







migrant population. About 8.6 percent of the state's residents are foreign-born, Non. About 8.0 percent of the state 8 residents are foreign-point, with at least one immigrant parent. Immigrants make up 11.1 with at least one immigrant parent. Immigrants make up 11.1 with at least one immigrant parent. Immigrants make up 11.1 with at least one immigrant parent. Immigrants make up 11.1 with at least one immigrant parent. Immigrants make up 11.1 with at least one immigrant parent.

### OVERVIEW 1

OVERVIEW '	
Immigrant residents <sup>2</sup>	915,200
Immigrant share of population	8.6%
Immigrant taxes paid	\$9.8B
Immigrant spending power	\$28.5B
Security-	

ecurity.	49.270
Share of immigrant women	67,300
Share of immigrant men	5.0%
Share of immigrant children	1t parent 492,500
Number of immigrant children  Number of immigrant children  Share of U.Sborn residents living with at least one immigrant Number of U.Sborn residents living with at least one immigrant Number of U.Sborn that are proficient in English	rant parent 76.3%
share of foreign-both	U.SBorn Population
Foreign-Born Population	20.1%
Age Group	
0-15	

## New Americans in North Carolina



8.6 percent of the state's residents are foreign-born, make up 11.1 Immigrants make up 11.1

Share of immigrant women	50.8%
Share of immigrant men	49.2%
Number of immigrant children	67,300
Share of U.Sborn residents living with at least one immigrant parent	5.0%
Number of U.Sborn residents living with at least one immigrant parent	492,500
Share of foreign-born that are proficient in English	76.3%
Share of immigrant	

Share of immigrant men Share of immigrant men	5.0%
Number of immigrant children  Number of immigrant children  residents living with at least one immigrant pare	492,500
chare of U.Sborn resident	76.3%
Number of U.Sborn that are proficient in English	U.SBorn Population
Foreign-Born Population	20.1%
Age Group	
0-15	

### New Americans in North Carolina





North Carolina has a large immigrant population. About 8.6 percent of the state's residents are foreign-born, plina has a large immigrant population. About 8.6 percent of the state's residents are foreign-born, make up 11.1 least one immigrant parent. Immigrants make up 11.1 least of its U.S.-born residents live with at least one immigrant parent. Immigrants make up 11.1 least of its U.S.-born residents live with at least one immigrant parent. Immigrants make up 11.1 least of 14.4 least one immigrant parent in the state. As an integral part of North Carolina's an integral part of North Carolina's

Mexico/Central Amer/Caribbean 4	435,861
---------------------------------	---------

261,055 Asia

108,703 Europe

Africa 87,889

South America 87,368

22,591 All others

Share of immigrant women	67,300
Share of immigrant men Share of immigrant men	5.0%
Number of immigrant children  Number of immigrant children  A considerts living with at least one immigrant particular considerts living with at least one immigrant particular considerts living with at least one immigrant	492,500
chare of U.Sborn resident	76.3%
share of foreign-born	U.SBorn Population
Foreign-Born Population	20.1%
Age Group	

## New Americans in North Carolina





are foreign-born,

North Oal	tages are foreign-born,	
Immigrant household income		\$38.3B
Total taxes paid		\$9.8B
Federal taxes paid <sup>3</sup>		\$6.6B
State & local taxes paid4		\$3.2B
Total spending power		\$28.5B
Foreign-born, contributions to Social Security		\$3.8B
Foreign-born, contributions to Medicare		\$1.0B
Security Women	67.300	

Share of immigrant women	67,300
Share of immigrant men Share of immigrant men	5.0%
Number of immigrant children  Number of immigrant children  Assidents living with at least one immigrant par	492,500
chare of U.Sborn lesion	76.3%
Share of foreign-bott	U.SBorn Population
Foreign-Born Population	20.1%
Age Group 6.4%	
0-15	





