

**The Bronx
Defenders**

**Redefining
public
defense**

**New York City Council
Joint Hearing: Committee on Immigration and
Committee on Mental Health, Disabilities, and Addiction**

**Re: Oversight- Addressing the Mental Health Needs of Immigrants in NYC
October 8th, 2019**

**Written Testimony of The Bronx Defenders
By Violeta Rivera, LMSW, Immigration Social Worker**

Chairs Menchaca and Ayala, my name is Violeta Rivera and I am a social worker in the Immigration Practice at The Bronx Defenders. The Bronx Defenders (“BxD”) has provided innovative, holistic, and client-centered criminal defense, family defense, immigration representation, civil legal services, social work support, and other advocacy to indigent people in the Bronx for more than 20 years. Our staff of close to 400 represents approximately 22,000 people every year and reaches thousands more through community outreach. The primary goal of our model is to provide high-quality legal representation; address the underlying issues that drive people into the various legal systems; and mitigate the devastating impact of that system involvement, such as deportation, eviction, loss of employment and public benefits, or family separation and dissolution. Our team-based structure is designed to provide seamless access to multiple advocates and services to meet our clients’ legal and related needs.

I. Introduction

I first want to thank you both, along with the rest of the committee, for taking the time to listen to this testimony today. As an immigrant New Yorker who was raised in a low-income community, and as someone who works exclusively with immigrant New Yorkers, I am uniquely positioned to speak to the barriers to accessing mental health care services that immigrant New Yorkers face. In my capacity as a BxD social worker, I work with attorneys who represent individuals who are facing deportation and may be struggling with mental health, substance abuse, trauma, and domestic and community violence. As members of holistic defense teams, my social work colleagues and I assess our clients’ needs, provide referrals to community-based service

providers to meet those needs, engage in ongoing case management and offer supportive counseling to clients as they navigate their legal cases and complex social service systems. I am very familiar with the consequences that the lack of access to appropriate services has on individuals, families, and communities. I also see firsthand how federal immigration enforcement affects the mental health, physical health, and financial wellbeing of the individuals who are targeted, as well as their family members and the gaps for addressing these impacts in our current healthcare networks.

- We see a plethora of barriers to accessing mental health services that immigrant New Yorkers face, and, in particular, barriers facing immigrant communities of color that are economically marginalized and disproportionately impacted by intersecting legal systems.
- Our clients have complex mental health needs that are exacerbated by the detention and deportation processes.
- We propose an additional measure the city can take in funding the creation of a re-entry center to provide much-needed wrap-around support for New Yorkers returning from immigration detention.

II. Immigrant New Yorkers face unique barriers to accessing mental health care, substance abuse treatment, and culturally competent treatment services broadly

When we discuss access to mental health care for immigrant New Yorkers, we are addressing the needs of people with a range of migration stories and immigration statuses, people at different levels of risk for detention and/or deportation, and people with varied experiences with the criminal legal, child welfare, and immigration systems. We are also addressing people recently released from detention by Immigration and Customs Enforcement (ICE) and the family members of those New Yorkers who remain detained. Given the dynamic composition of immigrant households in our city, we are likely to find people who are differently situated across those categories within the same home. As such, we must think expansively and consider the mental health needs impacting immigrant *families*, not just individuals.

A. Accessing mental health and substance abuse treatment is extremely difficult for people ineligible for insurance

Access to mental health and substance abuse treatment remains largely predicated on access to health insurance, particularly for people who cannot afford the high out-of-pocket costs of these services in private practice settings. As such, immigrants who are ineligible for insurance through an employer or a publicly funded healthcare plan face significant financial barriers to accessing these vital health care services. Many of our clients at BxD are in the position of being

ineligible for insurance and cannot afford private practice rates, leaving hospital emergency rooms (ER) or clinics that offer sliding scale fees as their means to accessing mental health or substance abuse treatment services. Since ER settings are not positioned to provide ongoing treatment and sliding fee scales do not guarantee true affordability, lack of access to health insurance remains a substantial barrier to accessing treatment. While there are some providers in the city that are funded to provide these types of treatment services at no cost, these options are few in number and often have very specific admission criteria linked to their funding streams that further limits the scope of who is able to access services there. We applaud the provision of no-cost services while noting that there are not sufficient no-cost mental health or substance abuse services available to meet the demand that we see regularly in our work.

