Tales of Coming and Going and Mental Health

Manual for Health Promotores
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and Mental Health

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Tales of Coming and Going and Mental Health:
Manual for Health *Promotores*

Third Edition
July 2010

The cover illustration is an oil painting of CONAPO’s collection, National Youth and Children Drawing Contest, created by Wilfrido Reyes Montero.
Title of the art work: “My strength my motive”

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Each migrant has his own history of coming and going between borders, cultures, and dreams. The stories of migrants are many and varied, some with happy and successful outcomes, some tinged with misfortune and tragedies. But what all the stories of migrants do have in common is the burden of stress germane to migration, which sometimes exceeds the adaptive capacity of human beings. Mental health problems of migrants are specific, and are real, and require to be acknowledged by the migrants themselves and by the society where they live, in order to address them and seek for their adequate solutions.

“Promotores”—outreach health workers—are a valuable asset in communities and, with the right training, they can help improving the health of individuals, in this case of migrants, both in physical and mental aspects. We hope that this manual will be a useful instrument for the work that Promotores do. We have full confidence that they will bring the messages of this manual to those who need them, and turn the phrase “Even if you are faraway, you are not alone” into a reality.

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ABOUT THE MANUAL

Purpose
The purpose of this manual is to provide information to Promotores about the relation existing between migration and mental health, and the impact both can have on migrants and their families.

Who This Manual Is Intended for

- Promotores who work with the migrant population. However, other professional groups may benefit from the manual’s content
- Community leaders seeking to promote the development, and improve migrants’ health.
- Agencies and individuals who offer their services to the migrant population, especially those related to health care.
- Those responsible for designing and implementing social, welfare or community projects.
- All people who live and struggle every day to make life and efforts sweeter and less hard for those who have to work away from their places of origin.
Methodology

- This project began with a search of literature on the subject both in academic and other means (the Internet, magazines, and several publications).
- The main aspects related to migration and health were identified, particularly those related to mental health.

The actual “vivencias” (experiences) that people live through within the migration cycle served as a common thread for different topics.

- Individual and focus groups’ interviews were conducted with people who work with the Latino community in the United States, and individuals who work with migrants or on this topic. The accounts of some of these “vivencias” (experiences) illustrate each chapter.
- The main existing challenges and opportunities to improve the work of Promotores on migrants’ mental health were discussed, in particular problems associated with stress.
- The actual “vivencias” that people go through within the migration cycle served as a common thread for different topics.
- The manual was reviewed by Promotores and other experts in the United States, Spain and Mexico in order to evaluate its utility, quality, and linguistic and cultural appropriateness.
- The third edition was also reviewed by a multidisciplinary team, including European psychiatrists who specialize in mental health issues and migration, as well as staff of the Health Initiative of the Americas (HIA) who created other manuals. We used data collected by researchers through the Research Program on Migration and Health (PIMSA) which were translated into a language accessible to people beyond the academic arena.
Considerations and Clarifications

- We understand as “migrants” people who move between countries, regions, states or harvests, and “immigrants” those who live permanently or most of the time in the United States but were born in another country. However, for purposes of this manual we will use often the term “migrant” to refer both to migrants and immigrants.

- Part of what is written here is nothing new, and many of us have already lived it. The novelty is that this manual recognizes that the health problems of the migrant population are directly related to the migration process itself; that they also affect their families and communities from where they come or to where they travel, both in the United States and in their countries of origin; furthermore, they are related to their working conditions and the context in which they live, and also with social determinants of health.

- The issues we address are related to migration, to the fact of leaving our towns and cities and arriving elsewhere to settle. Migration increases the possibility of certain risks, diseases and physical, mental and spiritual health problems, as well as increasing vulnerability to acquire or develop certain diseases and conditions.

- People who migrate have often been neglected in their home towns or are treated as invisible in transit and destination places, for they are here today and gone tomorrow. In addition, their health needs have often been ignored by health systems or get worse due to the lack of transportation to get to the clinics, the fear of being deported because of immigration status, not having official documentation, the high cost of medical services, gender inequalities and cultural and linguistic discrimination. In this sense, the work of Promotores is invaluable for building bridges to health.
Characteristics of the Manual

- This manual aims to be easy to understand for those who use it, regardless of their educational level. The only requirements are good reading and writing habits, open-mindedness, curiosity, willingness and readiness.

- The manual begins with basic information about mental health and some common problems related to mental health such as domestic violence and addictions, followed by a summary of the different stages of migration.

- The sections of the manual focus on the different stages of migration and how these can create stress and even affect migrants’ mental health.

- It includes a table which lists a series of support materials that Promotores can refer to in order to expand and improve their work with the community. The table provides a brief description of each material and the organization that produced it.

- It also contains a number of resources to which Promotores can refer people. The resources are ordered by topic areas.

- The bibliography is listed at the end of the manual.

Organization of the Manual

- **What we will learn in this section**: it provides an overview of the issues discussed on the section.

- **Learning Objectives**: indicates what Promotores should know by the end of each section.

