. La función de la Religión.

- ¿Cómo ve usted la religión?
- Cuénteme sobre sus creencias y prácticas religiosas.
- ¿Cómo ve su familia la religión?
- ¿Cómo ha servido la religión en su proceso de inmigración?
- ¿Cómo le ha ayudado sus prácticas religiosas aquí en los Estados Unidos?

6. Barreras para buscar ayuda de salud mental.

- ¿Cómo te sientes al acercarte a los servicios profesionales de salud mental?
- Cuénteme sobre la primera vez que usted ha buscó ayuda de salud mental
- ¿Qué fue lo inesperado de su experiencia con los servicios de salud en los EE. UU.?

7. Barreras/desafíos para acceder a la ayuda de salud mental

- ¿Cómo fue su experiencia con la salud mental en México?
  - ¿Cómo se compara con sus experiencias en los Estados Unidos?
- Si se siente cómodo, ¿podría contarme sobre las dudas que usted tuvo durante su experiencia con los servicios de salud mental?

8. Éxitos en el acceso a la ayuda.

- ¿Como describiría usted servicio 'efectivo' de salud mental?
- Cuénteme sobre alguna experiencia personal con los servicios de salud mental que usted haya sentido que fueron efectivos

9. Informe/Fin de la entrevista

Appendix B2

Semi-Structured Interview Protocol (English Edition; not used).

1. **Consent Form Discussion.**
2. **Introduction.**
    - Tell me a bit about yourself.
        - Country of Origin, Status, Time in the U.S., Marital Status, Religion.
    - When/How did you arrive in the United States?
    - How has it been living in the United States as a Mexican immigrant?
    - What job do you work now?
        - What jobs have you worked in the past? In Mexico? In the U.S.?
    - Tell me about your current housing situation.
3. **Personal Experience With Mental Health.**
    - Tell me about the first time you experienced feelings of depression
    - How often do you have feelings of hopelessness about the future
    - What role does your culture play in perceiving depression?
4. **The Role of Family and Community.**
    - Tell me about your family
    - How does your family view mental health? Or mental health services?
    - What do your friends say about mental health? Or mental health services?
5. **The Role of Religion:**
    - How do you view religion?
        - Tell me about your religious beliefs and practices.
    - How does your family view religion?
    - How has religion played a role in your immigration process?
    - How have your religious practices helped you here in the United States?
6. **Barriers to Seeking Help.**
    - How do you feel about reaching out to professional mental health services
    - Tell me about the first time you sought out mental health help
    - What was unexpected about your experience with health services in the U.S.?
7. **Barriers/Challenges to Accessing Help**
    - What was your experience with mental health like in Mexico?
        - How does it compare to your experiences in the United States?
    - If comfortable, could you tell me about any hesitations you had during your experience with mental health services?
8. **Successes in Accessing Help.**
    - What would you describe as ‘effective care’ from mental health services?
    - Tell me about any personal experience with mental health services that you felt were effective
9. **Debriefing/End of Interview**

Appendix C1

Consent Form for all Participants (in Spanish).

Título del estudio:
La mente de migrante: una encuesta exploratoria propuesta que examina las barreras culturales y la ayuda a la salud mental en mujeres inmigrantes mexicanas

Investigador principal:
Alexandra García
Programa de Psicología
Bard College

Propósito del estudio:
Se le invita a participar en una encuesta de investigación realizada para explorar la experiencia diversa e individualizada de las mujeres migrantes mexicanas.

Procedimientos del estudio:
Si elige participar en este estudio, se le examinará para detectar síntomas depresivos utilizando la herramienta de escala CES-D en español. Luego, será entrevistado, también en español, utilizando un protocolo de entrevista semiestructurado creado específicamente para este estudio. La entrevista será grabada en audio. Toda la información que proporcione para este estudio se tratará de forma confidencial y su identidad permanecerá anónima en los resultados, el análisis de datos y el informe final. Todo el procedimiento debe tomar alrededor de 1 hora y 30 minutos a 2 horas. Luego recibirá la compensación acordada de $50 USD.

Riesgos:
Existe un nivel de riesgo de incomodidad al participar en este estudio, las preguntas de la entrevista pueden desencadenar recuerdos dolorosos. Si no se siente seguro con su participación, se recomienda que se retire de la encuesta.

Beneficios:
Además de la compensación, no habrá ningún beneficio directo para usted por su participación en este estudio. Sin embargo, esperamos que los datos obtenidos de este estudio produzcan un conocimiento profundo sobre las experiencias de las mujeres migrantes mexicanas con la salud mental para informar mejor las recomendaciones futuras de los profesionales de la salud mental.

Confidencialidad:
Cuando esté finalizada la entrevista, a sus datos se le asignará un código de identificación de participante. Su nombre no estará directamente vinculado a los datos que envíe. Se pueden citar extractos disfrazados de su entrevista en los resultados y la discusión. Pero no se vinculará a

usted ya que tomaremos precauciones; como cambiar su nombre y ocultar cualquier detalle de su entrevista que pueda revelar su identidad o la identidad de las personas de las que habla. Además, las grabaciones de audio se eliminarán después de que los investigadores hayan transcrito y traducido su entrevista.