## New Americans in

Number of undocumented immigrants <sup>7</sup>	314,000
Share of immigrant population who are undocumented immigrants	34.2%
Share of population that is undocumented	2.9%
Share of workforce that is undocumented	3.9%
Share of undocumented immigrants who are working age	86.5%
Undocumented entrepreneurs	24,100
Undocumented household income	\$8.4B
Total taxes paid 8	\$1.8B
Federal taxes paid	\$1.1B
State & local taxes paid	\$631.4M
Total spending power	\$6.7B
Number of U.S. citizens living with at least one undocumented family member	239,100
Share of U.S. citizens living with at least one undocumented family member	2.4%

### Assimilation vs. Acculturation

#### **Assimilation**

Adopts dominant culture, gives up own

**Pros**: Social acceptance, fewer external conflicts

**Cons**: Identity loss, isolation, higher depression/anxiety risk

#### **Acculturation**

Adapts to new culture while keeping own

**Pros**: Bicultural identity, resilience, higher self-esteem, social support

**Cons**: Balancing two cultures can be stressful

\* Acculturation (especially biculturalism) shows the strongest protective effects on well-being.

## IMMIGRANT MENTAL HEALTH SOLIDARITY NETWORK

**GOAL**: Support an Equitable Mental Health System in North Carolina for immigrants



2023-2024

- Challenges: language barriers, cultural differences,
   SDOH, discrimination and legal status issues.
- **Strengths:** remarkable resilience through strong family ties, cultural traditions, and community support.
- Barriers to accessing mental health services include language challenges, lack of information, economic constraints, and fear of deportation. Cultural stigma
- Community-based support systems: religious leaders, traditional healers, community figures bridge gaps in formal health care systems.

## IMMIGRANT MENTAL HEALTH SOLIDARITY NETWORK

**GOAL**: Support an Equitable Mental Health System in North Carolina for immigrants

Landscape Analysis

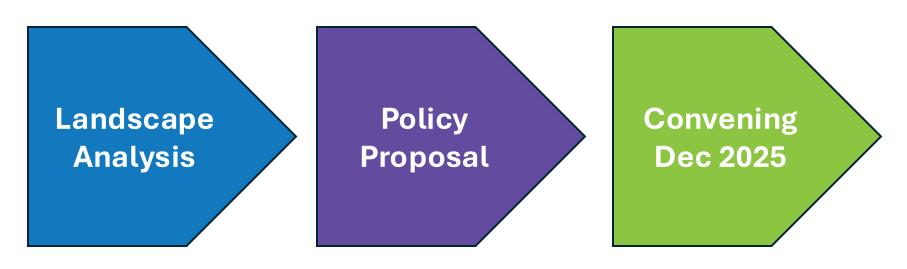
Policy Proposal

- Appropriate Linguistic Services
- Funding for Community Based Services (in particular, Community Mental Health Workers)

