

“THEY ARE COMING TO HURT ME,” CRIES FOR STRUCTURALLY COMPETENT PSYCHIATRIC CARE FROM CENTRAL AMERICAN MIGRANTS IN THE UNITED STATES

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Bio:

Jonathan Gomez is a first-year psychiatry resident at UCLA with an MD from UCLA David Geffen School of Medicine, a BS in Biology, and a BA in Global Health from UC San Diego. At UC San Diego, he conducted diabetes research in transnational migrant communities on the US/Mexico border, published in the volume "Return Migration, Health, and Sexuality in a Transnational Mexican Community". After graduation, he participated in the CDC Undergraduate Public Health Scholars program. During this time, he interned with the NIH-funded UCLA Corner Store Project, which aimed to reduce cardiovascular disease burdens for residents of East LA through increased access to healthy foods via community-based participatory research. He then worked at UCSF for two years as a health navigator in safety-net sexual health clinics. In medical school, he founded the UCLA HIV Counseling and Testing Coalition, which provides students from communities disproportionately affected by HIV with mentorship, support, and internship opportunities. He plans to specialize in HIV psychiatry, and to research health delivery models to reduce inequities among LGBTQ+ and Latinx communities.

Abstract:

Background: Drove of Central American migrants (CAMs) are crossing the United States (US) border with high rates of poverty, violence, trauma, and psychopathology in their history. **Case:** A 19-year-old CAM with Posttraumatic Stress Disorder presented to the psychiatric ER at UCLA Olive View Medical Center in meth-induced psychosis. Family separation and forced meth use while trafficked out of El Salvador put him at increased risk for psychiatric illness. His later arrest under the influence in the US made him a target for deportation. Through collaboration with legal professionals, we were able to keep him safe from deportation, stabilize his mental condition, and discharge him to a mandatory detox facility. **Discussion:** CAMs face high rates of mental illness, yet, the US federal government continues to detain and deport them at record-high rates, further increasing community stress and impeding access to care. Our collaboration with our patient's lawyer provides one example of a structurally competent intervention to protect CAMs from deportation, and ensure treatment. **Conclusions:** As the population of CAMs in the US continues to grow, psychiatrists must make themselves aware of the unique psychosocial issues affecting this population and employ structurally competent approaches to address barriers to mental healthcare.