Compensación:
La compensación es de $50 USD por la finalización de la proyección y la entrevista. Esto se distribuirá en efectivo después de que los participantes hayan sido informados. Si los participantes se retiran del estudio antes de su finalización, seguirán siendo elegibles para recibir hasta la mitad de la compensación ($25 USD).

Información de contacto:
Para cualquier pregunta adicional sobre el proceso de estudio y entrevista, comuníquese con la investigadora principal, Alexandra García, en ag7753@bard.edu.

Consentimiento:
He leído y entiendo la información y he tenido la oportunidad de hacer preguntas. Entiendo que mi participación en este estudio es voluntaria y que soy libre de retirar mi participación en cualquier momento sin penalización ni motivo. Entiendo y acepto voluntariamente participar en este estudio.

- Marcar esta casilla afirma que usted da su consentimiento para ser grabado en audio
- Marcar esta casilla afirma que está de acuerdo con estos términos y condiciones.

Fecha: _____

Appendix C2

Consent Form for all Participants (English Version; not used).

Title of Study:
Migrant Minds: A Proposed Explorative Survey Examining Cultural Barriers and Mental Health Aid in Mexican Immigrant Women

Principal Investigator:
Alexandra García
Psychology Program
Bard College

Purpose of Study:
You are being invited to participate in a research survey conducted to explore the diverse and individualized experience of Mexican migrant women.

Study Procedures:
If you choose to participate in this study, you will be screened for depressive symptoms using the Spanish version of CES-D Scale Tool. Then, you will be interviewed in Spanish using a semi-structured interview protocol created specifically for this study. The interview will be audio-recorded. Any and all information you provide for this study will be treated confidentially, and your identity will remain anonymous in the results, data analysis, and final report. The whole procedure should take around 1 hour and 30 minutes to 2 hours. Then you will receive the agreed upon compensation of $50 USD.

Risks:
There is a risk of discomfort in participating in this study, the interview questions might trigger painful memories. If you feel unsafe by your participation, it is recommended that you withdraw from the survey.

Benefits:
Besides compensation, there will be no direct benefit to you for your participation in this study. However, we hope that the data obtained from this study will produce in-depth knowledge about Mexican migrant women's experiences with mental health to better inform future recommendations of mental health professionals.

Confidentiality:
Once the interview is completed, your data will be assigned a participant identification code. Your name will not be directly linked to the data you submit. Disguised extracts from your interview may be quoted into the results and discussion. But it will not be linked back to you as

we will take precautions; such as changing your name and disguising any details of your interview which may reveal your identity or the identity of people you speak about. Additionally, the audio recordings will be deleted after researchers have transcribed and translated their content.

Compensation:
The compensation is $50 USD for the completion of the screening and interview. This will be distributed in cash after participants have been debriefed. If participants withdraw from the study before its completion, they will still be eligible for up to half of the compensation ($25 USD).

Contact Information
For any additional questions about the study and interview process, please reach out to the Primary Investigator, Alexandra García, at ag7753@bard.edu.

Consent:
I have read and understand the information and have had the chance to ask questions. I understand that my participation in this study is voluntary and that I am free to withdraw my participation at any time without penalty or reason. I understand and I voluntarily agree to take part in this study.

- Checking off this box affirms that you consent to being audio-recorded
- Checking off this box affirms that you agree to these terms and conditions.

Date: _____

Appendix D1

Debrief Form for all Participants (in Spanish).

Declaración informativa

Gracias por participar en nuestro estudio. Estaremos analizando y organizando los factores observados que influyen en las decisiones de las mujeres migrantes mexicanas en torno a su salud mental y las posibles barreras que han experimentado al buscar acceso a los servicios de salud mental. Se le presentó un formulario de consentimiento que explicaba nuestro procedimiento. La grabación de audio de su entrevista se transcribirá palabra por palabra, se traducirá al inglés y se eliminará de inmediato. Nuestro objetivo es que esta investigación cualitativa se sume al conocimiento empírico disponible en torno a esta población, así como también brinde la oportunidad de generar más conciencia sobre el estigma que rodea a la depresión común en las mujeres migrantes mexicanas. Si desea una copia de la versión final, envíe un correo electrónico a la investigadora principal, Alexandra García, a ag7753@bard.edu. Una vez más, gracias por su tiempo.

Appendix D2

Debrief Form for all Participants (English Version; not used).

Debriefing Statement

Thank you for participating in our study. We will be analyzing and organizing observed factors that influence Mexican women migrants decisions surrounding their mental health and the possible barriers they have experienced while seeking access to mental health services. You were presented with a consent form that explained our procedure. The audio recording of your interview will be transcribed verbatim, translated in English, and promptly deleted. Our goal is that this qualitative research will add to the empirical knowledge available surrounding this population as well as provide an opportunity to bring more awareness to the stigma surrounding the commonality of depression in Mexican migrant women. If you would like a copy of the final, send a request to the principal investigator, Alexandra García, at ag7753@bard.edu. Once again, thank you for your time.