- **Experiences Accounts**: it offers real examples obtained through field interviews and focus groups. The account of the experiences can be used as a springboard for dialogue and exchange of ideas. From these ideas, analysis and reflections are woven, which allows participants to discover their own stories and their own learning.
- **Reflections:** the use of metaphors, anecdotes or real life stories, helps *Promotores* get the insights about life situations or instances that can affect migrants’ mental health. The aim of this section is to encourage *Promotores* to deepen on how migration can affect mental health.

- **Health Message:** it is a basic health message related to each topic.

- **Ideas for *Promotores***: it gives practical advices to help *Promotores* generate dynamics to work with their audience.

- **Conclusions:** it summarizes the main points covered in each section.

- **Support Materials:** it describes resources that can be useful for *Promotores* to complement their work.

- **Resources:** it is a list of organizations that *Promotores* can contact if they need more information, or refer people to places where they can get assistance. Many organizations have phone numbers for free services. While most of the services are nationwide, some of the resources are limited to California.

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**Tips on How to Use the Manual**

*Promotores* can organize discussion groups and also talk individuallly with each person. It is suggested that *Promotores* use the following steps to conduct the discussion on the impact of migration on mental health.

- Ask participants to sit in a circle.

- Create a friendly atmosphere and explain the guidelines for the session so that the participants:
  - Feel respected, accepted, appreciated for who they are, and not rejected.
  - Feel they are listened to, and at the same time are capable of listening to others.

- Present the messages taking into account the needs and characteristics of the audience:

- Be both practical and creative when deciding on the kind of information to share with the audience, whether it is through several sessions, or if there is just one chance to be together.
• Share:
  ◆ theater
  ◆ puppetry
  ◆ proverbs
  ◆ myths and legends of real life experiences through “vivencias”—experiences accounts
  ◆ songs
  ◆ poems or
  ◆ radio capsules.

• Each experience can be followed by questions such as:
  ◆ What makes you remembering this experience?
  ◆ Do you know someone who has been through something similar?
  ◆ How do you think this person felt?
  ◆ How do you think these feelings or emotions led this person to act?
  ◆ What could this person have done in this situation?
  ◆ What happened to this person that made him/her react this way?
  ◆ How you can put into practice what you have learned from the experience?

• Ask questions in order to encourage dialogue and the exchange of ideas
  ◆ Participants can be asked to talk about their own experiences, thoughts and feelings. It is
    important to avoid negative attitudes or judgments.

• Close the discussion
  ◆ Make a summary of the three most important points that were discussed during the
    session

• Give references:
  ◆ Include phone numbers, clinics and other services in both countries.

• Distribute pamphlets or educational materials.
  ◆ Explain their contents
Warning

- The following pages are designed to be used in combination with the manuals that already exist for health Promotores.

- This manual is not intended to be a technical manual to train Promotores on how to work with groups.

- Nor is it intended to produce “mental health specialists.” It seeks to provide Promotores with rudiments so they can help and, when necessary, advice or refer people who need emotional support.

- The Promotores who use this manual should continue further training in the field of mental health through other workshops focused on this topic. We hope that this manual will spark their curiosity for addressing other health issues related to migration.

- It is not intended to be the only source for preparation on the issues of migration and mental health for Promotores.

- The information contained is not intended to enable the reader to provide clinical consultation on mental health. To do so, a license certifying this training is needed and such a skill is generally obtained through formal education.

- This manual is not exhaustive and it is a perfectible document. The language that is used is pretended to be simple, so that the manual can serve a broad audience.
MIGRATION AND MENTAL HEALTH

Photo: Marc Schenker
MIGRATION AND MENTAL HEALTH

“‘Tis not too late to seek a newer world.” Lord Alfred Tennyson

What We Will Learn in This Section

In this section we will learn to identify different levels of mental health ranging from a balanced emotional state to a mental health crisis. Likewise, we will study which are the problems causing more stress on migrants, also called “migratory mourning.”

Often mental health problems are more difficult to identify than physical illnesses, since we cannot tell someone exactly where it hurts and also because the boundaries between what is “normal” in mental health and a “problem” of mental health are not always very clear, that is why we describe here one by one.

Learning Objectives

After reading this section, Promotores will be able to determine:

- Which situations related to mental health he can handle himself as a Promotor
- Which situations require professional intervention
Reflections

What would happen if a fish were asked what water is?

If a fish could be asked what water is, probably it could not answer. Not because it does not know, but because water is part of its life, of every moment, and maybe it has never noticed that this wonderful fluid, colorless and tasteless, is there. The fish has not realized that water exists independently of its being, perhaps because it lives completely submerged in it.

The same happens when someone asks us how it feels to be Mexican, Guatemalan, Peruvian, or from the country we are from. It is not often that we sit down to think about what it means to be from the town where we are from, or how to explain to someone in words what is like to be from Michoacán, Guerrero, Colombia or San Cristobal de las Casas.

