WHAT DO CHILD AND ADOLESCENT PSYCHIATRISTS NEED TO KNOW ABOUT IMMIGRANT YOUTHS?

Annie S. Li, MD

Imagine yourself, for a moment, as a child. You are told your prized belongings will need to be packed into one large bag. Tomorrow, you will begin your travels to a new place that is far from home. You are not told when you will return, and you are given little information about what the new place will be like. Today, you will say goodbye to your friends and teachers, have one more meal with your family, and sleep in your own bed for one last night.

Immigration is characterized by the movement of people from their native settlement to a host country, usually in the context of motivating factors such as the desire for safety from persecution or violence, improved economic or educational opportunities, and reunification with kin. In the United States, immigration has generated polarized discussions, particularly with the issue of immigration reform and undocumented immigrants. In 2014, President Obama addressed the country and proposed measures he hopes to implement as executive actions to reform the immigration system. A core component of the plan includes acknowledging the millions of immigrant children who are in the United States, either legally or illegally, and helping them secure a pathway towards permanency in this country. More specifically, these are youths who are themselves undocumented or are US citizens with undocumented parents. A review of literature currently available identifies that this group of youths may be exposed to a constellation of stressors that their native peers may not experience, and as such, may be at higher risk for the development of mental health issues that warrant care and intervention.[1] The objective of this article is to provide information on the demographics of these immigrant youths, help readers identify the psychosocial issues they face, and offer guidance for clinicians to gain greater competency in working with these youths.

Who are they?

Unaccompanied children. Much media attention has been focused on the arrival of unaccompanied children in the United States southwest borders from countries in Central America, namely Guatemala, El Salvador, and Honduras, also frequently referred to as the "Northern Triangle."[2] Increases in organized crime and drug-related activities in those countries have compelled parents to send their children northward to minimize exposure to violence, homicide, sexual assault, and poverty. According to the Immigration Policy Center, approximately 57,000 unaccompanied children were apprehended at the southwest border between October 2013 and June 2014.[2] When unaccompanied children are apprehended in the United States, they are initially processed and detained by the US Customs and Border Patrol for up to 72 hours before they are, by law, turned over to the custody and care of the Department of Health and Human Services. While waiting for further legal proceedings, these children may be released to the care of existing relatives in the United States or to supportive organizations.

DREAMers. This title collectively describes unauthorized youths who entered the country illegally at the choice of their guardians and have been educated and raised in the United States for a large portion of their upbringing. Their descriptive comes from the Development, Relief, and Education for Alien Minors (DREAM) Act, which was introduced in 2010 to give these youths a potential pathway to citizenship and to receive public benefits that would allow them to access higher education. According to data from the American Immigration Council, there are roughly 1.8 million of these youths in this country, and the leading country of origin is Mexico.[3] More recently, in September 2012, President Obama initiated the Deferred Action for Childhood Arrivals, which was a policy intended to give eligible youths that arrived prior to the age of 16 the opportunity to reside and work with deferment of deportation.

US-Born Children of Undocumented Parents. Children born in the United States to parents who are illegally residing in the country fall into this category. Approximately three quarters of the estimated 5.5 million children in the United States with undocumented parents are US citizens.[4] These youths are eligible for health and education benefits and services equivalent to those of their peers. Currently, 6.9% of students enrolled in US schools from kindergarten to 12th grade have at least one undocumented parent, and of those, 5.5% are born in the United States and have birthright citizenship.[4] This group is most vulnerable to the impact of immigration policies that aim to expedite deportation proceedings, as it means potential fracturing of existing family structure and support system in the United States.

Why are they at risk?

Existing literature has shown a strong association between migration and prevalence of certain types of mental illness. In particular, a link between immigration and

psychosis has been firmly established, with an estimated relative risk of 2.1 to 2.7 for first-generation immigrants relative to native-born populations.[5] Initial thoughts pointing to this association may be due to the selective migration of people who were genetically at high risk for mental illness.[6] However, more studies are beginning to explore the possibility that perhaps the cumulative acculturative stress that immigrants experience may be the mechanism supporting this association.[5] From a neurobiological model, cumulative stress exposure results in dysregulation in the hypothalamus-pituitary-adrenal axis and downstream alteration in dopamine and serotonergic activity.[7] This may help explain vulnerability to the manifestation of psychotic and affective disorders in the immigrant population.

