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Migration as a risk factor affecting mental health and emotional education: in the search of the dream.

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Abstract

Throughout the existence of human beings, there are records of our ancestors in the process of migration, a phenomenon that continues to occur day by day, whether legally or illegally, people try to find a better lifestyle.

As for the country, Mexico is a strategic point for migration due to its location, with Ciudad Juárez and Chihuahua being a step to cross into the state of Texas and to the north of the United States, Canada. Now, leaving geography aside, the phenomenon of migration has a risk factor for the mental health of the migrant, especially those who live in shelters or on the streets waiting to cross. A migrant leaves their home, family, friends, possessions and embarks on a journey that many times and for a long list of reasons has no return, having a direct impact on mental health because of what they see, because of the experience, because of what they feel, because of what happens to them in their migratory process. Conducting this research had a considerable emotional impact due to the conditions in which migrants find themselves, including transference and countertransference within that context in contact with the migrant.

Keywords: Immigrants, refugees, mental health, emotional education.

Introduction

Mexico has become synonymous with migration, mobility, economic consequences and currently the consequences on the mental health of migrants. The World Health Organization (2024) defines mental health as "a state of well-being in which each individual develops his or her potential, can cope with the stresses of life, can work productively and fruitfully, and can contribute something to his or her community." Here we can see the concepts that can abandon the migrant's personality and cost him or her not only mental health but also his or her life.

The process of migration is a complicated and stressful ordeal for all categories of migrants. It always involves leaving one's home country and trying to adapt to a new and different environment, culture, and society. Of course, refugees and persons fleeing their homes are exposed to traumatic events before departure, throughout their journey, and after their arrival in the host state. Indeed, the experiences of migrants themselves may vary

substantially amongst different migrant groups, depending on their specific migrant context and the environment in the host country (Camilleri, 2022).

Refugees and migrants are a heterogeneous group of people who are on the

move or have moved away from their usual place of residence. They have many different circumstances and experiences; they may move alone or with their families, and within or across internationally recognized state borders. They have many reasons for moving, including to avoid conflict and violence, to improve their financial situation, for marriage, for reunification with resettled family or for better educational opportunities.

The global evidence review on health and migration (2023) It identifies five key themes to be addressed in order to improve access to mental health care for refugees and migrants:

- Community support: Evidence shows that being part of a community with a shared background and attending school are associated with lower rates of mental disorders.
- Basic needs and security. An insecure legal status, for example, can contribute to poor mental health.
- Stigma: experiences of racism and discrimination are consistently associated with adverse mental health outcomes.
- Adversity and trauma. Extended detention, for example, is associated with increased rates of depression and PTSD.
- Access to services. Refugees and migrants often do not prioritise their mental health because they are not aware of the services available free of charge or do not accept health care due to language barriers and concerns around confidentiality.

This research makes an extensive analysis of the mental health of refugee migrants in Ciudad Juárez, Chihuahua, a part of the individual's biopsychosocial health that affects his or her day to day life and most of the time silently.

