Behind the Healthy Immigrant Effect: Exploring Immigrant Mental Health through Reddit

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Abstract

Immigrant mental health is a complex experience that can be viewed through a variety of perspectives. To build upon previous research, which tends to simplify the immigrant mental health experience using the Healthy Immigrant Effect, this study examines the immigrant mental experience while bridging the scarcity of quantitative data with qualitative data. Using the Social Processes Framework, I found topics discussed by users that aligned with what research has found to be risk factors for poor mental health outcomes. In addition, ACEs that do not fall within the framework could potentially inform additional risk factors that, if experienced during childhood, could result in poor mental healthcare outcomes. With many findings on themes specific to immigrants, more research needs to be done on the immigrant mental health experience to inform healthcare, perhaps starting by incorporating culturally inclusive ACEs into the evaluation process.

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Although the US makes up around 5% of the world's population, it has 20% of global migrants residing within its borders, making it a unique social and political sphere for immigrant studies (Batalova, 2023). As of 2021, there are currently 45.3 million immigrants in the United States, comprising around 13.9% of the population (Batalova, 2023). As the immigrant population continues to increase, immigrant mental health is increasingly essential to the nation's health and well-being (Derr, 2015).

Concerning immigrant mental health, many researchers immediately quote the Healthy Immigrant Effect or the Immigrant Paradox (ScienceDirect, n.d.). The phenomenon describes the oddity that many immigrants arrive at their destination country in better health than their domestic-born counterparts and then later experience a decline as they continue to stay in the host country. In some ways, this seems intuitive, as immigrating requires a certain level of health. A study comparing immigrants in Europe to those in Israel explained this as a combination of the positive self-selection of immigrants and positive selection, screening, and discrimination policies in the host countries (Constant et al., 2017). However, from another angle, traveling and immigrating pose various challenges and can promote feelings of isolation and anxiety, especially for those who come in less favorable circumstances, such as asylum seeking.

This discrepancy has been increasingly spotlighted in recent years. A systematic review looked at 58 studies of immigrants to Western countries and found there is inconsistent evidence of the Healthy Immigrant Effect on mental health (Elshahat et al., 2021). Specifically, while

there is evidence showing a decline in mental health over time after immigration, there is no evidence for a mental health advantage of immigrants over native-borns. The study concluded that the Healthy Immigrant Effect alone is not necessarily helpful in explaining immigrant mental health disparities, nor does it propose ways to improve immigrant mental health tangibly. Instead, they recommended mixed-methods studies and sub-group analyses for future studies to provide more insights into determinants of immigrant mental health.

Unfortunately, there is a lack of data that could help explore the Healthy Immigrant Effect further. Systematic monitoring of health patterns in immigrant populations has long been lacking, partly due to the heterogeneous nature of the immigrant population and partly due to the difficulty in obtaining complete data (Singh et al., 2013). Another reason is stigma; electronic health records usually avoid recording original data for fear that these patients would be subjected to discrimination, yet this leads to even less available data for immigrant research. Existing studies in the field have exhausted the limited available data based on race, or legal classifications, such as refugees or asylum-seekers (Abe-Kim et al., 2007; Blackmore et al., 2020). For instance, researchers utilized the National Latino and Asian American Study to investigate human agency and its relations to mental health. However, not only were the results only applicable to specific groups, but the survey was the product of a one-time collaborative effort in 2004 without new iterations— highlighting the need for better or alternative data sources to bridge this gap (National Latino and Asian American Study, n.d.). Researchers have called for better race, ethnicity, and origin data, but the immigrant data repository remains sparse (Ressalam, 2023).

What's more, most studies investigating immigrant mental health are cross-sectional studies and lump all immigrants into one group— ignoring the time point, reason, the

individual's nationality, and more— that impart a limited understanding of the interplay of immigration and mental health. An immigrant who followed their parents on a working visa will no doubt have a completely different experience and identity than a 1st generation refugee. Further, these studies often use 2nd or 3rd generation immigrants who have immigrant parents but were born in the host country as a comparison group, which can be misleading since they are affected by the parents' immigrant experiences in the first place. The assumption that the Healthy Immigrant Effect is a universally applicable rule can be harmful rhetoric when gaps in literature have yet to be filled. In short, there is a need for improved studies to clarify whether the Healthy Immigrant Effect holds across demographics and immigration reasons.

Together, existing studies suggest more data and research are necessary to explore immigrant mental health further. Therefore, this thesis examines immigrant mental health while bridging the scarcity of immigrant quantitative data with qualitative data. To do so, I chose to utilize data on Reddit instead of traditional surveys and interviews. Social Networking Services (SNS) have emerged as a valuable qualitative data source in recent years, especially for stigmatized topics— including mental disorders (Prescott et al., 2020; Calancie et al., 2017; Singleton et al., 2016). Research has shown that people with mental health problems tend to express emotions and experiences more freely on SNSs (Kim et al., 2023). Some SNSs, such as Twitter, have increasingly been seen as a "model organism" in academic research because posts are "public" and can occur in real time alongside world events (Proferes et al., 2021). Amongst many SNSs, I study the language and first-hand accounts of immigrants through Reddit— an increasingly popular SNS where individuals can form communities, create posts, write responses, and upvote and downvote responses anonymously. Reddit is currently the 6th most visited website in the US and the 20th most visited globally, with ample users and communities

sharing personal experiences and discussing issues daily. In addition, the Subreddit function allows for quick access to posts around similar topics, such as mental health. This method helps us avoid biases with surveys and interviews while capturing an arguably broader picture of mental health experiences.

With these objectives in mind, I develop two research questions:

1. What themes emerge when immigrants discuss mental health experiences on Reddit? Do the results match the current literature?
2. How can these online immigrant mental health content help inform current mental healthcare practices for immigrant populations?

II. Background

Some studies have used the word "immigrant" in contrast to asylum seekers and refugees. This study uses the term "immigrant" as an umbrella term arguably interchangeable with "migrant" due to its common usage in the U.S.

Legal Classifications

Foreign-born individuals exhibit varied health patterns influenced by psychosocial and contextual factors, with visa type or legal classifications as a crucial determinant tied to migration motives and post-arrival experiences in the U.S. (Dunajcik & Cunningham, 2022). The U.S. government distinguishes among immigrants whom it has granted permission to reside and work in the U.S., those with temporary authorization (either with or without permission to work), and those who entered the U.S. without authorization or exceeded the duration of their initial approval, referred to by the government as "deportable aliens." Usually, the end goal of

immigration is the Permanent Residency Card— or what's known as the "Green Card," to work and reside in the U.S. indefinitely. It is important to note that since physical and mental exams are required before obtaining the green card, which includes a medical history and a mental health evaluation, an immigrant's mental health status at the time of immigration attempt could potentially fail to complete this process— causing extra anxiety.

There are several pathways to obtaining permanent residency. The most common path is marriage to a partner with permanent residency or citizenship. However, the process still takes approximately 13.5 to 37 months, and many cannot travel during the waiting period, leading to missing events in their home country or homesickness and potentially affecting their mental health.

On the other hand, temporary residency and work permission are granted selectively to those with visas— the most common being F-1/J-1 and H1b. The F-1 and J-1 visas allow international students and scholars to enter, reside, and study in the US for a certain period. However, F-1 students are not permitted to work off-campus unless with special permission through Curriculum Practical Training (CPT)— during one's degree— or Optional Practical Training (OPT)— after one's degree. Both are time-limited, with non-STEM degree holders permitted to work a year after graduation and STEM degree holders allowed to work for three. To advance in the immigrant process, F-1 students must secure a job where the employers would "sponsor" a student to apply for an H1b visa— the foreign workers in specialty occupations visa— within their work-permitted time. Most companies are reluctant to provide sponsorships due to extra paperwork and sponsor-related expenses. These sponsored applications then enter the H1b lottery, where around ⅓ applicants get approval yearly, and others are asked to reapply. Thus, unlucky applicants whose work-permitted time is up but have not received an H1b would

have to leave the U.S. Those lucky enough to secure an H1b are, in turn, afraid of being laid off since one's H1b working visa is tied to the sponsoring employer; inability to secure a new job within 60 days will still result in deportation. To avoid this, the employer can file another application for the aforementioned Permanent Residency Card. The waiting time can range from three to 13 years for certain nationalities, such as India.

It is clear why this most common route of immigration to the U.S. warrants anxiety amongst immigrants due to its uncertainty, long wait times, and the subjectivity of discrimination and harm from native employers. In fact, international students have been shown to have higher rates of feeling overwhelmingly depressed and suicide attempts despite having lower rates of mental disorder diagnoses (Yeung et al., 2021).

Individuals without legal documentation face another set of struggles. There are around 21.2 million immigrants without legal documentation as of 2022, making up almost half of the immigrant population (Kaiser Family Foundation, 2023). Many of these individuals have illegally entered the United States, overstayed their visas, or are children of parents who overstayed— even if they were born in the U.S. Since their residence is illegal, these immigrants and their children face immense barriers in seeking employment, education, and healthcare. For instance, despite having higher employment rates, 50% of immigrants without legal documentation are uninsured, compared to 20% in other immigrant populations and 6-8% in U.S. citizens, indicating how most individuals work in lower-wage jobs without security. This is partly due to the fear of being deported upon utilization of federal assistance programs. Usually, alternative healthcare safety nets are overwhelmed and limited (Hacker et al., 2015).

