Position Statement on Xenophobia, Immigration, and Mental Health

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Approved by the Assembly, April 2020

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Issue:
Xenophobia is a form of negative prejudice directed against a national or ethnic group. It is usually associated with assumptions of cultural/ethnic or racial superiority and is often rationalized when a group of people is perceived as being a threat to the way of life of the person or group of people who are expressing xenophobia (1).

Historically, xenophobia has been associated with various large scale destructive acts of violence including wars and genocidal acts worldwide. Throughout US history, xenophobia has contributed to pervasive negative attitudes about indigenous populations, African Americans, and immigrant groups. In a nation primarily comprised of immigrants, xenophobia leads to many adverse psychosocial consequences. Beyond fueling violence and bullying, a xenophobic environment inhibits assimilation into a new culture and contributes to the further marginalization of immigrant populations (2). It can adversely affect child and adolescent ethnic identity formation (3) and contribute to deviant behavior (4). In addition, xenophobia has led to targeted practices, such as the incarceration of child and family asylum seekers and the separation of children from parents, which aggravate posttraumatic stress and adverse mental health outcomes for immigrants (5-9).

APA Position:

The APA takes an official stand against the destructive consequences of ethnic prejudice and xenophobia, both for populations and for individuals. It expresses deep concern over the adverse public health and mental health consequences of these prejudices.

The American Psychiatric Association advocates for the following:

1. The rights of immigrants, refugees, and asylum seekers should be respected, including rights to safe haven, security, and nurturance of one’s own ethnic and cultural beliefs/values, and identity as essential for psychological health.

2. Policymakers, leaders, and mass media should show responsibility and sensitivity to the rights of immigrants, refugees, and all foreign-born people, and refrain from inflaming xenophobia in their speeches or programming.
3. National education on cultural competence and diversity, including discussion about xenophobia and negative prejudice and their destructive consequences, should start in public schools and mental health settings and extend to mass media and to individuals in public service.

4. Any national debates (e.g., on policies such as immigration and naturalization, foreign relations, and response to terrorism) involving people of different national, ethnic, or racial backgrounds should be based on objective data and rational national interest, not on prejudices or ideology.

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References:


