

Building Trust: Developing Mental Health Services for Undocumented College Students

Lessons from Immigrants Rising's Mental Health Programming



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Overview

In a 2020 survey of over 1,200 undocumented undergraduates in California, 72% reported needing mental health counseling in the past year. Yet, only 48% had ever sought support for their mental health. This gap persists even when barriers to access are removed, pointing to a deeper problem: distrust. Without trust in institutions and providers, mental health services go unused. This report documents how Immigrants Rising's Mental Health Connector (MHC) and Wellness Support Groups (WSG) successfully built trust with undocumented college students and improved students' well-being and academic success. It draws on focus groups and interviews with 33 undocumented student participants, 14 mental health providers, and 10 campus undocumented student services staff.

Introduction: The Issue at Stake

Undocumented students experience heightened mental health needs driven by chronic immigration-related stressors, including deportation threats, financial strain, and social exclusion. These simultaneously harm their well-being and deter them from seeking help. The shifting nature of immigration policy makes this challenge a moving target, requiring responses that are ongoing and context-specific.

Trust as a Foundation for Successful Programming and Services

Trust must be cultivated across three mutually reinforcing dimensions:

- **Institutional Trust:** Students must perceive the hosting organization as safe and credible before engaging.
- **Cultural Competency:** Providers must exhibit familiarity with students' racial, ethnic, and linguistic experiences.
- **Immigration-related Competency:** Providers must exhibit knowledge of current immigration policies and the lived experience of legal vulnerability.

All three are necessary to successfully engage undocumented college students in seeking support for their mental health.

Immigrants Rising Mental Health Programming: A Case Study

Immigrants Rising's MHC and WSG programs successfully cultivated all three dimensions of trust through organizational reputation, confidential program design, and deliberate recruitment and cultivation of practitioners with both cultural and immigration-related competencies. The programs positively impacted students' mental health and academic success.

Impact on Mental Well-being

- **Social connectedness:** Immigrants Rising's programs were one of the only spaces where participants felt they could openly discuss their immigration status and its emotional weight. Participants consistently described leaving with a sense of community, relief, and support that extended beyond the program.
- **Emotional identification:** Students developed the ability to recognize and name their distress — a critical precursor to developing effective coping strategies. Many entered programming experiencing symptoms they could not identify and left with the language and self-awareness to communicate their needs to providers in the future.

- **Stress regulation:** Participants reported that having a safe, trusted space to process immigration-related stress alleviated emotional tension that had previously consumed cognitive and mental capacity. This supported fuller engagement in other areas of their lives, including school.
- **Coping skill development:** Students built toolkits for managing stress and overwhelm. These concrete skills reduced the risk of distress escalating into more serious mental health outcomes over time.

Impact on Academic Success

- **Academic performance:** Some students reported measurable improvements in academic performance after developing coping skills that redirected mental energy toward their studies.
- **Academic engagement:** Programming helped students stay motivated and concentrate on coursework despite the anxiety and uncertainty produced by the political environment.
- **Academic persistence:** By reducing isolation, equipping students to manage overwhelm, and building confidence in what is possible, the programs supported students' capacity to remain enrolled and imagine futures beyond their immediate circumstances.

Campus Programming: Identifying Opportunities to Cultivate Institutional Trust

Campus undocumented student services staff are deeply committed and have developed strong wellness programming and holistic support models that lay a meaningful foundation for trust. The most promising campus models pair undocumented student services centers with mental health counselors in collaborative, low-pressure formats that use existing student trust as a bridge to clinical support — rather than asking students to navigate unfamiliar offices on their own.

Mental Health Practitioners: Identifying Best Practices to Cultivate Trust

Mental health practitioners serving undocumented students should proactively counter stigma, establish their immigration-related competency early, prioritize confidentiality, and adapt scheduling to accommodate students' legal and financial instability. Both individual therapy and group facilitation require deliberate trust-building practices from the very first session, and immigration-related competency must be continuously renewed as policy conditions change.

Policymaker Recommendations: Building a Trustworthy Mental Health Workforce

Policymakers can strengthen the entire mental health infrastructure for undocumented students by removing licensing barriers for undocumented therapists. We need to expand the pipeline of providers whose lived experience makes them uniquely equipped to serve this population.

1. Introduction

Mental health is a basic need underlying college students' ability to learn, persist, and succeed. For undocumented students, however, mental health needs are both heightened and harder to meet. Research consistently shows that undocumented college students experience high rates of anxiety and depression, driven by persistent immigration-related stressors: fear of deportation, family separation, economic insecurity, uncertain futures, and social exclusion.¹

Yet need does not translate into use. In a 2020 survey of over 1,200 undocumented undergraduates in California, 72% reported needing mental health counseling in the past year. However, only 48% had ever sought support for their mental health.² This gap persists even when structural barriers like cost and insurance are removed, pointing to a deeper set of psychosocial obstacles.³

For many, seeking mental health support carries a social stigma that can discourage help-seeking even when need is recognized, and services are available.⁴ For undocumented students, this general stigma is compounded by additional barriers created by their legal vulnerability. For example, perceptions of social exclusion produced by the broader immigration policy context — including fears of detention or deportation, avoidance of public spaces, and feelings of rightlessness — significantly reduce the likelihood that undocumented college students seek on-campus mental health services.⁵ Some undocumented students have a low perceived need for services or skepticism that counseling can address problems rooted in their legal status.⁶ They may also have well-founded fears about disclosing their immigration situation to providers who may express anti-immigrant sentiment or report them or their family members to federal immigration authorities.

At the heart of these barriers is a fundamental problem of trust: trust in institutions, in providers, and in the safety of disclosing sensitive information. These concerns prevent undocumented students from seeking help even when services are available. With the implementation of increasingly exclusionary federal anti-immigrant policies, the need for mental health services has likely grown, making the gap between need and care even more urgent to close. Legal vulnerability — the precarity that comes with lacking secure immigration status — compromises both mental health and academic success through several interlocking pathways:

- **Deportation threats** and the persistent possibility of detention or removal of the student, a family member, or community member create chronic stress and hypervigilance.
- **Financial strain** fostered by a lack of work authorization and exclusion from many forms of federal, state, or institutional financial aid narrows economic options and deepens material stress.
- **Social exclusion** can isolate students from peers, faculty, and support systems as they fear others learning about their immigration status and negotiate campus cultures that do not account for their undocumented realities.

These same conditions that harm students' mental health also actively erode their trust in the institutions and providers that might otherwise help them. Students who live with the possibility of exposure and its consequences have rational, well-founded reasons to be cautious about who they disclose to, what spaces they enter, and which organizations they engage with, including mental health services.

Critically, the conditions shaping undocumented students' mental health do not stand still. Immigration policy shifts across state and local contexts and changes over time, sometimes abruptly. A legal protection in place this year may not exist next year. A resource available in one state may be inaccessible or even risky to pursue in another. For undocumented students, this instability is a constant feature of daily life that any meaningful mental health resource must account for.

This report documents the lessons learned by Immigrants Rising over seven years of providing mental health programming for undocumented immigrants and students. Its central argument is that trust is foundational: without it, even well-resourced mental health services will go unused by undocumented students. Informed by interviews and focus groups with undocumented student program participants, mental health providers, and campus undocumented student services staff, this report introduces a three-part trust framework comprising institutional trust, cultural competency, and immigration-related competency. It uses Immigrants Rising's programs to show what becomes possible when all three are cultivated together. It concludes with recommendations for how campuses, practitioners, and policymakers can build this foundation of trust to effectively serve undocumented immigrant students.