The educational

Health is fundamental for human beings, having it allows them to carry out their daily activities without any limitations, including mental health. According to Achotegui (2009), migration, like most events in life, has, along with a series of advantages, benefits (such as access to new life opportunities and horizons), a set of difficulties, tensions, and stressful situations. Migration is generally studied using macro-structural or micro-rational approaches (mostly focused on migration decision-making) rather than subjective experiences such as psychological and cultural dimensions, emotions, values, and social interactions (Mahmud, 2021). Migration would have a problematic part, a dark side, which is called migratory stress or grief. According to Frías Cienfuegos (2024), the hardening of the policies of the Nation-States regarding migration has generated that the human condition becomes vulnerable for those who move; this has an impact on the mental health of migrants, warned Diana Tamara Martínez Ruiz, Secretary of Institutional Development (SDI) of UNAM:“We know that migration in its most extreme forms causes emotional and mental states that seriously affect the well-being of people. The most common problems arise from this reality, which include depression, anxiety, post-traumatic stress, identity crises, social pressures, and all of this is aggravated by migratory grief.”For the Instituto Superior de Formación de Apertura Psicológica (2024), the migratory process takes a subject enrolled in a culture to another cultural destination (transculturation); it involves other patterns, means and methods of communication. The changes are of vertical and horizontal mobility; the first ones concern the socio-economic-cultural elements, and the second ones to the changes in the geographical sense, implying modifications in the field of activity; it also mentions that feelings of nostalgia and desires to access achievements will be precipitated, which implies admitting the capacity to achieve them under the disposition of new cultural and linguistic patterns. The resolution of the migratory process will be linked to subjective resources; from the capacity to address loneliness, through the approach to separations or coping with losses, as well as the recognition of their reality and their capacities to invent new interests and links.Separation from loved ones is always difficult because it also entails separation, so the migrant will experience grief and express it depending on his or her culture. Classical theory has made mistakes about migration, in terms of the construction of culture and identity in unequal intercultural contexts. Migration is continuously shaping the world on local, national and international

levels. This phenomenon impacts the lives of individuals all around the globe, and bears deep psychological, social and economic implications. The relationship between mental health and acculturation is extremely complex (Andronic, 2024)

According to Bojórquez-Chapela (2024) to assess the presence of psychological distress among non-Mexican migrants in-transit through Mexico, and to evaluate the association of forced migration and psychological distress in this population.

For Dradras and Mohammad (2025) given the clear mental health risks associated with restrictive immigration policies, urgent policy reforms are needed. This includes:

1. Trauma-informed care in detention facilities, ensuring psychological support for detained individuals and families.

2. Mental health screenings for asylum seekers and newly arrived refugees to provide early intervention for PTSD and depression.

3. Community-based support services offering legal aid, counselling, and integration programmes to reduce psychological distress.

4. Protections for pregnant immigrants, ensuring access to prenatal care and mental health services to mitigate maternal and neonatal risks.

5. Ending family detention and expedited removal by replacing policies that separate families or detain children with community-based alternatives that prioritise family unity and psychological well-being

According to Alegría at. Al. (2017) While epidemiological studies have established a general pattern of lower risk for mental health disorders among first-generation (foreign-born) immigrants in the U.S., recent studies highlight how this pattern varies substantially by the intersection of race, ethnicity, national origin, gender, and socioeconomic status. Contextual factors including the family and neighborhood context; an immigrant's social position; experiences of social support and social exclusion; language competency and ability; and exposure to discrimination and acculturative stress further influence the relationship between immigration and mental health.

It is true that frequent contact with North American culture on the northern border of Mexico is one of the driving forces of cultural change and modernization, however, it does not necessarily presuppose the rupture of indigenous and non-indigenous migrants with their culture of origin nor their ethnic decharacterization (Casasa García, n.d.); it is said that migration is a misunderstood phenomenon and how they are alone in their emotional education.

Method

For this research, a sample of 85 migrants was identified in shelters that are dedicated to giving them support before they decide to cross or waiting for a resolution from the government, which in this case would be from Mexico to the United States.

After this, these shelters or "migrant houses" were identified where the Mental Disorders Screening Scale could be applied (Instrument adapted to a digital platform (2024), this instrument is internationally validated, therefore a pilot test did not have to be carried out.

Through Google Forms, the questions were entered and the information was collected on their electronic devices, that is, with their cell phones, creating a QR code to make it easier to find the test.

Findings

Below are the results of the Mental Disorders Screening Scale (2024) applied to the sample of migrant individuals, where according to the results, 50.6% were women, followed by 48.2% of the male sex and 1.2% did not specify their gender. The ages range from 17 to 65 years according to the sample studied. It is worth mentioning that all the research was conducted in Spanish, so the results are in that language. If you want to analyze the adapted Mental Disorders Screening Scale in digital format, you can visit it at: *https://docs.google.com/forms/d/1_qQGWcGXlqd7IgjmOi_GBaZCFOeUWgxqKNI2LYPftdw/edit?no_redirect=true&pli=1*

The population studied has migrated from: Chile, Costa Rica, Ecuador, Guatemala, Honduras, Michoacán, Oaxaca, Panama, Venezuela and Zacatecas; most of them are migrating with minor children and without having relatives in the United States, a place they want to reach with such fervor.