2023-2024

## IMMIGRANT MENTAL HEALTH SOLIDARITY NETWORK

**GOAL**: Support an Equitable Mental Health System in North Carolina for immigrants



2023-2024

## Federal and State Policies Impact on immigrants

↑ Fear & Stress ↓ Healthcare Funding & Access

## Federal and State Policies Impact on immigrants

↑ Fear & Stress
↓ Healthcare
Funding & Access

Anti-Immigrant enforcement

## Federal and State Policies Impact on immigrants

↑ Fear & Stress
↓ Healthcare
Funding & Access

#### Anti-Immigrant enforcement

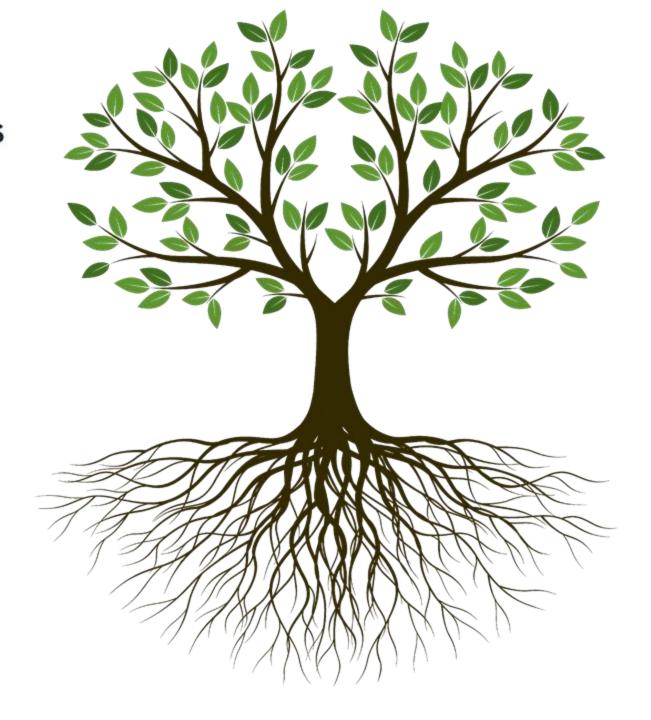
#### Funding threats

- Medicaid not funded this year and in years to come
- IPRS / Single Stream reduction
- SNAP benefits reduced or eliminated
- Medicaid renewals every 6 months
- Healthcare Marketplace reduction U48376 Enhanced Tax Credits