2. Trust as a Foundation for Successful Programming and Services

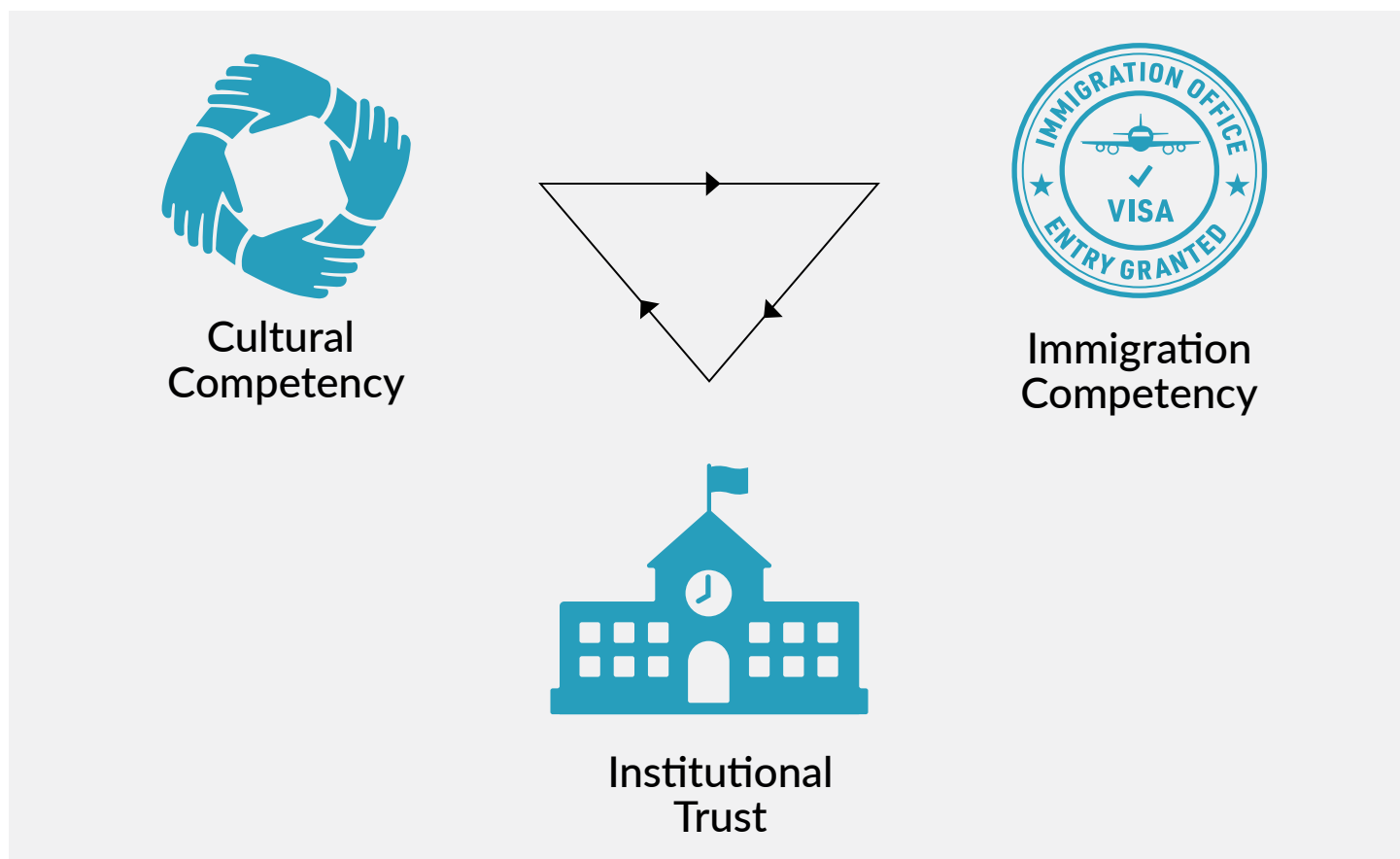
A central finding of this research is that trust is foundational to undocumented students' mental health service use. Our analysis reveals that trust operates across three distinct and mutually reinforcing dimensions, which together form the framework illustrated in Figure 1. To fully signal trustworthiness, programs must cultivate trustworthy reputations at both the institutional and interpersonal levels.

The first — institutional trust — functions as a foundational necessity. Before students consider engaging with any mental health service, they must first perceive the hosting organization as a safe and credible institution committed to protecting their well-being.

The second and third dimensions — cultural competency and immigration-related competency — operate at the level of the individual provider and shape the quality and depth of engagement. Cultural competency refers to shared racial, ethnic, and linguistic background and familiarity with cultural norms.⁷ Immigration-related competency is a distinct and undertheorized axis: it refers to a provider's knowledge of immigration policies, legal vulnerabilities, and the lived experiences of undocumented immigrants — a form of expertise that cultural competency alone cannot substitute for. Both forms of competency are required to cultivate interpersonal trust.

Programs that cultivate all three dimensions are better positioned to reach undocumented students who have otherwise been deterred from seeking support. Programs that address only one or two leave critical gaps in the trust infrastructure students need, deterring their engagement.

Image 1. Theoretical Framework: Dimensions of trust when working with immigration-impacted college students.



3. Immigrants Rising Mental Health Programming: A Case Study

Immigrants Rising offered mental health programming from 2019 to 2026. The Mental Health Team supported three main programs: the Mental Health Connector, Wellness Support Groups, and the Mental Health Career Program. These programs collectively sought to address the mental health disparities faced by the undocumented immigrant community and aimed to improve overall well-being.

Having served over 1000 undocumented immigrant young adults and students, these programs offer an opportunity to understand how all three forms of trust can be cultivated when providing mental health services. Our assessment of program impacts also shows how undocumented students benefit when all three trust components are present.

Program Description

Mental Health Connector

The Mental Health Connector (MHC) was launched in 2019. It was a free, confidential, one-on-one mental health support program that connected undocumented individuals with licensed mental health providers who have cultural and immigration-related competency. The program took a clinical approach, providing individualized psychological support tailored to the particular stressors and legal vulnerabilities that undocumented students face.

The program had multiple iterations. Initially, the MHC connected undocumented individuals to licensed practitioners who had volunteered to provide pro bono services, with the length of the therapeutic relationship co-determined by the practitioner and client. The most recent MHC structure matched undocumented individuals with licensed or supervised pre-licensed therapists for approximately 28 pro bono sessions over the course of 6-9 months. This program was integrated with the Mental Health Career Program (established in fall 2021), which provided a cohort of pre-licensed undocumented therapists with supervision and mentorship from licensed therapists as they gained hours for their licensure in California by providing pro bono mental health services to undocumented individuals.

Wellness Support Group

The Wellness Support Groups (WSG) were launched in the spring of 2021. Designed as virtual, non-clinical, peer support groups, they provided a safe, structured space for undocumented participants to connect, share experiences, and build resilience. Ten to twelve participants attended six weekly virtual sessions led by licensed clinicians, most of whom were undocumented or formerly undocumented immigrants. The groups offered participants a peer-centered space designed to address the isolation, stigma, and unspoken weight that undocumented students often carry.

WSG session topics ranged across various themes. To meet the diverse needs of the undocumented community, WSG session themes changed every round, but some of the most popular themes included:

- **Creative Expression for Healing:** designed to provide a space to explore emotions through art.
- **Coping with Uncertainty:** designed to provide a space to share the challenges and successes in one's academic journey. Topics included navigating financial aid processes and limited scholarship opportunities, and managing the stress of balancing personal and academic responsibilities.
- **Building Confidence & Self-Advocacy:** designed to provide a space to share strategies, uplift one another's voices, and build collective resilience.

How Immigrants Rising Cultivated Institutional Trust

Immigrants Rising has an established reputation as a leading immigrant rights organization, lending its programs a level of credibility and perceived safety. As participant Nayeli Jung⁸ explained: "I think what really made me want to do the [Mental Health Connector] program was the fact that I knew it was a safe space for myself. ... I just knew that it was coming from Immigrants Rising. I knew that they were in support of undocumented individuals. I think that really helped me take that step into it."

The programs also reinforced institutional trust through structural design: the MHC was explicitly described as confidential and free. The WSG groups were designated and advertised as exclusively for undocumented participants. Both programs were delivered virtually, which reduced concerns about being seen seeking services. These design choices signaled organizational trustworthiness in ways that students immediately recognized.

Institutional trust also meaningfully increased participants' willingness to discuss immigration-related issues with their therapist. Annie Guerrero, who had just begun to see her therapist through the MHC, described the difference: "I've had other mental health resources, but I wasn't able to fully unravel all of my personal issues because of my [immigration] status. I was always afraid to go with that information because I didn't know if the person who was my therapist would be accepting, or if it was a safe place. With everything going on right now, the political state of the world or our country became really overwhelming, so I needed somebody to talk to that I felt would be safe." Being connected through Immigrants Rising signaled to Annie that she "would automatically know it was a safe space," allowing her to open up and quickly begin making progress in her sessions.

Immigrants Rising's established reputation gave its programs immediate institutional credibility that campus-based providers would need to find alternative means of signaling. Most California college and university campuses provide undocumented student services that many students experience as trustworthy.⁹ However, structural constraints on campus programming can undermine institutional trust-building. Institutional nondiscrimination policies prevent campuses from hosting programming explicitly designated for undocumented students, creating tensions between inclusivity requirements and the safety and confidentiality that undocumented students need to engage. Open events raise concerns about who else might be in the room. Additionally, most campus mental health programming tends to be periodic and inconsistent, limiting opportunities to develop the ongoing relationships that trust requires.

