

Meeting the Mental Health Needs of Unaccompanied Asylum-Seeking Children (UASC) in the United States



Introduction

The Global Alliance for Behavioral Health and Social Justice is dedicated to applying principles of human rights to policy development and community action to promote the well-being and mental health of vulnerable communities, including immigrants and refugees. Unaccompanied asylum-seeking children (UASC) are particularly vulnerable. They are migrant children under the age of 18 who are separated from both parents or guardians and are not being cared for by an adult who, by law or by custom, is responsible for doing so (United Nations High Commissioner for Refugees [UNHCR], 1997). Specifically, UASC are minors who cross the border into the United States and request asylum upon entry. Over 120,000 UASC were referred to the Office of Refugee Resettlement for crossing the U.S.-Mexico border in the past year. This requires a call for action that improves how the children's needs are met and reforms migration policies that impact UASC's experiences.

Problem Statement

In light of their experiences and the conditions under which they are entering the United States, UASC have particular developmental needs (e.g., guardianship, education, belonging). However, current immigration policies fail to provide environments necessary for children to thrive and participate as framed in the Convention on the Rights of the Child (CRC, 1989). Rather, they create fear and uncertainty, which has significant implications for mental health and well-being for UASC. As an organization, we are alarmed because the best interests and developmental needs of UASC are not being adequately met, thus setting them on a path of potential greater suffering and exacerbated psychological distress (Hopkins & Hill, 2010; CRC 1989).

The position of UASC as children in society

Children require guidance and support and have developmental needs that differ from those of adults. UASC are not only minors with specific developmental needs, but also children without an adult to care, guide and support them. For instance, many UASC require access to comprehensive and culturally responsive mental health services given their experience(s) of traumatic events prior to and during migration. Adequate and effective mental health services will not only help UASC cope with difficult emotions, but also foster positive adaptation and overall well-being. However, children generally, and UASC more specifically, often require the support of a caregiver to access such opportunities. International guidance states that during childhood, a person requires special care and assistance, and that children are entitled to this,

regardless of race, gender, orientation, ethnicity, or other status (CRC, 1989). Similarly, the UNHCR notes that minors seeking asylum are entitled to special care and protection (UNHCR, 1997).

Process of arrival and needs for legal representation

Upon arrival, UASC are faced with the possibility of being detained and deported, and they very rarely have access to legal representation. In general, those who are represented legally have better outcomes than those who are not (AmeriCorps, 2018). However, due to the high costs of legal representation, UASC depend on pro-bono and other non-for-profit legal service providers. However, the demand for these services outnumbers the supply. Currently, there are no sustainable policies which ensure that any asylum seekers, including UASC, have access to legal representation for migration hearings. When apprehended at the border, unaccompanied asylum-seeking children are placed in detention facilities before being released to the custody of the Office of Refugee Resettlement (ORR) and placed in “shelters.” Under the Homeland Security Act of 2002, Congress transferred the care and custody of UASC to ORR from the former Immigration and Naturalization Service (INS) (Department of Health and Human Services [HHS], 2022). The goal was to move away from the adult detention model and be less restrictive. However, these “shelters” are still temporary detention facilities (with youth spending an average of 37 days according to ORR [2021]), operated by organizations funded through ORR, that do not have a uniform standard of care (Congressional Research Service, 2021).

UASC are placed in shelters as they await an immigration hearing which determines their eligibility for asylum. If deemed eligible for asylum proceedings, they may be released to family or placed in foster care or a group home until the decision on their asylum claim is made. This process varies by case, with UASC being in the initial detention shelters for varying amounts of time, from a few months to several years. Under the guidelines on policies and procedures in dealing with unaccompanied children seeking asylum, the UNHCR (1997) states that UASC should not be refused access to the territory of arrival and their applications should be given priority to reach a decision promptly and fairly. Yet the barriers set in place at the U.S. border make it difficult for them to enter and seek asylum. The precarity of their situation during detention, along with their experiences of stressful life events before and during migration, make UASC particularly vulnerable to psychological distress (von Werthern, Grigorakis, & Vizard, 2020) and internalized racism or oppression (Angelo-Rocha et al., 2021), underscoring their need for a stable environment upon resettlement.