### Acculturative Stress, Resilience, and a Syndemic Factor Among Latinx Immigrants

Gonzalez-Guarda et al., 2023





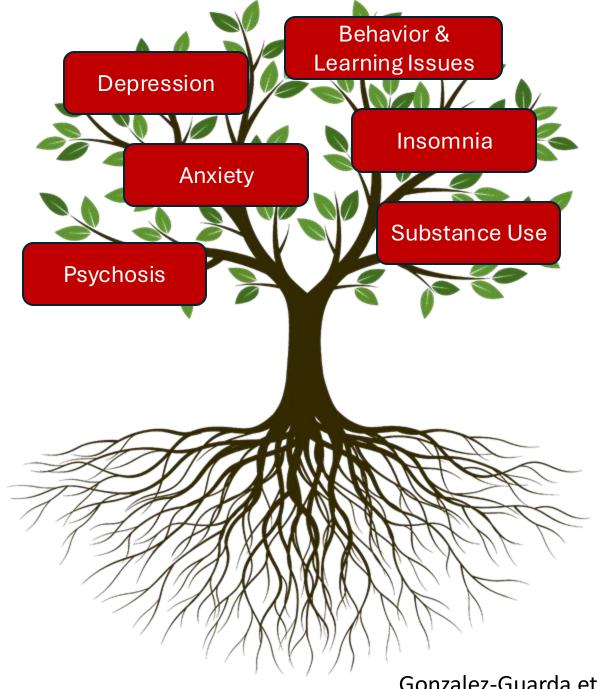
#### **Acculturative Stress**

**Family** 

Marriage

**Economic** 

Occupational



Gonzalez-Guarda et al., 2023

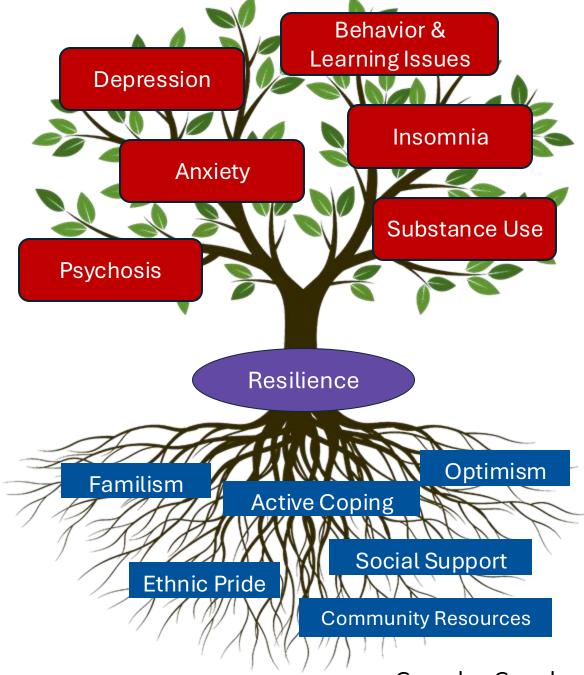
#### **Acculturative Stress**

**Family** 

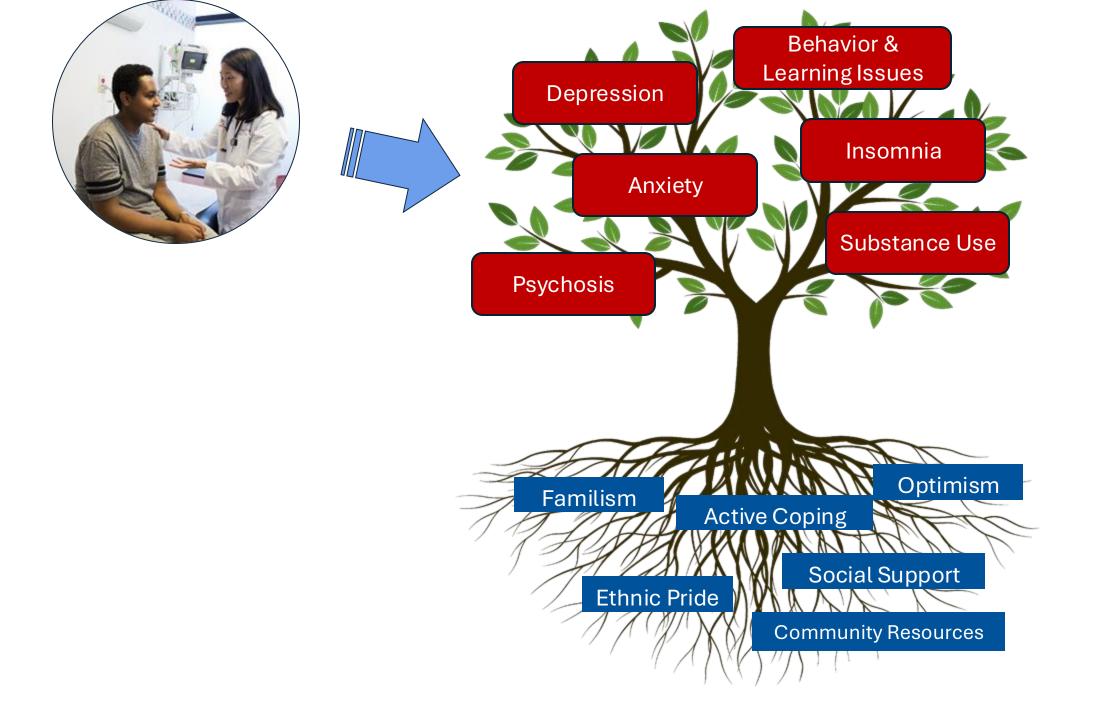
Marriage

**Economic** 

Occupational



Gonzalez-Guarda et al., 2023





#### **Stepped Care**

#### Mild mental illness

Mainly face-to-face primary care services backed up by psychiatrists.

Moderate mental illness

### Severe/complex mental illness

Wrap around coordinated multiagency care for people with complex needs. Face-to-face clinical care using a combination of mental health professionals.

#### At risk groups

intervention through access to evidencebased alternatives to face-to-face therapy services

Increase early

access to lower intensity services using a mix of digital and low intensity face-to-face interventions.

Provide and promote

Psychological services for those who require them.



Promotion and

prevention by

providing advice and self-help resources.

