Immigrant trauma and stress amidst the COVID-19 pandemic

by C. Barrett Hawkins and Thuy Bui

Learning objectives:

- Recognize barriers to care for patients with limited English Proficiency during the COVID-19 pandemic
- Identify and provide support for individuals in the Latinx community struggling with the mental health effects of the COVID-19 pandemic
- Recognize the impacts of unstable housing and food insecurity on an individual's overall mental and physical health and approaches to mitigate these concerns

Case Synopsis:

Mr. G is a 37-year-old male from Guatemala, who has resided in the United States for the past one and a half years. He presents to a free clinic for evaluation of recurrent abdominal pain. He describes the pain as achy and deep, almost daily, lasting hours, sometimes worse after eating without nausea, vomiting or diarrhea. He does have intermittent heartburn, bloating sensation and constipation with straining and hard bowel movements for the past 3 months. His records show 7 ED visits over 3 months at several hospitals from early March, 2020 with a variety of symptoms such as cough, shortness of breath, abdominal pain, constipation and fatigue. He had 2 negative Covid-19 tests, normal chest x-ray, abdominal ultrasound and CT of the chest and abdomen. Extensive laboratory testing only showed mildly elevated AST, ALT which have remained largely stable over the previous 3 months. During a recent ED visit, Mr. G received an evaluation by the behavioral health team that resulted in a diagnosis of adjustment disorder with anxiety. He was noted to have witnessed violence in Guatemala and during migration. He completed 2 courses of antibiotics for respiratory symptoms, and is currently only taking omeprazole, senna and PEG 3350 PRN for constipation. He has body pain but no fever or weight loss. The rest of his ROS is negative.

Mr. G is married. His wife and son are in Guatemala. He is currently sharing an apartment with 4 other adults— his brother and 3 cousins. He used to work in construction and as a dishwasher for a restaurant but was laid-off due to business closure. He is worried about paying rent and food as well as not able to send money home to his wife and child. He does not smoke or drink alcohol. He did not complete high school but can read and write in Spanish. He does not understand what the ED doctors told him or why he is having recurrent pain.

Physical exam is normal. BMI is 30. AST 55; ALT 145; ALKPHOS 121 and total bili 2.0.

1. **Construct a problem list for this patient**
2. **Conduct a root-cause analysis for at least one problem**
3. **Describe positive/protective social determinants of health for this patient**
4. **Describe negative social determinants of health factors**
5. **Propose patient-level solution with attention to facilitators and barriers**
6. **Imagine possible health system or institutional solutions**
7. **Discuss potential community/societal-level solutions**

- **Construct a problem list for this patient**

  A reasonable problem list for this patient includes:

  - Chronic abdominal pain
  - Recent diagnosis of adjustment disorder with anxiety
  - Non-English speaking
  - Limited health literacy
  - Lack of health insurance
  - Frequent ED visits
  - Unstable employment due to COVID-19 pandemic
  - Concern for access to food and housing

