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Evaluating the Effect of Legal Vulnerabilities and Social Support on the Mental Health of Undocumented College Students

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Abstract

Undocumented students face considerable stressors due to their precarious legal status, economic disadvantages and social exclusion. Building on a growing body of literature that has examined the mental health and psychological wellbeing of undocumented students, we disentangle the effects of multiple dimensions of legal vulnerability. Specifically, we examine whether multiple dimensions of legal vulnerability are associated with increased emotional distress and whether social support moderates this relationship. Using a survey of 1,277 undocumented college students in California, we conducted hierarchical regression analyses to determine the unique and combined effects of legal vulnerability and social support on anxiety and depression. We find that legal vulnerabilities, including discrimination, social exclusion, threat of deportation, and financial insecurity, and social support have direct effects on depression and anxiety symptomology. The moderating effects of social support are only partially supported. Our results demonstrate the move beyond the study of immigration status to examine the effects of legal vulnerabilities on mental health.

Keywords: immigrants, immigration status, undocumented students, legal vulnerability, social support, mental health

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Undocumented students face multiple challenges that limit their ability to access, persist, and complete higher education. Self and family financial strain, coupled with limited financial aid makes it difficult to pay for college, forcing some to balance work and academics (Terriquez, 2015). Immigration related issues distract them in and outside of class, compromising behavioral engagement (Chavarria et al., this issue). They contend with exclusionary campus climates that perpetuate racist nativist microaggressions and invisibilize them (Munoz & Vigil, 2018; Suárez-Orozco et al., 2015). These structural based stressors have implications for undocumented students' mental health.

A growing body of literature has begun to investigate the mental health and psychological wellbeing of undocumented students. For instance, scholars have found that undocumented students express higher rates of perceived stress and anxiety than in nationally-representative studies (Enriquez et al., 2018; Suárez-Orozco & López Hernández, 2020). The threat of deportation, family separation, and limited resources are major sources of stress leading to adverse mental health among undocumented immigrants in general (Garcini et al., 2016; Shekunov, 2016). Additional risk factors for mental illnesses include experiences and perceptions of discrimination (Viruell-Fuentes, 2007), pre-and-post migration trauma (Levers & Hyatt-Burkhart, 2012), and racial, economic, and social disparities (Boen & Hummer, 2019). On top of this, undocumented students face psychological stressors associated with adapting to university life (Suárez-Orozco et al., 2015). Disentangling the effects of potential stressors, Enriquez and colleagues (2018) show that academic stressors and concerns about the future are significantly associated with higher stress among undocumented college students, but financial and deportation concerns did not have any significant independent effects.

Building on this work, we conceptualize legal vulnerability as a multidimensional construct to examine how multiple immigration-related factors are associated with increased emotional distress symptomatology among undocumented college students. Further, we examine whether social support can moderate the relationship between legal vulnerability and poor mental health. To do this, we conduct hierarchical regression of survey data collected from 1,277 undocumented college students in California. We conceptualize legal vulnerability as composed of immigration status, discrimination, social exclusion, threat of deportation or family separation, and financial insecurity. We assess the unique and combined effects of legal vulnerabilities, showing that they and social support have direct effects on depression and anxiety symptomatology. The moderating effects of social support are only partially supported.

Legal Vulnerability and Mental Health

Immigration status shapes individuals' social context and circumstances, and thereby immigrants' quality of life and well-being (Cabral & Cuevas, 2020). U.S. immigration policy compromises undocumented immigrants' wellbeing by threatening deportation, constraining access to employment, limiting educational access, and disrupting social participation (Menjívar & Abrego, 2012). The upsurge in detention and deportation of undocumented immigrants without criminal records, restrictive changes to immigration policy and an increase in anti-immigrant sentiments have all led to widespread fear and anxiety among immigrants (Ayón et al., 2017). The uncertainty and chronic fear that permeates the lives of undocumented immigrants can have enduring adverse mental health effects (Ro & Van Hook, 2021). Undocumented college students must also navigate university systems that implicitly and explicitly prevent their full participation and perpetuate exclusionary campus climates (Enriquez et al., 2019; Munoz & Vigil, 2018; Suárez-Orozco et al., 2015), contributing to heightened stress

and anxiety (Enriquez et al., 2018; Suárez-Orozco & López Hernández, 2020). Building on this work, we examine five dimensions of legal vulnerability that may harm undocumented students' mental health: immigration status, discrimination, social exclusion, threat of deportation or family separation, and financial insecurity.