People go on living their lives, working or looking for work, and trying to survive, yet, when they leave their “water,” that is to say, their land, they start to feel for the first time like a fish out of water. They feel they need something. They miss all the things that they even didn’t use to think about.

The life of a migrant who travels to distant places in search of a better job can be compared to the life of a fish that is completely unaware of the existence of water until it is taken out of it.

Therefore, the following pages describe these stories of coming and going, and how these experiences affect the lives and health of people, sometimes in a good way and sometimes in a bad way but, almost always, changing it.

Why do we talk about health and the fact of coming or going to the North?

Observing people’s health through these changes allows Promotores to be better prepared to helping migrants to get on in life. Health is affected by the mere fact of coming and going back and forth, forth and back. . . Crossing to the “other side” changes the way people live, their feelings, their thinking, and all these changes affect their health: from what they eat, how they dress, what they do for fun, how they relate to other people, even those things which can make them sick.
If you have ever seen a large stone in a river, you may have noticed that the stone has been molded by water. The stone, as hard as it is, has been yielding to the force of the water that flows over it every day, rubbing it.

You could say that people are like stones; it may seem that nothing can change them; however, events of life, as moving to another country, adjusting to a new place, living new experiences, change them every day. The circumstances of life are like water, they affect us a little more every day, either gently as a rub or harshly as a violent stream.

People who migrate under inequality conditions often face a family breakdown, feelings of rootlessness, risk of death when crossing the border illegally. There are also cases in which they are affected by organized delinquency; their labor rights are violated by employers and they may be subjected to raids, harassment and deportation by immigration authorities (CDPME, 2010).

The experience of migrating from one country to another change us in many ways and sometimes we are not even aware of it. Therefore, health Promotores should be aware that migrants may be more vulnerable than others to getting sick, feeling depressed, falling into bad habits, not taking care of themselves or not eating well. It is important to be prepared to help, in every way possible, those who for one reason or another have left their place of origin. Many times the Promotor is the only person who can give sound counsel and pertinent advice when professional help is needed.

Health is a central element to the wellbeing of people and an essential asset for the development of their capabilities, job performance and social participation. But there can be no health without mental health. The physical and mental health are closely linked, mental health status is a key factor in physical health.

Experience Account

“It’s been almost a year since I moved from my home town here, to California, because there was no work over there. I left my wife with two small children and little Guadalupe who was born six months ago and I still do not know her. I need them badly. Here things are not as easy as I was told by my buddies, especially because I do not speak English. There are times when there is work, but sometimes I spend days and weeks without anything and it anguishes me a lot because my family depends on me. On top of it, the ‘migra’ is conducting raids in this area and some people I know were already arrested. At night I barely sleep, in case someone comes and I have to run away. I feel like a criminal, but all I want is to work in order to feed my family and someday be able to build the house I promised them.”
Mental Health Levels

The mental health of an individual has different levels. To better understand this, imagine there were a thermometer that instead of measuring the body temperature it would measure mental health. The thermometer could indicate from “No fever” in this case “Balanced Emotional State” to “very high fever” that is “Mental Health Crisis”, as illustrated by the following graphic:

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<td>Balanced Emotional State</td>
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It is important to know the differences between each state of mental health because, depending on the level or severity, the person will need a different type of intervention.

We will explain in detail each of these states:

Balanced Emotional State

It is a state when people feel good about themselves and their environment. They are optimistic and feel in harmony. This does not mean that everything is perfect around them, but they are confident they can overcome adversities, either because they know the environment and/or because they have the means to solve problems.
Mental Health Problems

It is common for people to have some kind of mental health problem during their lives, often due to stressful situations such as lack of money, arguments with friends or relatives, or death of a loved one. The types of daily stress can cause sadness, worry and other negative feelings.

The most common mental health problems are stress, nervousness and sadness.

**Stress**

It is a reaction of the body and/or the mind to face a threatening situation or that which exceeds our resources.

**Nervousness**

It is a temporary uneasy feeling, when a person can not stand still or relax, sometimes experienced in anticipation of some event. Excessive excitability and irritability, with mental and physical unrest.

**Sadness**

It is a state of mind when a person feels discouraged, wanting to mourn.

Migration under any circumstances can cause stress. The separation from loved ones and being away from family ties, having to face a new culture, a new language, new way of life; in fact, sometimes discrimination and poor living conditions cause different stress levels.

Many people live under stress without realizing it. Migrant workers often do not realize that going back and forth from one place to another—between houses, states, crops, and countries—requires many changes in their lives and in health. They almost never think about these things because every day new people arrive and others go back. The comings and goings is part of their lives. Each stage of migration that a person goes through is full of changes and consequently can produce a lot of stress.
What are in general the most common symptoms of stress or mental health problems?