- **Conduct root-cause analysis for at least one problem**

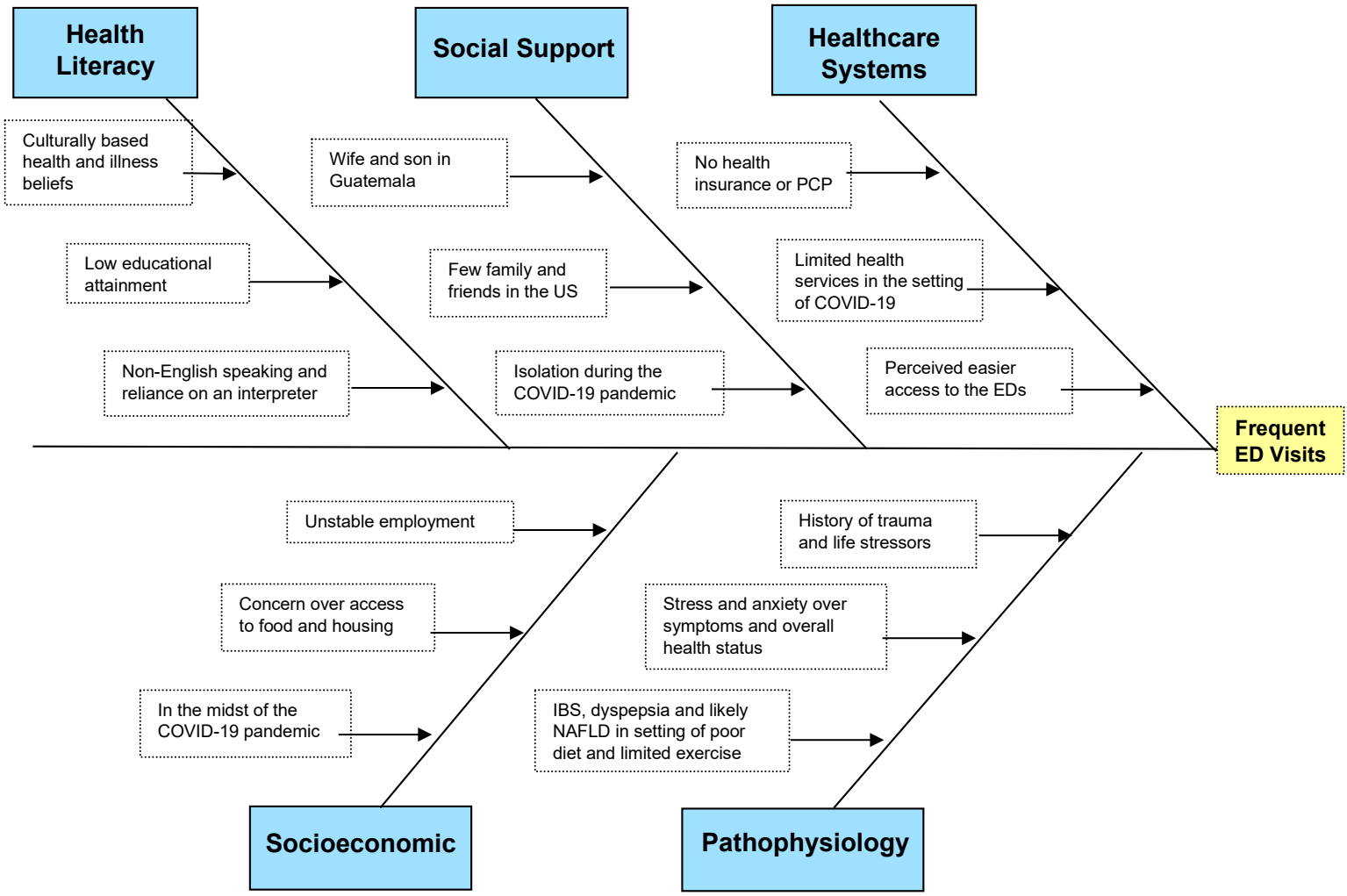
  There are several factors that contribute to Mr. G's reliance on emergency departments to obtain what would typically be considered routine medical care. These factors include overall poor health literacy, lack of social support, lack of access to a community clinic or PCP, ongoing pandemic, limited financial resources, and underlying medical conditions exacerbated by life stressors.

  Mr. G is from rural Guatemala and has had very limited previous access to healthcare. He has severe anxiety related to concern over an underlying grave medical diagnosis. Previous healthcare providers have attempted to reassure him but have been largely unsuccessful. His limited ability to comprehend medical workups, diagnoses, and treatment modalities hampers self-care and contributes to much anxiety surrounding his health.

  Given that Mr. G immigrated to the US one and a half years ago and most of his family still reside in Guatemala, he probably does not have a sense of community and belonging in the US. This issue is further exacerbated by the COVID-19 pandemic that has required most individuals, including Mr. G, to spend significantly more time at home. This has likely contributed to his feelings of isolation and growing anxiety.

  With regard to the healthcare system, Mr. G did not know about free clinics in town until 3 months into his illness. Moreover, several community clinics did not accept new patients or had limited services during the COVID-19 pandemic. He lost his job at the start of the COVID-19 pandemic and has subsequently experienced a high degree of stress related to financial security. He has endorsed concerns over his ability to continue to pay rent at his house and to buy food.

  Lastly, the pathophysiology behind his physical and mental health conditions have also contributed to high utilization of EDs. It is thought that Mr. G has a component of non-alcoholic fatty liver disease (NAFLD) and dyspepsia/GERD. It is also possible that he has irritable bowel syndrome (IBS) that is also greatly affected by his diet and stress. All these conditions can contribute to abdominal pain. According to one study, the most frequent reason to seek care in the outpatient setting for patients like Mr. G was symptoms, signs, and ill-defined conditions with pain as the leading cause of seeking care which may indicate high rates of somatization of mental health distress.[1]



- **Describe positive/protective social determinants of health (SDH) for this patient**

  Below is a list of SDH that are likely positively affecting Mr. G:

  - Support System: Mr. G currently resides in a rental with other Spanish-speaking men, including a few cousins and a brother. Although he lives away from most of his family, he does have some degree of social support and familiarity to him at home. This is especially important during a time when most individuals are spending a greater amount of time than normal in their homes. Mr. G also desires to be reunited with his family in Guatemala in the near future and this keeps him going through tough times.
  - Access to Care: Mr. G has the ability to visit a free health clinic in the community to address his health needs even though he does not have health insurance.
  - Employment: Mr. G is able to work some part-time shifts recently at a restaurant as businesses are starting to open again after closing due to COVID-19.
  - Transportation: He mentioned that he got a ride to clinic from his cousin, but we don't know how reliable this is. We don't know if he is able to take the bus or has access to other means of transportation.