How Practitioners Cultivated Interpersonal Trust

For undocumented students, interpersonal trust is composed of both cultural and immigration-related competencies.

Cultural competency refers to the provider's shared racial or ethnic background, language, and familiarity with cultural norms relevant to the students they serve. The existing literature has established cultural competency as a key precondition for the therapeutic alliance and for treatment engagement and retention among racial and ethnic minority clients.¹⁰ Indeed, participants reported more positive experiences when they perceived providers as culturally competent. Annie Guerrero described the difference her current provider made: "As someone from a Latin background, the therapists I have [had in the past] never really understood my culture, or why my life was the way it was, or why my family was the way it was." This made it even more meaningful that the therapist she matched with through the MHC understood her experiences as a Latina: "I don't know if she's Hispanic, but she kind of understands where I'm coming from." Such connections encouraged students to engage openly in therapy and be more inclined to share their personal and familial experiences with their providers.

Immigration-related competency refers to a provider's knowledge of immigration policies, legal vulnerabilities, and the lived experiences of illegality. While cultural competency addresses racial, ethnic, and linguistic concordance, immigration-related competency addresses a distinct axis of structural vulnerability. Participants highlighted how Immigrants Rising's programming ensured that they had access to providers with this competency.

Providers' experiential knowledge as immigration-impacted individuals was a particularly meaningful signal of immigration-related competency. Catherina Yamada described the impact of her WSG facilitator's self-disclosure: "I think the most important part was obviously her mentioning that she was one of us. And then she was also mentioning her own experiences, living as someone who's DACAmented and having to go through that ... When I saw that, 'Oh, she was also DACAmented.' I was like, 'Oh, okay, she can understand everything that we go through, and she can help facilitate the conversations as well.'" Knowing that their therapist had experiential knowledge reduced students' concerns about needing to explain the challenges of their status, allowing sessions to focus on receiving support rather than educating others.

Importantly, providers did not need to be undocumented themselves to convey this competency. Esteban Chavez described that his MHC therapist "definitely understood what we went through. ... He came from a mixed-status family. He had friends that were also undocumented. He understood his privilege, and he understood, like, 'Hey, I don't fully understand where you're going through, but I can try.'" WSG therapist Lucy Jackson discussed how they did not have any personal ties to immigration-impacted individuals; however, they made an effort to develop their competency: "As a person without that lived experience, it was really, really helpful to do some reading before facilitating groups. There was an enormous amount of challenge that I was unaware of, [that] was very important [for me] to become familiar with."

Immigration-related competency significantly improved students' therapeutic alliance. Celine Saad explained: "For me, I feel that it's powerful because it creates a sense of understanding between me and the therapist. If

I were to be with someone who didn't understand what I was going through, I would have to explain, which then makes me overwhelmed, because I have to explain the circumstances. Plus, how I'm feeling with it. With the mental health provider that I have now, she understands everything I'm going through without me having to explain the issues that go with my immigration status."

Notably, immigration-related competency is distinct from cultural competency. Cultural knowledge, once developed, does not expire. A provider who understands the cultural norms and experiences of a racial/ethnic group does not need to relearn that understanding each year. Immigration policy, by contrast, is in flux: enforcement priorities shift, legal protections are created and eliminated, and the specific stressors students face change with each policy development.

Immigration-related competency is therefore not a credential that can be earned and held — it is an ongoing practice that must be continuously renewed. A provider whose knowledge is even a year or two out of date may inadvertently leave their clients to explain the very conditions they came to therapy to process. Isabella Lin, an undocumented student services staff member, captured this urgency: "Maybe you understood it or took a training two years ago, but those challenges and that understanding are so different from what students are experiencing today. There's a constant need to keep up with what's going on and develop an understanding around that."

Program Impact on Undocumented Students' Mental Well-being

Participation in the MHC and WSG supported four foundational components of well-being that are closely linked to long-term mental health: social connectedness, emotional identification, stress regulation through emotional processing, and coping skill development. Together, these outcomes reflect the kind of psychological tools needed to buffer against the negative mental health impacts of chronic, immigration-related stressors.

Social Connectedness

For many undocumented students, participation in Immigrants Rising's programs was one of the only contexts in which they could openly discuss their immigration status and its emotional weight. This created conditions for genuine peer connection — a dimension of well-being that is particularly protective for populations who experience chronic isolation and stigma. Research consistently links social connectedness to resilience and vulnerability to depression and anxiety.¹¹

Camila Ortega described how her WSG participation exceeded what she had hoped for, delivering not just peer connection but a transformed sense of self: "My whole purpose of joining the group was to talk to other people who were also undocumented, and ... going through the same thing or in a similar situation. The fact that I was able to do that, and then come out feeling a sense of relief and a sense of support ... it really was even more than I was even hoping for. I feel like I came out as a better person...and I have much more of a growth mindset than I was in before."

For others, the weekly structure of the WSG itself became a source of positive anticipation — a small but meaningful anchor in what is often an unstable and stressful daily life. In some cases, WSG participants kept in touch with each other once the program continued. Ultimately, many students concluded their WSG participation with a solidified sense of community that extended beyond the program itself.

Emotional Identification

Before students can manage their emotional responses to stress, they must first be able to recognize and name those responses. For many undocumented students, the chronic and diffuse nature of immigration-related distress makes emotional identification genuinely difficult. Distress can become so normalized that

symptoms may go unrecognized.¹² Thus, emotional identification is a foundational prerequisite for meaningful engagement with mental health services and/or developing effective coping strategies.

Luna Castillo described how her MHC therapist helped her recognize what she had been experiencing: “Well, actually I’ve struggled with depression for a while. But during the [2024 presidential] elections, I started getting panic attacks, and I didn’t know how to — I didn’t recognize what they were or what was happening.” Accessing the MHC after this, Luna was able to “manage and process and just find that support.” Luna’s account illustrates a critical progression: she entered the program experiencing symptoms she could not name and left with the language and awareness to identify her own distress — a development that meaningfully increases her capacity to seek help in the future and to communicate her needs to providers.

Stress Regulation Through Emotional Processing

Chronic, unprocessed stress is a well-established pathway to negative mental health outcomes.¹³ For undocumented students, who face persistent immigration-related stressors that cannot be resolved through therapy alone, having a space to process and release emotional tension serves a critical stress-regulation function.

Many students reported that participating in Immigrants Rising’s programs was one of the only times they could vent about the specific pressures tied to their immigration status. Esteban Chavez explained that he felt “way, way, way better than when I first started” with the MHC program because he learned how to communicate and describe how he is feeling to others. Similarly, Catherina Yamada described the cumulative effect of her WSG sessions as an improved ability to engage in “emotional regulation,” explaining that she improved her ability to discuss and cope “with everything.”

Coping Skill Development

Students also developed concrete strategies for managing their emotional responses — moving from awareness of their internal states to agency over them. This development of self-efficacy and coping capacity is directly linked to mental health resilience and represents one of the core goals of evidence-based mental health interventions.¹⁴ For undocumented students whose stressors are structural and ongoing, coping skills are especially critical for building one’s capacity to manage the emotional effects of legal vulnerability.

Alana Cortez described this development: “[The program] has helped me be able to understand when I’m feeling maybe overwhelmed or upset or anxious. And so, whenever I am feeling that way, I need something to calm me down, I think about running on the beach, or painting, or watching a movie to take my mind off of things.” Alana’s account captures precisely what effective coping skill development looks like in practice: a student who now has a personalized toolkit — specific, accessible, self-directed strategies — for interrupting a distress cycle before it escalates. Gaining these tools is critical not only for students’ immediate well-being, but for preventing the development or worsening of more serious mental health outcomes over time.

Participants detailed a wealth of strategies that they developed through the programs:

- **Written Reflection:** Facilitated students’ ability to reflect on and identify their emotions, while also cultivating personal meaning and values. Guided activities provided direct prompts to recognize and understand their feelings.
- **Emotional Regulation:** Included shifting inner dialogues to incorporate self-accepting messages, reminders of gratitude, and fostering optimistic outlooks to manage distress and promote resilience.
- **Utilizing Social Support:** Involved students moving beyond feelings of guilt to actively reach out to family and friends, sharing hardships, and expressing their feelings as a way to process and alleviate emotional burdens.

- **Problem-Solving Strategies:** Encompassed developing habits such as time management and task planning to address responsibilities effectively, as well as limiting screen time and prioritizing activities that matter most to their well-being.
- **Boundary Setting:** Involved taking space when needed, setting limits to over-responsibility, and staying aware of patterns like hyper-documentation to maintain emotional balance.
- **Breathing and Grounding Techniques:** Allowed students to re-center themselves, reconnect with their bodies, and remain present, reducing feelings of overwhelm.
- **Healthy Distractions:** Complemented grounding practices by offering activities such as exercising, listening to music, engaging in art, or shaking the body and hands, providing mental and physical relief from stress.