Understanding UASC’s developmental need for appropriate guardianship, belonging and education

The CRC (1989, Article 21) articulates that it is the state’s duty to ensure that the placement of the child in another country is carried out by competent authorities and meets the best interests of the child. Currently, laws and policies around placement of UASC fail to consider their best interests and wishes, often leading to children feeling lack of care, love, and support (Kalverboer et al., 2017), which can contribute to issues of mental health and internalized racism (Monzó,

2016). The literature suggests that placement with foster families and in supportive environments where youth view themselves as being supported by community members, promotes connection, positive adaptation and a sense of belonging.

The CRC (1989, Article 30) states that all children from minority ethnic, or Indigenous backgrounds have the right to participate in their own religious, cultural, traditional activities and to use their own languages. Providing the opportunity for UASC to engage in different activities, such as arts and movement, allows their voices to be heard despite language barriers and experiences of trauma. Further, providing access to professionals who understand their cultural needs and language barriers would result in services that more accurately meet their needs, in turn reducing the risk of long-term mental health issues and misdiagnosis. UASC have the right to feel they belong in their new communities, by developing social support networks within their ethnic communities (Oppedal & Idsoe, 2015).

UASC often experience interrupted schooling. Local educational systems often neglect or fail to meet the children's educational needs, resulting in older UASC (between 16 and 18 years of age) often being steered towards General Educational Development (GEDs) rather than given the opportunity to enroll in high school (Birman et al., 2020). Access to a formal education for UASC is critical for their well-being. Schools provide pivotal physical spaces and access to relationships that provide safe and supportive learning environments for students and foster academic, social, and emotional development. Schools also provide access to important services and supports that can provide a sense of normalcy, safety, and routine (Osofsky et al., 2007). Research has shown that schools are an important setting for cultural integration (Peguero & Bondy, 2015; Trickett & Birman, 2005), as well as a source of social support for youth. Generally, children's well-being is linked to engagement in school and the experiences that shape livelihoods (including academic, behavioral, and psychological outcomes) through the connectedness of activities and the development of trusted relationships (Boberiene, 2013).

What do we know about the well-being of UASC and why do they require our attention?

These children flee their countries of origin for a variety of reasons, including experiences of violence, poverty, and conflict (Barrie & Mendes, 2011; Hopkins & Hill, 2010). For these young people, conditions in their countries of origin are sufficiently harsh resulting in the decision to migrate alone for the chance of a better life. UASC face many perils on their journeys crossing the border (Becker et al., 2018), potentially leading to significant psychological distress. Upon arrival, most show symptoms of depression (Keeles et al. 2016; 2018; Sotomayor-Peterson & Montiel-Carbajal, 2014), anxiety (Sierau et al., 2019), and post-traumatic stress (Bean et al., 2007a; Bean et al. 2007b; Vervliet et al., 2014) due to the stressful events experienced before and during migration. This results in different developmental needs than their counterparts who are not immigrants (Burbage & Klein Walker, 2018). For instance, UASC often fail to meet the criteria for formal diagnosis set by the Diagnostic and Statistical Manual of Mental Disorders (DSM), despite experiencing high rates of psychological distress. This results in a lack of appropriate services being offered. Although youth go through a series of mental and physical health evaluations upon detention, they often do not receive the comprehensive services they require,

or ought to receive, particularly with limited access to continued services after the youth are released from detention.

Attitudes towards UASC impact their well-being

After being released from ORR custody, children may also experience discrimination and marginalization. Attitudes towards immigrants are constantly shifting, influencing how unaccompanied asylum-seeking children are depicted in the media. One dichotomy that occurs is the narrative of innocence versus criminality, which involves the extent to which UASC are perceived as innocent children or savvy criminals. Lems and colleagues (2019) note that in Europe the initial narrative portraying these young people as children who are highly vulnerable and in need of protection quickly shifted to the narrative of youth as criminals who are to be feared. This narrative has shaped how policymakers approach UASC and support services. For instance, in the United States, attention has been directed toward diagnostic tests to determine the age of minors who do not have birth records in order to prevent plausible abuses of the system (Salmerón-Manzano & Manzano-Agugliaro, 2019). Instead of directing resources for punitive purposes, policymakers should focus their attention and resources on meeting the mental health and legal needs of these young people, including access to interpretation and support as they go through legal hearings (Burbage & Klein Walker, 2018).