It is striking that they have paid up to 20,000 pesos for the person who promises to take them.

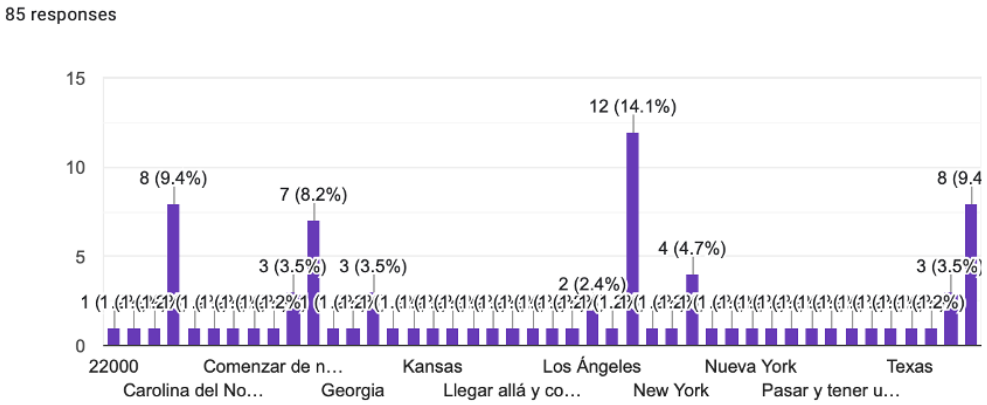
Now, these are the results on migrants and emotions: out of 100%, 87% of migrants are depressed and have lost interest in doing things, have no appetite, suffer from insomnia or hypersomnia, are more fatigued than energetic, have a feeling of worthlessness, and feel incapable of making decisions. Something that could be taken as a warning sign is that 64.7% have had suicidal thoughts. It is important to mention that part of the population already had signs and symptoms of depression before migration, which is even a motivator for migration. In the sample, the risk of suicide is low, what they present most is depression and anxiety disorder, they are afraid of losing control.

In the section on social phobia, the information provided by the Screening Scale is normal, that is, no alarming data or data that could contribute to the investigation were found.

What they do present in high percentages is Post-Traumatic Stress Disorder, due to what they have experienced during their trip to the northern border.

Another result that caught our attention is the dependence on alcohol and illicit substances, where they respond that they need it to reach an emotional state that makes them feel good, it is as if they wanted to escape from reality through vices, they mention that if they stop they have: pain, tremors, fever, weakness, diarrhea, nausea, sweating, palpitations, difficulty sleeping, or they felt agitated, anxious, irritable or depressed.

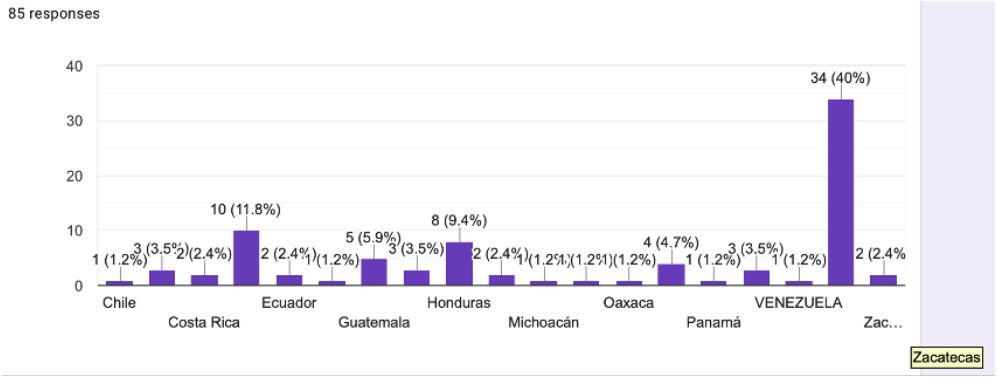
As an example, this is the sociodemographic graph that gives us information about the destination they want to reach:



