Clinical and Legal needs accompanying Unaccompanied Children

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ABSTRACT

EDUCATIONAL OBJECTIVE: The purpose of this presentation is to describe the mental health care needs and management of unaccompanied minors facing immigration proceedings.

SUMMARY
Over the past few years, there has been an surge of unaccompanied minors who have crossed the border due increased gang or cartel violence in their countries, and family reunification. Recent developments in immigration and deportation policy have increased the exposure of these children and adolescents to detention, immigration proceedings and risk of removal. Their past history, identified clinical needs, can directly affect their current condition, which, in turn may have legal relevance. Thus for providers and examiners, treatment, advocacy and forensic evaluation are often intertwined. In this paper, we will present the most frequent forensic legal and clinical considerations in evaluating recently immigrated minors facing possible deportation. We also present case examples that describe the clinical work being provided for them within a program that specializes in their care, and discuss how their learnings about their clinical needs and how these clinical needs may inform immigration-related decision making.

INTRODUCTION

- Children who arrive in the United States alone or who are reported to appear in immigration court on their own often are referred to an unaccompanied children or unaccompanied minors.
- The vast majority of unaccompanied children and families arriving at the southwest border are from Central America, Mexico, and Guatemala, respectively. In Fiscal Year 2015, the Border Patrol apprehended a total of 73,513 persons from Central America, 7,283 persons from Mexico and 9,480 persons from Guatemala. In Fiscal Year 2016, the Border Patrol released a total of 20,594 unaccompanied children and 97,135 children nationwide.
- Children from contiguous countries such as Mexico or Canada must demonstrate a well-founded fear of persecution, while children from non-contiguous countries must demonstrate the existence of a reasonable grounds of persecution.
- In recent years, the Immigration and Customs Enforcement (ICE) regulations and practices have expanded the definition of “unaccompanied children” to include a broader range of children who are not accompanied by a legal guardian or other responsible adult. These children may include: unaccompanied children; children who are likely to be unaccompanied; and children who have been separated from their parents or legal guardians.
- The most common types of Immigration relief for which children are potentially eligible are as follows: Asylum, Temporary Protected Status (TPS), Deferred Action for Childhood Arrivals (DACA), and U and T Visas.

There is scant literature on the specific mental health needs of unaccompanied children.
- Many mental health conditions, such as developmental delays and learning disabilities are frequently missed due to inadequate health supervision by trained pediatric specialists.
- Unaccompanied child migration provides the potential of physical and emotional harm from repeated exposure to traumatic events before, during, and after migration.
- These traumatic experiences and the inherent hardship of migrating alone, has a dramatic effect on any pre-existing trauma and often leads to “complex trauma,” substance use, suicidality, and even psychosis.

METHODS

An internet-based systematic review of the mental health services that are available for unaccompanied minors was conducted within a variety of search engines, academic journals, and the National Center for Child Traumatic Stress, the National Center for Medical Home, the American Academy of Child and Adolescent Psychiatry (AACAP)/American Academy of Family Physicians (AAFP) Mental Health Care website, and within the Immigration Customs Enforcement (ICE) website. Several search terms were used such as: “unaccompanied children” and mental health; “immigrant children” and mental health; “linement health in immigrant children” and “Rena Firma”.

RESULTS

The most frequent diagnoses were Separation Anxiety Disorder (SAD) (n = 13, 50%), Agoraphobia (without panic) (n = 10, 38.5%), panic (n = 1, 3.8%) and Major Depression (n = 6, 23.1%), followed by Generalized Anxiety Disorder (n = 5, 11.5%) and PTSD (n = 1, 11.5%)

10-YEAR-OLD BOY DESCRIBING JOURNEY

Figure 1. Diagnostic interview Schedule for Children Version IV (DISC-IV) past year diagnostic rates of disease (2017–2018).

CASE EXAMPLE ONE

- An 8-year-old girl from El Salvador was referred for a mental health evaluation after she was found wandering alone, and she was described as appearing “dazed,” and her biological father had schizophrenia.
- Upon evaluation, from a trauma informed perspective, the child disclosed witnessing domestic violence between her parents in El Salvador.
- During immigration to the U.S., she witnessed the murder of a peer. There were no coping strategies she could muster for “toughen up,” which the child was unable to express virtually except to become very quiet and isolated.
- She was referred to “Terra Firma” in Florida, and within a program that specializes in their care, and discuss how their learnings about their clinical needs and how these clinical needs may inform immigration-related decision making.

CASE EXAMPLE TWO

- A 14 year old had witnessed the murder of one of his friends by gangs who were “coyote,” which the child was unable to express virtually except to become very quiet and isolated.
- She was referred to “Terra Firma” in Florida, and within a program that specializes in their care, and discuss how their learnings about their clinical needs and how these clinical needs may inform immigration-related decision making.

CONCLUSIONS

- Through the provision of integrated, immigration-oriented, medical and mental health care, including trauma-informed therapy, key medical and psychological needs are being met.
- Of particular importance, psychological insights can help improve health and legal outcomes.
- Attorneys should become sensitized to psychological needs and medical issues being provided for them within a program that specializes in their care, and discuss how their learnings about their clinical needs and how these clinical needs may inform immigration-related decision making.

REFERENCES