

# Deportee Mental Health in Tijuana: Social Support Models of Therapy as the Solution

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## Introduction

**Hernandez was only a year old when he came to America. After 71 years and serving the US in the Vietnam War, he was deported. As he was being deported, an ICE agent asked Hernández if he knew Spanish because he was going home. “I am home, I told him, but he just laughed” (Lakhani, 2017).**

Half of the nation’s 11 million immigrants have lived here for at least 13 years and at least 4 million have U.S born children (Pew Research Center; 2019). When one has lived a majority of their life in another country and started a life there, deportation is no longer “sending migrants home,” it is forcibly uprooting the important and valuable social structures that the individual has tediously created and maintained.

Deportation is a highly traumatic and isolating event that has been shown to have severely detrimental effects on mental and emotional health. Deportees in Tijuana often do not have social support systems and are at high risk for homelessness, drug abuse, depression and PTSD, police violence, yet their experiences are severely underrepresented in global mental health literature.

Several studies have evaluated the general need for more mental health care and access in Tijuana.

- In a study conducted through a local clinic in “El Bordo”, 584 patients were evaluated, **55% of the sample reported clinically significant depressive symptoms** (Burgos, 2018; Ferraiolo et.al, 2016).
- In another study specific to deportees in Tijuana, **98% of participants had experienced one or more traumatic events**, while nearly **half met the DSM-5 criteria for PTSD** (Pena).

Unfortunately, mental health resources are in short supply and high demand globally. Tijuana is no exception. The mental health need in Tijuana is compounded by the sheer amount of deportees they accept, about 30% of all US deportees, most of which are at-risk and struggle with coming to terms with their new reality.

Loneliness, isolation, and trauma have a detrimental effect on emotional and mental health. But **a traditional psychiatric or pharmacotherapy approach cannot meet this need** due to stigma, cultural incompetence, lack of resources, and a root need for greater social connection that psychiatry does not address

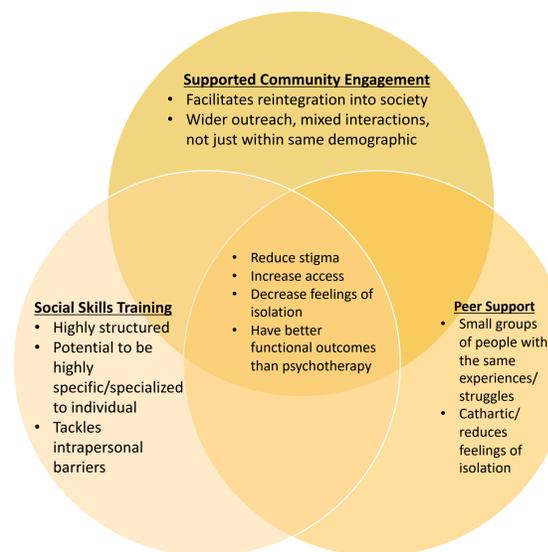
**Social support models for therapy are the solution** to meet this need and can be broken into three levels:



## Conclusion and Discussion

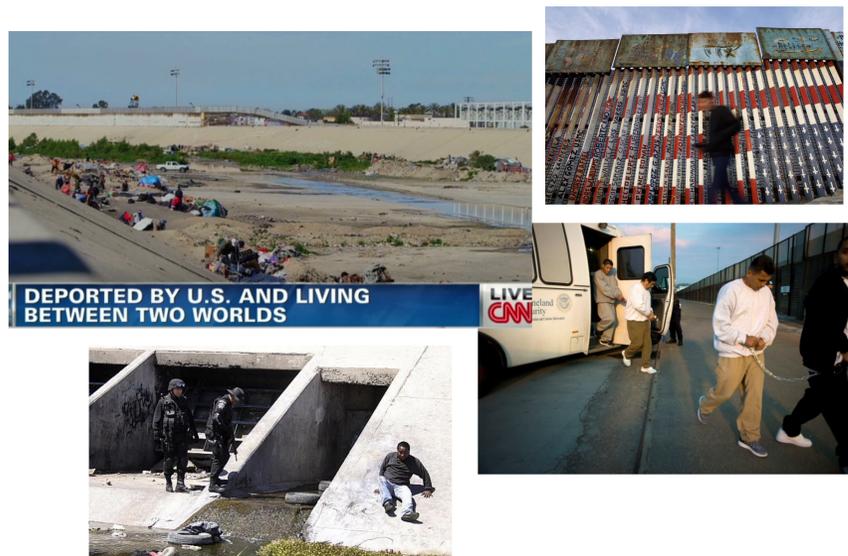
There are several lessons to be learned from the three varieties of social support interventions and how they can supplement the limitations of traditional psychotherapy. By analyzing the strengths and weaknesses of each intervention, researchers and providers can pull the key components of each to develop the best intervention that suits the target population and the resources available.

Deportees in Tijuana ultimately struggle from feelings of isolation, trauma, identity conflict, and social deficits that can cause mental illness like depression or PTSD. **By targeting the underlying causes of mental distress, social support therapies are best suited for mediating the traumatic experiences of deportation and resulting emotional and mental stress and guiding deportees back into society as functional and successful members.**



## Results

| Social Support Models             | Descriptions   | Examples  | Strengths   | Limitations  |
|-----------------------------------|--|---|---|--|
| Supported Community Engagement    | Community engagement empowers the individual to reintegrate into their community, to become a functional and productive part of a protective network.  | Safe spaces, recreational and social activities in community, small group homes, volunteering, transitional housing | Functional benefits in mental health, quality of life, resiliency and homelessness<br>Community engagement is important in psychological empowerment<br>Learn valuable skills in how to develop strategies, work with others to achieve their goals<br>Increases feelings of unity and belonging, creation of strong protective social network  | Difficult if the area is so low resource that there are not community engagement opportunities, hard to transport and reach populations who are just trying to survive |
| Peer Support                      | Peer support brings together non-professionals with similar stressors for mutual support or unidirectional support from either an experienced or novice peer and can facilitate an environment of cohesiveness, universality, imitative behavior, hope and catharsis | Peer support groups, befriending, sponsorship, mentor-mentee  | Has a direct effect of decreasing isolation as well as increasing the sharing of health and self-care information, a buffering effect of reducing the impact of stressors, and a mediating effect of positive role-modeling<br>Can be delivered in groups, pairs, or even over the telephone<br>Smaller social support systems and structures for caring resonates with the cultural concept of familismo | Need to find/train a community peer support leader, hard to find safe spaces to convene  |
| Individual Social Skills Training | SST is a form of behavioural therapy in which clients are taught skills that help in the building and retainment of social and interpersonal relationships   | Courses that specialize in improving social skills and intrapersonal barriers to socialization                      | Has the most evidence for improving functional outcomes of mental illness<br>Individuals are taught in a way that is specifically tailored to their goals   | Not as wide reaching, may not suit everyone, can easily be top-down, little research done on Latin American populations  |



## References

[1] R. M. Gupta, I. Newton, I. Sutherland, and Y. R. Wang, "The impact of decentralized configurations on networking," IBM Research, Tech. Rep. 746-13, Dec. 1999.