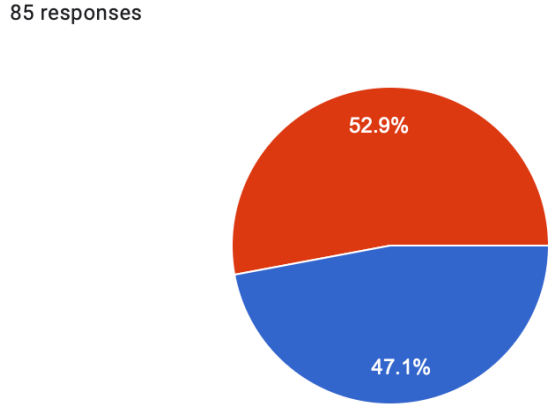
The following analysis is according the most important information of the instrument:

I. Sociodemographics

This is the graph that tells us where they come from:



Do you have children of your own?

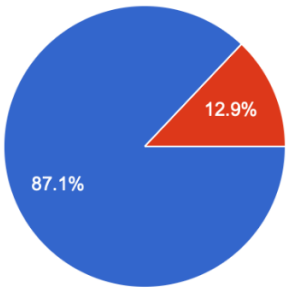


52.9% yes
47.1% no

A. Major depressive episode

A1. In the past two weeks, have you felt depressed or down most of the day, nearly every day?

85 responses

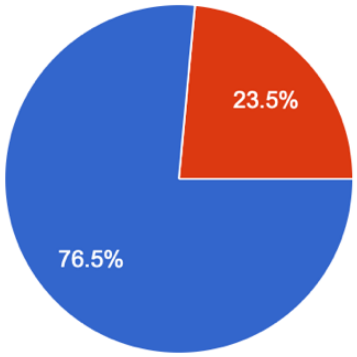


Here they were asked if they felt sad or depressed, with 87.1% being positive.

B. Dysthymic disorder

B1. Over the past 2 years, have you felt sad, down, or depressed most of the time?

85 responses



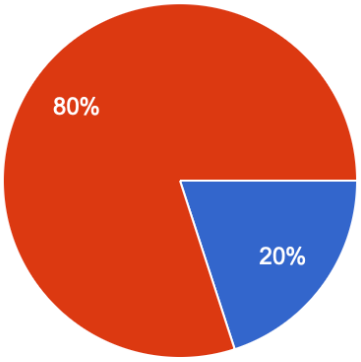
76.5% yes

23.5% no

C. Suicide risk

C1. During the past month: Have you thought you would be better off dead, or have you wished you were dead?

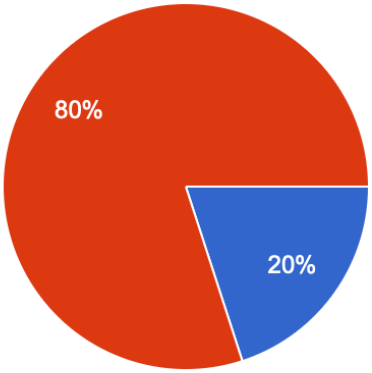
85 responses



80% no
20% yes

C2. During the last month: Have you wanted to hurt yourself?

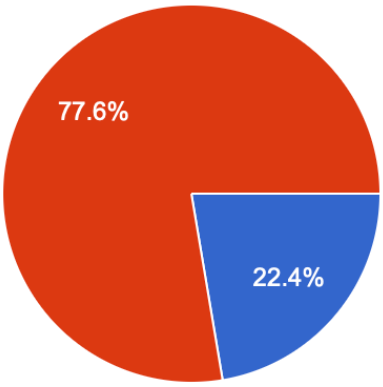
85 responses



80% no
20% yes

C3. Throughout your life: Have you ever attempted suicide?