Immigration Status

Undocumented immigrants can occupy a range of immigration statuses, some of which may convey a liminally legal status that can be beneficial for their economic, social, and educational integration. Most relevant to undocumented young adults is the Deferred Action for Childhood Arrivals (DACA) Program, which provides temporary access to employment authorization and protection from deportation. These protections reduce the legal vulnerability experienced by recipients who report better employment opportunities and lower unemployment (Pope, 2016), reduced poverty (Amuedo-Dorantes & Antman, 2016), and increased high school graduation rates (Kuka et al., 2020). It also insulates recipients from fear of their own deportation (Enriquez & Millan, 2019). Though conditional, their newfound structural integration is associated with improved mental health (Patler & Pirtle, 2018). However, the temporary nature of the program can limit its potential to reduce mental distress as beneficiaries worry about possible lapse in their protections and the potential rescission of the program (Morales Hernandez & Enriquez, this issue; Mallet-Garcia & Garcia Bedolla, 2019; Siemons et al., 2017).

Discrimination

Experiences of discrimination are a significant type of psychosocial stressor that pose substantial mental health consequences, especially for marginalized groups (Alvarez-Galvez & Rojas-Garcia, 2019). Individuals experiencing discrimination have a higher predisposition to adverse mental health effects such as anxiety and depressive symptoms, suicidal ideation, and

psychological distress (LeBrón & Viruell-Fuentes, 2020; Ward et al., 2019). Undocumented youth in higher education may be particularly vulnerable to discrimination, as they are more likely to associate with individuals from other racial/ethnic groups, thereby developing a racial identity as ascribed by the U.S.'s complex racial dynamics (Abraído-Lanza et al., 2016). They may also face immigration-related discrimination on campus in the form stigma, racist nativist microaggressions, and institutional neglect (Katsiaficas et al., 2019; Muñoz & Vigil, 2018).

Social Exclusion

The more socially excluded a group is, the less likely these groups can fully participate in society, primarily because of lack of resources, money, and institutional access (Nolan & Whelan, 2010; Williams, 2015). As youth, undocumented 1.5 generation immigrants experience relative inclusion because their immigration status is minimally salient due to their access to K-12 education; however, their transition out of high school and into young adulthood is marked by increased social exclusion as their immigration status prevents their educational, economic, and social participation (Gonzales, 2016). Such exclusion compromises undocumented young adults' developmental trajectories and ways of connecting to others which has negative effects on their mental health (Gonzales et al., 2013). This continues in college as they may be excluded from certain opportunities on campus or forced to find creative solutions to facilitate their participation (Morales Hernandez & Enriquez, this issue). Undocumented students may also avoid seeking mental health services because they do not see its potential utility for addressing the underlying structural barriers associated with their legal vulnerability (Cha et al., 2019).

Threat of Deportation and Family Separation

Undocumented immigrants confront the threat of deportation and family separation in their everyday lives. The anticipation and threat of a family member being deported or detained

causes children in Latino families to be fearful, leads to diminished academic achievement, and generates emotional distress (Ayón, 2014). The accumulation of chronic stressors, whether anticipated or experienced, is associated with higher levels of allostatic load, which is a pathway for adverse health, including affective disorders, susceptibility to infections, and an earlier onset of disease (Cohen et al., 2007, 2019). However, deportability is experienced contextually. Specifically, Enriquez & Millan (2019), argue that undocumented young adults' protected social locations, including the state policy context, DACA, and social locations like being a college student, insulate them from concerns about their own deportation. Rather, their deportation concerns manifest as fear of family separation due to perceptions that their parents have higher risks. Indeed, in a study of undocumented college students attending the University of California, only 6% think about their deportation daily, compared to 20% who think about their parents' deportation as often (Enriquez et al., 2018).