Position Statement

The Global Alliance is concerned with the treatment of UASC and the lack of appropriate responsiveness on behalf of policymakers. Currently, children are being questioned about their age and often must prove their status as minors to receive the services they require. We are gravely concerned with the way in which UASC are mistreated and often dismissed, leading to a lack of responsiveness to their best interests as minors and asylum-seekers.

First, the current system in the United States puts UASC at risk by failing to provide legal representation upon entry. Current laws must be updated to ensure UASC have access to legal representation during the asylum process. Second, UASC must also have access to a stable placement where they feel cared for, loved, and supported while their asylum process is pending. Policies should prioritize placement of UASC with family members who live in the United States, or with foster families, rather than in group homes. This leads to better adaptation and well-being, which can in turn help reduce mental health symptomatology and provide a sense of normalcy. Third, UASC must also have access to culturally and linguistically appropriate mental health services, appropriate educational experiences, and other culturally relevant services where they have opportunities to meaningfully participate.

Policymakers, in partnership with communities, must create clear guidelines that better promote the well-being of UASC. The existing system fails to do so and requires a collaborative re-examination, which includes the participation of UASC, mental health providers, advocates, service organizations and local governments. Efforts must be made to ensure that services are

culturally appropriate and meet the needs of UASC, including for language learning, building connections and a sense of community, education, and legal services. For instance, comprehensive cultural training for mental health providers would lead to a better understanding of UASC's migration experiences. This approach will not only lead to services that more accurately meet UASC's needs, but also help the community at-large to recognize USAC as children first, and not criminals. Lastly, such an approach would improve the overall well-being and mental health of UASC today and improve their opportunities for contributing to their communities in the future.

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References

- AmeriCorps (2018). Justice AmeriCorps Legal Services for Unaccompanied Children Program. https://www.americanbar.org/groups/public_interest/immigration/resources/justice-ameri-corps-legal-services-for-unaccompanied-children-pro/
- Angelo-Rocha, M., Armstrong, L., Mobley, A.M., Davis, D. (2021). Recently Arrived – still underserved: Language learning and teaching in the shadows. In Ruby, M., Angelo-Rocha, M., Hickey, M., Agosto, V. (Eds.), *Making a spectacle: Examining curriculum/pedagogy as recovery from political Trauma* (pp. 127-139). IAP.
- Barrie, L. & Mendes, P. (2011). The experience of unaccompanied asylum-seeking children in and leaving the out-of-home care system in the UK and Australia: A Critical Review of The Literature. *International Social Work*, 54(4), 485-503.
- Bean, T., Derluyn, I., Eurelings-Bontekoe, E., Broekaert, E., & Spinhoven, P. (2007a). Comparing psychological distress, traumatic stress reactions, and experiences of unaccompanied refugee minors with experiences of adolescents accompanied by parents. *Journal Of Nervous and Mental Disease*, 195(4), 288-297.
- Bean, T. M., Eurelings-Bontekoe, E., & Spinhoven, P. (2007b). Course and predictors of mental health of unaccompanied refugee minors in the Netherlands: One year follow-up. *Social science & medicine*, 64(6), 1204-1215.
- Becker Herbst, Sabet, R. F., Swanson, A., Suarez, L. G., Marques, D. S., Ameen, E. J., & Aldarondo, E. (2018). "They Were Going to Kill Me": Resilience in Unaccompanied Immigrant Minors. *The Counseling Psychologist*, 46(2), 241–268. <https://doi.org/10.1177/0011000018759769>
- Birman, D., Oberoi, A. K., Garcia, M. F., Haarlammert, M., Leiva, M., Lane, A., Culbreth, C., Taylor, H., Ruiz-Sorrentini, A., & Trickett, E. J. (2020). In-between: Late-arriving teens in adult education programs navigating child and adult immigrant narratives. *Journal of Adolescent Research*. <https://doi.org/10.1177/0743558420967117>
- Boberiene, L.V. (2013). Can policy facilitate human capital development? The critical role of student and family engagement in schools. *American Journal of Orthopsychiatry*, 83, 346-351.