As a social worker in the Bronx, I find myself referring uninsured clients to a select number of programs that offer low or no cost services. Unfortunately since these settings are few and far between, these referrals often involve sending clients to treatment locations far from where they work and live. This puts people in the position of having to navigate long travel distances in order to access necessary care. Many of our clients have difficulties navigating the stress of long trips via public transportation due to their trauma symptoms — the very symptoms for which they are seeking treatment — and/or are unable to afford the costs of transportation to attend the services.

The reasons delineated above speak to some of the barriers facing clients who seek outpatient substance abuse treatment. The obstacles are even greater for clients who seek inpatient or residential treatment services as their necessary and desired level of care. While state-funded Addictions Treatment Centers are an available resource for 28-day inpatient rehabilitation regardless of insurance status, their capacity for admissions is limited — especially for people who require treatment services in Spanish — and there are no affordable options for long term residential treatment for the uninsured as HRA benefits eligibility in addition to insurance coverage are requisite for admission to residential treatment.

B. Immigrant New Yorkers face additional logistical barriers to accessing care

In addition to the barriers to care listed above, numerous logistical barriers to care also impact immigrant New Yorkers. Limited scheduling options at treatment programs make it difficult for those whose work schedules conflict with daytime programming to access services. Due to the sectors of economy that many immigrants work in and the inflexibility of their work schedules not having the ability to take off work or to pass up on last minute opportunities for work serves as a barrier to attending treatment. Often times, families are eager to start services like therapy but are conflicted because they do not have childcare in place to be able to attend and feel comfortable enough to engage while in treatment.

C. There is a lack of high quality and culturally competent services due to limited support and training for providers

As part of my role, I spend a lot of time assisting our clients with accessing services to meet their needs and navigating complex social service systems. In doing so, I have consistently seen the need for greater support and training for providers to deliver trauma-informed treatment with a specific focus on the needs of immigrant communities. The lack of adequate training and support for these services is an additional barrier to access to care as the relevance and quality of care may be lacking even when people are able to navigate the insurance-related, financial, and logistical barriers to accessing care. Our clients have faced a myriad of traumatic events and, as a result, operate with different types of survival strategies. Mental health providers are often dismissive of the trauma symptoms our clients exhibit and thus are not assessing for trauma and stress-related disorders. In our experience, providers often do not assess for the ways that trauma shows up in immigrant communities, misinterpreting clients' trauma responses as disengagement. We also find that there are a few culturally competent couples and family therapy clinics with expertise in working with families facing the unique stressors immigrants endure, including those related to federal immigration enforcement.

Additionally, there is a lack of Spanish-speaking therapists making it difficult to provide quality treatment for many NYC immigrants who seek services in Spanish. The few providers who do have the capacity to provide treatment in Spanish have long waitlists and are incentivised to push people through and out of treatment to make space for others. There is also a lack of support groups for many immigrant families. Support groups can offer the opportunity to share lived experiences with community members who may have had similar experiences. This is true for our clients in detention and out in the community.

D. The barriers to mental health and substance abuse treatment facing immigrant New Yorkers have consequences that extend across multiple legal systems

Barriers to accessing mental health and substance abuse treatment have implications across multiple legal systems in addition to the implications of contributing to unmet medical needs. As such, addressing barriers to these types of treatment is not only a task of importance in the provision of healthcare services, it is a task directly linked to the work of rolling back the criminalization of mental illness and addiction and reducing unnecessary family separation via the child welfare system and as a result of deportations.