Financial Instability

A growing body of literature on poverty and economic instability has established that chronic and recurrent stressors associated with financial strain lead to the cumulative damage of mental health and well-being (Kopasker, Montagna & Bender, 2018). Food insecurity, as a measure of financial instability, has also been found to be associated with mental disorders among children and adolescents in the U.S. (Smith & Coleman-Jensen, 2020). Among undocumented young adults, low socioeconomic status is a key predictor of psychological well-being, with individuals experiencing financial constraints exhibiting worse mental health outcomes (Patler & Pirtle, 2018). For undocumented students, exclusion or limited access to financial aid can increase their financial responsibilities (Suárez-Orozco et al., 2015). Although California provides access to financial aid, many still report financial strains related to covering

educational expenses, balancing work and school, and working to financially contribute to their household (Enriquez et al., 2019).

Social Support as a Protective Mechanism

The literature on the role of social support as a moderating factor of adverse social conditions is abundant. Social support refers to the individuals in one's networks who can provide psychological and material resources (Cohen & Wills, 1985). Social support is hypothesized to positively affect health via distinct pathways. The *main effects* model posits that social resources are beneficial regardless of the stress individuals encounter. While the buffering model suggests that social support can protect against the negative effects of stressful situations (Cohen & Wills, 1985). Among young people, social support can improve their perceptions of self-concept (Chu, Saucier & Hafna, 2010), lower feelings of isolation (Ciarrochi, Morin, Sahdra, Litalien & Parker, 2017), and improve the ability to deal with stress (Lee, Goldstein & Dik, 2018). Additionally, social support has been found to buffer the negative health effects of migration related stressors such as discrimination and acculturative stress (Finch, Kolody, & Vega, 2000; Finch & Vega, 2003).

While social support is theorized as a positive element for health, some studies have found that immigrants may still have lower self-perceived mental health despite greater social support availability (Chadwick & Collins, 2015). Among undocumented youth, stigma and fear of being denounced are associated with the limited creation of supportive social ties (Gonzales et al., 2013). Furthermore, there are cultural and structural processes that influence social networks and social relationships, which in turn influence health (Alegría et al., 2018; Ayón & Naddy, 2013). For example, social support may not act as a buffer against stressful situations due to the low availability of tangible support within primarily homophilous social networks. Latino

immigrants' social networks are largely comprised of family members, friends, neighbors, and co-workers who are also immigrants themselves and who are impacted by the similar structural inequities (Ayón & Naddy, 2013). This means it is likely that members of their social networks also experience social and economic deprivation due to the structural conditions to which immigrants are subjected in the U.S. In other words, in under-resourced networks, social ties may create additional burdens because norms of reciprocity create demands for sharing limited resources (Kawachi & Berkman, 2001; Stack, 1975). Social support and social ties may therefore exacerbate stress rather than buffer against it.

The present study builds on prior research to examine the factors that present as a risk for mental health problems among this segment of immigrants, and whether social support, if accessed, can moderate the relationship between legal vulnerability and poor mental health. We extend the literature in this area by examining the relationship between legal vulnerability, social support and anxiety and depression symptomology among a sample of undocumented students attending California 4-year universities. Specifically, we conceptualize legal vulnerability as a multidimensional construct comprised of immigration status, discrimination, social exclusion, threat of deportation or family separation, and financial insecurity, and we evaluated both the independent and combined effects of these dimensions with social support on undocumented college students' mental health and wellbeing.

Methods

This study draws on survey data collected from 1,277 undocumented undergraduate students in California. Participants were recruited at all nine University of California (UC) undergraduate campuses and nine of the 23 California State University (CSU) campuses; CSUs were selected for similar geographic location to each UC. Recruitment announcements were

distributed widely, including emails and social media posts from each campus' undocumented student support services office, faculty teaching large general education courses and ethnic studies courses, departmental and university office newsletters, and undocumented student organizations.

