UC San Diego

Herbert Wertheim School of Public Health and Human Longevity Science

Health Status of Unaccompanied Minors Seeking Asylum in Southern California's Emergency Intake Sites

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Background

- Most youth arriving at the U.S southern border are from the Northern Triangle (i.e. Guatemala, Honduras and El Salvador).[1]
- They are fleeing their home countries due to a host of issues, including: domestic violence, gang violence, gender-based violence and sexual violence.
- In 2021, the federal shelter system under the Department of Health and Human Services received 122,000 unaccompanied migrant children seeking asylum.[2]

Objective

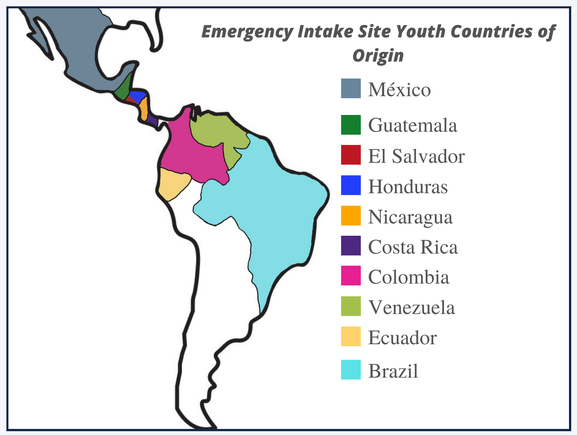
To conduct a health needs assessment of unaccompanied minors seeking asylum by interviewing Youth Care Workers (YCW) in Pomona and San Diego emergency intake sites.

Methods

- We conducted a series of 10 semi-structured qualitative interviews with YCW via Zoom, who work directly with unaccompanied minors placed in emergency intake sites in Southern California. These interviews were conducted in April 2022.
- The questions assessed the health services provided to the unaccompanied youth and their adequacy.
- The interview questionnaire is reflective of the Office of Refugee Resettlement requirements for children entering the U.S unaccompanied.[3]

Results

Figure 1.



Results

Table 1.

Participant	Mis-communication	Language Barriers	Sanitary Health	Mental Health Inadequacy
1	✔	✔	✔	✔
2	✔	✔	✔	
3	✔	✔		
4	✔	✔	✔	✔
5	✔	✔	✔	✔
6	✔	✔	✔	✔
7	✔	✔	✔	✔
8	✔	✔	✔	✔
9	✔	✔	✔	✔
10	✔	✔	✔	✔
Total	10/10	10/10	9/10	8/10

1. **Miscommunication**

"*[The youth] would be told they'd be discharged one day but wouldn't actually get discharged until several weeks later*"- **Participant 3**.

"*In one case a kid was notified that their plane was leaving in 10 min. Imagine you're with other kids who are staying here for months and all of a sudden you only have 10 minutes to pack up, say goodbye to your friends and go?*" - **Participant 10.**

2. **Language Barrier**

"*They had to rely on another youth that spoke the indigenous language. There were language barriers with regards to communicating about health*"- Participant 7

"Some indigenous individuals didn't speak Spanish. This required a lot of charades and trying to figure out what they wanted" - **Participant 10**.

3. **Sanitary Health**

"The showers were an issue because in order to save water they had to limit showers to 3x per week which caused issues for girls who were menstruating"- **Participant 1**.

"*I did not think it was right that the staff withheld the menstrual products"* - **Participant 5**.

"They were embarrassed to keep asking for pads so they often had to reuse them" - **Participant 8**.

4. **Mental Health Inadequacy**

"Instead of dealing with their severe mental health issues, they'd be transported somewhere else like a mental institute or another center."- **Participant 8**.

There were only 3-5 therapists for the whole center (~2,000 youth)...It was hard to get a therapist unless it was an emergency situation (e.g. suicidal ideation)" **Participant 6**.

Figure 2.

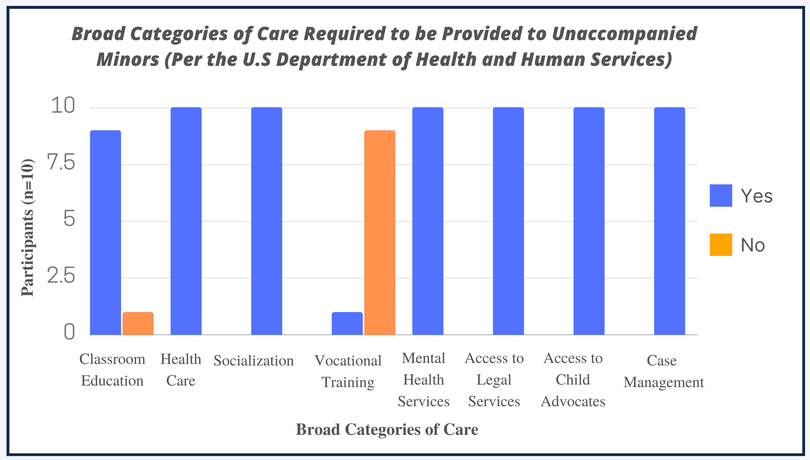
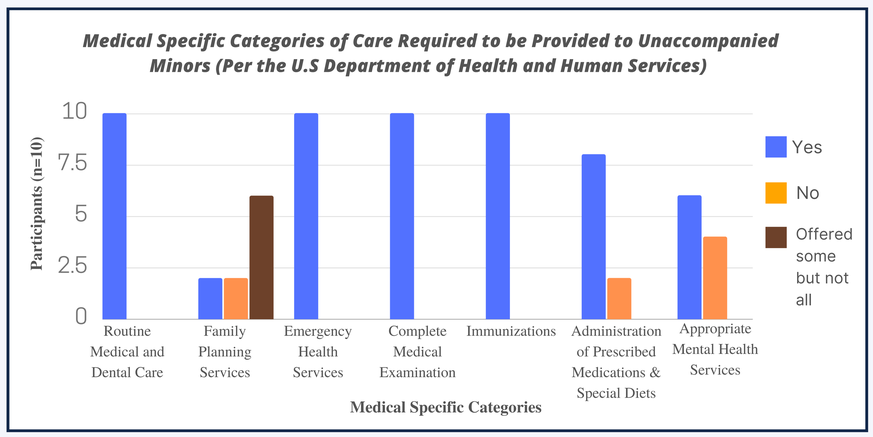


Figure 3.



Conclusion

Though the primary care provided to the youth was comprehensive, it did not include adequate family planning services, mental health services, sanitary resources or transitionary resources.

Policy Implications

EIT's can benefit from implementing proactive mental healthcare services, more sanitary resources, translation services, and transitionary programs to help unaccompanied minors succeed in the U.S. They can also benefit from giving minors autonomy to contact their sponsors, parents, case managers and lawyers to eliminate the latency and miscommunication between one another.

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References

1. KIND. Central America and Mexico. KIND. https://supportkind.org/what-we-do/international/central-america-mexico/.
2. Montoya-Galvez C. U.S. shelters received a record 122,000 unaccompanied migrant children in 2021. CBS News. https://www.cbsnews.com/news/immigration-122000-unaccompanied-migrant-children-u s-shelters-2021/.
3. Children entering the United States unaccompanied: Section 3. The Administration for Children and Families. https://www.acf.hhs.gov/orr/policy-guidance/children-entering-united-states-unaccompanied-section-3.