



## International Society of Psychiatric-Mental Health Nurses

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### **Re: President's Plan for Children & Adolescents at the U.S. Southern Border**

Dear Vice-President Harris, Secretary Becerra & Dr. Murthy,

This letter expresses the International Society of Psychiatric-Mental Health Nurses (ISPN) position concerning the care of the thousands of immigrant children presently entering the United States southern border independent of parents or family members. While the number of children in HHS custody has grown by more than 65% between the end of March and mid-April 2021 reaching more than 19,000, the number released from shelters has stayed around 300 per day, according to a Reuters analysis of government data.

We are aware of the dilemma the United States faces taking in unescorted children and support the plan to allow them entry rather than sending them back to well-documented dangers (Raphel, 2014; International Rescue Committee 2021). However, we feel obligated to share our concern over the well-established consequences of prolonged containment and the lack of standardized protective procedures in place to avoid further traumatizing these young people. Up to 50% of all mental health conditions start before the age of 14 years and up to one in five adolescents experience a mental disorder each year. Suicide is one of the three leading causes of death among older adolescents. In turn, poor adolescent mental health is associated with a range of high-risk behaviors, including self-harm, tobacco, alcohol and substance use, risky sexual behaviors and exposure to violence, the effects of which persist throughout the life-course and have serious implications (Oberger et al, 2021; WHO, 2020). There is

agreement that today's treatment of migrant children at our border is consistent with trauma and can only add to the number of adverse experiences – violence, poverty-associated misery, losses– already confronted by these youngsters. The additive power of adverse childhood experiences (ACE) has long-term consequences for the physical and emotional well-being that carry through adulthood (Nelson et al, 2020). We must address immediate needs for care in tandem with exploring the long-term roots for this need to escape a country of origin.

The United States has the resources and capability to treat unaccompanied migrant children with dignity and with consideration for basic and developmental needs over what will be a long haul, especially if relatives in the U.S are undocumented and thus fearful of coming forward. We join with the International Rescue Committee in requesting intensification of partnerships with humanitarian organizations. However, that alone will be insufficient to meet current needs.

We strongly advise expanding the pool of existing housing resources to include underutilized facilities and workforce potential beyond military bases and recruiting existing federal employees to work with migrant children for short periods. Given our profession and its holistic view, we believe that nurses and nursing students, both graduate and undergraduate, should play an important role. Partnerships with university schools of nursing offer an excellent opportunity that is mutually beneficial. We need procedures and a program of care that offers not only safety, shelter, humane and developmentally appropriate trauma-based care, but opportunities to learn, play and make sense of their world.

These unaccompanied children and adolescents are fleeing from what is essentially a war zone. Their families have sent them on alone, dreaming that theirs will be a better life. Perhaps we can take some cues from previous successful group-living projects for refugee children such as Windermere in the UK. Finally, we must be mindful that these migrants are children, not criminals. In light of experiences with prison privatization, we urge that proposals by profit-making organizations be denied.

ISPN is an organization of over 500 advanced practice nurse clinicians, researchers and educators; its mission is "to support advanced-practice psychiatric-mental health nurses in promoting mental health care, literacy, and policy worldwide". The position stated in this document is consistent with that mission.

The members of International Society of Psychiatric-Mental Health Nurses will gladly be a resource to you as you consider future plans to solve this problem. We are very thankful for the leadership you have previously demonstrated in expanding access to behavioral health care for Americans, and we look forward to working with you to meet the ongoing behavioral health needs of the struggling number of children and adolescents seeking asylum at our southern border.

Respectfully yours,



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## References:

1. International Rescue Committee (2021, March 24). What is happening at U.S. southern border? <https://www.rescue.org/article/what-happening-us-southern-border>
2. Nelson, C. A., Bhutta, Z. A., Burke Harris, N., Danese, A., & Samara, M. (2020). Adversity in childhood is linked to mental and physical health throughout life. *British Medical Journal (Online)*, 371 doi:<http://dx.doi.org/10.1136/bmj.m3048>
3. Oberg, C., Kivlahan, C., Mishori, R., Martinez, W., Gutierrez, J.R., Noor, Z., & Goldhagen, J. (2021). Treatment of migrant children on the US southern border Is consistent with torture. *Pediatrics*, 147(1). DOI: 10.1542/peds.2020-012930 originally published online October 27, 2020
4. Raphael, S (2014). Eye on Washington Migrant Children & US Policy in the 21<sup>st</sup> Century. *JCAPN*, 27(4) 202-4
5. WHO (2021, February 11). Executive Board stresses need for improved response to mental health impact of public health emergencies. <https://www.who.int/news/item/11-02-2021-who-executive-board-stresses-need-for-improved-response-to-mental-health-impact-of-public-health-emergencies>
6. WHO (2020). Guidelines on mental health promotive and preventive interventions for adolescents: helping adolescents thrive. Geneva: World Health Organization; 2020. License: CC BY-NC-SA 3.0 IGO