Well population



Self-help, Bibliotherapy, Videos, Webinars, Classes, Seminars, Groups, Simulations, Kermes, Training of providers, Community Mental Health Workers, Peer





Therapy, Psychiatry, Substance Use Counseling



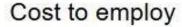






#### Workforce

From a larger available pool to fewer, high skilled & requiring more training.











\$

\$\$\$

#### **Stepped Care**

#### At risk groups

#### Well population

Promotion and prevention by providing advice and self-help resources. Increase early intervention through access to evidencebased alternatives to face-to-face therapy services

#### Mild mental illness

Provide and promote access to lower intensity services using a mix of digital and low intensity face-to-face interventions.

Psychological services for those who require them.

### oderate

Mainly face-to-face primary care services backed up by psychiatrists.

mental illness

#### Severe/complex mental illness

Wrap around coordinated multiagency care for people with complex needs. Face-to-face clinical care using a combination of mental health professionals.





Self-help, Bibliotherapy, Videos, Webinars, Classes, Seminars, Groups, Simulations, Kermes, Training of providers, Community Mental Health Workers, Peer





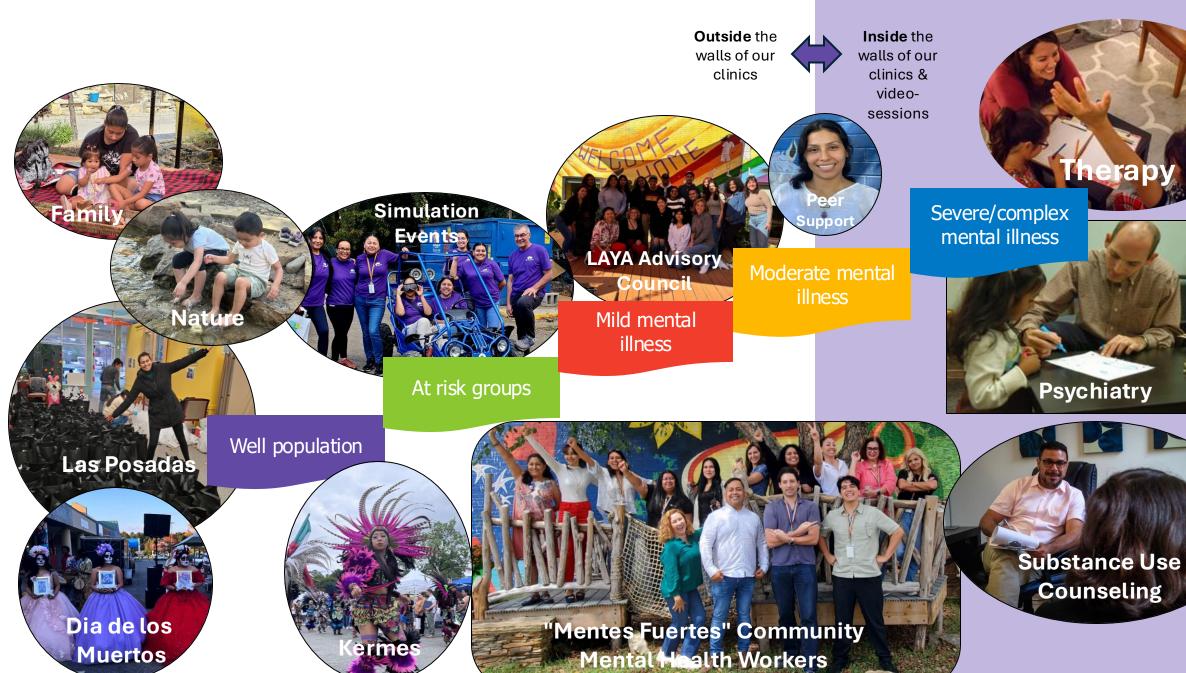
Therapy, Psychiatry, Substance Use Counseling