- **Describe negative SDH factors**

  Below is a list of SDH that are likely negatively affecting Mr. G and his health:

  - Language Barrier: Mr. G does not speak English, creating a language barrier in most settings. In fact, Spanish is his second language. His first language is a Mayan language (K'iche').
  - Lack of Health Insurance: He is currently an undocumented (unauthorized) immigrant in the US, making him ineligible for Medicaid.
  - Limited Continuity of Care: He does not have health insurance and does not have a primary care provider, resulting in limited continuity of care.
  - Poor Health Literacy: We notice that he does not understand our explanations about pain, nerves and the mechanism of various medications. His limited health literacy combined with cultural differences make communicating about his health more difficult, even with the service of an interpreter.
  - Social Isolation: Mr. G is currently living away from most of his family, including his wife and children, contributing to his social isolation.
  - Access to food and housing: He has been unemployed for the past few months due to closures in response to COVID-19 and subsequently has concerns about access to food and housing. Unauthorized immigrants may have limited options to access food assistance and other social safety-net programs because of their immigration status.
  - Stress: Mr. G has high stress level complicated by a history of trauma as well as current financial stressors.

    It would also be helpful to know more about Mr. G's educational attainment and job training as well as his access to transportation. These factors play a role in his access to healthcare as well as his ability to understand and be able to follow recommendations regarding his health. It would also be beneficial to explore his home situation further. Crowded or precarious housing is a risk factor for COVID-19 infection. Does he feel safe where he is currently living, how far does he have to travel to a grocery store, what available food options are in his neighborhood, and has he previously engaged in community events or with his neighbors living close by? His access to food, especially healthy food, his perceived safety in his neighborhood, and his degree of connection to his community all play a large role in his overall health and wellbeing.

- **Propose patient-level solutions with attention to facilitators and barriers**

  - Patient engagement in the context of trauma informed care (TIC): the principles of TIC include promoting physical and psychological safety for patients, building trusting relationships within the healthcare environment and partnering with community agencies and social support systems. TIC requires collaboration and coordination with multiple systems and disciplines that are not designed to address experiences of trauma.
  - Continuity of care: As Mr. G has started coming to a free clinic for care, healthcare providers affiliated with that clinic have an opportunity to engage him. Flexible clinic visit schedules as well as weekly phone calls to address evolving concerns could decrease ED visits and reduce the need to miss work and finding transportation to appointments. Many immigrants forgo medical care due to cost, mistrust and fear of deportation, [2] but Mr. G does not appear to be afraid to engage US healthcare systems.
  - Social/emotional support: Increased involvement with other community members from a similar background can provide needed emotional support and a sense of familiarity to him. Working on coping strategies for anxiety could reduce future ED visits related to stress and worry. Techniques such as Cognitive Behavioral Therapy (CBT) have been shown to be efficacious in Latinx patients who suffer from anxiety disorder especially with culturally-tailored interventions provided by ethnically matched providers and adjusted for literacy level.[3]
  - Nutritional support: Mr. G's current health status is at least partially due to his lifestyle of limited exercise and unstable food resources. His consumption of processed and shelf-stable foods has also increased resulting in weight gain, constipation and perhaps worsening his gastrointestinal symptoms. Staff should inform him that local food banks provide emergency food assistance to all individuals, regardless of immigration status.

