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Empowering Psychiatrists to Support Migrant & Refugee Youth

Clinical, Systems & Advocacy Tools

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FINANCIAL DISCLOSURES

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- **Mayank Gupta, MD**
- I have no relevant financial relationships to disclose.
- Per ACCME requirements: disclosed verbally and visually. No commercial support.

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Scope of the Crisis: Who Are Migrant & Refugee Youth?

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110M

Forcibly displaced people worldwide

UNHCR, 2023

40%

Are children (under 18)

UNHCR, 2023

30–50%

Meet criteria for PTSD

Fazel et al., Lancet 2012

2–3×

Higher depression vs. host peers

Kirmayer et al., CMAJ 2011

US context: 400,000+ unaccompanied minors encountered at southern border since 2014 · Only ~30% of CAP training programs include structured migrant mental health curriculum

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The Tri-Phase Risk Model for Psychiatric Formulation

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1 Pre-Migration

- Persecution, war exposure, torture
- Family separation & loss
- Community violence, sexual trauma
- Child labor, food insecurity
- Disrupted attachment & development

2 Transit

- Dangerous border crossing
- Detention & detention trauma
- Trafficking exposure & exploitation
- Loss of caregiver accompaniment
- Multiple relocations, chronic unpredictability

3 Post-Migration

- Legal uncertainty & ICE-related fear
- Language & acculturation stress
- Discrimination, poverty, overcrowding
- School disruption & social isolation
- Family reunification trauma

Source: Silove D, Ventevogel P, Rees S. World Psychiatry 2017; Fazel M et al. Lancet 2012

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Pre-Migration Trauma: Clinical Implications

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What Psychiatrists Must Know

Complex vs. single-incident trauma
Refugee children rarely experience one discrete event. Polyvictimization across development is the norm.

Trauma of loss
Loss of home, language, community, and culture are underrecognized forms of trauma.

Unaccompanied youth
Children without caregiver protection lose the critical trauma buffer; caregiver distress amplifies child distress.

Minimization
Families and children may deny or minimize trauma history due to shame, cultural norms, or strategic reasons.

ACEs compounding
Refugee-specific adversity stacks on pre-existing adversity and ACEs.

Clinical Take-Aways

- Use the DSM-5 Cultural Formulation Interview (CFI) at intake
- Ask directly about migration route — do not wait for disclosure
- Assess trauma across ALL three phases, not just the presenting event
- Evaluate caregiver trauma history and functioning in tandem
- Distinguish PTSD from culturally normative grief and mourning
- Trauma-Focused CBT and Narrative Exposure Therapy (NET) have the strongest evidence base in this population

Ref: Betancourt et al. Harvard Rev Psychiatry 2013; DSM-5 Cultural Formulation Interview (APA, 2022)

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Transit & Post-Migration Adversity

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Key Finding: Post-migration living difficulties are often stronger predictors of mental health outcomes than pre-migration trauma severity. *(Silove et al., World Psychiatry 2017)*

Transit Adversity

- Dangerous border crossings, drowning risk
- Detention — often with adults
- Physical/sexual violence and exploitation
- Trafficking exposure, extortion
- Witnessing violence and death
- Medical neglect and untreated injury
- ~60% of unaccompanied children held by ORR (Office of Refugee Resettlement)

Post-Migration Adversity

- Legal precarity & ICE enforcement fear
- Language barriers — school, healthcare
- Poverty, crowded housing, food insecurity
- Discrimination and racial trauma
- Family separation and reunification trauma
- Digital privacy concerns — surveilled communication
- Loss of developmentally critical milestones (peers, education, extracurriculars)

Ref: Silove D et al. World Psychiatry 2017; ORR Annual Report 2022; Derluyn I, Broekaert E. Int J Law Psychiatry 2008

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The Five Context Checks: Trauma-Informed Psychiatric Assessment

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1 Language Access

Use certified medical interpreters — not family members. Assess idioms of distress; somatic language often substitutes emotional vocabulary. Screen for language-specific trauma cues.

2 Migration History

Map the full migration route and timeline. Identify gaps (detention, trafficking, unknown periods). Clarify legal status without documentation pressure. Note multiple prior placements.

3 Institutional Fear

Assess fear of government agencies including healthcare systems. ICE enforcement fear significantly reduces care-seeking. Provide explicit confidentiality assurances. Avoid asking documentation questions at intake.

4 School Functioning

School is the most accessible observation window. Assess attendance, language acquisition pace, teacher concerns, peer relationships, and grade retention. Request school mental health records.

5 Digital Privacy

Assess communication patterns with family abroad. Surveillance concerns affect disclosure. Young people may receive traumatic news via social media in real time — assess digital exposure.