What does it mean for this particular youth group? While genetics clearly plays an integral role in accounting for the incidence of mental illness, the environmental exposure to stressors compared to their native cohort is unique. For unaccompanied minor migrants, many have witnessed or are victims of physical and sexual trauma in their home country. The physical journey of traveling to the United States is often under hostile and brutal instructions of cartels and gang members and in harsh climate. Upon arrival, they have limited support systems in their new country. Some are cared for by relatives to whom they have no prior attachments. Others may be in the care of external community organizations with minimal natural support. In addition to the high risk of developing posttraumatic stress disorder, anxiety, and depression, studies have also suggest that these unaccompanied youths are likely to engage in high-risk behaviors in the absence of a positive parent relationship and guardian supervision.[8]

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Other groups of undocumented youths, especially the group referred to as DREAMers, are also subjected to cumulative stress that places them at high risk of mental illness. Narratives published about this group support concerns for higher prevalence of depression and anxiety. These adolescents experience feelings of rejection and low self-worth, along with heightened frustration as they are unable to successfully meet the social milestones that their peers achieve, including getting a driver's license, working papers, or being accepted into colleges.[1] Their ability to develop and sustain healthy social relationships, especially in adolescence, is often compromised by issues of trust, as they may find the need to conceal their legal status. The constant fear of deportation and the inability to obtain jobs and enroll in institutions of higher education at times puts them at risk of developing anxiety disorders.[9] In qualitative studies where undocumented youths were interviewed, some have discussed self-harm behaviors and suicide attempts as means to cope with their legal predicament, and endorsed helplessness and hopelessness in being able to consolidate future orientation.[9]

Then there is the group of adolescents who are United States citizens and live in fear of family disunity. Current immigration policies include the deportation of immigrants who have entered this country illegally. Immigration and Customs Enforcement have facilitated raids at workplaces or homes that are often witnessed by youths who then may subsequently exhibit behavioral changes, including sleep and eating disturbances, decline in academic performance, and aggressive and withdrawn behaviors.[10] In a study exploring the impact of Immigration and Customs Enforcement on immigrant health, fear of deportation and avoidance of utilizing community resources for fear of being caught were highlighted as great concerns, leading to poor mental health outcomes, such as anxiety, sleeplessness, and depression.[11] The fear of being discovered, along with worries that health care organizations may be colluding with law enforcement agencies, makes undocumented parents fearful of seeking care for their children, many of whom are United States citizens and are eligible to receive care.

In addition to immigration-related factors, according to the data gathered from Pew Research Hispanic Center, poverty in this population is high, with a third of the children of unauthorized immigrants and a fifth of adult unauthorized immigrants living in poverty.[12] Parents in these families work in low-paying, unstable jobs with housing permanence frequently compromised. The 2007 median household income of unauthorized immigrants was $36,000, which was well below the $50,000 median household income for US-born residents.[12]

What does this mean for child and adolescent psychiatrists?

Drawing awareness to a population group that may potentially be at risk of developing mental illness may be the first step for child and adolescent psychiatrists in beginning to understand this public health issue. By becoming familiar with certain characteristics and experiences shared collectively amongst these youths, clinicians can

learn how to identify them when ascertaining a history of the patient. Gathering greater details in the social (exploring components such as family structure, living arrangements), upbringing, abuse and trauma, and travel histories and existing members in their support system will allow clinicians to identify risk factors. Screening for symptoms of depression, anxiety, posttraumatic stress disorder, and psychotic disorders will inform the clinician's decision on whether to evaluate further and treat accordingly. Treatment goals should include symptom reduction and may be approached with non-pharmacological modalities such as cognitive-behavioral therapy (CBT) and dialectical behavioral therapy (DBT) and pharmacotherapy when indicated.

Reassurance of confidentiality and letting parents and patients know that information will not be disclosed to outside parties without their consent is important to build trust and rapport. Given that this group is likely more hesitant to access care to begin with, once they do seek care, sustaining and maintaining the clinician--patient/family relationship is critical for positive treatment outcome. Identifying protective factors for the patient, drawing on his or her intrinsic resiliency, and strengthening his or her psychosocial support are equally critical. Another way to help is to become familiar with local resources, including educational, legal, and social organizations that are available to help these youths address day to day struggles.

Advocacy on behalf of these youths may empower them in spite of their adversity. It is helpful to recognize that many of these youths were not included in the decision making process that resulted in their immigration predicament. Acknowledging this can help professionals maintain objectivity whatever their own personal views on the issue of immigration. Some of these youths, despite eventually finding resolution to their immigration status, may still be impacted by their experience well into their adulthood and may require continuing treatment. At the same time, it is equally important to note that not all of these youths go on to develop mental illness. Even in light of the cumulative stress and adversities that some of these youths face, resiliency and positive support have allowed them to be functional and productive members of society.

Take Home Summary

Immigrant youths and children of immigrant parents may be exposed to stressors that increase their risk of developing psychiatric illnesses. Being informed of their demographic and psychosocial issues can guide clinicians to meet their mental health needs.

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About the Author

Annie S. Li, MD, is Assistant Professor in Psychiatry at Weill Cornell Medical College and Assistant Attending at New York-Presbyterian/Weill Cornell Medical Center for the Pediatric Psychiatry Consultation-Liaison Service. She is interested in the study of stress and resilience and the impact of significant life events such as immigration, adoption, parental divorce, loss, and trauma on psychiatric development in children and adolescents.