

Mental Health Needs of Unaccompanied Children



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Definition of UAC



- An unaccompanied alien child is a child who has no lawful immigration status in the United States; has not attained 18 years of age; and, there is no parent or legal guardian in the United States, or no parent or legal guardian in the United States is available to provide care and physical custody. See 6 U.S.C. § 279(g)(2)

What's prompting them to flee?



- Violence – high murder rates. Gang wars
- Poverty. Honduras and Guatemala, people live on US \$2.50/day
- Escaping violence at home
- Seeking better educational opportunities

Adjustment to new environment



- New culture, language, system, family.
- Constant fear of deportation, coping with racial profiling and ongoing discrimination.
- Unaware of services available
- Stigma and discrimination
- Acculturative stress
- **How does it play out behaviorally?**

Trauma



- Pre migration trauma
- Physical and emotional dangers during “crossing”
- Subjects to sexual violence and sexual trafficking
- Multiple losses experienced as a result of immigration process.
- Detention camps

Trauma



- Fear, depression, anger, social isolation, lack of sense of belonging.
- Lack of coping skills and supports to manage traumatic experiences
- Complex Trauma

Best practices



- Essential to have culturally competent staff-
- Services must be provided under the umbrella of Trauma informed services (e.g., school, health care, mental health)
- Collaborative work with providers involved as well as community, particularly churches and or faith based organizations.

Best Practices



- Good assessment – a good tool to use is Culturagram (Congress).
- Bilingual / Bicultural clinicians- must be able to conduct clinical work in native language.
- Address material/basic needs.
- Case management services essential.
- Consider solution focused therapy, (explain why)
- Psychosocial supports to families/ sponsors

Best Practices



- Cultural responsive approaches
- Cultural Formulation (explain)
- Obtain information about faith based and community centers that offer support and a senses of safety.
- CMH providers should partner with schools as it is a less stigmatizing environment to provides services.
- Interpreters should know about mental health

Barriers



- Address barriers to treatment
- Fear of being deported
- Lack of finances
- Lack of health insurance or knowledge that they can access it.
- Language barriers
- Working multiple jobs and long hours.
- Limited schooling, difficult to place in appropriate grade due to age.
- Stigma

Effective therapy/service models



- Psycho-education
- Group Therapy
- Home Visits