- Sadness and tendency to cry
- Difficulty sleeping (insomnia)
- Difficulty concentrating
- Headache
- Stomach pain
- Muscle tension
- Excessive sweating
- Lack of appetite or hunger at all times
- Increased pulse or heartbeat
- Sexual problems
- Irritability, anger, easily upset, or excessive anger

Migratory Mournings

Considered from the psychological perspective migration is an event of life which, as any change, implies a part of stress, tension, called “migratory mourning.” It is considered that there are 7 mournings in migration (Achotegui, 1999), in other words, causes of stress due to migration:

The family and loved ones:

Migrants leave that which is dear and familiar to them, especially their loved ones, i.e. children, partner, parents, extended family and friends. Not knowing if or when they will see their loved ones again causes sadness and worry; it is also more difficult for migrants to get emotional support during hard times while they are away from their homes.

The language:

Sometimes people migrate to countries where they speak another language and, if they do not know or understand that language, they will struggle to adjust, to find work and to perform daily chores such as taking public transportation, grocery shopping, visiting the doctor.

Culture:

Each region or country has different values and customs that sometimes clash with migrants’ culture and make more difficult their adaptation. It is also common for migrants to miss things that are specific to their places of origin, such as music, food, celebrations, the sound of the rivers, the color of the fields, the smell of fresh bread, the music bands of their towns. . .
The land:
Landscapes, colors, smells, temperature are different from one place to another and to be away from those familiar places can cause some stress. Even more if the changes are drastic, as for a person who has always lived in a tropical region and migrates to a place with tough winters, snow and freezing temperatures.

Social status:
Access or lack of access to certain opportunities in the destination place, such as employment, housing, health services, social services, immigration status of the person (having documents or not), among others, can determine the level of stress experienced by the migrant. Also, the stress can be stronger when a person who, in his/her place of origin, had a medium or high social status, with a professional job, emigrates and has to live in lower conditions and to work outside his/her profession.

Contact with the identity group:
Sometimes the migrants face rejection situations in the destination place, by the fact of belonging to a different race or culture, or simply by being a migrant. At the same time, migrants may feel uncomfortable because they look and feel different from others, because they do not "belong" to that group and also because they miss “their people.”

Risks to physical integrity:
The migratory journey may be long, dangerous, and full of uncertainty, especially when people migrate without the necessary documentation. They may be subjected to physical and mental abuse by those who take them across the border — polleros, by the authorities, or by gangs of robbers who take advantage of migrant’s helplessness. Also, depending on how they migrate and where they make the journey, migrants may face other hazards of nature such as dehydration in the desert, freezing in the mountains, being attacked by wild and poisonous animals, drowning while crossing rivers and waterways or on their travel by sea in flimsy or overloaded rafts.

These mournings occur to a greater or lesser degree during all migration processes in accordance with the conditions in which each person emigrates. Usually when a person emigrates in good conditions, for example with a visa and a work permit, with his/her family, to a place where he/she knows the language, that person may experience a “simple mourning”, meaning that maybe he/she misses some things from home (friends, food, or landscapes) but in general his/her level of stress due to change, will not be very high. On the contrary, when someone migrates in extreme conditions, without documents, without money, leaving his/her family, crossing in dangerous places, getting to a country of which he/she does not know the language, is when we says that this person most likely will suffer an “extreme mourning.”
Ulysses syndrome

This is the syndrome of the immigrant with chronic and multiple stress; in other words, it occurs when the stressors or problems that a migrant lives are many and they multiply, and they also last long. This syndrome was described by Dr. Joseba Achotegui, who has worked for many years with migrants in Spain. According to Dr. Achotegui:

For millions of individuals, emigration presents stress levels of such intensity that they exceed the human capacity of adaptation. These persons are, therefore, highly vulnerable to Immigrant Syndrome with Chronic and Multiple Stress, known as the “Ulysses Syndrome” (in reference to the Greek hero who suffered countless adversities and dangers in lands far from his loved ones) (Achotegui, 2008).

When conditions are so difficult that there is no possibility to overcome them and the person enters a situation of permanent crisis, is when we talk about “Ulysses Syndrome”.

What are the challenges (stressors) that give rise to Ulysses Syndrome?

The difficulties that more likely psychologically affect an individual are:

- The forced separation from loved ones
- The migration project failure and the lack of opportunities: being undocumented, not finding a job or having to work under exploitative conditions
- The struggle for survival: where to eat, where to sleep
- Fear, terror dangers experienced during the journey, the fear of being arrested and deported, maltreatment, sexual abuse, helplessness.
In addition, these difficulties or stressors may be increased by a number of factors that enhance them such as:

- Multiplicity: the more stressors the greater risk, stressors augment each other’s action.
- Time: when the extreme situations affect the immigrant for months or even years
- Lack of control over stressors: not seeing how to get out of the dark tunnel in which they are
- Lack of social support networks, or the lack of aid or existing advantages and programs

And as if this were not enough,

- Not proper diagnosis

In many cases, the patients’ condition is not diagnosed as a reaction to the stress they experience everyday because of their migrant status; instead they are treated as depressive, psychotic, or somatic patients, prescribing them medications that can have side effects. Thus the health system, rather than helping, becomes a problem for the migrant. Moreover, public assistance and health systems do not adequately address this syndrome, either by ignorance, insensitivity, or even racism.

What are the symptoms related to the Ulysses Syndrome?