Generation Classifications

Immigrants could be classified by the relation between their generation and the generation in which immigration occurred. A first-generation immigrant is someone born outside the United States, while 1.5-generation immigrants arrived in the U.S. as children. For instance, those who came as elementary or middle school students would be seen as 1.5-generation. Second-generation immigrants are born in the U.S. but have foreign-born parents. Most immigrant children in the U.S. are second-generation citizens by birthright (Immigration Institute at Harvard, 2024). Classifications help understand mental health experiences since studies of immigrants in both the U.S. and other countries have found differences between 1st, 1.5, and 2nd generations (Tan, 2016; Knaifel et al., 2022).

III. Literature Review

Theoretical Frameworks for Immigrant Health Disparities

Many researchers have attempted to conceptualize the group difference in immigrant and native-born mental health outcomes or the immigrant health experience in general. Here, I discuss five frameworks within the immigrant health space that can help researchers apprehend the immigrant mental health experience.

Life Course Perspective

The Life Course perspective pulls from a classic public health concept, where one's experience during development and adolescence can affect health outcomes later in life. A literature review (Lee, 2014) summarizes factors affecting immigrant health into those related to their home country, including biological influences, culture and language, and environmental

influences such as family, community, political, and social factors; and those related to the new country— in this case, the U.S.— including social network, environmental influences (lifestyle and behaviors), access to healthcare and socio-demographic influences.

The Adverse Childhood Experiences (ACEs) framework, taking the life course perspective, has been gaining popularity and is increasingly discussed in research and public health spaces. Adverse Childhood Experiences (ACEs) are a series of traumatic events that take place before age 18 and have implications for various health outcomes, such as mental health issues, risky behaviors, and chronic health problems (CDC, 2020). These events are known to be associated with susceptibility to mental health challenges, including depression, bipolar disorder, suicidal tendencies, and substance abuse (Tzouvara et al., 2023). Therefore, it is intuitive that users discuss trauma when sharing mental health experiences.

The original 10 ACEs, as identified in the landmark ACEs study conducted by Kaiser Permanente and the Centers for Disease Control and Prevention (CDC, 2020), are:

1. Physical abuse
2. Emotional abuse
3. Sexual abuse
4. Physical neglect
5. Emotional neglect
6. Household substance abuse
7. Household mental illness
8. Parental separation or divorce
9. Incarcerated household member

10. Witnessing domestic violence

Later, to better incorporate social determinants of health into the ACEs framework, the list of ACEs has expanded from the original ten items to 15, with the additional 5 being follows:

11. Bullying
12. Community violence
13. Neighborhood safety
14. Racism
15. Living in foster care

However, more research has been produced to call for another expansion potentially. The Centers for Disease Control and Prevention emphasizes that the list of ACEs is not comprehensive, and other traumatic experiences could very well result in physical and mental health outcomes as the established ACEs. Along those lines, Hughes and Tucker have called for childhood poverty to be considered an ACE (Hughes & Tucker, 2018).

The general consensus among researchers is that native-born Americans and second-generation immigrants report higher ACEs than first-generation immigrants— with emotional neglect as an exception— aligning with the Healthy Immigrant Effect (Vaughn et al., 2015). However, one can argue that the official list of ACEs stems from research centering on American children and does not encompass the immigrant experience. Barajas-Gonzalez et al., for example, advocate for including the anxiety facing the increasingly restrictive immigration policies in the political climate as an ACE (Barajas-Gonzalez et al., 2021).

Acculturation Theories and the Cross-National Framework

Generally, acculturation is the transformation that occurs due to interactions with culturally diverse individuals, groups, and societal influences— especially within immigrant experiences (Schwartz et al., 2010). The oldest concept of acculturation sees the process as a single continuum, where an immigrant acquires the new country's values, practices, and beliefs while discarding those of their home country. A modified version of the model considered the conservation of the individual's home country in addition to the process above, creating four dimensions— assimilation (discarding old culture and adapting to new culture), separation (rejecting new culture and retaining old culture), integration (welcoming new culture while maintaining the old), and marginalization (rejecting both old and new culture). The "integration" category, sometimes named "biculturalism," is often seen as the most optimal outcome— especially when there is a blending and synthesizing process of the two cultures— where it could be related to lower psychosocial distress and higher self-esteem (Chen et al., 2008).

However, the model is still questioned for its difficulty in defining the four dimensions in practice and the validity of the "marginalization" dimension. Researchers like Schwartz thus modified the Acculturation theory further into six components of acculturation, including cultural practices, cultural values, and cultural identifications for both the heritage and receiving countries— each presenting protective or risk factors for immigrant health outcomes. For instance, a study found individualism a risk factor for unprotected sex amongst Asian Americans (Portes & Rumbaut, 2001). Another interesting study found that, in immigrant students, self-endorsing attitudes regarding family obligations positively correlated with academic outcomes, while behaviors responding to family demands were negatively correlated, highlighting the need to evaluate acculturation multi-dimensionally (Tseng, 2004).

Notably, a group of scholars in social epidemiology proposed the Cross-National framework (Acevedo-Garcia et al., 2012), combining the Life Course perspective with push-pull factor theories and transnational theory— similar to the Acculturation model, where one emphasizes both the sending and receiving countries in the immigration process. One difference is that immigrants are thought to adapt and maintain a relationship with their home country through what is specified as "remittance," which is the exchange of ideas, behaviors, identities, and social capital. It is also possibly the most comprehensive and macro-level framework out of all discussed in this thesis, though there is significantly more emphasis on the immigration process itself and less helpful in explaining individual mental health experiences or designing interventions since it is impossible to target everything at once.

Cumulative Stress Theory and Social Suffering

The Cumulative Stress theory mainly describes the decline in immigrant health compared to the initial "advantage" of the Healthy Immigrant Effect related to various immigration-related stressors (Elshahat et al., 2021). Commonly cited stressors operate on the individual (such as language and cultural barriers), societal (such as discrimination), and organizational levels (such as navigating legal and healthcare systems). However, some scholars, such as Arthur Kleinman, argue that these day-to-day sufferings can be normative and should not necessarily be viewed through a biomedical lens— especially regarding whether these stressors should be medicalized (Kleinman, 2012). Regardless, the various stressors during and after the immigration process can undoubtedly contribute to poorer immigrant mental health.

Social Processes framework

The Social Processes Framework emphasizes social resilience within the immigrant mental health experience (Alegría et al., 2017). Positive impacts come from fostering and sustaining interpersonal connections, building social resources, and broadening social circles, while negative impacts mainly manifest through social exclusion. Referencing the previous few theories, this framework discusses family context, social position and social capital, neighborhood context, social supports and social exclusion, transnational ties, language use and barriers, and discrimination and acculturative stress as factors influencing immigrant mental health. Given that this framework is the only one focusing specifically on mental health and attempting to cover the previous theories in immigrant health disparities, it is deemed especially critical and utilized as the basis of my analysis.

IV. Methods

To obtain my dataset, I build on prior works to arrive at a series of subreddits— distinct communities on Reddit with common topics of interest— where users discuss mental health experiences. Specifically, I look at the following subreddits: r/depression, r/anxiety, r/bipolar, r/BPD, r/schizophrenia, and r/mentalhealth (Kim et al., 2023). (I removed r/autism because most posts in the past year were debates about self-diagnosis, which are irrelevant to our study.) I search for posts relevant to immigrant mental health experiences within these subreddits. Posts have to meet the following three criteria to be considered: 1) the creator of the post is an immigrant, indicated by keywords such as “immigrant” or “immigration;” 2) the creator of the post identifies as an immigrant in the United States, indicated by mentioning “U.S” or their residing states or area; 3) the creator mentions mental health experiences of their own or family/members or friends that also identify as an immigrant in the United States. Posts within one year as of March 1st, 2024 were included.

I extracted the contents of eligible posts, the user's anonymous username, and the users' demographic information for further analysis. When possible, demographic information of the post creator is noted, including legal classification, generation, original/parent nationality, gender, and age. It is important to note that my primary objective of this study is not to analyze and differentiate how these factors affect mental health experiences but to keep these as side notes when encountering themes specific to these demographics. Users' posts, including abbreviations, typos, and grammatical errors, were kept as they were to maintain authenticity. In other words, any data quoted in this thesis will reflect the original post.

Next, I coded and analyzed the post content using Dedoose (2021), where repeated topics were noted. I then organized the topics into overarching themes, which were examined in detail. Some themes are inspired by the literature review on the various models of immigrant mental health, although the majority are still inductive. Then, I compared these extracted themes to the Social Processes Framework. There are two reasons I chose to focus on this framework: firstly, it was created for immigrant mental health, as opposed to the other frameworks characterizing health disparities in general; and secondly, it cited previous models, including the acculturation model, trajectory model, and cumulative stress model, and attempted to include them in their conceptualizing process comprehensively.

V. Analysis & Discussion

Overview

As shown in Table 1, my sample consists of 81 posts on Reddit across six subreddits. Not all of these 81 posts mention demographic information, highlighting how Reddit users still seem

to prefer certain levels of anonymity when discussing their personal stories and mental health experiences.

In terms of gender, there are slightly more users that use she/her pronouns. Next, age demographics show an age range of 15 to 38— which includes millennials, Generation Z, and Generation Alpha. Therefore, one can argue that the sharing of mental health experiences on Reddit, an anonymous social networking service, is an age-dependent phenomenon more prevalent in younger demographics. Indeed, surveys have found that young people find social networking services engaging and highly usable, mainly due to the ability to remain anonymous while building connections, finding support, and reducing loneliness (Sanger, 2022). My study aligns with the increasing literature, where Reddit is utilized increasingly as an online community with rich data for health information and patient experiences (Boettcher, 2021; Timakum et al., 2023).

What's more, my data were all extracted due to having "immigrant" as a keyword, yet there was a surprising amount of common experiences shared by these 81 users. It could be assumed that, though the immigrant population is a heterogeneous one and large sums of quantitative data could be hard to obtain, qualitative data from online communities could be extremely helpful in understanding and drawing conclusions about the immigrant community' experiences.

Finally, most immigrants were first—and second-generation immigrants. However, instead of an absolute representation of which generations utilize Reddit for sharing mental health experiences more, this could simply be because people are less familiar with the definitions of 1.5 and 2.5 generations.

Table 1

Sociodemographic Characteristics of Users

Demographic	n	%
Pronouns		
He/him	14	17.3
She/her	19	23.4
They/them	1	1.2
Unknown	47	58.0
Age		
10-20	15	18.5
20-30	21	25.9
30+	6	7.4
Unknown	39	48.1
Generation		
1	17	21.0
1.5	5	6.2
2	19	23.5
2.5	1	1.2
3	1	1.2
Unknown	38	46.9
Total	81	100.0

Note. N = 81.

Most Reddit posts within the mental health subreddits were posts sharing their struggles with the mental health condition(s) and expressing negative emotions, with a small portion asking for advice. Common mental health conditions mentioned in these posts include depression, anxiety, schizophrenia, bipolar disorder, Attention-Deficit/Hyperactivity Disorder, and Borderline Personality Disorder, which made sense given the communities I obtained my data from.

Since many users utilize Reddit posts to vent frustrations, we can glimpse everyday stressors that might affect their mental health experiences. Using the Social Processes Framework, these discussions of stressors can be mapped onto the Family Context, Social Position & Capital, Social Support & Exclusion, Language Use and Ability, and Discrimination & acculturation stress components. On the other hand, no significant results were found for Neighborhood Contexts and Transnational Ties. The only caveats are that Social Capital and Social Support were more closely related, as these are related to one's social support and relationships;. In contrast, Social Exclusion, Discrimination, and Acculturative Stress were related, and are related to one's negative experiences when it comes to integrating into the U.S. Below, we dive into these findings in detail.

Immigrant Mental Health Experiences through the Social Processes Framework

Family Conflict and Family Support

With immigration essentially resetting one's social circles transnationally, family is often the unit where immigrants spend the most time. In previous research, family conflict has been identified as a risk element for several psychiatric disorders among immigrant populations, whereas family cohesion has consistently emerged as a protective factor (Garcini et al., 2021).

Family Conflict. Numerous studies have linked family conflict to poorer child mental health; the effects are not limited to immigrant populations (Behere et al., 2017; Luvira et al., 2023). There are three examples of fighting parents in my data:

> U12: My parents recently as well have decided to divorce and use me as a middleman when they refuse to speak to each other, adding to more issues, but they are much lesser now.

U50: All the while that was happening my parents were fighting almost everyday on the basis that my dad was cheating on my mom. There were many times that my dad was kicked out of the house and I had to be in middle of it in hopes of stopping it, on one occasion my dad told me to come with him when my mom kicked him out and I did, and hearing my mom crying for me not to go breaks me everytime I hear it (I was 11 atm). Then one day my dad starts bringing me over to this lady's house and telling me she is a family friend, which she was not, she was my dads mistress and whenever we went my dad would tell me to lie to my mom about going over to see her, this happened for long time until my dad got this lady pregnant and my mom found out about the kid. My mom was devastated and cried about it while confronting my dad but she forgave him and he stopped seeing this lady at this point I was 16.

U59: Whenever my parents fought at home, I always found it very hard to adjust(I still cant). That helplessness is very hard to bear. Whenever they fought I always expected the worst even tho their fights were never more that the average couple qualms.

In these cases, family conflict, particularly parents fighting and divorces, caused the child to feel "devastated" and "helpless." Even when the conflicts were not as severe, as indicated in U59's "their fights were never more than average couple qualms," witnessing these conflicts could still leave lasting effects on the child. Further, as shown in U12 and U50, children sometimes could get involuntarily involved in these conflicts between adults. All three examples align with the wealth of literature across the world pointing towards family conflict causing poor child mental health. For example, a study was done in Australia, where researchers found that marital dissatisfaction has associations with a child's mental distress (Augustijn, 2021), and a study in Germany found high levels of interparental conflict negatively correlated to children's

mental health (Leach et al., 2021). However, again, since there are no mentions of being an immigrant, these results might not be specific to the immigrant population and instead should serve as general evidence that family conflict is harmful to child well-being in general.

That being said, the struggle to fulfill family expectations seems to be a much more common experience for immigrant populations specifically. Ongoing expectations about one's responsibility to be a caretaker in the family, financially or mentally, can take a toll on an immigrant's mental health. Here are two examples:

> U33: Unfortunately, being the first daughter in an immigrant household, feels like I've been sentenced to jail because they expect me to solve everyone else's problems, be the logical peacemaker, clean and cook/clean after everyone, be great in school, never say no to anything thats asked of me, handle everything that my mother normally would handle if she's not there, etc and the list goes on. I am fucking tired of shouldering their issues plus my own issues plus they treat me like a walking atm.

> U54: Being the oldest male of an immigrant family (23), and having the "responsibility" to care for you family has become so daunting. Specially now when you realize how hypocritical and narcissistic they can be. For context, my mother was deported when I was 9, my father is a deadbeat, leaving me to be the head of the house caring for my younger brother (now 19).

In both situations, being the oldest sibling in the family came with additional caretaking responsibilities. Literature has shown that not only do children and adolescents contribute more to the daily and family functioning in immigrant families, but oldest siblings often have "sibling caretaking" duties such as supervising and socializing younger siblings (Hafford, 2010). These

additional responsibilities serve as a protective factor for the families as a whole. Still, they can possibly lead to neglect and maltreatment of the younger sibling, as well as fewer allocated resources and care for the oldest sibling (Lawson & Mace, 2010). The fact that both of these older siblings feel like the responsibility is “daunting” but without escape confirms that experience. Overall, since sibling caretaking introduces new dynamics into the family, especially in immigrant families, older sibling status could be an important factor included in mental health assessments in the future.

Even without being the oldest sibling, other sources of unmet expectations could lead to poorer mental health— not necessarily in the form of conflict, but undoubtedly still distressing. In addition, when failure or mental health issues occur, users express feelings as if they are a “disappointment,” either rooted in the parents’ perception, as seen here:

> U74: I tried to confide in my mom who is a healthcare professional and she was appalled. Our relationship has gotten better over time, but every time I see her she talks about how I need to be on my meds and being "happy". My dad just sees me as the biggest disappointment ever. Even though I graduated college with honors, have a full time job, and I support myself.

Or, in some cases, the feelings come from themselves:

> U34: I feel like I’ve fucked up my life, I chose the wrong path and made so many poor decisions. I feel like I’m a failure and a let down to my family and my dead father.

> U56: Strong education and subsequently landing a good, fulfilling job is a fundamental pillar in my family. I’m the oldest daughter of immigrant parents and I failed the expectations that they’d help me develop for myself based on my interests and skills.

> They forwent so many comforts and pleasures for me. My mom's entire salary was spent sending me (and my sister) to get quality private education (we both had extremely generous donors and scholarships K-12, but the remaining balance still took a lot from them financially). I failed myself, but it also hurts badly still to know that I failed them in achieving our shared dreams for myself.

U56 once again mentions being the oldest sibling, which seems to have amplified her family's expectations of her (or what she has placed on herself). Either way, all three of these cases showcase unmet family expectations and how they result in poor mental health.

Regardless of how they arise, family conflicts can cause substantial amounts of stress and lead to poor mental health. In many cases, family conflict even becomes a source of domestic abuse, such as emotional, verbal, or physical violence in the household, resulting in traumatic experiences and posing even more dire consequences for one's mental health. These posts are discussed later in the Adverse Childhood Experiences section.

Family Support. On the positive end, family cohesion and support from family still serve as protective factors against poor mental health. To start, users mention parents, especially mothers, as support during mental health experiences:

> U28: My mom has always been my rock in life, but I feel as though my problems stacking up has even put her in a position where she tries to dissociate from me and I can't even really blame her because she sacrificed a lot as a single mother to raise me.

> U39: I've constantly had thoughts about my parents and how they're getting older and for some reason I keep thinking about how I would act or what I would do if they passed

> away suddenly… Even the most random things will remind me of how much I love my parents and how I would literally want to dle if i didn't have them.
>
> U52: the person who cares about me a lot is my mom and i appreciate it but i feel like she knows very little about me and that her attachment to me is mainly because i'm an only child and she's an immigrant so i'm her only immediate family.

These cases present mixed feelings about parents and mothers as their emotional support. U28 worries that they are an emotional burden, U39 starts having anxiety about her parents passing away due to how attached she is to them, and U52 feels not understood enough by their mother. These mixed emotions are at a level of complexity that is perhaps not captured by quantitative data.

Other cases show immigrants caring for their family members with mental illnesses. For instance, U6 is the sister of an undocumented woman currently hospitalized for bipolar disorder and schizophrenia:

> U6: Hey Reddit community, I'm reaching out today with a heavy heart, seeking advice and support for my sister and myself as we navigate through some really tough times. Sister's Tough Situation: My sister, dealing with bipolar and schizophrenia, is in a Houston psychiatric facility. … Living in a different state with my own family and kids, helping my sister is taking a toll on me emotionally and financially over the last 5 years.