Program Impact on Students' Academic Success

The mental health gains described above have important implications for students' academic lives. The same chronic stressors that compromise undocumented students' mental health also directly undermine academic concentration, motivation, persistence, and performance.¹⁵ Immigrants Rising's programs supported students' academic success through three interconnected pathways: building coping skills that translated directly into improved academic performance, restoring the motivation and concentration needed for meaningful academic engagement, and cultivating the confidence and community that support long-term academic persistence. These academic impacts are evidence that when students' psychological well-being is supported, their capacity to succeed academically flourishes.

Academic Performance: Coping Skills as a Foundation for Achievement

Academic performance among undocumented students is directly shaped by their mental health. When students are managing chronic immigration-related stress without adequate coping tools, cognitive and emotional resources that could otherwise support learning and academic work are redirected toward managing that stress. Immigrants Rising's programs addressed this directly by equipping students with concrete coping skills that freed up the mental and emotional capacity needed to focus on academic work.

The impact of these coping skills on academic performance was most clearly captured by Sandra Zamora, whose grades improved measurably after program participation. She described how learning to prioritize and redirect her mental energy transformed her ability to focus on school: "Trying to do less ... helped me be more proactive in having better grades. Trying to not worry about things that I cannot control. ... Instead of focusing ... in school, I was focusing on other stuff ... [The program] helped me a lot to have some control on my own mind of what I can do or not do. ... And that energy that I was wasting, I was able to refocus it on my academics." Sandra saw this translate directly into improved grades as her Cs transformed into As and Bs. Sandra's account illustrates a direct and concrete line between the coping skills developed in programming and measurable academic performance.

Academic Engagement

Beyond performance outcomes, Immigrants Rising's programs supported students' active engagement with their academic lives, specifically their willingness to show up, participate, and advocate for themselves. For undocumented students navigating a politically hostile environment, maintaining academic engagement requires more than academic preparation; it requires a psychological foundation stable enough to sustain motivation and attention in the face of ongoing uncertainty. The MHC and WSG programs supported this foundation across three dimensions: motivation, concentration, and self-advocacy.

Motivation: Participants described improved motivation to engage in their studies despite the anxiety and uncertainty produced by the political environment. Rather than allowing external stressors to sap their sense

of purpose, students described feeling re-energized and committed to their academic goals after participating in the programs.

Juana Nuñez shared: “For me, during these times of anxiety and [political] uncertainty, I just procrastinate. I don’t even have the energy to open my backpack. The [WSG] sessions that we had definitely made me feel a little bit better and motivated me. It pushed me to try, even if it’s just 10 minutes or 20 minutes a day. Just start small. ... It just sort of gives me a little push that I need to just get up and do something.” Participating in the WSG allowed students to feel more driven to attend class, complete their assignments, and feel committed to stay enrolled in class despite external pressures affecting their day-to-day lives.

Concentration: Participants noticed improved ability to concentrate on their academic work. Programming contributed to this in two ways: by creating moments of relief from the emotional weight of their status and by providing practical coping tools to manage distress in the moment. Thus, when political developments or immigration-related stressors intruded, students had strategies to contain them rather than letting them derail their ability to focus.

Kai Santos shared how participation in WSG supported concentration: “[It] did help in the sense that I felt better. I wasn’t so concentrated on the depression and the negative stuff that comes along with being undocumented. I feel like that lifted my mood up [which] indirectly helped me with concentrating on academics.” Through the WSG, Kai learned strategies to tune out distractions and better manage what is happening around them; this in turn promoted their concentration on their schoolwork.

Self-Advocacy: Participants reported increased capacity for self-advocacy, including their willingness to speak up about their needs, share what they were experiencing with faculty and higher education practitioners, and seek out institutional support. For undocumented students, self-advocacy is a particularly significant development: the same fear of disclosure and hypervigilance that deters mental health service use also discourages students from making their needs visible in academic settings. Programming helped reduce this barrier, creating conditions in which students felt safer and more confident identifying themselves as needing support.

Sofia Herrera described how her WSG group empowered her to advocate for her class grade: “I remember there was this situation with my professor. He had put in the wrong grade, or he had graded the wrong assignment and put it into another assignment that wasn’t due until later. But I was kind of like, ‘Oh my gosh, should I say something? What do I do? What should I do?’ Because ... before [participating in the WSG], I would have just not said anything, which is honestly a little bit bad. But because of the support group, I was able to go up to him and say, ‘Hey, you graded this wrong, mister, please change it, please.’ So, I think it just changed the way that I show up in class.” Through WSG participation, students like Sofia reported that it empowered them to meet and talk to their professors and speak up when they needed academic support. This subsequently contributed to their feeling more comfortable sharing more about their circumstances or even disclosing their status to faculty or staff.

Academic Persistence: Connection, Confidence, and the Capacity to Continue

Improved academic performance and engagement, in turn, created a foundation for a third and longer-horizon outcome: persistence. For undocumented students, the decision to remain in school – or to return after a disruption – is not a given.¹⁶ The compounding pressures of legal vulnerability, financial strain, isolation, and emotional overwhelm mean that persistence is itself an achievement that requires active support. The MHC and WSG programs supported this foundation across four dimensions: no longer feeling alone, managing their feeling overwhelmed, building confidence and expanding possibility, and asking for help.

No Longer Feeling Alone: The unique stressors associated with undocumented status often left participants feeling isolated and alone. Many discussed difficulty in finding someone to talk to about the challenges associated with their status. Immigrants Rising programs gave students the opportunity to meet practitioners

who had experience serving undocumented students. Those in the WSGs were also able to connect with other undocumented students.

Alicia Mendez described the impact of meeting other undocumented students and allies through Immigrants Rising programs: “We share, or we have the same dreams or goals ... We want to get better opportunities. That’s helped me to continue in my path, to continue studying, and continue to focus and to obtain my degree. During this time, motivation was a little bit low, but participating in the group helped me to continue feeling motivated.”

Managing Overwhelm: The dual pressures of immigration-related stress and academic demands can produce a sense of overwhelm that, if unmanaged, leads students to disengage or step away from school.¹⁷ Programming gave participants tools to manage this overwhelm – to recognize when it was building, to use coping strategies before it became paralyzing, and to process what was happening in their personal lives so it did not wholly consume their academic capacity.

Adriana Vega discussed the tools she learned from her MHC therapist: “It was the anxiety and the overwhelming pressure of my everyday [life] at times, it would become too much, and I would start having panic attacks. With the support [of my MHC therapist], I was able to learn grounding techniques, and it helped me remain calm. So I minimized the panic attacks, and then I also learned to ask for help... It helped me because I would have probably become too overwhelmed, and I would have given up [on my classes] as soon as I started.” Adriana recognized how quickly school could overwhelm her, to the extent that she was having frequent panic attacks. But learning from her therapist how to stay calm and ask for help contributed to her learning how to balance school and enabled her to continue her educational pursuits.

Building Confidence and Expanding Possibility: Participants also described emerging from programming with greater confidence – not just in their ability to handle what they were facing, but in their sense of what was possible for them. Programming helped students think beyond immediate stressors and imagine other options and opportunities for themselves, which directly supported their academic persistence. They developed a forward-looking orientation, rather than one dominated by the management of immediate threats.

Celina Saad discussed how her MHC therapy sessions shaped her academic trajectory: “They gave me the courage to change my major. I was in a major that I never really liked. I don’t know why I went into that [major], but because I was so scared of change, and scared of the outcome.” She attributed her improved academic confidence to her therapist: “I’m doing really well in the major that I really like. And that’s because I had the support of my therapist, just saying, ‘You know what, what’s the worst that’s gonna happen if you change your major? Exactly – nothing.’ So I got the courage to change my major, and now I think I’m doing better than I thought I would.” Celina’s therapist empowered her with the confidence to take control of her education and envision different possibilities for her future.

Asking for Help: Participants also learned the importance of asking for help to ensure they could meet academic expectations. Many students described feeling like they could not ask for help, or had conflicting thoughts about doing so. However, through Immigrants Rising programming, students were able to think through their emotions about seeking help. Receiving validating and encouraging messages from peers and practitioners also boosted their confidence to ask for help. This had immediate effects on their academic persistence, as it gave students the assurance that their professors wanted to support their academic success.