- Burbage, & Klein Walker, D. (2018). A Call to Strengthen Mental Health Supports for Refugee Children and Youth. *NAM Perspectives*, 8(8). <https://doi.org/10.31478/201808a>
- Congressional Research Services (2021). Unaccompanied alien children: An overview. <https://crsreports.congress.gov>
- Department of Health and Human Services [HHS] (2022). Unaccompanied Children Program. <https://www.hhs.gov/programs/social-services/unaccompanied-children/index.html>
- Hopkins, P. & Hill, M. (2010). The needs and strengths of unaccompanied asylum-seeking children and young people in Scotland. *Child and Family Social Work*, 15, 399-408.
- Kalverboer, M., Zijlstra, E., van Os, C., Zevulun, D., ten Brummelaar, M., & Beltman, D. (2017). Unaccompanied minors in the Netherlands and the care facility in which they flourish best. *Child & Family Social Work*, 22(2), 587-596.
- Keles, S., Friborg, O., Idsøe, T., Sirin, S. & Oppedal, B. (2016). Depression among unaccompanied minor refugees: the relative contribution of general and acculturation-specific daily hassles. *Ethnicity and Health*, 21(3), 300-317.
- Lems, A., Oester, K. & Strasser, S. (2020) Children of the crisis: ethnographic perspectives on unaccompanied refugee youth in and en route to Europe, *Journal of Ethnic and Migration Studies*, 46:2, 315-335, DOI: [10.1080/1369183X.2019.1584697](https://doi.org/10.1080/1369183X.2019.1584697)
- Monzó, L. (2016). "They don't know anything!" Latinx immigrant students appropriating the oppressors' voice. *Anthropology & Education Quarterly*. 47(2), 148-166
- Office of Refugee resettlement [ORR](2021) Unaccompanied alien children fact and data. <https://www.acf.hhs.gov/orr/about/ucs/facts-and-data>
- Oppedal, B., & Idsøe, T. (2015). The role of social support in the acculturation and mental health of unaccompanied minor asylum seekers. *Scandinavian Journal of Psychology*, 56(2), 203–211. <https://doi.org/10.1111/sjop.12194>
- Osofsky, J.D., Osofsky, J.J., & Harris, W.W. (2007). Katrina's children: Social policy considerations for children in disasters. *Society for Research in Child Development Social Policy Report*, 21, 1-18.
- Peguero, A. A., & Bondy, J. M. (2015). Schools, justice, and immigrant students: Segmented assimilation, race, ethnicity, gender, and perceptions of fairness and order. *Teachers College Record*, 117(7).
- Salmerón-Manzano, E., & Manzano-Agugliaro, F. (2019). Unaccompanied minors: Worldwide research perspectives. *Publications*, 7(1), 2. doi:10.3390/publications7010002
- Sotomayor-Peterson, M. & Montiel-Carbajal, M. (2014). Psychological and family well-being of unaccompanied Mexican child migrants sent back from the U.S. Border Region of Sonora-Arizona. *Hispanic Journal of Behavior Science*, 36(2), 111-123.
- Sierau, S., Schneider, E., Nesterko, Y. & Glaesmer, H. (2019). Alone, but protected? Effects of social support on mental health of unaccompanied refugee minors. *European Child and Adolescent Psychiatry*, 28, 769-780.
- Trickett, E. J., & Birman, D. (2005). Acculturation, school context, and school outcomes: Adaptation of refugee adolescents from the former Soviet Union. *Psychology in the Schools*, 42(1), 27–38. <https://doi.org/10.1002/pits.20024>
- United Nations Human Rights office of High Commissioner (1989). Convention on the Rights of the Child [CRC]. <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

United Nations High Commissioner for Refugees [UNHCR] (1997). Guidelines on policies and procedures in dealing with unaccompanied children seeking asylum.

Vervliet, M. et al. (2014). The mental health of unaccompanied refugee minors on arrival in the host country. *Scandinavian Journal of Psychology*, 55, 33-37.

Von Werthern, Grigorakis, G., & Vizard, E. (2019). The mental health and wellbeing of Unaccompanied Refugee Minors (URMs). *Child Abuse & Neglect*, 98, 104146. <https://doi.org/10.1016/j.chiabu.2019.104146>