According to the post, U6 has been supporting her sister's mental health for the past five years and continues to want to help, though it is costing her emotional and financial stress. In her sister's situation as an undocumented, uninsured person, U6 is undoubtedly critical family support.

Similarly, U72 is the primary caretaker of his mother, who suffers from schizophrenia:

> U72: For context, my mom is 54. She exhibited symptoms of schizophrenia for 14+ years but wasn't diagnosed until 2010 - so it's been about 13 years with a formal diagnosis. By the time I was in a position to help (I was around 20 years old when she was diagnosed), she was severely malnourished, depressed, and suffering from delusions with no real contact to other people for several years. She lives in America but does not speak English (which is more common of certain immigrant populations than you would think.) Today, she lives with my brother and sister-in-law and they help care for her day-to-day needs while I coordinate her care.

U72 then discussed six lessons he learned from caring for his mother, including journaling the wins, establishing a routine, addressing physical issues, and more. Together, U6 and U72 showcase that family support is especially needed for immigrants with severe mental illness, though the caretaking process is undoubtedly challenging both emotionally and financially. These caretakers might benefit from more social and financial support from policies, which, in turn, can strengthen family cohesion and benefit the ones with mental health issues.

Disbelief in Mental Health. A common discourse that emerged when mentioning family and mental health experiences is the “lack of understanding” and “disbelief” in mental health from family members. Unfortunately, mental health stigma is prevalent in immigrant families. Many Reddit users mention family members not “thinking mental health is real”:

> U22: I'm looking for a book to gift an elderly Asian-American immigrant relative about mental health. She doesn't think mental health is real & scoffs at the mention of it.

> U64: I am supposed to graduate from my graduate program tomorrow… For context, I have been dealing with severe depression and anxiety all year. I have had so many professors and administrators checking on me this past semester trying to figure out how a great student just started to drop the ball all the time. I can't bear the thought of explaining this to my immigrant parents, who do not understand mental health issues at all and are currently gleefully showing me the outfits they bought for this occasion… How can I find the courage to face my reality?
>
> U68: My partner is 34 years old and has been in psychosis for over a year, since last August. Since then, her condition has rocked both of our worlds… I have no support from her family because they are immigrants and their culture does not believe in mental illness… With all that said, I guess my question is- what kind of outcome can I hope for with medication? Is it too late for my girlfriend?

Immigrants often are discouraged from seeking mental health treatment due to stigma in the community. A study on immigrant women has shown that black and Latina immigrants are more likely to let stigma stop them from help-seeking than U.S.-born white women (Amri & Bemak, 2013); another review discusses social stigma against mental health and the lack of culturally competent mental health services as barriers for Muslim immigrants (Nadeem et al., 2007). Nevertheless, it seems like most users, while being aware of their parents and family's disbelief in mental health, still have the urge to seek help, as indicated by questions at the end of the posts seeking advice on obtaining medication or assessments. Whether their parents would willingly seek help for their own issues is another story.

To understand the logic behind such disbelief in mental health, I found two explanations within the data:

> U40: Guys I just got my first ever truancy letter, and honestly... I can't even give a damn about it. Being in an immigrant household where "mental illness isn't real and you can control the mind" is pushing me down to rock bottom.

The idea is that mental health is controllable and likely resistable with willpower. On the other hand, the second explanation indicates that privilege and poor mental health would not co-exist:

> U16: I've been pretty depressed deep down inside for a while now and I haven't told anyone at all. Both my parents are immigrants who come from very little and they would not understand the concept of being depressed when you have enough to eat and a roof over your head.

That being said, not all parents actively reject the notion of mental health. Some are simply unfamiliar, such as the following:

> U15: Hi. I was just called by my parents that my sister is in the talks with a school therapist regarding mental health issues and possibly being suicidal… I'm out of state in college right now and I want to talk to her through the phone before my parents properly sit down because my parents, while they are trying harder for my younger siblings, are still asian immigrants. They don't have a clue on what to do with mental health. And honestly I don't either, my issues are untreated as well. I just want to know how to tackle this.

Since immigrants could be new to the Western medical world as a whole, their unfamiliarity with Western Psychiatry's mental health concepts is reasonable. This was explicitly stated in this post:

> U42: For about 4-6 years my life has been in decline. I don't have the energy to do anything more. My depression is leading me to want to commit suicide. I keep walking over to a break ge near my house (that is over the freeway) and watching the cars. Last time I was over there I was over the rail and thought I was going to jump, but stopped myself. I am underage with strict immigrant parents who don't believe in Western medicine. How do I get medication?

Or, perhaps instead of unfamiliarity, immigrant parents simply have another alternative explanation for mental health; Traditional Chinese Medicine, for instance, utilizes more mind-body connections to interpret psychosis instead of as a purely biomedical issue (Rathbone et al., 2005). Culturally-informed education for both providers and immigrant children who do not share these beliefs with their parents would be necessary to overcome this understanding, which is no easy feat.

The acculturation model could also explain the dynamics of family beliefs about mental health and immigrant children's beliefs. As mentioned, immigrants undergo different levels of acculturation and retainment of their old culture. The model has mentioned that 1.5-generation children who immigrated at a younger age and 2nd-generation children might find it easier to adapt to the new culture—or acculturation might not even be necessary for some 2nd-generation children (Schwartz et al., 2010). In this case, the "new culture" is Western psychiatry constructs; 1st generation immigrants might decide to retain their old cultural views of mental health instead

of accepting the Western ones. At the same time, their children— the 1.5 and 2nd generations— have acculturated to Western views, hence the conflict. To validate immigrant children's feelings about mental health while making it a productive dialogue with parents, a provider needs to be culturally aware of the possibilities of other viewpoints on mental health and understand the acculturation process. All in all, more research could be done to explore how to facilitate the acculturation process of Western psychiatry to immigrant families.

Guilt. Finally, related to family contexts, many users in mental health subreddits express feelings of guilt. The mere frequency of guilt is no surprise, as it aligns with some sociological and anthropological studies on immigrant emotions. For instance, Baldassar drew conclusions from two studies that guilt is a cultural process related to an immigrant's separation from the hometown kin and a moral obligation to return to the homeland (Baldassar, 2015). Specifically, guilt is said to be triggered by absence and separation and often arises when immigrant women think of caregiving expectations for family members still in the homeland. However, the guilt present in mental health Reddit posts seems to be different and arose more as survivor guilt, such as:

> U31: I start to question why the world is like this and I feel guilty for the things I have. I often feel spoiled.

Or, there was guilt related to family expectations— not transnationally, but often in the context of cutting family ties. For example:

> U17: I leave for college tomorrow and they expect me to call every single day and come visit every single weekend and break. I can't possibly make that work and I'm in the process of slowly cutting them off… My dilemma is that I feel extremely guilty for it

since my parents are both immigrants and my mom cant speak English too well. I also feel guilty for leaving my mom somehow even through all the abuse and I feel like I'm kicking my sister to the curb.

U53: I always thought if I left it would be hard on the company and affect my family financially and the guilt would always destroy me.

Clearly, though family conflict can be complicated and often detrimental to immigrant mental health, "leaving" is not an easy option for users due to the heavy feeling of guilt. All together, family contexts are perhaps the most influential factor in immigrant mental health found in my data.

Social Position

Researchers have found Social Position to be a determinant of immigrant physical and mental health. In my data, I found many accounts mentioning struggles with low socioeconomic status-related circumstances, highlighting how social status and wealth play substantial roles in their mental health experiences.

Financial Struggles. Though the median household income of immigrant households is slightly higher than that of U.S.-born people, immigrant households had much less wealth than those headed by U.S.-born people: $104,400 vs. $177,200 in 2021 (Batalova, 2024; Moslimani, 2023). Further, the Immigration Policy Institute has found that immigrants were slightly more likely to be in poverty than their U.S.-born counterparts (Batalova, 2024). These statistics reflect the inequality in wealth and income within the immigrant population and manifest as an extra burden and barrier to mental health.

To start off, users mention struggling financially, with expenses for debts, vehicles, and housing. For instance:

> U35: But I don't really make enough to where I can rent an apartment because Miami is so fucking expensive and I don't get along with my family as I live with my friend and his family but they're leaving Miami in June and I'll be homeless. I just feel stuck like I'm in a time loop… so yeah, my life is on fuck it o'clock and I don't really care what happens to me at this point.

> U51: I'm scared that I'll spend the time getting my masters degree just to graduate in three years and not be able to afford the absurd cost of housing and my loan repayments.

Housing insecurity and homelessness an especially serious byproducts of financial instability. U35 mentioned above that worrying about potentially becoming homeless makes them feel like they are "stuck." Another example is U30, who is facing both food and housing insecurity, which contributes to them feeling as if they are facing one challenge after another. U30 also does not qualify for government assistance due to immigration status, showcasing an additional barrier of legal status when wrestling with poverty and potential homelessness:

> U30: The past year has just been one thing after another. I've already broken and rebuilt myself without much professional help twice, it's like I've pulled myself out of the darkest hole of my life, then dusted myself off and looked up and there's just more dirt and hole to climb out of…. We're on the edge of becoming homeless and are struggling with getting enough food, even with the foodbank. I can't get the help I really need because of my immigration status…

The inability to afford housing can also prevent one from leaving a situation that is harmful to the users' mental health, such as an abusive family, possibly causing it to deteriorate further— as seen here:

> U53: I have nowhere else to go. My financial situation is currently not great either due to some circumstances, which is stopping me from finding a place to rent for myself.