Anita Flores shared how her asking for help affected her academics: “That was one of the main things [I took] out of that group from the first weeks. I came to the realization that I needed to ask for the help that I needed. After that, I kept pushing through [my academics] and still communicating with professors about what was happening. I ended up not failing, so things [ended up] turning out in a good way at the end.” Asking for support from her professor ultimately resulted in her maintaining her grades and GPA.

4. Campus Programming: Opportunities to Cultivate Institutional Trust

Immigrants Rising's programs demonstrate what becomes possible when trust is deliberately built into every aspect of program design. Yet most undocumented students encounter mental health services through their own college campuses. The following section examines how campus practitioners are working to build similar conditions for trust within their institutional contexts.

Undocumented student services (USS) professionals on college and university campuses are working on the front lines to support students whose needs are both urgent and complex. Based on interviews with ten USS staff from California public and private institutions, it is clear that campus practitioners have developed creative, student-centered approaches to delivering mental health support under significant structural constraints. Their efforts lay a meaningful foundation for trust-building, and the strategies they have pioneered offer important lessons for how campuses can deepen and sustain mental health engagement over time.

Wellness Programming as an Entry Point for Trust

Many USS offer periodic wellness events — workshops, pop-up activities, or informational tables — as their primary mental health offerings for undocumented students.

Linda Alvarez, director of USS at a private higher education institution in California, describes the range of mental health-related programming they offer: “We have tried to incorporate other forms of wellness, like taking [students] on hikes or taking them on nature walks. Introducing them to alternative forms of self-care. We have brought in [community healers] to talk about plants and plant medicine and using nature to heal. ... We've also had art incorporated into wellness ... with paint-and-talk sessions.”

Some events are held in collaboration with mental health professionals, but are not explicitly therapeutic. For example, Isabella Lin, a USS director at a University of California campus, shared: “We bring in therapists into the space to hold workshops. Our workshops are not necessarily always mental health-centered. [For example], we work with our therapists [to host] a book club. So it's a space with our therapist, but students are just being students, and they're reading books, and being in each other's company.”

Often, USS staff organize events in response to emergent immigration-related strain in the wake of political or policy changes. For example, Sara Reyes, a USS staff supervisor at a California State University, described how the center reacted to student needs after the 2024 Presidential election: “We rushed to have a space where students could come in. A community space where they could share what they're feeling. We obviously had counselors there present in case we needed a little bit more support for those students.”

Many campuses have also developed general wellness programming that seeks to integrate mental health into the everyday rhythms of student life. Linda described how her campus has made wellness a core institutional value: “It is within the mission of our university to care for the whole person, and they do make wellness a priority. ... The campus has what they call Wellness Wednesday. It's a market with wellness activities and different engagement opportunities for students to stop by and disconnect from the classroom and everything else that's happening. It's a very popular event.” In addition, she explains that the USS staff include wellness activities in other events: “When we do events, we try to make sure we incorporate opportunities for wellness or remind students to find those little moments of joy, especially during information-heavy events.”

Isabella similarly described how her campus takes a holistic approach that situates mental health within students' broader circumstances: “If you can't handle your basic needs, you can't really have good mental health. Basic needs are huge. We incorporate basic needs into everything, whether it's a retention program,

a housing program, or professional development. Basic needs are always there.” By treating mental health as inseparable from food security, housing stability, financial support, and other basic needs, USS staff build the kind of whole-student relationship from which trust grows.

These wellness touchpoints and holistic approaches represent a strong foundation. The opportunity ahead is to build on them by developing pathways that move students from initial engagement into more ongoing and intentional mental health support.

Structural Constraints to Building Trust

Campus mental health counseling services are frequently in high demand and operating at or near capacity. A particular challenge they navigate is the trust gap that can emerge when students are referred from the USS center — a space where they already feel safe — to a counseling services office that may be unfamiliar and whose practitioners may not have cultural or immigration-related competency.

Barbara Molina, a USS director at a California State University, captured both the dedication of her team and the honest challenge they face: “We have students who go to some of the resources that we share with the students, and they’re like, ‘I didn’t feel like they understood my journey. I don’t feel that they got what I was trying to tell them.’” This points to a need to build up immigration-related and cultural competency of campus mental health providers as well as bridges that bring mental health support closer to trusted USS spaces.

USS staff are acutely aware that immigration-related competency is not a one-time skill to be developed but requires ongoing effort to stay current with rapidly shifting policies and conditions. As Isabella described: “There’s a constant need to keep up with what’s going on and develop an understanding around that. Preparing our mental health providers can be very time-consuming. As staff at the Dream Center, we don’t always have that capacity because we have other fires and crises we need to deal with.” While USS staff have cultivated important immigration-related expertise, this resource challenge underscores a structural issue that calls for greater institutional investment to build sustainable capacity across campus support systems.

Collaborative Programming: Building on What Works

Promising models emerging from campus practice are ones where USS staff and mental health counseling professionals work together — combining the institutional trust that USS centers have already built with students with the clinical expertise that mental health providers bring. These collaborative models show what becomes possible when different campus units pool their strengths.

Campus-Based Collaborations

Sara described a program she helped develop with mental health counselors on her campus that exemplifies this approach: “We feel like there’s still a lot of stigma around seeking counseling or therapy as a whole, so we’re trying to meet students where they’re at. We’re not necessarily having them go directly to university counseling services. We have a program ... [that] is more informal. Students get an introduction to the counselor who would essentially be meeting with them if they wanted counseling services. That counselor comes to the center weekly so they can try to meet the student where they are. They also do passive activities so the student doesn’t feel pressured to share everything at once. Instead, they can build a relationship and hopefully feel inclined to seek support outside of the space.”

This model is a direct application of the trust framework. By having a counselor come into the USS center — a space where students already have institutional trust — rather than asking students to travel to an unfamiliar office, Sara’s campus is using existing trust as a bridge to new relationships. The gradual, low-pressure design gives students the time and repeated exposure that trust requires, without demanding vulnerability before it has been earned.

Community Collaborations

Alternatively, campuses can turn to community-based organizations or therapists to build relationships with mental health providers who have cultural and immigration-related competency. This type of collaboration maximizes trust through a division of labor. Specifically, the campus office can provide the institutional trust necessary to draw in undocumented students who are seeking mental health support. The community partner then provides services drawing on their competencies to build interpersonal trust.

For example, Immigrants Rising partnered with a private university to pilot a customized Wellness Support Group. Immigrants Rising staff was responsible for program logistics and planning, including developing promotional materials and providing a mental health facilitator with cultural and immigration-related competency. The private university's undocumented student services office, in turn, supported outreach by identifying students for participation in the pilot. This reflects a broader strategy in which Immigrants Rising contributed clinical expertise attuned to the cultural and immigration-related realities of undocumented students, while the partner institution contributed a physical and trusted space in which students felt a sense of safety and confidentiality.

Student participant Ellie Villas highlighted how this campus-community collaboration facilitated trust-building among participants. Whereas the other support groups brought together people from different campuses, having a group composed of immigration-impacted students from a single campus increased familiarity among participants. Ellie Villas shared that she knew or, at least, recognized several of her co-participants; this made her feel "more comfortable ... more accepted, [and] more belonging to the group." Furthermore, "getting to connect with them a little bit more outside of the sessions and about the sessions just made me feel more comfortable expressing how I felt during the sessions." Having a campus-based program allowed for pre-existing connections between participants to further increase trustworthiness and success.

Policy and Program Recommendations for Campuses

- 1. Cultivate opportunities for cross-program collaboration.** Campus mental health counseling, basic needs centers, undocumented student services, and community-based organizations or mental health practitioners with immigration-related expertise could work together rather than in silos. Undocumented Student Services staff are critical access points of trust that can be leveraged to build institutional trust and create pathways into mental health support. Students frequently disclose mental health concerns first to a trusted higher education practitioner – that trust can be used as a bridge. Campuses can embed accessible mental health services within USS spaces and create collaborative programming models where counselors come to students rather than the reverse.
- 2. Hire or consult with therapists who have the competencies needed to serve undocumented students.** Campus mental health counseling centers could consider cultural and immigration-related competencies as a core job qualification when making hiring decisions. Having a therapist with these competencies available to students through campus undocumented student services reduces the trust deficit created by referring students to unfamiliar providers. Where in-house hiring is not possible, campuses can contract with community-based organizations or providers that have developed the competencies necessary for interpersonal trust. See Appendix A for a list of resources.
- 3. Invest in ongoing professional development for campus staff.** This includes immigration-related competency training for mental health practitioners and basic mental health competency training for staff working closely with undocumented students. This professional development must be ongoing – not a one-time training that practitioners can complete and set aside. Given the pace of change in immigration policy, institutions should establish regular professional development cycles, create mechanisms for practitioners to share updates and emerging issues with one another, and build in time for practitioners to consult with immigration legal experts on how recent policy changes are affecting students. Given

the value of lived experience, campuses could consult with immigration-impacted therapists to provide professional development trainings.