Eligibility criteria included being over age 18, being an undergraduate student at a CSU or UC, and self-identifying as being undocumented. The survey included questions about educational experiences, wellbeing, political engagement, perceived immigration policy context, institutional context, and self and family demographics. It was administered from March to June 2020 via Qualtrics with an estimated completion time of 25–35 minutes. Respondents received a \$10 electronic gift card upon completion. All project activities were approved by the University of California, Irvine IRB. For the purpose of this study, only students who completed both measures of mental health were included in the analysis ($N=1239$).

Measures

Dependent variables. Two standardized measures were used to assess participants' mental health, PHQ-9 and GAD-7. The PHQ-9 consists of 9 items representing symptoms for DSM 5 major depressive disorder (Kroenke, Spitzer, & Williams, 2001; $\alpha=.903$). Participants were asked how much each symptom has bothered them over the past 2 weeks, with response options of “not at all”, “several days”, “more than half the days”, and “nearly every day”, scored as 0, 1, 2, and 3, respectively. Scores can range from 0-27 with higher scores representing more severe depression. The GAD-7 has 7 items with response options identical to the PHQ-9. Scores of the GAD-7 can range from 0 to 21 with higher scores representing more severe anxiety (Spitzer, Kroenke, Williams, & Lowe, 2006; $\alpha= .931$).

Independent variables. Several measures were used to assess the relationship between legal vulnerability and mental health outcomes. Status included undocumented (coded as 0) and some status (DACA or TPS, coded as 1). Three subscales from the Perceived Immigration Policy Effects (PIPE) scale were included in the analysis (Ayón, 2017), social exclusion (5 items, $\alpha = 0.829$), discrimination (9 items, $\alpha = .874$), and threat to family (3 items, $\alpha = 0.815$). Response options include “never,” “rarely,” “sometimes,” “often,” and “always.” Higher scores on each scale indicate higher level of social exclusion, discrimination, and threat to family (i.e., detention, family separation). We also included food insecurity as a proxy for financial strain. The U.S. Household Food Security Survey Module was used to assess food insecurity (USDA Economic Research Service, 2012). The measure contains five items and scores can range between 0-6 points; raw scores ranging from 0 to 1 indicate high or marginal food security, 2 – 4 indicate low food security, and 5 – 6 indicate very low food security. Those with low or very low food security were identified as food insecure (coded yes = 1, no = 0).

Moderator variable. The Interpersonal Support Evaluation List-12 (ISEL-12) was used to assess students’ perceptions of social support (Merz et al., 2014). The scale includes 12 statements; participants were asked to assess how true each statement was for them. The questions assess perceived availability of material aid, opportunity to talk to others about problems, and availability of others to do things with. Responses ranged from 0-3 representing “definitely false,” “probably false,” “probably true,” and “definitely true.” Scores could range from 0-36 with higher scores representing more social support ($\alpha = 0.900$).

Control variables. Demographic variables were included in the model as control variables. Age, gender (coded as men = 1, women = 0), and Latinx origin (yes = 1, no = 0)

represent basic characteristics of the students. We also included years in school, categorized as 1-2 years (coded as 0) or 3 or more years (coded as 1).

Analysis

Analyses were completed using IBM SPSS 24. Hierarchical regression analyses were completed to determine the unique and combined effects of legal vulnerability and social support on mental health as measured by the PHQ-9 and GAD-7. The analysis was completed independently for each outcome. Prior to running the analysis, the predictors and moderator were mean centered. The variables were added to the model in three sequential blocks. The first block consisted of the control variables: age, Latinx origin, gender, and years in school. In block two, we added the variables of interest including the legal vulnerability variables (i.e., status, discrimination, social exclusion, threat to family, and food insecurity) and the social support measure in order to test for main effects on mental health. In the third block, we included the interaction terms for each of the legal vulnerability variables and social support. An interaction effect was deemed to exist under the following conditions: (a) the coefficient for the interaction term was statistically significant, and (b) the interaction term significantly increased the amount of variance explained (Cohen & Cohen, 1983). Simple slope approach (+1 standard deviation) was used to plot and understand the nature of significant interactions (Aiken & West, 1991).