Or, even worse, financial stressors can become barriers to proper treatment. Many cannot afford therapy or avoid specific treatment options for insurance reasons:

> U3: Life is just so stressful and i don't even have the $$ to go to therapy…

> U59: I, after years of self reflection have realized that I suffer from major anxiety issues since forever. I cannot afford therapy.

> U66: At urgent care I couldn't be treated because my insurance had issues and my mother didn't want to pay out of pocket.

Some lack health insurance altogether. Due to fear of deportation and financial reasons such as unemployment, immigrants have much higher uninsured rates compared to native-borns. In 2023, half of undocumented immigrants and around one-fifth of lawfully present immigrants are uninsured, compared to 8% of U.S. citizens ("Key Facts on Health Coverage of Immigrants," 2023). These are reflected in Reddit posts as well:

> U67: Is there an organization that helps me with medications. I don't have money to buy them, I am an immigrant and I don't have insurance.

> U79: …no insurance for therapy + other socioeconomic issues… Could anyone give me advice on things I could say or what more I could do?

Unemployment. Many of the aforementioned financial struggles stem from unemployment. This is unsurprising since mental illness can cause one's inability to work, while unemployment, in turn, affects one's mental health (Artazcoz et al., 2004). Many users mentioned losing jobs and promotions after being diagnosed with mental illnesses. For example:

> U56: I'm going on nearly 2 years of unemployment because I can't interview… (This user struggles with extreme interview anxiety)

> U72: I got diagnosed with Bipolar Disorder in 2021. I also have PTSD. It has been real struggle in the last three years with both jobs and health as I have already got laid off twice.

> U75: . Then I was up for the promotion of my career and I dove myself into it and I had a manic episode. I lost everything as I knew it. Not only did I lose my promotion, I completely lost my job, relationship, respect, friends, housing and moved back in with my parents.

Moreover, while immigrants and U.S.-born have similar unemployment rates, immigrants usually experience more difficulty looking for the next opportunity due to visa restrictions and limited time to find subsequent employment (H1b working visa allows for only 60 days). U34's statement, if viewed in the context of extra legal stress, showcases precisely that:

> U34: According to US immigration laws, I have 60 days (I'm currently at day 28) to find new employment or I have to leave the country. Since getting fired I've had 2 interviews, both rejections, I'm still in debt from purchasing a used car (I needed one for my work commute), and I don't have enough money to break my lease on my apartment. …If I

> even managed to find a way to get back home with the little money I have, I have no idea what I would do from there…

Or, in the case of U5 and U6, the lack of legal immigrant status in the U.S. traps them in a "limbo," elongating unemployment since they cannot qualify for many jobs:

> U5: I've been living in the USA as an immigrant in limbo because we came here on an ESTA and my dad decided to file for asylum on a frivolous basis, so no idea if I will be able to continue living my life or if the judge eventually decides to deport us…. I also haven't been able to find a job I am willing to do because usually the pay is shit or I am just not qualified.

> U6: I was struggling financially and being undocumented made things worse, ended up homeless for a little in my car then rented a room at somebody's.

Just like in the previous section on financial struggles, the lack of legal status can, once again, prevent one from receiving proper social assistance for unemployment:

> U46: Then I lost my job. I filed for unemployment right away but I have to wait until my license is up to date but I'm having a hard time because I can't prove I'm a US citizen.

In short, financial struggles and unemployment contribute to the social position component of the Social Processes Framework. Legal status—which could also be coded under legal acculturative stress—could exacerbate this issue since it could bar immigrants from receiving assistance or securing employment, further widening the gap between the health of immigrant and native-borns.

Social Capital, Support, & Exclusion

Social connectedness is a critical factor in creating, maintaining, and promoting physical and mental health ("How Does Social Connectedness Affect Health?," 2023). During adolescence, the quality and quantity of one's social relationships are shown to correlate with social brain region development; the majority of studies also report that social support could benefit depression and other mental health symptoms, such as delusion (Calsyn & Winter, 2002; Lamblin et al., 2017; Saeri et al., 2018; Wickramaratne et al., 2022).

The concept of social capital—characterized by one's social connections and the benefits of these connections—could capture the inevitable changes in an immigrant's social relationships. Researchers have used social capital to explain the difference between immigrant and native-born mental health in Sweden and found it to mediate mental health in Korean and Brazilian immigrant communities (Jang et al., 2015; Johnson et al., 2017; Takenoshita, 2015). Unfortunately, both mental health and immigrating to another country are events where one could lose parts of one's social network. Below, I discuss the inherent loss of social capital due to one's immigrant status, as well as the loss of social capital due to mental health struggles discussed in users' Reddit posts.

Lack of Inherent Social Support/Capital. Moving across countries is a process that inherently involves leaving one's old support system and building a new one. When adverse life events happen, the lack of social support of an immigrant could hinder their healing process, as seen in U22's post here, where the user describes their girlfriend's abortion:

> U22: She had an abortion about two months ago but I don't think she has been taking it good. I try to have her talk about her emotions on the issue without pushing her too much

> but she often just tells me she's fine. However under the influence of alcohol she has told me the opposite. She has always been very shy and doesn't have any friends at the moment but a very tight family. However we both have low income immigrant families who are very pro-life so we had the abortion in secret. I'm her only support when it comes to the matter so I'm very concerned for her.

In this case, while the user's girlfriend, who is an immigrant, has family within her social capital, they probably could not be the primary emotional support in this situation due to differential values on abortion. Without friends, she could only rely on her partner; however, when overdone, emotional dependency on a partner can become dangerous and associated with separation anxiety and attention-seeking behaviors, causing relationship dynamics to sour (Lemos et al., 2019). Even so, having a romantic partner is still desirable as emotional support, as seen here:

> U5: I'm 25 years old, no job, no motivation, no friends, no romantic interest for the past 4 years of my life, …

> U52: i can't figure out what to do with my career to not make me miserable, with capitalism it feels like im doomed to have to work on things i find meaningless in order to live. i've never dated anyone or had anyone i feel like both intimately knows me and cares about me.

The desire to have a romantic partner is placed within several unsatisfied needs in the users' lives, including a potential career and motivation. This shows how friends and romantic interests are essential to one's "meaning" in life, as indicated by U52. Other users echo this sentiment, linking friends and close family support to feeling belonged and enjoyment:

> U1: I don't have a vivid social life, and even when I am around people on the rare free weekend, I am mentally exhausted and have to push myself to enjoy myself.
>
> U3: I don’t have the family support nor friend group and I can’t shake the feeling how out of place I feel being alive. I think about death and dying so often because i’m just so content with it after I lost my sister. I have no more will to live truly and I experience severe depression and loneliness.
>
> U79: they have no other close friends, no close family so they lack proper support system…

The listing of the inherent lack of “social life” as quoted in U1 and “friend group” in U3 reflects the need for social networks— beyond individual connections— to feel a sense of belonging. All these quotes come from my dataset, where mentioning immigrant experiences is a requirement, sheds light on how immigrants might lack social capital after they move and the need for social circles in their new lives.

Loss of Social Support/Capital from Mental Illness. Beyond the inherent lack of social capital, people with mental illness often experience a loss of relationships, including friends, family, colleagues, and spouses/partners, which can contribute to feelings of loneliness and unmet social needs (Baker & Procter, 2015). This results in another dip in social support and capital, added onto the possibly already fewer connections of an immigrant.

Previous qualitative studies has pointed towards stigma, frequent changes in living arrangements, loss of employment or education, and the mental condition itself as reasons for losing relationships (Baker & Procter, 2015).. My data reflects some of these reasons, such as U75 and their experience with bipolar disorder:

> U75: Then I was up for the promotion of my career, and I dove myself into it and I had a manic episode. I lost everything as I knew it. I thought my life was projecting so great then it came all crashing down. I completely lost my job, relationship, respect, friends, housing and moved back in with my parents. I was beyond depressed.

In this case, U75's mental condition cost their promotion and employment, which then led to the loss of friends, relationships, and respect. Past studies have also shown that one relationship loss could perpetuate others (Baker & Procter, 2015). Another example of a mental health condition causing relationship losses can be seen here:

> U9: I was also around bad people and had bad habits, which resulted in me slipping into psychosis in my old school (many factors came together to cause it). Ultimately I lost all my friends, stopped running and had to transfer into a new school in Massachusetts.

> U68: My partner is 34 years old and has been in psychosis for over a year, since last August. Since then, her condition has rocked both of our worlds. She has lost every friend she has and most of her family members due to the symptoms (she falsely accused all of these people of "plotting against her").

Both U9 and U68's partners suffered from psychosis. Along with U75, who suffered from bipolar disorder, it is evident that severe mental illness can cause significant damage to one's social networks. While U9 did not dive into the details, U68's partner had delusions— a common psychiatric symptom characterized by unshakable false beliefs and alternative realities clearly contrary to reality— about her existing social connections, which drew them to an end (Kiran & Chaudhury, 2009). A manic episode described by U75 could potentially also include paranoia and delusions, all of which could lead to relationship loss if friends and family are not prepared

to face or accept these symptoms (Chakrabarti & Singh, 2022). To summarize, immigrants with serious mental illness face risks of losing relationships, especially those with features of psychotic symptoms— and further exacerbate the lack of social capital they already experience.

Social Anxiety. Often, immigrants attempt to expand their social network but experience social anxiety— defined as nervousness and fear over social situations enough to interfere with one's daily life (Mayo Clinic, 2021). Users discuss this experience and the consequent difficulty of making new connections:

> U8: In any case, I have close to no friends in life. Maybe I come off as narcissistic but most of the time it's social anxiety and that's why I seem focused on myself a lot. I just can't relate to my friend anymore.