To maximize impact, professional development training could be offered broadly. For example, multi-campus university systems or college consortiums could offer training to staff across all campuses to reduce replicated efforts. Professional organizations such as the National Association of Student Personnel Administrators (NASPA) or the American Counseling Association could offer trainings to their members. Training could also be developed and offered by continuing education providers who offer courses to mental health professionals who must obtain credits to renew their licenses.

- 4. Make mental health and wellness a pillar of academic success, not a crisis response.** Campuses that embed wellness into their institutional mission — integrating it into orientation, co-curricular programming, faculty practice, and basic needs services — create environments where seeking mental health support is normalized rather than stigmatized. Mental health investments should not be tied to crisis moments and then deprioritized when urgency fades. An intersectional, holistic approach is necessary — addressing basic needs like food, housing, and financial stability alongside clinical mental health services.

5. Mental Health Practitioners: Best Practices to Cultivate Interpersonal Trust

The institutional and programmatic conditions described above create the foundation for trust — but they cannot substitute for what happens between a practitioner and a client in the room. Even within programs that have cultivated strong institutional trust, the quality of engagement ultimately depends on individual practitioners' ability to build and sustain interpersonal trust across cultural and immigration-related dimensions. The following best practices, drawn from focus groups with 14 licensed mental health providers, detail what that practitioner-level trust-building looks like in practice.

Practitioner accounts reveal that trust-building with undocumented clients is not a single act but an ongoing practice — one that begins before the first session, shapes how services are structured and delivered, and requires sustained attention to the shifting policy conditions that affect clients' lives. The best practices that follow are organized around three interconnected dimensions of practice: how practitioners introduce and frame their services to counter stigma and set expectations; how they cultivate trust in one-on-one therapeutic settings; and how they cultivate trust in group settings.

Onboarding and Service Provision Practices

The first opportunity to build trust occurs before the therapeutic relationship is established. At this stage, practitioners can begin addressing the stigma and skepticism that prevent many undocumented students from engaging — laying the groundwork for both institutional trust and the interpersonal trust that follows.

- 1. Clarify what mental health services can and cannot do to address distress.** Because undocumented students may perceive counseling as unable to address the structural root causes of their distress (i.e., their legal status), it is important to reframe the purpose of therapy as helping students develop coping skills, process emotions, and build resilience. Clarifying the distinctions between different types of support (i.e., wellness activities, support groups, and one-on-one therapy) and how each can help is an important first step.

Students sometimes enter wellness groups with clinical expectations — expecting therapy-level support — which can create confusion about the group’s purpose and limit their willingness to engage. Facilitator Luis Ortiz described how he addresses this directly: “Differentiating between what a treatment group is, what a wellness group is, [and] the purpose of the wellness group.” Through an intentional discussion at the beginning of support groups, Luis was able to set a communal understanding of what they, as a support group, would accomplish during their shared time.

2. **Develop and sustain immigration-related competency.** Practitioners must educate themselves so clients do not have to re-tell their challenges. Julie Diaz, an MHC therapist, articulated this: “I think the number one thing — and it just encompasses everything else — is to be curious. Even if you are undocumented, too. Maybe they have DACA, maybe they have TPS, maybe they have nothing. Learn about their experience, educate yourself. Don’t make them have to explain everything.”

Immigration-related competency includes recognizing the heterogeneity of undocumented experiences. Not all undocumented students will have the same legal status (i.e. DACA, TPS, SIJS, no current status). Each will have their own unique experience of legal vulnerability. They will not all have the same concerns or coping capacity.

3. **Provide services in a way that accounts for the strain and uncertainty of legal vulnerability.** External factors such as deportation threats, financial need, and demands on time may deprioritize or compromise attendance and engagement. Scheduling and cancellation policies should be determined collaboratively with each student to accommodate their specific needs and capacity. For example, practitioners might consider whether students need a consistent schedule to be planned out well in advance so they can schedule around it, or if they need a flexible schedule that can accommodate unpredictable external circumstances.

Practitioners could also invest in identifying available resources that their immigrant clients may need to address legal vulnerability more broadly. While mental health practitioners should not be expected to act as legal advisors, they can identify local legal providers and immigrant rights organizations that may be able to aid their clients. Campus mental health providers should be aware of campus legal resources and rapid response plans in the event of nearby deportation threats. Establishing these partnerships in advance makes it possible for practitioners to deliver both clinically sound and legally informed support.

Therapeutic Alliance in 1-1 Settings

Once engagement begins, the quality of individual sessions depends on practitioners’ ability to signal and sustain both cultural and immigration-related competency — the two dimensions of interpersonal trust that determine whether students feel genuinely understood.

1. **Develop a transparent intake process.** Trust building begins at the very first step a client decides to seek services. Walking students through each step of the intake process can help build trust and destigmatize the process. Practitioners should be transparent about why certain information is being collected — explaining to what extent and why immigration status is asked about. This transparency helps put a face to the forms and reduces the sense that students are being reduced to paperwork.
2. **Be transparent about what information is confidential and cannot remain confidential.** This should include clear explanations of how notes and records are protected and used. Documentation should be limited to the interventions used and progress toward treatment goals — not identifying information or details about a client’s legal vulnerability. Rather than noting that a client is undocumented, a therapist might document that the client is navigating issues connected to immigration.

3. **Communicate immigration-related competency.** Practitioners might share about themselves, including their connection to or awareness of immigration experiences. Potential sources of trust to highlight include personal experiences, formal and informal professional development to understanding immigration-related strains, and past experiences working with immigration-impacted populations.

Cultivating Trust in Group Settings

In group formats, trust must be cultivated not only between facilitator and participants but among participants themselves. This requires deliberate facilitation practices that establish safety, clarity, and community from the very first session.

1. **Begin the first session by establishing group norms and clarifying the purpose and format of the group.** Facilitators could share context about the group's topic and their own connection to it. Clearly outline what will not be tolerated in the space (e.g., disrespectful language, breaches of confidentiality) so expectations are explicit from the start. For virtual groups, facilitators should specify how participants can communicate during sessions — for example, whether to use chat, the raise-hand feature, or speak directly — so that norms for participation are clear regardless of format.
2. **Establish strict confidentiality expectations so that participants can begin trusting each other.** Facilitator Lucy Jackson described how she sets the tone: “I address it in the first session, [setting] guidelines for the group in addition to talking about confidentiality and things like that. I talk about my role as making sure everybody gets a chance to speak ... So there will be times when I might step in to kind of contain somebody to make sure they're both emotionally able to take care of themselves and receive support from other people. And also leave room for other people to speak.”
3. **Highlight the importance of attendance and help participants see that showing up — for themselves and for others in the group — is worthwhile.** By sharing the importance of attendance in building community, facilitators set the tone for how everyone in the group shows up. As Facilitator Lucy Jackson shared: “I talked about how important attendance and consistent attendance is in forming [a] community. To be able to have the kind of trust in one another that they're gonna show up for each other was really critical for the success of a group and the overall experience of a group.” She stressed to participants the importance of “everybody who attends the group to see the same faces week after week.” This was balanced with flexibility as she explained, “We understand, if you have an appointment that can't be moved, or things will come up occasionally, so we want to be flexible, but we really want to enter with the spirit of being there for each other.”

Across onboarding, individual, and group settings, these best practices reflect a common principle: trust is not incidental to effective mental health service delivery for undocumented clients — it is the work itself. Expanding the pipeline of practitioners equipped to do this work is ultimately a question of policy — addressed in the following section.

6. Engaging Policymakers to Build a Trustworthy Mental Health Workforce

Mental health practitioners' experiences make clear that immigration-related competency is the hardest dimension of interpersonal trust to develop through training alone. It can be taught, and practitioners committed to ongoing professional development can cultivate it meaningfully. But no amount of training fully replicates the experiential knowledge that comes from having lived as an undocumented immigrant. Providers who have navigated legal vulnerability themselves bring to their practice a depth of understanding that creates immediate trust with undocumented clients — the kind of trust, as Catherina Yamada described earlier, that comes from a facilitator simply saying “she was one of us.”

For this reason, expanding the pipeline of undocumented and formerly undocumented mental health providers is one of the highest-leverage investments policymakers can make in undocumented students' mental health. Yet current licensing structures in California and many other states create significant barriers to this group's entry into the profession.