Lack of access to treatment services limits opportunities for immigrants to be diverted from the criminal legal system via treatment alternatives to incarceration and puts additional impediments

in the way of immigrant parents navigating Family Court ordered treatment in order to be reunified with their children. While the city has made concerted efforts recently to divert people into treatment options in criminal court, that momentum will leave behind immigrant New Yorkers if access to care issues cannot be more sufficiently addressed.

As we see the immigration system using criminal legal and family court system contact increasingly broadly as ways to effectuate deportations, the limited options for navigating those systems that are exacerbated by lack of access to treatment services has truly disastrous consequences for families and communities throughout the city.

III. Federal immigration enforcement presents a unique set of mental health concerns and challenges for immigrant families

In addition to the important issues related to access to care laid out above, any inquiry into the mental health needs of immigrant families must take into account the ways that federal immigration enforcement negatively impacts the mental health of immigrant New Yorkers at various points along the spectrum of the detention and deportation process.

A. Pre-detainment

It should not be surprising to the members of the City Council that in this political climate many immigrants live in fear. Living in fear is traumatic. It's bad for mental health outcomes, and addressing the circumstances that contribute to the fear immigrant families face every day is an important step in addressing the mental health needs of immigrant New Yorkers. The fear of immigration enforcement is experienced by all types of immigrants, ranging from recently arrived immigrants, many of whom have fled persecution or torture in their country of origin, to immigrants who have lived in the United States for as long as they can remember. It's a fear that's shared by US citizen children in mixed-status homes and a fear that culminates in even higher levels of distress once a family has come in contact with ICE.

In addition to the fear of being taken from the community, or having a loved one taken away by ICE, our clients also speak of the pressure to be perfect, to avoid ICE contact but also in order to be accepted or seen as a "worthy" immigrant. Clients have expressed sentiments like, "I forgot this isn't my country, I'm not allowed to make mistakes here". Living with the pressure that making a mistake could impact their immigration status and result in the separation of their families is burdensome. That pressure can have a lasting impact on the mental health of many immigrants and entire affect many families. The pressure not to "fail" can serve as a disincentive for people to apply for resources like public benefits for fear of being seen as a

burden rather than a contributor and the resulting resource deprivation can have lasting impact on the entire family.

B. During detention and the pendency of deportation case

As a social worker with New York Immigrant Family Unity Project at BxD, I work predominantly with people who are detained and in removal proceedings. Most of my clients are immigrant men of color and many have had prior experiences with the criminal legal and/or family court systems that have made them increasingly vulnerable to deportation. The incarceration of male immigrants has lasting impacts on the entire family, especially low-income families of color. These impacts come in the form of the financial damage done when a primary wage earner is detained and the family bonds tested when a loved one is detained, to name a few.

In general, when a member of a family is detained, parents are left to decide if they want to traumatize their children by visiting the family member. In many cases, undocumented family members who would want to visit their detained family member don't do so out of fear of triggering enforcement against themselves by showing up at a jail where their loved one is detained. This is also true when deciding whether or not to provide support to loved ones during court appearances.

When family members do make the decision that it is safe for them to attend a loved-one's court appearance, the hearing is often a traumatic experience for the family members as well as the person in proceedings. I have witnessed children, mothers, spouses, cousins, and other family members become overwhelmed to the point of emotionally decompensating while in court supporting their family members. I have witnessed the Immigration Judges presiding over court proceedings berate my clients' family members for their extreme, but incredibly natural, reactions and order them out of the courtroom due to the "disruption" to the process. Sometimes these experiences cause families to choose not to attend future hearings. During immigration court proceedings, our clients' entire lives are on trial and a lot of highly sensitive information is shared. In some cases, our clients actually do not want their families in court during the hearing due to the amount of trauma that would be revealed as a result of their testimony. Some prefer to endure proceedings alone because they have not disclosed information that would be at issue in the hearing, like their sexual orientation, to their family members. The dynamics involved in making choices about who is present and who is not present during immigration court appearances can cause ripple effects in families that can impact the family relationships even long after the case is done.