Adapted from: Kirmayer et al. CMAJ 2011; APA Cultural Formulation Interview 2022; AACAP Practice Parameters 2012

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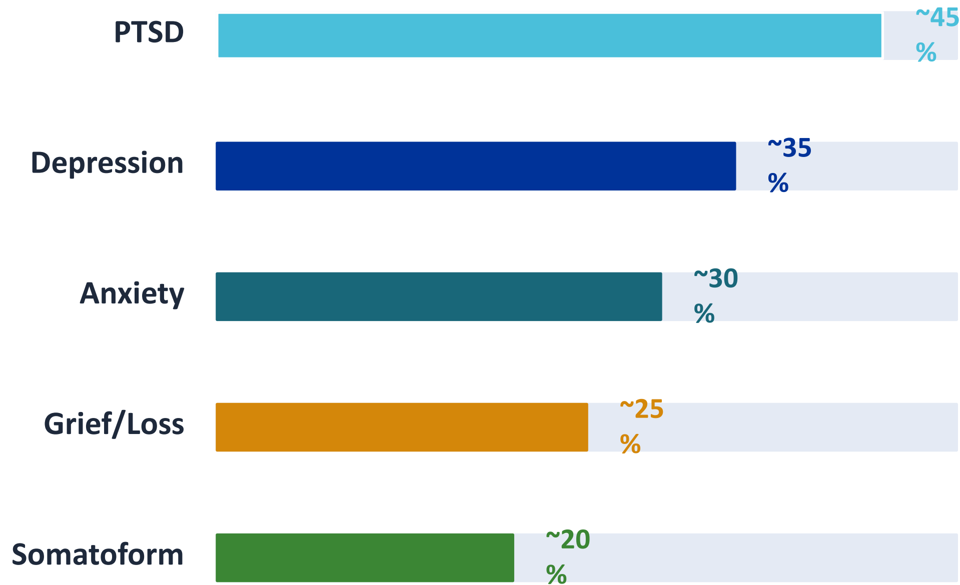
Mental Health Presentations: Diagnosis & Formulation



Clinical Formulation Notes

Avoid over-pathologizing
Distinguish adaptive trauma responses from psychiatric disorders

Cultural idioms of distress
"Thinking too much" (Africa), "nervios" (Latin America), "susto" (Latino/a) require cultural translation

Somatic-first presentations
Pain, fatigue, or GI complaints may be the entry point — screen for trauma behind them

Suicide risk
Elevated but may not present with classic ideation; assess indirectly and culturally

Comorbidity is the norm
Most youth meet criteria for 2+ diagnoses — formulate comprehensively

Ref: Fazel M et al. Lancet 2012; Bean T et al. JAACAP 2007; Kirmayer LJ et al. CMAJ 2011; Pumariega AJ et al. Community Ment Health J 2005

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Systems Failure Points: Where Migrant Youth Fall Out of Care

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1

Language & Communication Barriers at Intake

Impact: Missed diagnoses, inaccurate history, cultural misinterpretation — reliance on children as interpreters creates secondary traumatization → **Fix:** Certified medical interpreters; telephonic interpretation; bilingual intake screeners

2

Immigration Enforcement Fear

Impact: Families avoid healthcare systems fearing data sharing with DHS/ICE; children disengage from school-based services → **Fix:** Explicit confidentiality assurances; "Safe Harbor" signage; community health worker outreach

3

Absence of Culturally Competent Providers

Impact: Misdiagnosis (psychosis vs. cultural belief); diagnostic bias; high no-show rates; failure to build therapeutic alliance → **Fix:** Cross-cultural training; supervision; AACAP competency frameworks

4

Insurance & Documentation Barriers

Impact: Medicaid exclusions for undocumented youth; no consistent national screening protocol in ORR or border facilities → **Fix:** Emergency Medicaid access; CHIP utilization; pro-bono networks; advocacy for immigrant-inclusive Medicaid

5

Fragmented Inter-System Care

Impact: Legal, education, and health systems operate in silos — youth often fall through the cracks at each transition → **Fix:** Care coordination teams; warm handoffs; legal-health partnerships; school-based mental health liaisons

Ref: Pumariega AJ et al. Community Ment Health J 2005; Kirmayer LJ et al. CMAJ 2011; ORR Annual Report 2022

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Corrective Strategies & Advocacy Tools

Clinical Tools

- DSM-5 Cultural Formulation Interview (CFI) + Informant version
- Trauma-Focused CBT (TF-CBT) with cultural adaptations
- Narrative Exposure Therapy (NET) — strongest RCT evidence for refugees
- Collaborative Assessment & Management of Suicidality (CAMS)
- UCLA PTSD-RI for refugee children screening

Systems Strategies

- Warm handoffs to refugee resettlement orgs
- School mental health liaison protocols
- Pediatrician co-location in immigration legal clinics
- Trauma-informed primary care integration
- Emergency Medicaid referral pathways for undocumented

Advocacy Actions

- Oppose indefinite detention of children
- Support mental health screening mandates in ORR
- Advocate for immigrant-inclusive CHIP/Medicaid
- Testify on detention conditions in Congress
- Partner with immigration attorneys on capacity

Your Next 30 Days:

① Add one Five Context Check to your intake — start with Language Access

② Contact one local refugee resettlement agency to introduce yourself

③ Review AACAP's Practice Parameter for Cultural Competence in Child & Adolescent Psychiatry

Ref: Cohen JA et al. TF-CBT Manual 2017; Schauer M et al. NET 2011; Linehan MM CAMS 2015; AACAP 2012; APA DSM-5 2022

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