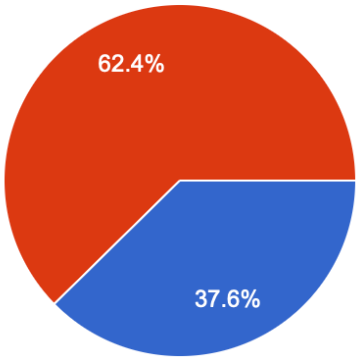
85 responses



77.6% no
22.4% yes

D. (Hypo)manic episode

85 responses

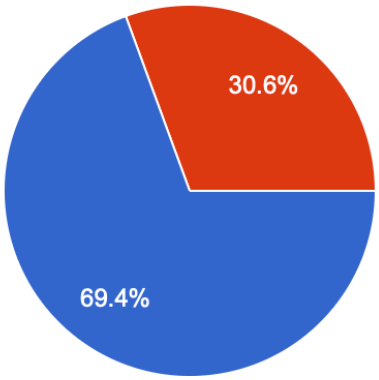


62.4% no
37.6% yes

E. Panic disorder E1.

a) On more than one occasion, have you had a crisis or attack in which you suddenly felt anxious, scared, uncomfortable or restless, even in situations in which most people would not feel that way?

85 responses

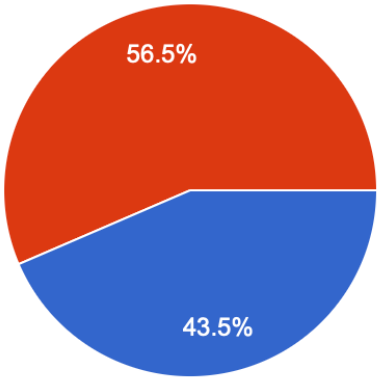


30.6% no
69.4% yes

F. Agoraphobia

F1. Have you felt particularly uncomfortable or anxious in places or situations where you might have a seizure or attack, or symptoms of a seizure like those just discussed, or situations where help would not be available or escape would be somewhat difficult: such as being in a crowd, standing in a line, being alone outside the home, being home alone, travelling on a bus, train or car?

85 responses



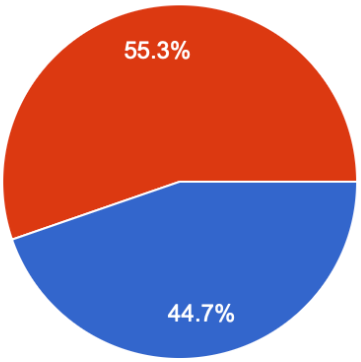
43.5% no

56.5% yes

G. Social phobia (social anxiety disorder)

G1. In the past month, have you been afraid or embarrassed of being watched, of being the center of attention, or feared humiliation? This includes things like public speaking, eating in public or with others, writing while someone is watching, or being in social situations.

85 responses



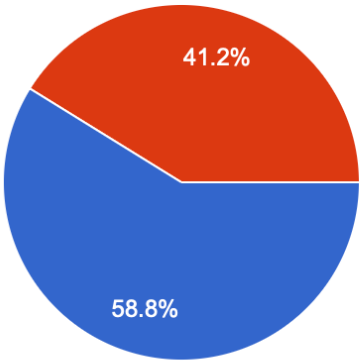
44.7% yes

55.3% no

H. Obsessive-compulsive disorder

H1. During the past month, have you been bothered by recurrent thoughts, impulses, or images that are unwanted, unpleasant, inappropriate, intrusive, or distressing? (e.g., the idea of being dirty, contaminated, or germy; or fear of contaminating others; or fear of harming others by accident; or fear that you might act on an impulse; or have fears or superstitions that you are responsible for things going wrong; or obsess over sexual thoughts, images, or impulses; or hoard or collect uncontrollably; or have religious obsessions)