Results

Descriptive Statistics

A majority of students were women (77%, $n = 929$) and reported their ethnic origin as Latinx (92%, $n = 1144$). On average students were 21.82 years old ($SD = 3.40$). Students were enrolled in a UC (52%, $n = 644$) or a CSU (48%, $n = 595$). Students reported their status as undocumented (25%, $n = 309$) or some status (DACA/TPS, 75%, $n = 918$). Students reported

low/moderate levels of discrimination ($M = 20.24$, $SD = 8.21$, $Range = 9-42$), moderate levels of social exclusion ($M = 13.53$, $SD = 4.75$, $Range = 5-25$), and high levels of threat to family ($M = 12.15$, $SD = 2.69$, $Range = 6-15$). Students perceived their social support as moderate ($M = 19.31$, $SD = 3.166$, $Range = 3-36$).

Regression Analysis

Anxiety. The demographic variables accounted for 2.7% of variance ($R^2 = 0.027$, $F(4, 1140) = 7.792$, $p < .001$) in the first model. Gender was significant, with males reporting lower anxiety levels compared to women. In the next block we added the variables of interest ($R^2 = 0.243$, $F(10, 1134) = 36.380$, $p < .001$). The addition of the legal vulnerability and social support variables accounted for 21.6% of the variance in the model (R^2 change = 0.216, $p < .001$). Gender remained significant with the addition of the block two variables. All but one of the legal vulnerability variables were significant. Higher levels of discrimination, social exclusion, and threat to family were associated with higher levels of anxiety. Food insecurity was also associated with higher levels of anxiety. Status (undocumented vs. DACA/TPS) was not significant, indicating no difference in anxiety levels by status. Social support was also significant, higher levels of social support was associated with more anxiety. The final block added the interaction terms. The full model accounted for 24.8% of variable ($R^2 = 0.248$, $F(15, 1129) = 24.763$, $p < .001$). The addition of the interaction terms did not significantly increase the variance accounted for by the model (R^2 change = 0.005, $p = 0.221$). Gender, discrimination, social exclusion, threat to family, food insecurity remained significant in the same direction. With the addition of the interaction terms social support was no longer significant. The interaction terms were not significant.

Depression. The demographic variables accounted for 1.7% of variance ($R^2 = 0.017$, $F(4, 1140) = 4.841$, $p = 0.001$) in the first model. Gender was significant, males reported lower depression levels compared to women. In the next block, we added the legal vulnerability and social support variables ($R^2 = 0.237$, $F(10, 1134) = 35.278$, $p < .001$). The addition of these variables accounted for 23.7% of the variance in the model (R^2 change = 0.237, $p < .001$). With the addition of the predictors of interest, gender was no longer significant in the model. Status was not significant; that is, there were no differences in depression level by status. All other legal vulnerability measures were significant. Higher levels of discrimination, social exclusion, and threat to family were associated with higher levels of depression. Food insecurity was associated with higher levels of depression. Social support was not significant; that is, it did not have a direct effect on depression level. The full model accounted for 24.3% of variance ($R^2 = 0.243$, $F(14, 1129) = 24.216$, $p < .001$). The addition of the interaction only increased the variance accounted for by the model by less than 1 percent and this change was not significant (R^2 change = 0.006, $p = 0.103$). The control variables were not significant. The legal vulnerability measures remained significant in the same direction. Social support was not significant. Only one interaction term was significant, food insecurity by social support.

