

Bridging Borders: Community Partnerships to Support Mental Health among Immigrant Children



Cohort:
2018-2021

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Location:
Houston, Texas

Focus Areas:
Behavioral and Mental Health
Early Childhood
Immigrants & Refugees

Background

The highly diverse and rapidly growing Houston metropolitan area is home to 1.6 million immigrants. In 2017, for the first time, the region was home to more Latino than non-Hispanic White residents. Immigrants from all across the world call Houston home. Mexico remains the top origin country for immigrants in Houston. In recent years, Houston has seen an influx of families from El Salvador, Honduras, Guatemala, Venezuela, Cuba and Nigeria.

The provision of trauma-informed and culturally responsive mental health care services for vulnerable unaccompanied immigrant children is a social justice and human rights issue that must be tackled as a serious humanitarian crisis. When unaccompanied immigrant children leave shelters and enter the community, they are lost to follow-up and many of their physical and mental health care needs are unmet. We are in desperate need of an organizing group to gather community resources, create awareness, and educate local service providers across the Houston area so they may join us in providing mental health services to these vulnerable children.

Wicked Problem Description

There is incredible diversity within immigrants in Houston. This diverse population includes many, but immigrant unaccompanied minors (UMs) are likely the most vulnerable immigrants in the United States (Antony & Thomas, 2017). UMs are defined as children younger than 18 years of age without lawful immigration status and have no parent or legal guardian available to offer care upon entry to the United States (Byrne & Miller, 2012). In recent years, large numbers of UMs began arriving to the United States from Guatemala, El Salvador and Honduras seeking safety from alarmingly increased rates of gang, community and domestic violence. Yet, there are very few resources and research studies that address the health needs of UMs, particularly their need for psychological and emotional support (Carlson et al., 2012). Texas Children's Mobile Clinic Program in conjunction with Texas Children's Trauma and Grief Center, Yes to Youth in Montgomery County, Columbia University School of Social Work, and local nonprofits propose a solution named BRIDGE UM! to address the wicked problem of inadequate access, provision and use of mental health services for UMs in the Houston community.

Strategies Your Team is Undertaking

The project will pair medical and mental health staff to develop training modules for community providers to identify unaccompanied minors in need and deliver trauma-informed, and culturally responsive, mental health services. Our strategy includes three main areas of focus:

1. Creating a local network

We propose to create a comprehensive network of Houston area health care providers, community leaders, mental health care professionals, and community agencies to address health disparities by increasing access, provision and use of mental health care services.

a) Current

We have completed 4 focus groups. Two of the focus groups consisted of community leaders/mental health professionals and healthcare providers. One was with former UMs and one with the caregivers of former UMs to gather comprehensive information on the trends of health disparities among immigrant youth.

b) Future

We are supporting a local organization called the Central American Minors (CAM) group. The group includes professionals who care for immigrant children through work in clinics, mental health organizations, post-release services and schools. By supporting the group (taking minutes and helping with communication), we are able to reach leaders who will hopefully benefit from our work.

2. Creating the first clinical guide for Ums

The project will create the first clinical model to provide a guide on best practices in support of UMs in Houston, Texas and then across the United States.

a) Current

We are analyzing data from the focus groups and using the results to develop a guide for medical and mental health providers. We have provided preliminary results via our website <https://www.bbhouston.org/>

b) Future

Disseminating the toolkit guide to medical and mental health providers, including providing trainings.

3. Addressing our challenges

Our aim is to reach immigrants, including UMs, who have left an ORR sponsored shelter and advocate for this vulnerable population. Currently, reaching UMs is a challenge as many leave the shelter and are lost to follow up. Our partnership will be essential in locating these youth and sharing resources.

c) Current

We have created a collaboration with a Houston area school social worker that is connected within the immigrant community. She has been an asset in our work, as she has relationships with families in the immigrant community and has helped us make connections with families and complete much needed focus groups. In addition, Texas Children's Mobile Clinic Program has become a resource for us, as we have been able to reach families when they come in seeking medical services. We have also conducted a systematic review of the literature on UMs access to healthcare.

d) Future

We continue to build relationships with community partners that are already working with immigrant populations. Further, we will provide trainings and a toolkit to support community providers working with UMs. Lastly, using the results from the systematic review we have a platform to advocate for a better coordination of care for UMs in the community.

Outcomes

Establish a knowledge base and coalition throughout the Houston community to provide clinical services that support the mental health needs of unaccompanied immigrant children by addressing the lack of access, provision and use of mental health care.

Completed Outcomes

In-depth needs assessment in the Houston area of vulnerable immigrant children's mental health access, provision and use of services, and build a collaborative coalition of key healthcare partners (completion, December 2019).

Future Outcomes

Deliver resources and trainings to providers dedicated to serving unaccompanied immigrant children in Houston by creating a unified standard of trauma-informed, and culturally responsive mental health care practices. Create a toolkit of best practices to replicate the model in other locations throughout the United States.

Timeline

Year 2 Needs Assessment and Toolkit: Finish an in-depth needs assessment in the Houston area of unaccompanied immigrant children's mental health access, provision and use of services. Create a toolkit of best practices to support the mental health needs of vulnerable immigrant children.

Year 3 Implementation: Deliver resources and trainings to providers dedicated to serving unaccompanied immigrant children in Houston by creating a unified standard of trauma-informed and culturally responsive mental health care.

Partnerships

The team is working in partnership with the Central American Minor (CAM) Working Group in Houston that includes community partners, providers, and scholars. Specifically, the team has partnered with the leader of this working group, Sarah Howell, who is a licensed social worker providing direct services to unaccompanied immigrant children and their caregivers in Houston. As part of the team, Dr. Padma Swamy who is a pediatrician on the TCH Mobile Clinics has also been supporting the efforts of the team. Further, the team is looking to expand their partnership support by continuing to reach out to community partners, university partnerships, and mentors who are experts in the fields of trauma, mental health and unaccompanied immigrant children.

Evaluation Strategies

We are working on a comprehensive health needs assessment using focus groups and interviews with unaccompanied immigrant children and their caregivers, clinical providers and community leaders to understand mental health needs and resources. After the project implementation, we will conduct an outcomes evaluation to measure our impact via analyzing the numbers served (vulnerable immigrant children and partners in network) and the level of preparedness in delivering trauma-informed and culturally responsive services.

Contact Person Information

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