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McKee, M; Stuckler, D (2017) The Deferred Action for Childhood Arrivals programme: a quasi-experiment in giving hope to migrants. *The lancet Public health*, 2 (4). e160-e161. ISSN 2468-2667 DOI: [https://doi.org/10.1016/S2468-2667\(17\)30050-6](https://doi.org/10.1016/S2468-2667(17)30050-6)

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DOI: [10.1016/S2468-2667\(17\)30050-6](https://doi.org/10.1016/S2468-2667(17)30050-6)

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The Deferred Action for Childhood Arrivals programme: a quasi-experiment in giving hope to migrants



Anyone who has never experienced forced migration can hardly imagine the sense of relief felt by those who have fled conflict, persecution, or grinding poverty, when they finally arrive in the country they have chosen as their destination. Many will have experienced violence or lost friends and family on the journey. But at last, they have arrived somewhere that offers security and an opportunity to rebuild their lives. At least, that is what they hope for. In reality, it is far from the promised land. Any employment might be irregular and poorly paid and finding somewhere to live can be a struggle. Above all, those who lack the appropriate documents might live in constant fear of deportation,¹ subject to so-called structural violence,² whereby the state deliberately excludes them from institutional support and denies them their basic human rights.

Some governments have, however, recognised that migrants have much to contribute to societies in which they settle, especially in countries with declining birth rates where continued migration is a necessity to ensure sustainability of pension systems, to provide care for ageing populations, amongst many other contributions. This recognition has underpinned several initiatives seeking to give migrants greater security, encouraging them to invest in their own future, and that of their adopted countries, by developing their skills and creating businesses.

One such initiative was the Deferred Action for Childhood Arrivals (DACA) programme, implemented by the Obama administration in the face of sustained opposition from Republicans in 2012. DACA offered freedom from deportation and a temporary, but renewable, right to work legally to a narrowly defined group of undocumented migrants. Eligible migrants had to have entered the USA at ages younger than 16, but before 1997, and be under 31 in 2012, as well as meeting certain other criteria such as completing a high school education. It was far from ideal. Some states interpreted these criteria much more restrictively than others, largely depending on political persuasion. DACA included substantial restrictions and did not offer a pathway to citizenship. However, it did offer an estimated 1.7 million young people some hope for the

future, including removing the fear of deportation and permitting indefinitely renewable work contracts.³

In judging its effect on employment and poverty, economists have found that DACA was a success.^{4,5} But what about health? The Article by Atheendar Venkataramani and colleagues shows clearly that DACA has substantially improved the mental health of eligible individuals.⁶ The investigators used the implementation of the DACA to conduct a quasi-natural experiment. In this case, Venkataramani and colleagues drew a sample of people of Hispanic ethnicity (the main beneficiaries of the policy) from a large national survey. Those who met the educational and age criteria, and were thus eligible, were deemed to have been exposed to the policy. Those who were otherwise similar but not eligible formed a comparison group. Despite data limitations that are likely to have attenuated observed effect sizes, the authors show that those individuals eligible for the DACA programme had large and clinically meaningful reductions in depressive symptoms after it was implemented.

Natural experiment designs offer an important way to assess policies for which formal randomisation is not feasible but where people are subjected as if at random to different policies. The major defining feature of such studies is that the intervention, in this case the DACA programme, is outside control of the researcher, as is the case in many population health programmes. In this case, the as if random element was provided by arbitrary cut-off dates for eligibility, while other analyses increased confidence in the results.

The findings of Venkataramani and colleagues are consistent with those from other research using natural experiments to assess the effects of policy changes on mental health. For example, the introduction of the national minimum wage in the UK was associated with a substantial improvement in mental health among low-wage workers, similar to the effect associated with antidepressants.⁷ By contrast, a cut in welfare payments for housing in the UK was associated with an increase in depressive symptoms among renters.⁸

The implications of this research on the DACA are especially important now. As the authors note, US

Published Online
March 14, 2017
[http://dx.doi.org/10.1016/S2468-2667\(17\)30050-6](http://dx.doi.org/10.1016/S2468-2667(17)30050-6)
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president Trump's administration has proposed ending the DACA programme⁹ and is threatening to implement mass deportation of undocumented migrants who could have lived in the USA for years. Elsewhere, even people who believed they were safe can no longer be complacent. The British Government refuses to give any reassurance about the rights of more than 3 million citizens of other European Union countries after Brexit, many of whom have built their lives there and raised families.¹⁰ Some politicians describe them as bargaining chips, to be used in forthcoming negotiations with the European Union. In other European countries, some politicians are currently waging explicitly racist election campaigns. So far, media attention has focused on the physical violence against migrants that they have inspired but, as the Venkataramani and colleagues' Article shows, their words and actions could be causing a much greater, and so far largely invisible, toll of psychological damage.

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We declare no competing interests. DS is funded by ERC HRES 313590 and a Wellcome Trust Investigator Award.

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