Figure 1 shows the predicted values generated for two simple slope equations. Each of the simple slope tests revealed a significant relationship between food insecurity and increased levels of depression, as measured by the PHQ-9. Students who were food insecure reported higher levels of depression. For these individuals, social support had a minimal effect on their scores. In comparison, students who were food secure were slightly differentiated by social support; students with high social support reported slightly higher scores on the depression scale

than those with low social support. Note the differences in depression by level of social support are very small for students who were food secure and should be interpreted with caution.

Discussion and Implications

The relationship between immigration status and mental health has significant public health implications, and historically undocumented status has been linked to increased mental health needs. At the same time, family, peer, and social supports in college have been linked to higher levels of confidence and reduction of stress in immigrant students (Gloria, Castellanos, Lopez, & Rosales, 2005). However, few studies have considered how social support moderates the relationship between legal vulnerability and mental health outcomes among undocumented college students. Further, few studies have explicitly examined the multiple dimensions of legal vulnerability that could cause adverse psychological health outcomes in undocumented students specifically (for an exception see Enriquez, Morales Hernandez, & Ro, 2018). We examine multiple mechanisms through which undocumented college students experience legal vulnerability to better understand how the restrictive immigration context impacts mental health.

Undocumented immigration status was not significantly associated with higher levels of anxiety and depressive symptomatology. That is, no differences were observed on these measures by students' immigrant status, measured as no legal status and DACA/TPS recipients. This is a crucial finding as it indicates that having a liminal legal status is not sufficiently protective against psychological distress. This aligns with previous research that has indicated that the ambiguity, precariousness, and uncertainty of the DACA program prevents it from fully reducing recipients' sense of legal vulnerability (Morales Hernandez & Enriquez, this issue; Siemons et al., 2017). Furthermore, the initial mental health benefits associated with DACA dissipate with time due to the politically contingent nature of the program (Patler et al., 2020).

These results suggest that in the current era of frequently shifting and context-dependent immigration policies, transitions into liminal legal statuses do not afford substantial mental health protections. Indeed, these findings point to the marginality of DACA recipients despite overcoming some of the structural disadvantages associated with undocumented status. It is quite possible that undocumented students without any status and those with DACA experience similar levels of strain but for differing reasons. During the time of this survey, DACA recipients were facing the impending Supreme Court decision on the future of the program and the potential of losing their status. This finding emphasizes the need to expand our conceptualization of legal vulnerability beyond immigration status to encompass additional lived dimensions that do contribute to adverse psychological health outcomes.

While having DACA protections alone was not statistically associated with mental health symptoms in our sample, the remaining dimensions of legal vulnerability - discrimination, social exclusion, threat to the family, and financial strain - were key predictors of both anxiety and depression. Extant literature shows higher levels of discrimination, social exclusion, and threat of family separation are associated with increased levels of both anxiety and depressive symptomatology (Alvarez-Galvez & Rojas-Garcia, 2019; Ayón, 2020; LeBrón & Viruell-Fuentes, 2020; Ward et al., 2019). Experiences of discrimination can lead to adverse mental health effects across different racial groups, and discrimination has been shown to be a crucial factor in explaining the high burden of depressive symptoms among Latinos, especially those with higher education (Ward et al., 2019). Furthermore, there are known relationships between social exclusion (Gonzales et al., 2013) and threat to the family (Garcia, 2018) and poor mental health. As a dimension of legal vulnerability, financial strain has important implications for adverse mental health outcomes among undocumented students. In our sample, food insecurity, as a

proxy for financial insecurity, was associated with higher levels of both depression and anxiety. Previous studies have found that undocumented adults experiencing food insecurity were more likely to experience poor mental health (Hadley et al., 2008), and this relationship was attributed to undocumented immigrants' exclusion from federally funded food programs and the social safety net. Overall, undocumented individuals in the U.S. are more likely to experience social conditions that lead to economic disadvantage and deprivation, including food insecurity. A large body of literature has established that socioeconomic disadvantage leads to unequal health opportunities (Braveman & Gottlieb, 2014).

Along with the aforementioned dimension of legal vulnerability, gender plays an important role in undocumented students' mental health outcomes. Women in our study reported higher anxiety symptomatology compared to their male counterparts. Additionally, women, in general, experience more and different types of discrimination, which could predispose them to increased psychological distress (LeBrón & Viruell-Fuentes, 2020; Ward et al., 2019). Previous studies have attributed gender differences in part to differences in perceptions of acculturative stress (Lorenzo-Blanco & Cortina, 2013; Yoon et al., 2013). In other words, the struggle of maintaining Latino cultural practices while adapting to the demands of primarily White institutions of higher education exerts more stress on females than male students. However, explaining the precise reasons for these gender differences requires further empirical research.

Social support had a direct effect on both depression and anxiety, confirming the results of previous research in this area, including studies that examined both the buffering effect and the main effect of social support (Chadwick & Collins, 2015; Guntzviller et al., 2020). However, the role of social support as a moderator between legal vulnerability and mental health was only partially supported by our findings and not in the expected direction. Specifically, students who

reported being food insecure reported higher levels of depression and lower levels of social support. This finding seems to confirm the seemingly counterintuitive observation in the extant literature that social support can be a source of stress for immigrants, especially those that are undocumented and may have fears of being denounced by social ties (Chadwick & Collins, 2015; Gonzales et al., 2013). The presence of social support seems only to have an adverse impact on those experiencing financial strain. This finding supports the view in social network literature that the norms of reciprocity that characterize social relationships place a burden on individuals to share resources that are already limited (Kawachi & Berkman, 2001; Stack, 1975). Thus, given structural inequities faced by the undocumented population, social relationships may actually exacerbate, rather than buffer against stress.

Limitations

The cross-sectional survey approach and self-selecting sample are limitations to this study. Students who felt the most legally vulnerable may have been hesitant to participate. The large proportion of respondents were female. The gender difference could be attributed to many things: natural differences in the undocumented student population (i.e. there are more female undocumented students) or the nature of a self-selection survey. Furthermore, we use food insecurity as a proxy for financial strain, but it is possible that the former exists as a separate and more specific immediate threat to students than other sources of financial strain. Finally, the survey was disseminated during the start of the global COVID-19 pandemic and participants were instructed to respond based on what was common before the pandemic; still, these circumstances could have affected participation or response validity.

Implications for Practice, Policy and Future Research

These findings are important for practice, public policy, education, and health care because they demonstrate that immigration status does not appear, *by itself*, to contribute to psychological distress, and while social support is related to lower mental health symptomatology, our findings suggests, it does not buffer the effects of legal vulnerability on mental health. Even in a state like California that has many pro-immigrant integration policies, DACA seems to provide limited protections and its initial health effects may dissipate due to the uncertainty of the program and liminal status it confers on recipients. It is possible that these findings were impacted by the restrictive nature of immigration policy at the federal level and enforcement practices during the Trump Administration (Hing, 2017). Nevertheless, future policies should prioritize a path to citizenship and avoid recreating other forms of liminal statuses. Our multidimensional conceptualization of legal vulnerability included experiences of discrimination, perceptions of social exclusion, financial strain and threats to family separation. Related findings indicate that undocumented students face multiple structural obstacles which independently and jointly have an adverse impact on their mental health. Local, state, and federal policies that may mitigate these everyday experiences of legal vulnerability may benefit undocumented immigrants' mental health; potential policies include reducing immigration enforcement activity and providing access to social safety nets like Supplemental Nutrition Assistance Program (SNAP) benefits. Practitioners entrusted with supporting undocumented students should ensure that they adopt a broad understanding of legal vulnerability that explores multiple dimensions. Providing undocumented students with an array of resources that address each dimension should be the end goal. At a community level, organizations that serve undocumented youth should provide case management and referral services as undocumented youths' needs are multidimensional and their social support networks may be limited.

