

Teachers are at risk of misattributing early signs of mental illness in migrant youth to language deficits.

Ensuring Early Intervention and Sustained Recovery in Migrant Youth Through a Systems of Care Approach

Introduction

- A 14-year-old K'iche Guatemalan-American child experienced a delay to care of over a year, ultimately requiring prolonged hospitalization.
- Changing demographics in North Carolina have resulted in a majority of public school students representing minoritized populations. Teacher, school staff demographics are not yet reflective of this shift.
- For school-aged children, teachers perform a critical role in early intervention as they are often the first professionals to notice behavioral change.
- Through interviews of Systems of Care representatives, we identified opportunities for growth.

Targets for Systems Improvement

- Teachers and the school nurse shared that 6th grade social withdrawal, academic poor performance, and mutism were attributed to language deficits and cultural factors.
--A training opportunity to better identify early signs of mental illness in migrant youth is being developed.
- Acculturation stress was identified as a significant precipitant of decline by the therapist and psychiatrists.
--A training opportunity to better identify this factor and meaningfully intervene is being developed.

Interventions you would consider?

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• The presenters have no disclosures

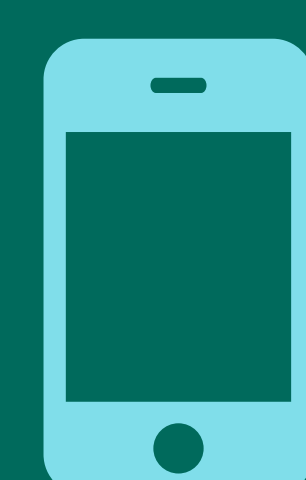
2019 - Child moves from Guatemala to North Carolina in 4th grade. Described as normally developing, happy, social, and soccer-loving.

2020 - School goes virtual due to COVID-19 pandemic and the first noticeable signs of depression are reported retrospectively.

2020-21 - 6th grade starts at new school with hybrid in-person/virtual format and few Spanish-speaking peers. Social withdrawal, academic difficulty, and quietness largely attributed to language barrier.

2021-22 - Teachers notice mutism, poor intake, and incontinence so school nurse engages. Father contacts area nonprofit to seek care.

2022 - Parents, school nurse, and nonprofit organizations coordinate evaluation at local hospital. Child discharged from the emergency department with antipsychotic medication. Second presentation led to >100-day stay for enteral nutrition, medication, and electroconvulsive therapy to treat catatonia.



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