> U60: My social anxiety is extremely bad. I've spoken to ppl who also have anxiety and think we can relate due to the uncomfortableness of social situations or wanting to avoid ppl. But I know we can't relate because I literally struggle to call a store w questions, go up to cash registers, or any social event. I'm taking shaky hands and if all else fails, the tremble in my voice is surely there.

Though the social anxiety experience is common— around 7.1% of U.S. adults suffer from social anxiety disorder— some worries about social interactions could be related or stemming from the user's immigrant status. For example:

> U55: I'm a 26m and I've struggled with anxiety for many years now, but especially social anxiety. It's not a severe case but it's something I struggle with where I feel like others are going to judge me… I also have some insecurities from growing up as an immigrant that I try my best to brush aside.

> U61: I get along with majority of the people but I feel very anxious is these kinds of social situations. It's like even though my brain knows how to socialize I just kind of freeze up, and also I'm cool with them but not that close you know. Part of that could be my fault bc I freeze up and don't attend social events as much. I also feel like an outside bc I'm an immigrant and they're all American, and it's a Halloween party and I've never really been to one.

U55 fears judgment from others, possibly affected by insecurities growing up as an immigrant; U61 is nervous about going to social events, and in this case, a Halloween party, since they perceive it as an "American" event and they feel like an "outsider" as an immigrant. A potential follow-up question to U55 could be what specific insecurities there were growing up as an immigrant, and to U61, what other "American" social situations they have difficulties with due to their immigrant background. Either way, though I cannot dig deeper due to data constraints, these two examples showcase additional mental hurdles with social anxiety specific to an immigrant's experience.

Discrimination & Acculturation

Discrimination has been identified as one of the main drivers of the steady decline of immigrant health after immigration, or, in other words, the disappearance of the Healthy Immigrant Effect (Elshahat et al., 2022). My data finds both types of discriminative and acculturative stress as defined by the Social Processes Framework, as seen below.

Legal Acculturation Stress. Concerns about legal status affect immigrants' well-being in various ways— usually negatively. For instance, the long process of obtaining permanent

residency from being on a student or working visa is grueling and often causes a feeling of "disintegration," as mentioned by U1:

> U1: I am nowhere near to my permanent residency here than I was 8 years ago because of how the rules and policies are set up for immigrants with jobs in general. I am not from a country, being a part of which expedites that process, I don't have familial connections who can invite me to be a permanent resident and I cannot marry someone just to get around that either… TLDR: 25 year old immigrant, mentally spent, feel disintegrated from American life.

U1 is likely experiencing a long wait to receive permanent residency status after their employer submits an application. As mentioned in the Background section, the wait can vary from 3 years to 13 years depending on nationality and related quotas; hence, their distress and the mention of considering other immigration routes, such as familial connections and marrying.

However, despite obtaining status through marriage or romantic relationships being seen as an easier route than getting an employment sponsorship, it comes with risk. U4 and U6 both mentioned themselves or family members coming to the U.S. as women with a partner but later found themselves overstaying their visa and becoming undocumented:

> U4 (Posting about her sister): She doesn't have insurance, overstayed her visa, and, to make things even harder, her kids were taken away last week and are now with her ex who lives in Texas… Any advice on her immigration status would be really helpful. She came on a tourist visa with ex and overstayed. They are currently divorced. The divorce caused most of her mental breakdown.

> U6: I arrived in 2010 and was legal, I met somebody and we were dating, when my visa expired, we had a conversation, I was honest with him, told him the situation and told him I was considering going back to my country. after discussion we agreed I would stay here… His attitude toward me got progressively worse and worse so I broke up with him.. Now it's been 2 years since I moved to the USA, no documents anymore, no money to go home, no support system.

Undocumented individuals face the most dire situations out of all immigrants. As mentioned, they have trouble securing employment due to work authorization, lack of insurance, usually not qualifying for social assistance, and crossing the border back to their home country is often not an option due to legal consequences. It is no surprise that harsh living and working conditions and legal stress weigh down on undocumented individuals' mental health, especially in the context of the recent anti-immigration sentiments in the U.S. (Garcini et al., 2021). The confusion and feeling of being an unwelcome "imposter" is shown further here— even when individuals go through all the legal troubles and are deemed legal, the anxiety of being undocumented still carries over:

> U59: I have gone over all the sections in our constitution that relates to this event. Here's what I found- Not only am I a legal citizen because my mom is Indian, my dad is also legal cause he entered the country at a time when our people were the target of religious genocide. Even after all of this, I can't help but feel like I am an impostor in this country. I wasn't able to sleep for several nights when I found this out. Yesterday an episode of my life reminded me of this detail and I am stuck inside my head since then.

Discrimination Acculturative Stress. Discrimination Acculturative Stress is a common experience amongst minority communities in general. However, immigrants face unique hostilities, often due to unfamiliarity with diverse populations and political reasonings. A KFF survey has found that around ⅓ of immigrants reported being told to “go back to where you came from” (Palosky, 2023). In my data, bullying was the most common form of discrimination. Here are three examples, each deeply discussed by the users, showcasing the tremendous impact it had on their mental health:

> U13: I was in Catholic school. Shit was ass. From a young age I was ostracized by my peers and teachers for being different. I was bullied constantly and told to "go back to my country" even though I was born in the United States…. My dad was working his ass of (at Lowes trying to give me an above average education, however, no one saw that and just assumed that me and my family were the immigrant scum of the Earth. … When I came out, I was called homophobic slurs on top of all the racial slurs I had already been called most of my life at that school. The teachers did nothing about it…. I started believing that I was truly evil. Barely a human. Not worthy of living or enjoying myself.

> U58: In the first few years of being in America, kids bullied me for my Chinese name, the odd Asian lunches I brought to school (I stopped bringing lunches to school and would just starve. Or try to get a tiny bit of junk food with the few dollars I had. I ate extremely unhealthy just to fit in.), my Chinese accent in my English, and my poor English.

> U77: From ages 3 until basically 18 I was subtly bullied without me realizing it, in part due to undiagnosed high-functioning autism, in addition to not being bullied in a

> traditional manner (isolation, microaggressions, etc) so I wasn't taught how to deal with this behavior until it was unfortunately too late. Explaining the bullying to my parents, telling them that it likely was the cause of a majority of my mental health problems, was crushing and it stung a lot knowing that my immigrant parents felt like the 'amazing' American education system had failed their gifted daughter.

These experiences undoubtedly contributed to low self-esteem, such as U13 thinking they were not worth living. It is critical to note that all mentioned their immigrant status as a source of being picked on. Research has consistently found a strong positive relationship between discrimination stress and the lifetime incidence of major depressive disorder (Alegría et al., 2017). Thus, while discrimination and consequent mental health issues are not unique to immigrant populations, the additional minority stress due to immigrant status might be worth accounting for in mental health prevention and interventions.

Adverse Childhood Experiences

During my coding process, I noticed many mentions of “trauma” within users’ posts, such as sexual assault, bullying, and domestic abuse. Upon further scrutinizing, the majority of these mentions occur in childhood and youth and were often recalled in lengthy, retrospective paragraphs explaining the origins of their mental health experiences. Many quotes could be coded within the Social Processes Framework. Still, the traumatic experiences lens seemed to provide a better representation of the life course perspective that the users are utilizing in their posts. For instance, U13 describes having a parent with mental illness when she was a child, and how it affects them until today— currently 17 years old:

> U13: My mom is complicated. She is also mentally ill. There were good days and bad days. Unfortunately, I only remember the bad. I was emotionally confused as a child. One day my mom would shower me with love and affection, then the next day she'd slap me and tell me awful things. I still don't know why. As a child, I'd frequently tell her that I wish I had another mom, which fueled her hatred for me even more. She's trying to do better now. She's in therapy. Our relationship has changed, but I'm always in fear of when she'll snap again. I still flinch. I still have nightmares. The pain of my childhood is still here, and I expect to live with it for the rest of my life.

The reactions that U13 has to their mom, including flinching and having nightmares, are apparent, identifiable traumatic responses. The "pain" of having an emotionally unstable parent during childhood has become a traumatic experience that they have to "carry for the rest of (their) lives" that would probably extend beyond them posting about it on Reddit at age 17. Instances like these called for a perspective beyond the Social Processes Framework. Therefore, I started examining my data through an additional Adverse Childhood Experiences (ACEs) lens and identified experiences mentioned in Reddit posts that could be classified within ACEs. Below, I discuss ACEs that overlap with components within the Social Processes Framework, ACEs that do not fall within the framework, and the implications of this additional lens on immigrant mental health.

ACEs Within the Social Processes Framework

ACEs and the Social Processes Framework overlap significantly— at least within my data— when used to describe immigrant mental health experiences, as there are many examples where both could be applied. For instance, abuse could occur as a severe form of family conflict, and neglect could take place in conjunction with when parents deny their children's mental health problems. I discuss each in detail.