While several studies have identified the relationship between undocumented status and mental health, few studies have operationalized legal vulnerability as a multidimensional concept. Doing so creates an opportunity to understand differences in the relation to health across dimensions and the varied strength of each dimension (Ayón, 2020; Enriquez, Morales Hernandez, & Ro, 2018). Future researchers should continue to explore additional dimensions of legal vulnerability and the implications for mental health. It may also be a fruitful avenue of research to replicate studies that have reported a null effect of undocumented status, using our more comprehensive approach to measuring legal vulnerability. Continued efforts to understand the impact of legal vulnerability on undocumented youth will improve practice and policy to better serve this resilient yet vulnerable population.

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Table 1. Regression Analysis: Generalized Anxiety Disorder (GAD-7)

	Model 1		Model 2		Model 3	
	B(S.E)	β	B(S.E)	β	B(S.E)	B
Age						
Race/Ethnicity – Latina/o/x ¹	-.062(.060)	-.036	-.078(.053)	-.045	-.072(.053)	-.041
Gender – Men ²	-.072(.647)	-.003	-.741(.583)	-.033	-.757(.583)	-.034
Year in School – 3 rd + year ³	-2.220(.415)	-.157**	-1.315(.376)	-.093**	-1.299(.376)	-.092**
Immigration Status – DACA ⁴	-.019(.444)	-.001	.060(.401)	.005	.036(.401)	.003
Discrimination			.614(.379)	.044	.557(.379)	.040
Social Exclusion			.171(.029)	.200**	.171(.029)	.201**
Threat to Family			.245(.053)	.183**	.2424(.053)	.183**
Food Insecurity			.238(.073)	.111**	.246(.073)	.115**
Social Support			1.410(.337)	.115**	1.407(.336)	.115**
Immigration Status x Social Support			.124(.049)	.065*	.190(.079)	.100
Discrimination x Social Support					.070(.116)	.032
Social Exclusion x Social Support					.004(.009)	.019
Threat to family x Social Support					-.022(-.017)	-.059
Food insecurity x Social Support					.038(.021)	.064
					-.165(-.103)	-.068
<i>R</i> ²	.027		.237		.243	
<i>R</i> ² Change			.216**		.005	
<i>F</i>	7.792**		36.380**		24.763**	

Note: ¹ Not Latina/o/x is the reference group; ² Women is the reference group; ³ 1-2 years is the reference group; ⁴ No legal status is the reference group; *p<.05, **p≤.001

Table 2. Regression Analysis: Patient Health Questionnaire (PHQ-9)

	Model 1		Model 2		Model 3	
	B(S.E)	β	B(S.E)	β	B(S.E)	B
Age						
Race/Ethnicity – Latina/o/x ¹	-.075(.066)	-.039	-.094(.059)	-.049	-.088(.059)	-.046
Gender – Men ²	-.200(.715)	-.008	-.817(.643)	-.034	-.785(.642)	-.032
Year in School – 3 rd + year ³	-1.636(.459)	-.105**	-.708(.414)	-.046	-.685(.414)	-.044
Immigration Status – DACA ⁴	-.623(.491)	-.044	-.458(.443)	-.032	-.458(.442)	-.032
Discrimination			.335(.418)	.022	.306(.417)	.022
Social Exclusion			.188(.032)	.201**	.188(.032)	.200**
Threat to Family			.310(.059)	.211**	.311(.059)	.212**
Food Insecurity			.199(.080)	.084*	.205(.080)	.088*
Social Support			1.569(.371)	.118**	1.567(.371)	.117**
Immigration Status X Social Support			.050(.054)	.024	.239(.087)	.114
Discrimination X Social Support					-.005(.128)	-.002
Social Exclusion X Social Support					-.008(.010)	-.035
Threat to family X Social Support					.014(.019)	.034
Food insecurity X Social Support					.016(.023)	.024
					-.283(.113)	-.106*
R ²	.017		.237		.243	
R ² Change			.221**		.006	
F	4.841**		35.278**		24.216**	

Note: ¹ Not Latina/o/x is the reference group; ² Women is the reference group; ³ 1-2 years is the reference group; ⁴ No legal status is the reference group; *p<.05, **p<.001