In California, the 3,000-hour supervised pre-licensing requirement — designed around an employer-employee model — is extraordinarily difficult to complete without employment authorization. The result is a structural barrier that prevents aspiring undocumented therapists from reaching licensure not because of inadequate preparation or commitment, but because the pathway itself was not designed with them in mind.

Immigrants Rising's Mental Health Career Program demonstrates that this barrier is not insurmountable. By pairing pre-licensed undocumented therapists with licensed supervisors and providing stipends that make the pre-licensing period financially viable, the program created a pathway through which undocumented practitioners could accumulate clinical hours, access professional development, and reach licensure. The impact on individual practitioners was direct and significant. Yesenia Serrano, a Mental Health Career Program participant and MHC practitioner, described what the program made possible after she had nearly given up: “I was eventually wanting to get licensure. And so, because of my [immigration] status as well, I took a break. I was feeling hopeless. There were no options for me, and I kind of wanted to just not pursue my licensure anymore.” Entering the Mental Health Career Program changed that trajectory entirely. Yesenia's account is representative of what happens when a structural pathway exists. The difference between a practitioner leaving the field and a practitioner reaching licensure often comes down to whether a support structure like this is available at all.

Policymakers can help ensure that funding for these models is institutionalized. This could include funding paid programs modeled on Immigrants Rising's Mental Health Career Program through state and county behavioral health agencies. This would immediately expand the pipeline of providers equipped to cultivate the immigration-related competency that this population requires. Building this workforce is not a separate goal from the trust-building work described throughout this report — it is the systemic foundation that makes everything else sustainable at scale.

See Appendix B for a detailed discussion of the Mental Health Career Program and specific recommendations for policymakers and funders seeking to expand this model.

7. Conclusion

The gap between undocumented students' mental health needs and their use of mental health services is rooted in two interconnected challenges: access and trust. Access barriers — including availability, affordability, and systemic exclusions from public insurance — prevent many students from reaching services in the first place. Yet, as this report has shown, even when those structural barriers are removed, a deeper obstacle remains. Undocumented students have well-founded reasons to be cautious about who they disclose to, what institutions they enter, and which providers they engage with — and without trust, mental health services will go unused.

As this report has shown, trust is not a single thing — it is a layered infrastructure, built across institutional, cultural, and immigration-related dimensions. Each must be deliberately cultivated and continuously maintained. When all three are present, students who have previously avoided or been unable to access mental health services can engage meaningfully with support that makes a real difference in their lives and their academic success.

Immigrants Rising's programs demonstrate that when both access and trust are addressed together, students can and do seek the care they need — even in the challenging and rapidly shifting policy environments that characterize their everyday lives.

The policy and program implications are clear.

1. Campuses already have meaningful trust infrastructure in place through their undocumented student services centers. The opportunity ahead is to build on it through deliberate cross-departmental and community collaboration that brings mental health support into the spaces where students already feel safe.
2. Cultivating trust with undocumented clients is not a skill acquired once and carried forward. Instead, it is an ongoing practice that must keep pace with a shifting policy landscape. Institutions must actively support practitioners' investment in professional development, peer consultation, and access to immigration policy expertise rather than leaving practitioners to manage alone.
3. Policymakers can strengthen this entire infrastructure from the ground up by removing licensing barriers for undocumented and formerly undocumented therapists. This will expand the pipeline of providers whose lived experience makes them uniquely equipped to cultivate immigration-related competency.

References

- 1 Enriquez, L. E., Valdez, Z., Ro, A., Ayón, C., Nájera, J. R. (2026). Family legal vulnerability: How immigration policy shapes the lives of Latino college students. New York University Press.

Gonzales, R. G. (2016). Lives in limbo: Undocumented and coming of age in America. University of California Press.

Velarde Pierce, S., Haro, A. Y., Ayón, C., & Enriquez, L. E. (2021). Evaluating the effect of legal vulnerabilities and social support on the mental health of undocumented college students. *Journal of Latinos and Education*, 20(3), 246-259.
- 2 Enriquez, L. E. et al. (2020). Persisting inequalities and paths forward: A Report on the State of Undocumented Students in California's Public Universities. UC PromISE.
<https://ucpromise.uci.edu/findings/report-on-the-state-of-undocumented/>
- 3 Cha, B. S., Enriquez, L. E., & Ro, A. (2019). Beyond access: Psychosocial barriers to undocumented students' use of mental health services. *Social Science & Medicine*, 233, 193-200.
- 4 Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist*, 59(7), 614-625.
- 5 Ayón, C., Ellis, B. D., Hagan, M. J., Enriquez, L. E., & Offidani-Bertrand, C. (2024). Mental health help-seeking among Latina/o/x undocumented college students. *Cultural diversity & ethnic minority psychology*, 30(3), 434.
- 6 Cha et al. (2019).
- 7 Betancourt, J. R., Green, A. R., Carrillo, J. E., & Ananeh-Firempong, O. (2003). Defining Cultural Competence: A Practical Framework for Addressing Racial/Ethnic Disparities in Health and Health Care. *Public Health Reports*, 118(4), 293-302.
- 8 All names have been changed to protect confidentiality.
- 9 Cisneros, J., Valdivia, D., Reyna Rivarola, A. R., & Russell, F. (2022). "I'm here to fight along with you": Undocumented student resource centers creating possibilities. *Journal of Diversity in Higher Education*, 15(5), 607.

Enriquez et al. (2026)
- 10 Chu, J., Leino, A., Pflum, S., & Sue, S. (2016). A model for the theoretical basis of cultural competency to guide psychotherapy. *Professional Psychology: Research and Practice*, 47(1), 18.

Cabral, R. R., & Smith, T. B. (2011). Racial/ethnic matching of clients and therapists in mental health services: a meta-analytic review of preferences, perceptions, and outcomes. *Journal of counseling psychology*, 58(4), 537.
- 11 Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310-357.

- 12 Cha et al. (2019).
- 13 Pearlin, L. I., Menaghan, E. G., Lieberman, M. A., & Mullan, J. T. (1981). The stress process. *Journal of Health and Social Behavior*, 22(4), 337–356.
- 14 Bandura, A. (1997). Self-efficacy: The exercise of control. W. H. Freeman.
- Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal, and coping. Springer
- 15 Enriquez et al. (2026); Gonzales (2016);
- Hsin, A., & Reed, H. E. (2020). The academic performance of undocumented students in higher education in the United States. *International Migration Review*, 54(1), 289-315.
- Suárez-Orozco, C., Yoshikawa, H., Teranishi, R. T., & Suárez-Orozco, M. M. (2011). Growing up in the shadows: The developmental implications of unauthorized status. *Harvard Educational Review*, 81(3), 438–473.
- 16 Gonzales (2016).
- Terriquez, V. (2015). Dreams delayed: Barriers to degree completion among undocumented community college students. *Journal of Ethnic and Migration Studies*, 41(8), 1302-1323.
- 17 Gonzales (2016); Suarez-Orozco et al (2011); Terriquez, V. (2015)
- 18 Deterding, N. M., & Waters, M. C. (2021). Flexible coding of in-depth interviews: A twenty-first-century approach. *Sociological Methods & Research*, 50(2), 708-739.

Appendix A: Resources

For a curated list of pro bono and low-cost mental health providers with immigration-related competency:
<https://unitedwedream.org/our-work/undocuhealth-wellness/mental-health-directory/>

For a network of undocu-mental health providers that aims to create connection, mutual support, and empowerment amongst UndocuTherapists navigating the mental health profession:
<https://www.instagram.com/undocutherapistnetwork/>

For resources and guides to better support immigrant communities:
<https://www.informedimmigrant.com/resources/mental-health/>

For consultation services to support in creating competent mental health training:
<https://www.undocumentalhealth.com/services.html>

Appendix B: Expanding the Pipeline – Policy Recommendations for Supporting Undocumented Pre-Licensed Therapists

This appendix expands on the policymaker recommendations in Section 6, detailing the structural barriers undocumented aspiring therapists face, describing Immigrants Rising’s Mental Health Career Program as a proof of concept, and offering specific recommendations for policymakers and funders seeking to expand the pipeline of immigration-competent mental health providers.

The Barrier

As documented throughout this report, providers with lived experience of undocumented status are uniquely positioned to cultivate the immigration-related competency that makes meaningful mental health care possible for undocumented students. Yet, the practitioners best equipped to serve this population face structural barriers that prevent many from entering the profession.

