



Joint report from AAP, Migration Policy Institute aims to improve care of migrant children

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A new [report](#) from the AAP and the Migration Policy Institute (MPI) offers recommendations on how governments, health systems, schools and communities can improve health services for the growing number of unaccompanied children entering the United States.

The focus is on helping kids once they leave federal custody and transition to U.S. communities.

Released today, the report draws on interviews and focus groups over the past year and a half with more than 100 professionals and unaccompanied children, along with information from field visits to Houston, Los Angeles and New Orleans.

The report, “A Path to Meeting the Medical and Mental Health Needs of Unaccompanied Children in U.S. Communities,” offers “very good background for those who may not have a lot of experience in this area and also speaks to those who have a wealth of experience,” said co-author Karla Fredricks, M.D., M.P.H., FAAP, immigration fellow at AAP and member of the AAP Council on Immigrant Child and Family Health Executive Committee.

Dr. Fredricks, who directs the Program for Immigrant and Refugee Child Health at Baylor College of Medicine and Texas Children’s Hospital, has spent her career in advocacy and research to help child migrants and refugees.

But there is a role for all clinicians, she noted.

“We can all be part of a coalition, like with our local schools, to make sure that kids are getting the health care services they need,” she said. “We can work with multidisciplinary community coalitions with people from all different backgrounds.”

The report includes promising practices from various locations. Aspects of these successful programs can be replicated across the country, Dr. Fredricks noted.

Wide range of barriers

Migrant children face numerous barriers to medical and mental health services. Most of them temporarily enter the care of the U.S. government before joining parents or other sponsors in the U.S. while they await immigration proceedings. Although the children have health insurance while the Office of Refugee Resettlement (ORR) finds and vets their sponsor, the coverage ends once they leave federal custody.

Most are not able to obtain public health insurance such as Medicaid or the Children’s Health Insurance Program, nor can they afford private insurance. As a result, the children become uninsured and face a host of problems.

Dr. Fredricks recalled a case of a teen living in a shelter who came to medical attention due to constant vomiting. The young woman, a survivor of sexual assault, had been admitted to the hospital multiple times, and her electrolytes were abnormal. Bulimia was a concern — as was trauma.

After a workup, the treatment ended up focusing on the patient’s mental health. Eventually her mother, who was living in the U.S., was cleared to take custody; but the two were headed to a rural area with limited access to mental health care and no medical coverage. The dire situation delayed the teen’s release to her mother, although she was eventually connected to an appropriate mental health care option and reunified with her mother.

Recommendations

The recommendations for clinicians, ORR and others include the following:

- Create a welcoming environment for newly arrived children and families. Health care facilities should ensure staff is welcoming and clinicians are trained in trauma-informed care. Screening should include identification of children’s strengths and protective factors.
- Improve ORR’s information-sharing about children’s health conditions observed while in federal custody with those caring for the children upon their release.
- Provide medical and mental health case management for all children following release for at least a year.
- Expand funding at federal, state and local levels to train more trauma-informed mental health clinicians with language and cultural backgrounds that match those of the children.
- Bring appropriate medical and mental health services into the community.
- Help ensure all students and their families have access to affordable health care, including by allowing all low-income unaccompanied children to be eligible for public health insurance once they leave ORR custody.
- Screen all new students for social determinants of health and connect them to resources and referrals as needed.

“Achieving the societal goal of ensuring that all children in the United States reach their full potential necessitates policies and practices that are designed specifically for unaccompanied children,” wrote authors Dr. Fredricks and Jonathan Beier, Ph.D., a policy analyst at MPI.

Helping unaccompanied children reach their potential also benefits the families, schools and communities they join, they concluded.

Resources

- Access the AAP-MPI report *A Path to Meeting the Medical and Mental Health Needs of Unaccompanied Children in U.S. Communities* at <https://bit.ly/3AkgVF2>.
- A panel of experts will discuss the report's findings in a webinar from 3-4 p.m. ET today. Register at migrationpolicy.org/events/medical-mental-health-services-unaccompanied-children.
- AAP Council on Immigrant Child and Family Health, <https://bit.ly/3ozYUA9>

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