Obviously, a long-drawn-out experience of such an intense stress has a profound effect on people's personality and on different parts of their body, giving rise to diverse symptoms:

sadness
crying
tension
nervousness
insomnia
excessive worry and recurrent irritability (especially youth)
fatigue
aches in bones and joints
headaches
difficulty concentrating
some disorientation.
Moreover, in many cases, individuals add their own “cultural” interpretation to this pathology; that is when you hear that

“he/she has cast the evil eye”

or “someone has used witchcraft against him/her”

or that “he/she received a punishment from God”

It is important to understand that “Ulysses Syndrome” is not a disease, it belongs to the field of mental health, at the boundary between mental health problems and mental illnesses.

The raising the use of the term “Ulysses Syndrome” helps preventing migrants against:

On the one hand

* the devaluation of their suffering, that is, to be told they do not have anything even though they sometimes suffer from up to 10 symptoms;

and secondly

* the danger to be incorrectly diagnosed as depressive patients. It is evident that when people are depressed they do not want to get out of bed, but a migrant with “Ulysses Syndrome”, no matter how sad and devastated he/she may be is, if one says that there is work, he/she does not hesitate for a minute to get up and get ready to work.

Or also

* being misdiagnosed as having other disorders due to post-traumatic stress, when they do not have all the symptoms of those disorders. Many times, these misdiagnosis lead to unnecessary medication and its side effects.

**Intervention on the “Ulysses Syndrome”**

concerns not only medical psychologists

or psychiatrists, but social workers,

health Promotores and community leaders.
In a metaphorical level, the “Ulysses Syndrome” would be as if in a room the temperature would be raised up to 100 degrees. We would feel dizziness, cramps, but ... would we be sick for having these symptoms? Definitely not. When we would leave the room, these symptoms would disappear because they simply appeared as a response of our body to extreme conditions to which it can not adapt. But if someone in the room had a heart attack, he would certainly be sick (of course within this metaphor it would be depression, psychosis . . .).

That is, the “Ulysses Syndrome” belongs to the health prevention area and to the psychosocial sphere, rather than the treatment area. Intervention should be more of an educational and emotional support, thus work on the “Ulysses Syndrome” not only concerns medical psychologists or psychiatrists, but social workers, health Promotores and community leaders as well.

According to Greek Mythology, described by Homer, Ulysses was a semi-god, however, he barely survived the terrible hardships and dangers to which he was subjected; but the people who cross borders today are just flesh-and-blood people yet living situations as dramatic, or more, than those described in the book of the Odyssey. Loneliness, fear, hopelessness. . . Today migration, in this century, reminds us, more and more, the old texts from Homer. . .

It is clear that if a man has to become a nobody in order to survive, if he has to remain permanently invisible, he will have no identity, no self esteem, he will never become socially integrated, nor will he enjoy mental health.

(Achotegui, 2008)
Mental Disorders and Illnesses

Although mental health problems can be very troubling, they are usually mild and temporary in comparison to mental disorders and illnesses, which are severe and long lasting and require professional treatment. Mental disorders and illnesses are not as common, and differ from everyday stress and mental health problems because they cause significant suffering and damage to a person’s ability to function normally at home, work, school, and in social relationships.

Among mental illnesses there are depression, anxiety and post traumatic stress. Let's see the characteristics of each.

Depression
Depression is a disease that affects the mood of individuals, their mental and physical condition, their behavior and their ability to function in their daily routine.

- A lot of difficulty concentrating
- Abnormal weight loss or gain
- Altered sleep
- Apathy, willingness to do anything
- Feeling of hopelessness, worthlessness or guilt
- Thoughts of suicide or of hurting oneself

When someone suffers from several symptoms of depression almost every day for two weeks or more, or if one is having suicidal thoughts, it is essential to seek professional help (Maxmen et al., 1995).

Migration is a particularly stressful event that can put people at increased risk for mild or severe depression. The shock of adjusting to a new culture and a new environment can make migrants feel isolated, lonely and depressed. Because family and group ties are particularly valued within Latin cultures, migrants may be more prone to suffer from depression because they lack family support and that of their friends (Hovey, 2002).
We have to keep in mind that being a migrant does not imply having the symptoms of severe depression or the need of medical attention. Also not only migrants experience depression, many people who are not migrants suffer from this disease, since there are multiple causes and other types of stress that cause it.

Each individual’s body and mind work in different ways. The following factors can cause depression: a history of depression in the family, previous history of depression before migrating, physical illness and other disorders, negative thoughts about oneself, and the use or abuse of alcohol or drugs, including some medicines.

**It is important to know that depression:**
- can affect anyone at any age
- is common at some point in everyone’s life, but it can become so harmful for certain people that they may get “sick,” which makes it difficult for them to carry out daily activities
- results in many types of physical and mental symptoms, which sometimes make the illness hard to recognize and understand
- can also occur in children and sometimes it is not as evident as in adults
- can be treated, usually, with medication and psychological treatment
- is not related to madness, and depressed people do not become insane

**Anxiety**

Anxiety is part of life. You may feel anxious before a test or when walking down a dark street. This type of anxiety is useful because it can allow you to be more alert or to be more careful. Usually it ends shortly after being out of the situation that caused it. However, for millions of people the anxiety will not go away and worsens over time; they may feel chest pains and nightmares, they may even be afraid to leave their homes. These people have anxiety disorders.