For our clients and community members who are detained during their deportation proceedings, detention centers offer little, or no, mental health or substance abuse treatment services to those

incarcerated there, even when there is a clear medical need for it. Furthermore, the detention experience inflicts new traumas on people who are incarcerated there *at the same time* that the process of moving through their immigration case requires revisiting old traumas. For example, many of our clients have been tortured, raped, assaulted prior to, or during, their migration to the US and have to relive those experiences during their case prep without access to treatment, while separated from their family and community supports. Other clients struggle with feelings of shame or guilt about the circumstances that brought them into detention with few resources to work through those powerful, and at times debilitating, feelings. All of those experiences and unearthed trauma responses come home with our clients when detention ends and are a part of what we mean when we talk about the mental health needs of immigrant New Yorkers.

C. Post-detainment

The detention and deportation processes have stark and negative impact on the mental health of immigrant families long after detention ends and cases are resolved. Local detention centers provide very little assistance with connecting to community-based care for those returning home, despite the traumas those released take with them from the detained environment and regardless of any care people may have been receiving while detained.

Regarding continued access to ongoing treatment, when people are released to their community in New York either on bond during proceedings or at the resolution of their case, they do not get meaningful discharge planning from the detention facility and are often released without any medication at all or with an insufficient supply medication. People in this position are almost always released without any follow up information about where they can get refills or connection to ongoing care.

When people return home to their communities in New York on bond, the fear of pending deportation hangs very heavily over them and over their family members which is an extended traumatic experience for the whole family. When people return home after being granted relief from deportation the process of finding a “new normal” within their family is often slow. Our clients have had to revisit every bit of past pain, every prior trauma, every regret and every mistake they have to put on their immigration defense, a process that often has ripple effects for the entire family for long after proceedings finish. For our clients with children, there is also a wave of readjustment that children must undergo when their parent returns home that includes working through the trauma of the initial separation and learning how to move past the fear that their parents could be stripped from them again.

When people don't get to return home, their families are left with holes in their homes and hearts that don't ever get repaired but that can, and should, be more thoroughly addressed through the supportive services and mental health networks in the city.

IV. Conclusion

The barriers to treatment services for immigrant New Yorkers are numerous, and the negative impact that ICE enforcement has on the mental health and wellness of immigrant communities is profound. We, along with our clients, appreciate the many strategies that the City Council is currently pursuing to address these issues, including funding the New York Immigrant Family Unification Project, and piloting the NYC Care program in the Bronx. We urge you to continue your efforts to expand access to mental health and substance abuse treatment services broadly, keeping the specific needs of immigrant New Yorkers in mind, and to continue pushing back against the presence of ICE in our communities and courts, and we have one additional ask of you today.

We see the lack of services for people returning from immigration detention and for families who have a loved one detained by ICE as a particularly gaping hole in the mental health care network, and believe that the Council should fund the creation of a re-entry center to provide much-needed wrap-around support for someone returning from detention.

- This center should include medical, psychiatric and therapeutic providers. If a referral is needed for a specialist, the center should work with local hospitals who can provide such service.
- The center should offer support groups for their members.
- Providers should be able to speak Spanish and have access to language lines for immigrants who speak other languages.
- Providers should be trained on trauma and family therapy modalities with an expertise on immigrant stressors.
- The center should provide child care and be in an accessible location.
- It should house HRA benefits personnel who are knowledgeable about the eligibility for benefits for immigrants with different immigration statuses.

We believe that the creation of such a resource would drastically improve the re-entry process for immigrant New Yorkers returning to their communities after being detained, and would mediate some of the undeniable harm caused to our clients and their families throughout the duration of removal proceedings.

Thank you for your time and attention to this important matter.