Appendix E

IRB Proposal Form.

Name	Alexandra García
Email	ag7753@bard.edu
Academic Program/Department/Office:	Psychology
Status	Student
Adviser or Faculty Sponsor	Elena Kim
If you are a graduate or undergraduate student, has your Adviser or Faculty Sponsor seen and approved your application?	No.
Your Adviser's or Faculty Sponsor's email address	ekim@bard.edu
Please list all individuals (full name and status, i.e. faculty, staff, student) involved in this project that will be working with human subjects. Note: Everyone listed must have completed Human Subject Research Training within the past three years.	Alexandra García, student Elena Kim, faculty
Do you have external funding for this research?	No.
What is the title of your project?	Migrant Minds: A Proposed Explorative Survey Examining Cultural Barriers and Mental Health Aid in Mexican Immigrant Women
When do you plan to begin this project?	September 15, 2024
Describe your research project	My SPROJ aims to better understand the experiences of Mexican migrant women and their access to mental health services in the United States. My study is framed by the available knowledge on this topic, and it is clear that mental health services in the U.S. were not built to be accessible to or effective for the Latino community. On top of that, most available research is quantitative which is prone to “frequent, inconsistent, and

	contradictory" generalizations. This qualitative research I hope will add to the empirical knowledge available surrounding this population as well as provide an opportunity to bring more awareness to the stigma surrounding the commonality of depression in Mexican migrant women.
Describe the population(s) you plan to recruit and how you plan to recruit participants.	My population will be 30 Mexican women migrants over the age of 35 with depressive symptoms. There will be a migration status aspect, however, it will not affect the interview process. 10 participants will be recruited via flyers in 3 different urban cities around the U.S.
Will your participants include individuals from vulnerable or protected populations (e.g., children, pregnant women, prisoners, or the cognitively impaired)?	Yes.
If your participants will include individuals from the above populations, please specify the population(s) and describe any special precautions you will use to recruit and consent.	Mexican immigrant women are a vulnerable population, they are at a disadvantage for determinants of health because of their socioeconomic status. They are at a higher risk of having poor mental health and also not having access to adequate mental health care.
Approximately how many individuals do you expect to participate in your study?	I am anticipating 30 participants.
Describe the procedures you will be using to conduct your research. Include descriptions of what tasks your participants will be asked to do, and about how much time will be expected of each individual.	Participants will be screened for depressive symptoms with a Spanish translation of CES-D. Then, they will be interviewed (fully in Spanish) using the semi-structured interview protocol. The whole procedure should take around 1 hour and 30 minutes to 2 hours.
Describe any risks and/or benefits your research may have for your participants.	Participants that are undocumented immigrants always face a risk of being exposed and deported so they will often stay invisible to society. Considering this risk, I would say participants would benefit from this experience if it encourages them to seek out mental health help.

Describe how you plan to mitigate (if possible) any risks the participants may encounter.	After the transcriptions and English translations of the interviews are completed, the audio recordings will all be destroyed to protect the confidentiality and safety of the research participants.
Describe the consent process (i.e., how you will explain the consent form and the consent process to your participants):	See Appendix C1 & C2
Have you prepared a consent form(s)?	Yes.
If you are collecting data via media capture (video, audio, photos), have you included a section requesting consent for this procedure(s) in your consent form(s)?	Yes.
What procedures will you use to ensure that the information your participants provide will remain confidential and safeguarded against improper access or dissemination?	Confidentiality is a serious issue, especially for this at-risk population, so names will not be collected and each participant will receive a participant identification code that cannot be traced back to them..
Will it be necessary to use deception with your participants at any time during this research? Withholding details about the specifics of one's hypothesis does not constitute deception, this is called incomplete disclosure. Deception involves purposefully misleading participants about the nature of the research question or about the nature of the task they will be completing.	No.
For all projects, please include your debriefing statement. All studies must include a debriefing statement. Be sure to give participants the opportunity to ask any additional questions they may have about the study.	See Appendix D1 & D2
If you will be conducting interviews in a language other than English, will you conduct all of the interviews yourself, or will you have the assistance of a translator? If you will be using the assistance of a translator, that individual must also certify that he or she is familiar with the human subject protocol and	Myself.

has completed the online training course.	
If your recruitment materials or consent forms will be presented in languages other than English, please translate these documents. I have submitted all of my translated materials.	Yes.
Finalize and Submit I agree to obtain IRB approval prior to beginning my work with human subject participants. I agree to only perform the research as described in the above application. I agree to seek IRB approval for any modifications in the approved study. I agree to inform the IRB if I receive any complaints from research participants within two days of receiving a complaint. I certify that all of the information contained in this proposal is accurate and truthful. Submitting this form means that you affirm the statement above and will comply with the content. This counts as your legally binding signature	Submit.