Abuse. Emotional and verbal abuse are both common in immigrant mental health experiences. Literature has leaned towards the healthy immigrant paradox in the emotional and physical abuse of immigrant households, claiming that immigrant parents are less likely to physically and emotionally abuse their children (Zhang et al., 2021). However, researchers have also hypothesized that immigrants possibly report corporal punishment or abuse less than native-borns (Ragavan et al., 2019). Regardless, the data shows that there are still many accounts of emotional, verbal, and physical abuse linked to mental health experiences, as seen in these two examples:

> U17: My mother is overly controlling … emotionally abusive and extremely co-dependent on me, screams at me for locking my restroom door when I'm using it (tried to wiggle the door handle forcibly), has molested me on multiple counts, can't take no for an answer, acts like a toddler with zero emotional intelligence, and screams at me and insults me constantly so verbally abusive as well. My dad on the other hand is hateful, close minded, never developed emotional intelligence so he throws temper tantrums like a child to where it feels like the entire household walks on egg shells

around him, threaten to kick me out twice throughout my teenage years over minuscule things like chores, was physically abusive throughout my childhood…

U74: My final straw with them to protect my peace after being physically abused and mistreated was when I was 12/13. I started to go numb from all the beatings and daily criticism.

Clearly, these experiences, though stemming from childhood, have long-lasting emotional damage on users' mental health. Regarding gender, research has found that women are more likely to be perpetrators of abuse as well as victims ("Women More Likely to Be Perpetrators of Abuse as Well as Victims," 2006). However, in my data, it is clear that both parents could be perpetrators of violence and abuse in an immigrant household; often, it is even both parents together. All three quotes had both parents involved in the abuse.

To reiterate, it would be ignorant to classify the above examples of abuse as mere family conflict when there is ongoing verbal, physical, and emotional violence throughout one's childhood. U73, for example, is 22 years old, and U74 has mentioned moving out at 16/17 and returning home— which means they likely are a young adult. ACEs are a necessary lens to complement the Social Processes Framework to understand the severity and length of their traumatic experiences.

Neglect. In contrast to abuse, which immigrant families report less, neglect occurs more often in first-generation immigrants compared to native-borns (Vaughn et al., 2017). Nonetheless, it appeared in my data:

U25: Every wish I was given I'd only ever wish for my mother to be nicer… I had a multitude of eye issues and had a 90% chance of going blind in my left eye. I grew up

> frequently throwing up and having fever to the point of hallucination. Yet everytime I was sick and crying my mother would only comfort my sister. My father was practically emotionally absent and only made me feel bad about myself. So many times throughout highschool I went many months with severe chest pain like someone was stabbing my lungs or my back with terrible headaches. But I was afraid to tell my parents and the one time I finally mustered the courage to tell my mom she just brushed me off.

Once again, family conflict within the Social Processes Framework would not have accurately captured the experience of U25 feeling ignored and unseen in their physical and mental struggles.

Another possible overlap between Neglect within ACEs and the aforementioned family contexts from the Social Processes Framework is the disbelief of mental health. Specifically, the dismissal of a child's mental state and refusal to provide assessments and treatments could be seen as a form of emotional neglect. Here is an example that could be simply quoted in the Disbelief in Mental Health section, but analyzed instead through the emotional neglect lens:

> U27: To start off I'm 17F and I've been researching about ADHD since 3 years ago ever since I first heard of it… So, a few weeks ago I got some courage and approached my mom about getting tested for ADHD and she basically shut me down, called me lazy, and criticized me. This was a heavy blow to me because I thought she might understand, so I kind of the called off the whole getting tested for ADHD thing cause there's no way my dad would hear me out if my mom shut me down… I am the child of an immigrant household so mental health is not exactly an acceptable topic… Is there any way that I can get tested by my GP to get evaluated just for the medication?

U27 has been suspecting that she has ADHD but is unable to receive an assessment due to her parents not believing in her condition. One can argue that though this is not neglect in the most traditional sense of denying a child food and shelter, denying medical care could still be a form of denying a child's basic needs for wellbeing. This highlights the need for interpreting ACEs broadly— in a way that could encompass the possibly culturally specific immigrant experiences.

ACEs Outside the Social Processes Framework

Some remaining ACEs could be found in my data as well, though they could not be mapped onto a specific component within the Social Processes Framework. These ACEs include bullying, sexual abuse, and having a parent with mental illness.

Bullying. Amongst the newest 5 ACEs— bullying, community violence, neighborhood safety, racism, and living in foster care, bullying and racism could be seen in my data. The previous section on Discriminative Acculturative Stress already contained three examples of users being bullied due to being from an immigrant community; these examples could arguably be characterized as racism. Beyond that, however, bullying in general can cause detrimental effects on one's mental health, even years later:

> U24: The combination of me liking to read and also not being hesitant to fight back made me easy prey for bullies. This did a number on me, and I also grew up around many people with regressive mindsets.

> U60: I was bullied so badly as a kid. And I think it fucked w me. And then I didn't get that much support from family (being lgbt and from religious immigrants is…). I know

> feel a deep sense of weirdness. Like Ik inherently weird or being judged harder than everyone.

U24 mentions later in the post that they are graduating college and have mostly recovered from depression after treatment; they included being bullied in their post to explain their recovery, showing the integral role this childhood experience played in their mental health journey. On the other hand, U60 still suffers from social anxiety today due to their experiences of being bullied as a child. Both affirm the life course perspective of how ACEs can indeed result in poor mental health later in life.

Sexual Assault/Harassment. Research has long shown that sexual assault has disastrous effects on mental health, regardless of gender (Carey et al., 2018; Khadr et al., 2018). A few users mentioned sexual assault or harassment in their posts, as seen in the following three examples:

> U13: My first suicide attempt was when I was in the second grade after being sexually assaulted at a stay-away camp.

> U24: In 8th Grade I had experienced my first tryst with sexual assault, where this boy who was a lead actor in the school play had touched me very inappropriately when the teachers were not present. (I was in the school band for context). I began to lose interest in music and started slacking off in band, once it was made clear by the school authorities they had no interest in reprimanding that boy. … I had become more quiet and a lot more explosive towards the people around me in the subsequent months. I had started to skip assignments, and fortunately my math teacher was generous enough to give me opportunities to get my grades up.

> U44: I was sexually assaulted at the end of my freshman year of college leading to a number of things, my grades dropped and I'm overall not as assured.
>
> U50: …I don't know how much I can handle anymore, when I was a kid I was so happy… but ever since my dads brother(my uncle) immigrated to the US and started living with us since I was 8 everything changed….I had to share my already small room with my uncle for 3 years and from that point on my uncle would touch me and sexually assault me when it was night time and my parents were asleep in the next room over, he'd always tell me if I told my parents what he was doing they would stop loving me so for the next 2-3 years I was molested.

Regardless of whether it was a one-time incident like U24 and U44 or long-term trauma like U50, these experiences have devastating impacts on their mental health. Not only were there immediate impacts, such as losing interest in hobbies and falling behind in school, but their entire demeanor could change— as indicated by U24 becoming quieter and explosive and U44's becoming "not as assured," showing dents in their self-esteem. Though these experiences are not specific to immigrants, they remain critical experiences that providers should be aware of when taking care of the mental health needs of the community.

Parent with Mental Illness. Having a parent with mental illness is seen as an ACE, and the disruption in parenting is found to have profound and persistent impacts on a child (Smith, 2004). This aligns with what I see in users' experiences, where parents can become emotionally unavailable, or the caretaking responsibilities can become overwhelming for the child:

> U53: My mother suffers from severe mental illness due to the loss of my father since I was very young. She's schizophrenic and had bipolar depression and has random episodes that drains our family's mental health also.

U53's account clearly links their mother's mental illness with the family's mental health. As discussed in the loss of social capital section above, mental health struggles could cause one to neglect or lose relationships. In this case, the struggling parent could lose a healthy relationship with the immigrant child. This could result in ACEs that I touched on, such as emotional, verbal, and physical abuse or neglect. Since having multiple ACEs amplifies the risk of poor health outcomes manifold, this could lead to detrimental mental health consequences that the immigrant child has to suffer.