Las Po For the Mandarin translation of the abstract see Online for Disparities Research Unit, Department of Medicine, Hospital, Boston, MA, USA

Dia de

Muerto

### Lancet Aug 23, 2025

- health care with Massachusetts and North Carolina, involving 1,044 adults (63% Latino)
- Participants spoke English, Spanish, Mandarin, or Cantonese

quality of care using the Global Evaluation

the intention-to-treat popular

10 sessions

appendix 1

appendix 2

(M Alegría PhD,

evchiatry (M Alegría),

M Cruz-Gonzalez PhD, I Falgas-Bague MD,

Department of Medicine

(M Alegría, M Cruz-Gonzalez,

I Falgas-Bague) and Department

Massachusetts General

S L Markle MIA, L Fuentes PhD);

done in 37 community-based organisations and climes and Mandarin, or Camonese, with moderate to severe depression or aged 18 years and older speaking English, Spanish, Mandarin, Text for Montal Health (CATMH), were aligible for anxiety symptoms assessed using the Computerized Adaptive Test for Mental Health (CAT-MH), were eligible for inclusion. Participants were randomly assigned (1:1) to a psychoeducational intervention provided by community health workers or a usual care condition, which constituted receiving a US National Institutes of Health booklet about anxiety and depression. Both conditions included referrals for social determinants of was stratified by site using computer-generated blocks of size 2. Investige treatment allocation, but outcome assessors were. Primary outco in self-reported depression and anxiety symptoms using

functioning using the World Health Organization "Mentes Fuertes" Community Mental Health Workers

Inside the walls of our clinics & videosessions

Ith services in reaching al intervention aimed at

d linguistic minoritised



Severe/complex mental illness





rticles as

After 6 months:

- Reduced depression and anxiety
- Better daily functioning (able to work, Andrew Supple. care for family, and manage life more alth services in reaching nal intervention aimed at effectively). and linguistic minoritised
- Higher satisfaction / feasibility

the intention-to-treat popular

orth Carolina). Adults were eligible for anxiety symptoms assessed using the inclusion. Participants were randomly assigned (12) health workers or a usual care condition, which constituted received anxiety and depression. Both conditions included referrals for social determinants was stratified by site using computer-generated blocks of size 2. Investigation treatment allocation, but outcome assessors were. Primary outcome in self-reported depression and anxiety symptoms usi functioning using the World Health Organization "Mentes Fuertes" Community quality of care using the Global Evaluation Mental Health Workers

Inside the walls of our clinics & videosessions



Severe/complex mental illness





Disparities Research Unit, Department of Medicine, Massachusetts General Hospital, Boston, MA, USA (M Alegría PhD, M Cruz-Gonzalez PhD, I Falgas-Bague MD, S L Markle MIA, L Fuentes PhD); Dia de Department of Medicine (M Alegría, M Cruz-Gonzalez, Muerto I Falgas-Bague) and Department Hub & Spoke Model Community Mental Health Worker 10 Sessions aka "Mentes Fuertes"

Fiestas, Events &
Activities that bolster
Ethnic Pride

Therapy,
Parent Support,
Behavior Coaching,
Substance Use
Counseling, &
Psychiatry

Integration into schools, churches, clinics, & allied agencies through partnerships and case management

Peer Support Specialist
Walk alongside patients to
recovery

Activities and Media to educate, develop awareness, and early intervention

Therapeutic Green Space promotes nature, physical activity, & healthy relationships



# El Futuro

- **1. Attend our Community Fiesta (aka Kermes) is on September 28th from 4-7pm.** There is food, music, dance, and culture! This is a great way to show solidarity with the Latino community, supporting them with our presence and by purchasing food and crafts.
- 2. Come to our big Dia de los Muertos Auction Fundraiser on November 1
- 3. Sign-up for our monthly newsletter
- 4. Make a donation!









Luke Smith, MD lsmith@elfuturo-nc.org 984-244-2205