Generalized anxiety disorder is an ongoing worry or fear that is not related to any particular event or situation, or is out of proportion to what one would expect. For example, a person with this disorder may constantly worry about a child who is perfectly healthy (NIMH, 2007).

The migration process can lead to new situations, dangers, unpleasant surprises, and separation from loved ones. These factors can cause anxiety.
What are some of the Symptoms of Anxiety?

- Feeling restless or agitated
- State of permanent alert
- Pulse rate increase
- Difficulty sleeping
- Excessive sweating
- Irritability
- Dizziness
- Chest pressure or tightness
- Stomach pain
- Trembling
- Having “the jitters”
- Feeling “on edge”
- Muscle tension
- Getting tired easily, among others

If the person feels tense most of the time and has some of these symptoms he/she should seek medical help. The doctor will probably examine the patient and ask some questions to make sure that there is not something else that is causing the symptoms. Sometimes certain types of medications can cause anxiety disorder. It can also be caused by thyroid gland malfunction. But if the doctor does not find any other reason for symptoms, the person may need treatment for anxiety disorder.

Post-Traumatic Stress Disorder

Posttraumatic stress disorder is a real illness from which a person may suffer after having lived or witnessed a dangerous or terrifying event, like a war, a hurricane, being lost in the desert while undocumented border crossing, or a serious accident. Post-traumatic Stress makes people feel stressed and afraid after the danger is over. It affects their lives and those of their close ones.

- Nightmares
- Flashbacks or the feeling that a terrifying event happens again
- Frightening thoughts that can not be controlled
- Avoiding places and things that remind what happened
- Feelings of worry, guilt, or sadness
- Feeling of loneliness
- Trouble sleeping
- Outbursts of anger
- Thoughts of hurting or harming others
- Feeling on edge, among others.
Post-traumatic stress is suffered by people who have been in situations in which they were very afraid. For example, serious accidents, natural disasters such as floods or earthquakes, violent attacks, rape, war or torture. Migrants, particularly if they are undocumented, may have increased risk of suffering from this stress, due to traumatic situations they may have undergone in their country, or during the border crossing, not finding work or housing, or other difficult moments of the migration process.

But the fact of having lived a very difficult situation doesn’t necessarily mean that a person will develop a mental illness. Only 20% of people who live these situations develop PTSD (Achotegui, 2009).

Post-traumatic stress can be treated. A doctor or a mental health professional with experience in treating people with this disorder can help. Treatment may include talk therapy, medication, or both.

Treatment can take between 6 and 12 weeks. For some, it may require more time. The treatment is not the same for all people. What works for one might not work for others.

The consumption of alcohol or drugs will not help erase the traumatic stress and may even worsen it (NIMH, 2007).
Mental Health Crisis

The crisis comes when someone's mental health is so unstable that the person becomes a danger to him/herself and to others.

Individuals who are in crisis can

- Think about suicide, talk about it, plan or attempt committing suicide
- Have difficulty with basic personal care activities such as eating, toileting or dressing
- Engage in dangerous situations
- Act strangely, like seeing or hearing things that do not exist
- Get angry too much and get violent, endangering the life or physical integrity of others
- Abuse alcohol and drugs

It is important that a person who is experiencing a mental health crisis receive care and professional treatment as soon as possible, before the problem triggers a greater tragedy. In the United States, for an emergency, you should call 911 immediately.
I
dees for *Promotores*

- Ask participants to write what are the problems migrants face in the place where they live that cause them more stress (e.g. not knowing the language, unemployment, homelessness, loneliness, abuse because of their legal status.)

- Then, in groups, discuss possible solutions that you believe—you as health *Promotores* or them as migrants—could reduce the level of stress causing each of these problems (e.g. identify where free English classes are offered, or where a nearby employment center is, organize social activities helping migrants to feel less alone or to integrate themselves in the community.)

- *Promotores*, fulfilling their role of guiding and helping the community, can identify mental health services available in their area, find out what are their conditions for assisting migrants—if it is required to be a citizen or a legal resident, if they speak Spanish, what is the cost—in order to provide this information to the family or friends of the individual in crisis. It is also useful to know if there are services or support groups for the relatives of those suffering from mental illness, for it is something that usually can affect the patients’ close ones.

C
onclusion

- The migration process entails many changes and special situations that affect mental health of individuals. These effects can range from very mild such as stress or sadness, to crisis situations. It is important to know and be able to determine when these situations can be handled with social interventions, in which the *Promotores* and social workers are very helpful, and when they require professional intervention of psychologists and psychiatrists, as in the case of mental illness or of mental health crisis.
PROBLEMS RELATED TO MENTAL HEALTH
PROBLEMS RELATED TO MENTAL HEALTH

“Not a night has passed at dawn, and never has beaten a problem hope.” Bern Williams

What We Will Learn in This Section

Understanding the different ways people react to stressful situations, which would be the “positive escapes” and the “negative escapes.” We will also see more in detail the main consequences of violence and addictions.