ACEs as a Lens for Immigrant Mental Health

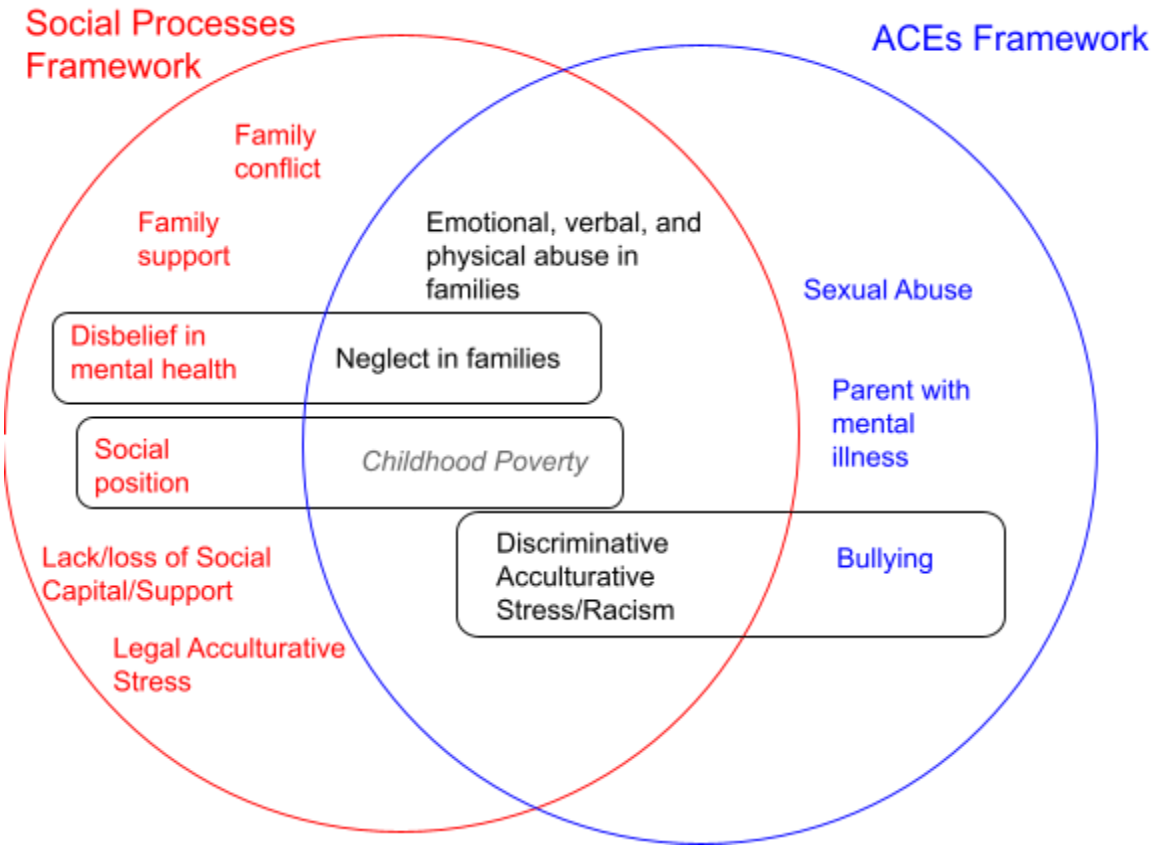
As seen in my data, ACEs are an incredibly prevalent theme within immigrants' mental health experiences. However, currently, there are no frameworks explaining immigrant health disparities, no matter physical or mental, that incorporate ACEs as a risk factor for mental health. Although quantitative research shows that immigrants experience fewer ACEs than native-borns, many still experience them and grapple with damages to their mental health in the short or long term (Vaughn et al., 2015). The impact could potentially even amplify over generations. Immigrant children experiencing ACEs could develop mental health struggles later in life and become vulnerable to more traumatic experiences, such as interpersonal violence— which are exacerbated by the inherent lack and loss of social support and capital, as mentioned in previous sections (Ziaei & Hammarström, 2023). What's more, ACEs have significant implications on one's physical health and can result in chronic diseases such as diabetes, cancer, and heart

disease, underlining the importance of evaluating ACEs in children— especially in immigrant communities.

Of course, the ACEs framework is not the perfect answer for immigrant mental health either—at least not yet. Though the list of ACEs has expanded from the original ten items to 15 to reflect increased research on social determinants of health, more research has been produced to call for another expansion. If ACEs were to be utilized for immigrant mental health, the Social Processes Framework could potentially inform additional risk factors that, if experienced during childhood, could result in poor mental health outcomes. Ongoing family conflict throughout childhood, for instance, perhaps could be considered an ACE of how it could cause psychological distress in children (Suarez-Morales et al., 2017). Perhaps more importantly, the specific challenges that immigrants face, such as legal acculturative stress and loss of social support and capital due to moving across countries, should be addressed as ACEs as well if experienced during childhood. As mentioned, previous research has already called for the inclusion of the pressure under restrictive immigration policies as an ACE; my data further confirms that (Barajas-Gonzalez et al., 2021). In fact, I believe that a more comprehensive ACEs list that could reflect immigrant-specific challenges would be incredibly beneficial in the prevention and treatment of immigrant mental health. Or, at the very least, ACEs should be utilized along with the Social Processes Framework or other immigrant-specific concepts to capture the immigrant mental health experience accurately.

Figure 1.

Map of findings through the Social Processes Framework and the ACEs Framework



Note. The red circle represents findings through the Social Processes Framework, while the blue circle represents findings through the ACEs Framework. Overlapping themes include abuse and neglect in families and discrimination (termed "racism" in the ACEs framework). Boxes group together components that could co-occur. Childhood Poverty is not within the ACEs framework yet, hence the gray font. Still, it has been called to be included in ACEs, showcasing an example of the possibility of expanding ACEs to reflect more Social Processes Framework components.

Finally, since my data consists of users aged 15 - 38, the prevalence of ACEs and their impact on immigrant mental health may also be an age-dependent finding. However, at the very

least, it gives a glimpse into how trauma plays into youth and young adults' mental health. Regardless of whether the Healthy Immigrant Effect is valid, my findings could provide a novel perspective into providing mental healthcare to immigrant populations.

Substance Use: An Outcome of ACEs

ACEs can profoundly impact health, well-being, and future socioeconomic status, persisting from childhood into adulthood. They heighten risks for various physical and mental health conditions, including behavioral problems such as substance use addiction. Increasingly, research in the ACEs field explores how it intersects with substance use disorders (SUDs), finding a direct link between ACEs and a higher likelihood of substance use and SUDs later in life.

Upon examining the data, it is clear that many users— around 30%— have the possibility of a comorbid substance abuse condition or encounters with substances like alcohol and drugs, with the most common ones being alcohol and marijuana. Here, I use substance use as an example of mental health outcomes after ACE exposure. Though there has been research showing that substance use disorder is less prevalent in immigrant populations, it is clear that substance abuse is still an issue many immigrants grapple with in the mental health realm— often as a coping mechanism against mental health symptoms and negative feelings (Salas-Wright et al., 2014). The period during which users start abusing substances was often their adolescence or young adult years, highlighting the need for youth substance abuse prevention.

> U13 (17-year-old): When I first came into contact with cocaine, I instantly fell in love. … I went from smoking some weed for a peaceful sleep without nightmares to doing coke from the moment I woke up to the moment I went to bed.

> U60: I started using marijuana more frequently to calm my nerves, and it worked for maybe a week. After that, I just found myself even more anxious and now afraid of ppl finding me being high as funny. I still used marijuana but not for anxiety, more so for depression.

> U80: Needless to say, but I would slug through most college battling BPD's [Borderline Personality Disorder] symptoms by abusing substances, mostly alcohol and weed but the occasional coke. I liked that otherside of me because he was more social, outgoing, spontaneous and other people recognized that too for exploitation but some genuinely tried telling me of how (-) different of a person I was.

Although the trend of entangled mental health and substance abuse issues does not necessarily differ from the general population, the underlying experiences that led to substance use as a coping mechanism are often unique to the immigrant experience. U13, for instance, was quoted previously in the Discriminative Acculturative Stress section, where she mentioned being bullied in Catholic school due to her immigrant status and sexuality. U60 was also bullied— seen in the bullying section; and U80 had parents who did not believe in mental health, which I linked to neglect, as seen here:

> U80: ...in the eyes of immigrant parents, mental health conditions are not real. So, needless to say I found terrible coping strategies.

The good news is there were also many accounts of stopping the substance intake. These recovery stories may contribute to the lower substance abuse rates in immigrant populations. Unfortunately, examining whether these users' immigrant experiences resulted in their willingness to enter the recovery process is complicated. Further, while the prospect of recovery seems hopeful in some posts, the underlying mental health issues often still need to be addressed— which is known to be highly critical to substance use recovery, casting doubts on how successful these rehabilitation processes would be (National Insititute of Mental Health, 2024).

> U13: I went to rehab for free. How could I say no?... Currently I'm 8 months clean from coke, MDMA, opioids, powders, all of the above. I am still smoking weed though. It's the only thing keeping me going.

> U23: I have a medical card for gummies but don't smoke or use hard drugs anymore.

> U30: I've stopped smoking weed, I stopped taking my ADHD medication which stopped my psychosis. … I've tried my hardest to do everything right and I just can't get a win…

> U80: I have given up drinking… working on the rest of the other ones but it will not replace shame, anger and guilt I have for all those past times I've made a total jackass of myself or anyone else I am with.

In short, substance use is a common outcome following ACEs in my data. To address the apparent intersection of ACEs and substance use, the CDC recommended strengthening economic support, promoting norms that protect against violence, and other strategies to prevent ACEs and lessen the substance use outcome. This should be applied to immigrant populations as

well, and my data further affirms the need for ACEs to be incorporated when evaluating immigrant mental health.

VI. Conclusion

This study utilized untraditional qualitative data to explore the immigrant mental health experience beyond the quantitatively-argued Healthy Immigrant Effect. The literature review summarized the models explaining differences in immigrant and native-born health. Amid them, the Social Processes Framework focuses on mental health and emphasizes various factors influencing immigrant mental health and, therefore, was chosen as the basis of my analysis.

The 80 Reddit posts provided insights into the mental health experiences of U.S. immigrants. The data proved valuable in capturing young generations' mental health experiences. Using the Social Processes Framework, I found topics discussed by users that aligned with what research has found to be risk factors for poor immigrant mental health—Family Conflict and Support, Social Position, Social Capital, Support and Exclusion, and Discrimination & Acculturation. Further, I noticed many mentions of experiences that could be classified as Adverse Childhood Experiences (ACEs). Some fall within the Social Processes Framework as well, such as Abuse, Neglect, and Discriminative Acculturative Stress, while some are outside the scope of the framework, such as Bullying, Household Mental Illness, and Sexual Assault/Harassment. These two frameworks each have their value in evaluating immigrant mental health and should both be incorporated to capture the immigrant mental health experience comprehensively. Further, I also call for an expansion of the ACEs to be inclusive of immigrant specific experiences.

As a whole, the immigrant mental health experience is complex, with numerous layers and tangles. However, the experience is much more shared rather than distinct—which is how quantitative studies make it out to be. More research needs to be done on the immigrant mental health experience to inform healthcare, perhaps starting by incorporating culturally inclusive ACEs into the evaluation process.

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