- **Imagine possible health system or institutional solutions**
  - Free or reduced-cost clinics: In most communities there are free clinics and/or federally qualified health centers (FQHCs) that serve individuals without health insurance. Many academic health centers also operate clinics for uninsured or under-insured patients. In some parts of the US, patients have to travel far to access these safety net providers. The Affordable Care Act provided additional funding to FQHCs in part to meet the demand of immigrants seeking care at these facilities, but more support for FQHCs is needed.
  - Interprofessional patient-centered care: When behavioral health providers, pharmacists, social workers and physical therapists are co-located and working together, such an interprofessional team can address a multitude of concerns in a patient-centered manner with fewer risks for miscommunication and delay in care.
  - Interpretation services: Language access services are important to address racial/ethnic disparities in healthcare. Even though some level of access to interpreter services at FQHCs is guaranteed under federal law, language resources and staff training may vary. Individuals with limited English proficiency (LEP) are known to have difficulty making appointments, scheduling testing and communicating with their healthcare providers on the phone or via digital patient portals. Most LEP patients prefer in-person interpretation or providers who could speak their language over phone or video interpretation. The cost of interpreter services can be considerable, ranging from $45-150/hour for in-person interpreters to $1.00-$3.00/minute for telephone or video remote interpreting.
  - Programs to decrease preventable healthcare utilization: Interventions to reduce ED use include patient education, improved clinic access, care coordination, diversion of low-acuity patients to other care settings, patient financial incentives or cost sharing and managed care interventions. Productivity demands for PCPs and limitation to business hours make it hard to accommodate acutely ill patients. For Mr. G, going to the ED was easier because of 24/7 access and lack of reliable transportation. He has to depend on his brother or cousin for a ride to the clinic or ED.
  - Medication support: It is especially important to confirm access to medications for individuals seeking care, especially in situations of unemployment, high co-pay or lack of insurance coverage. Many hospitals have "meds-to-bed" programs to ensure that patients left the hospital with medications in hands. Patients attending FQHCs also benefit from the 340B drug program that allows very cheap prescription medications for those who could not afford them.
  - Peer navigation: Peer navigation utilizes a community health worker who has similar "lived experience" to their client or patient to focus on barriers to care and help navigate the complexities of the healthcare system. There are successful programs using peer navigators for Latinos with serious mental illness.[4]

- **Discuss potential community/societal-level solutions**

  - Disaster relief assistance: In response to the Covid-19 outbreak, many states have provided disaster relief assistance to undocumented adults who are ineligible for other forms of assistance, including assistance under the Coronavirus Aid, Relief, and Economic Security (CARES) Act and pandemic unemployment benefits because of their immigration status. Many immigrants like Mr. G has no financial safety net, and immigrants make up a large proportion of low-wage workers to keep essential services running during the pandemic. To ease the socioeconomic downfall of the pandemic, federal and state governments provided one-time payment to low-income households, extend unemployment benefits and moratorium on evictions. Having a strong social assistance or safety net programs is important to prevent homelessness and reduce poverty and health inequalities.
  - Community agencies for immigrants: In most cities, there exist social services agencies to serve immigrants. It is important for healthcare providers to be familiar with these resources which range from education, employment, and housing to legal aid. ESL classes and adult literacy education are available through community colleges and special programs. In addition, many social services agencies like food banks, housing assistance, workforce and vocational training do cater to immigrants by hiring bilingual staff, compiling reading materials/applications in other languages and providing outreach to immigrant communities.
  - Transportation Services: Free or reduced-cost transportation services within the community can help individuals like Mr. G get to their places of employment, visit their healthcare providers, and obtain necessary

resources and supplies for daily living. Some hospitals are providing bus or taxi vouchers or ride-sharing services to/from appointments in the hope of decreasing unnecessary ED visits and readmissions.

- ***Facilitator****: ask students to identify social services agencies in your community for immigrants and refugees. They can also research legislation or local/national policies. The focus could be on immigration reform, universal healthcare or physical and behavioral health integration, expanding SNAP benefits, etc. Students could also read more about the US Citizenship and Immigration Service's (USCIS) Public Charge determination policy and how that might impact immigrants applying for more permanent status in the US.*

Case outcome:

The physician and interpreter at the free clinic started to call Mr. G every week to check on his abdominal pain and provide coping strategies. Heartburn medications and an SSRI were delivered to his residence by student volunteers. H. pylori stool antigen was positive, and he was treated with 2 antibiotics and a proton pump inhibitor. His abdominal pain did improve, although he still experienced intermittent discomfort. In this case, GD was fortunately able to start part-time work again 4 months into the pandemic. As of the time of writing this case, he has not visited an ED in more than four weeks and has endorsed a sense of increased security related to once again having an income. This case demonstrates the stresses that are placed on a patient, both in terms of mental and physical health during times of unemployment and financial instability. These stressors were exacerbated by the COVID-19 pandemic, which limited employment opportunities as well as community and medical support. Through community programs that provide support to patients like Mr. G, as well as access to free or reduced-cost clinics, we can work to reduce the financial, emotional, and physical burdens placed on individuals during times of uncertainty and increased stress.

References

Bucay-Harari L, et al. Mental Health Needs of an emerging Latino Community. J of Behav Health Serv & Res 2020; 47(3): 388-398

Falgas-Bague I, et al. Predictor of Adherence to Treatment in Behavioral Health Therapy for Latino Immigrants: The Importance of Trust. Front. Psychiatry 2019.

Pineros-Leano M. Latino immigrants, depressive symptoms, and cognitive behavioral therapy: A systematic review. J of Affective Disorders 2017; 208:567-576

Corrigan P, et al. The Impact of a Peer Navigator Program in Addressing the Health Needs of Latinos with Serious Mental Illness. Psychiatr serv 2018; 69:456-461