In California, licensure as a mental health therapist requires the completion of 3,000 hours of supervised clinical experience. This pre-licensing period is designed around an employer-employee model where the employer provides clinical supervision to a paid pre-licensed employee. This pathway is largely foreclosed to undocumented practitioners who are not authorized to work in the United States. Without income during the pre-licensing period and without a recognized mechanism for accumulating qualifying hours, many undocumented aspiring therapists pause, detour, or abandon the licensure process entirely.

Proof of Concept: The Mental Health Career Program

Immigrants Rising’s Mental Health Career Program, established in fall 2021, demonstrates that this barrier is not insurmountable. The program created a financially viable and California Board of Behavioral Sciences (BBS)-compliant licensure pathway for undocumented pre-licensed therapists by combining four core elements:

- Stipends that provided income during the pre-licensing period, making sustained participation financially viable
- Licensed supervision and individual mentorship to support clinical development and fulfill BBS requirements

- Professional development through monthly training focused on clinical skills and immigration-related competency
- Direct service integration through Immigrants Rising's Mental Health Connector, allowing pre-licensed therapists to accumulate up to 570 supervised clinical hours annually while simultaneously delivering immigration-competent care to undocumented clients

This integration was strategically significant: by connecting the Mental Health Career Program to the Mental Health Connector, Immigrants Rising created a model in which the pipeline of providers and the pipeline of services reinforced each other. The program is replicable — its core components do not require novel regulatory changes and can be adopted by other community-based organizations with adequate funding and infrastructure.

Recommendations

Four interconnected areas of action are needed to expand and sustain this pipeline. Progress in each strengthens the others.

1. **Build a sustainable funding model.** Stipend and supervision support during the pre-licensing period is the single most consequential investment. A layered funding structure — combining private philanthropy, state and county behavioral health agencies, university partnerships, and federal workforce development programs — would reduce dependence on any single source and build toward sustainability.
2. **Replicate and scale program infrastructure.** Community-based organizations, federally qualified health centers, and university training clinics are well-positioned to replicate the Mental Health Career Program model with adequate funding and technical assistance.
3. **Develop a cooperative infrastructure.** A worker cooperative of pre-licensed therapists could provide shared organizational infrastructure — a client base, referral relationships, and administrative capacity — allowing practitioners to generate income through non-clinical services such as wellness programming and immigration-competent training while simultaneously accumulating supervised clinical hours.

Taken together, these recommendations constitute a systemic response to a systemic problem. Expanding the pipeline of undocumented licensed therapists ultimately makes the trust infrastructure described throughout this report sustainable at scale. The components of a solution were successfully piloted by Immigrants Rising. The task ahead is to fund, replicate, and legitimize them broadly.

Appendix C: Data and Methods

This report draws on a qualitative case study and program evaluation examining undocumented individuals' experiences with two mental health programs offered by Immigrants Rising: the Wellness Support Groups (WSG) and the Mental Health Connector (MHC). A qualitative approach was selected to center participants' own accounts of what facilitated or hindered their engagement with mental health services.

Participants

This study draws on data from three participant groups selected to capture multiple vantage points on the programs under examination.

The first group consisted of 33 undocumented college students who had recently completed participation in one of Immigrants Rising's mental health programs. Participants were recruited by Immigrants Rising's program staff, who emailed an invitation to all eligible clients upon program completion. Twenty-one participants had completed the Wellness Support Group, and 12 had completed the Mental Health Connector. Participants ranged in age from 19 to 44, with a mean age of 25.6. 78.8% identified as Latinx. 15.2% were DACA recipients and 66.7% had no current legal status. Twenty-one participants were enrolled at four-year institutions, and 11 were enrolled at two-year colleges.

The second group consisted of 14 Immigrants Rising mental health service providers who had either facilitated a WSG or served as an MHC therapist. Providers ranged in age from 29 to 61, with a mean age of 42.6. 64.3% identified as Latinx and 21.4% identified as Asian. 92.9% identified as women.

The third group consisted of 10 undocumented student support services staff from California public and private universities and colleges, who participated in individual informational interviews. Two were employed at the University of California, four at the California State University, three at California Community Colleges, and one at a private college. Staff ranged in age from 26 to 50, with a mean age of 35.8.

See Table 1 for full demographic information.

Table 1. Participant Demographics

	Student (n=33)	Provider (n=14)	Staff (n=10)
<i>Current Immigration Status</i>			
No current legal status	22	-	-
Deferred Action for Childhood Arrivals (DACA)	5	-	-
Temporary Protected Status (TPS)	2	-	-
Special Immigrant Juvenile Status (SIJS)	3	-	-
Missing	1	-	-
<i>Race and Ethnic Background ⁺</i>			
Asian	2	3	2
Black, African, or African American	3	1	0
Indigenous or Native	3	0	0
Latina, Latino, Latinx, Hispanic	36	9	8
Middle Eastern	0	0	0
Pacific Islander	0	1	0
White	0	1	0
Prefer to self-describe	2	0	0
<i>Gender⁺</i>			
Woman	26	13	7
Man	6	1	2
Gender queer, gender non-conforming	1	0	2
Prefer to self-describe	1	0	0
<i>Age</i>			
Age	Range: 19-44 Mean: 25.6	Range: 29-61 Mean: 42.6	Range: 26-50 Mean: 35.8
Missing	2	1	
<i>Educational Institution Type</i>			
4-year college	21	-	7

	Student (n=33)	Provider (n=14)	Staff (n=10)
2-year college (California Community College)	11	-	3
Missing	1	-	0
<i>Immigrants Rising Program Participation (Program Type)</i>			
Wellness Support Group	21	6	-
Mental Health Connector	12	8	-
<i>Immigrants Rising Program Participation (Academic Year) **</i>			
2024-2025 academic year	28	9	-
2023-2024 academic year		6	-
2022-2023 academic year	1	5	-
2021-2022 academic year		5	-
2020-2021 academic year		2	-
Other	1	2	-

Notes: * Participants could select multiple responses.

Data Collection

Data collection took place from July to December 2025. All data collection was conducted virtually via Zoom. All sessions were audio-recorded with participants' informed consent and transcribed. All participants received \$50 as compensation for their time.

Student participants participated in a total of 8 focus groups and 2 individual interviews lasting approximately 90 and 120 minutes. The group format created an opportunity for participants to build on one another's experiences. Focus groups were facilitated by two members of the research team. Topics included: students' issues and challenges; reasons for seeking out Immigrants Rising's mental health programs; relationships with their Immigrants Rising mental health therapist or practitioner; impacts of Immigrants Rising mental health programming on their mental health and academics; and tools or strategies gained through participation in programming.

Mental health practitioners participated in a total of 5 focus groups lasting approximately 60 minutes. The group format created an opportunity for practitioners to build on one another's expertise. Sessions were facilitated by two members of the research team. Topics included: reasons for students seeking out their support, challenges in servicing students, practitioners' best practices for working with undocumented students, and advice for others looking to service undocumented students.

Undocumented student services staff participated in individual semi-structured interviews lasting approximately 60 minutes. Individual interviews were used for this group to allow for candid discussion of institutional dynamics and programmatic challenges. Topics included: challenges in servicing students, cultivating relationships across campus departments, connection to mental health and academics for undocumented students, and strategies for developing and offering mental health support programs.

Data Analysis

Transcripts were analyzed using HyperResearch qualitative data analysis software. Flexible coding was first used to develop an initial set of index codes organized around the key domains of the interview guides.¹⁸ This included codes capturing best practices and barriers across the arc of program-client interaction: recruitment, onboarding, active participation, program content, and transition out of programming. We focused on this index code to conduct analytical coding to trace practices across the program-client interaction: recruitment, onboarding, active participation, program content, and transition. Analytic memos revealed the emerging theme of trust, surfacing sub-themes of institutional trust, cultural competency, and immigration-related competency across the treatment experience.

Throughout the analytic process, the research team met regularly to discuss emerging themes, compare interpretations, and resolve discrepancies. Themes were compared across all three participant groups — program participants, service providers, and university staff — to assess whether experiences, best practices, and barriers converged or diverged across perspectives. Analytic memos were used to document preliminary findings and identify potential additional codes. The analysis ultimately identified trust as the central organizing theme of participants' accounts, with three dimensions — institutional trust, cultural competency, and immigration-related competency — surfacing consistently across all three participant groups.

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About Us

Founded in 2006, Immigrants Rising transforms individuals and fuels broader changes. With resources and support, undocumented young people are able to get an education, pursue careers, and build a brighter future for themselves and their community. For more information, visit immigrantsrising.org. For inquiries regarding this resource, please contact us at info@immigrantsrising.org with the title of the resource included in the email subject line.