Learning Objectives

After reading this section, Promotores will be able to:

- Explain how people react when they are faced with stress and which are the different ways to handle it.
- Explain the risks of violence and addictions, and provide information about abuse prevention and protection centers.
Reflections

What do people do to “escape” from their problems?

Let’s see a familiar situation in order to understand the conditions of stress and the possible escape. Let’s think that a pressure cooker where we cook beans is on the stove. Now imagine that the pot is filled with water and tightly covered. We lit the stove and the flames start to warm the pot. In our example, let’s say the pot represents a person, and the flames represent this person’s problems.

The problems of a person can be caused by different reasons:

- Physical (pain or injury, hunger, thirst)
- Emotional (sadness, anger, grief or pain, confusion)
- Family (indifference, fighting, arguments, parental neglect)
- Economic (lack of money to buy necessary things)
- Work (lack of job, low-paid work)
- Social (lack of friendships, loneliness, bad friendships)

In our example, we said the flames represent the problems of daily life. These problems—the flames—heat the water producing steam which creates pressure. The steam has to be released so the pot won’t explode. To prevent pressure from building up in our head—the pot—we need exhaust holes or valves to release the problems. If there are more and more problems—when the pot stays longer and longer over the flames—the internal pressure increases and, if we do not open the escape valves, the pot will explode even when the flames are small.

When these holes are closed the pressure becomes excessive, and this constant pressure is what we know as stress. In other words, these holes are the way people solve their problems, their ways to escape. But not all means of escape are good, there are ways to escape that are healthier than others. The forms of escape of a person can be positive or negative.

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
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</thead>
<tbody>
<tr>
<td>Communication</td>
<td>Alcohol, drugs, or both</td>
</tr>
<tr>
<td>Affection, love and understanding from the loved ones</td>
<td>Aggression or violence</td>
</tr>
<tr>
<td>Rest or sleep</td>
<td>Isolation</td>
</tr>
<tr>
<td>Exercise or sport</td>
<td></td>
</tr>
<tr>
<td>Study or work</td>
<td></td>
</tr>
<tr>
<td>Religion or spiritual life</td>
<td></td>
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</table>
Ideas for *Promotores*

- *Promotores* must find the best way to encourage migrants to seek healthy “holes” so they do not accumulate so much pressure in their “pots”, i.e. in their lives.

- Helping people to recognize that some situations they face can cause stress may be the first step to make them aware of how to handle the situation. It is clear that we all feel stress in our lives; it is common. But not everybody handles stress in the same way.

- This is where *Promotores* can exert great influence. Even if they can not avoid people to experience changes in their lives or feel stress, they can talk about different ways to manage stress.

- Among the negative means of escape there are two that are very important and we will explain them in detail: violence and addictions.

**Violence**

Violence is sometimes used as a way of trying to cope with stress. When feeling stressed, the use of violence makes a person feel better for a short period of time because it releases the tension. Couple violence includes threats or physical, sexual, verbal, psychological, emotional, and/or economical abuse against the current or former spouse, boyfriend, girlfriend, or partner (CDC, 2003).

When there is too much pressure in a person's life, he/she may be frustrated and show aggressiveness and violence, often towards his/her loved ones. Violence can be both a cause and a consequence of stress and mental health problems such as depression, anxiety, and alcohol abuse.
Experience Account

“Last night I got into a big argument with my husband about his second wife who lives in Mexico. He kicked me and punched me in the stomach. We fight about this all the time, but last night it was worse because he told me that he could have as many wives as he wanted, and then he told me that if I ever try to leave him he will find me and kill me. I am very worried, I don’t think I’m safe at home but I just came to the U.S. and I don’t know anyone. I don’t have any papers or speak English, and I don’t know what to do.”

Violence is not a healthy way of handling difficulties and it can cause physical, emotional and mental health problems both to the actor and to the victims.

Some examples of abuse are:

- Hitting or pushing
- Refusing to give money
- Making humiliating remarks, mocking or underestimating the partner
- Rape or unwanted sexual activity
- Preventing the partner from getting a job or forcing he/she to leave
- Preventing the partner from contacting family or friends
- Intimidating the partner

Abusers and victims can be of any age, sex, race, culture, sexual orientation, religion, education, employment or marital status.

Although abuse victims can be male or female, most are women. Children in homes where violence occurs among couples are more likely to suffer physical, sexual, emotional abuse or neglect and may also suffer emotional and behavioral problems.
Thirty-four percent (34%) of Hispanic women report having experienced domestic violence in the United States, in their country of origin, or both.

These data are from a survey conducted by the Working Group of the Immigrant Women of Northern California Coalition for Immigrant Rights (Family Violence Prevention Fund, 2003).