85 responses

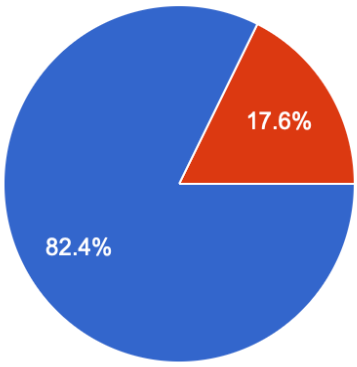


58.8% yes
41.2% no

I.Post-traumatic stress disorder

I1. Have you experienced or witnessed an extremely traumatic event in which other people have died and/or other people or you yourself have been threatened with death or physical harm? (Robbery, rape, death are the most common in this sample)

85 responses

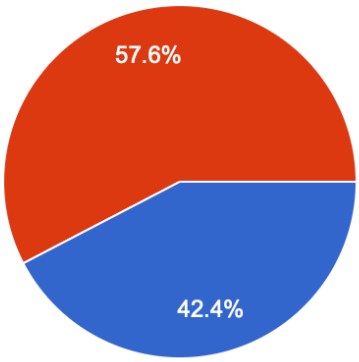


82.4% yes
17.6% no

J. Alcohol abuse and dependence

J1. In the past 12 months, have you had 3 or more alcoholic drinks in a 3-hour period on three or more occasions?

85 responses

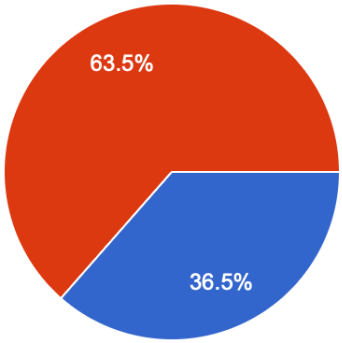


42.4% yes
57.6% no

K. Disorders associated with the use of non-alcoholic psychoactive substances

K1. In the past 12 months, have you taken any illicit substance, on more than one occasion, to feel better or to change your mood?

85 responses

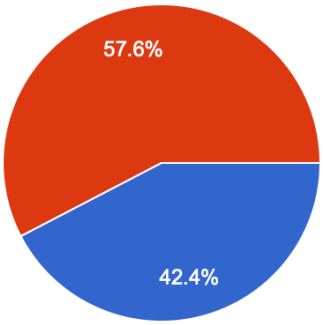


36.5% yes
63.5% no

L. Psychotic disorders

L1. a) Have you ever had the impression that someone was spying on you, or plotting against you, or trying to harm you?

85 responses



42.4% yes
57.6% no

Discussion- Conclusions

It is worth mentioning that the instrument used is very long and it is here where the opportunity was had to observe that migrants have a certain context and language. If the interviewer is Latino, the interview flows more smoothly than if he or she were Anglo-Saxon, which would make the diagnosis or the social and emotional situation a little more difficult. All of this is to understand the migrant's environment and establish a connection with him or her and establish a diagnostic tool.

According to Brance et.al. (2024) Migration is not a new phenomenon and has been present since the dawn of humankind. It is defined as the voluntary or involuntary movement of individuals or groups from one geographical location to another, either within the boundaries of a sovereign state or across international borders

The migrant not only needs support to legally cross the border but also to take care of his comprehensive health, his mental health since the cultural identity of the doctor as a treatment (transference and countertransference within that context) in contact with the migrant, from how he communicates, the need to be treated by traffickers from his same context to create a good bond to be able to extract the information and interpret what he is saying. The above is mentioned due to the experience of carrying out the interview with the Screening Scale, since they do not only answer yes or no, but in front of the mental health experts they tell their life story, their goals, their dreams, their fears, their reasons and in many occasions this can be a hard blow of reality that is being lived in the here and now, in search of the always and so long awaited American dream.

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