Migrant children in some states of the USA suffer abuse or neglect at a rate three times higher than the general population (Hovey, 2002).

Often women and migrant children are at a higher risk of being victims of domestic violence due to stressful conditions than their partners or parents live.

Some of the obstacles to migrants escaping violent relationships or obtaining support services are:

- Isolation, such as lack of access to family and friends, telephone or transportation.
- Language barriers.
- “Macho” beliefs and behavior that validate violence as a right or a way of control over women and children.
- Cultural values that prevent the separation or divorce, or to obtain help outside the family.
- Lack of prevention of violence, or high health care costs.
- Fear of using the services due to immigration status.
- Lack of work or money to live independently.
Addictions

Addictions affect individuals’ social life of and constitute a public health problem.

According to the World Health Organization (WHO) a drug is any substance which, introduced into the body, is able to modify one or more of its functions. There are legal drugs and illegal drugs.

Illegal drugs are those whose sale and consumption are penalized by law, such as marijuana, cocaine, ecstasy, PCP, heroin, etc. Illegal drugs are sold and used infringing the law, they are harmful and dangerous, not only because of the direct damage they cause to physical and mental health of individuals, but also for the economic and legal consequences they entail.

Legal drugs are those that can be purchased freely, as over-the-counter medicines and also tobacco alcohol which are considered drugs for they can modify the functions of the body and have a great addictive power.

Prescription drugs are those that are legal only when administered under the direction of a physician. These drugs, called legal, contain substances that can produce changes in brain function in the long term, and thus, physical dependence or addiction. The more quantity, the more often and the longer it is consumed, the more difficult it will be stopping its use.

Both alcohol and tobacco consumption can cause changes in the functions of the body, specifically the brain, affecting mood and behavior, but also other vital organs like the heart, the liver and the lungs, among others.
What types of drug users are there?
The drug use can be experimental (only once), occasional (now and then), abuse (with problems controlling consumption and harm associated with it, especially in social field) or dependence (inability to cope without it.) Any use, even experimental, involves risks, and the consequences are unpredictable, so the only way to avoid all risk is to never use drugs.

What is addiction?
It is the result of repeated use of one or more drugs, resulting in an irresistible desire to continue using it or using them, with more and more frequency and quantity. As a result, character and behavior are altered, producing changes in mood, eating habits, occupations and in daily life. Its effects go beyond discomfort and damage to physical and mental health in every way, it also has an impact at school or at work, in the community, and on relationships with family and friends.

Does the addiction?
Addiction is a disease caused by the constant consumption of any substance or drug to which one has become accustomed (tobacco, alcohol and other drugs). Such consumption affects the individual physically and mentally creating a dependency of the organism. It can be cured with specialized care, it also can be prevented. The faster the person gets help, the greater the recovery will be and the lower the consequences, some of which may be irreversible.

What leads a person to use drugs?
This is something that we often ask ourselves. In fact, it is important to think about it in order to be able to prevent drug consumption and to support those who already have a drug problem.

The drug use or abuse is not originated by a single cause, but by a combination of different situations of risk, as individual, family, peer group (people of the same age as colleagues, neighbors, or friends), school, labor and environmental situations. This does not mean that all people who are exposed to these risks will use drugs, but the presence of risks makes an individual more likely to start, continue or increase the use of a drug.
Let us review in detail some examples of risks associated with drug use:

**Risks**

- **Individual**
  Depression, low self-esteem, loneliness, anxiety, impulsivity, aggression, stress, curiosity, positive expectations about the consumption, exposure to traumatic events or significant losses, difficulty to express and defend what one thinks and feels (assertiveness), as well as the search for new and intense experiences.

- **Family**
  Use of alcohol or drugs by parents, permissive attitudes towards drug use, deteriorated affective relationships, inadequate family limits (rigid, amalgamated or unclear), family violence, poor or lack of supervision from parents for their children.

- **Peer Group**
  Friends who use drugs, with positive attitude towards consumption or antisocial or delinquent behavior, strong emotional involvement with peer group and poor ability to resist peer pressure or social influence, improper handling of free time.

- **Environmental**
  Availability of substances, tolerance towards consumption, slim recreational, educational or cultural alternatives, economic hardship, migration, community disruption, unemployment or unstable employment, discrimination and social exclusion.

**How can I prevent drug use?**

The most effective way to address these risks is to promote protective factors such as assertive communication, responsible decision making, proper management of stress, emotional closeness and expression of feelings to the family, among others.

A strategy to promote these protective factors is to recognize and promote *our strengths*, we as people, in our family and our community, which will enable us to successfully tackle problems that we as Latinos face in our daily life.

We all have a series of abilities that we have developed and now can share with our loved ones, on either side of the border. The behavior and attitude with which we do things every day of our lives become a model to hand down the people around us, therefore, let’s strive to make it be the best.
Each and every one of our strengths as a Latino community can relate to the parts of a tree.*

- **Our values and traditions**—here we come from—can be likened to its *roots*;
- **Our identity**—who we are—to its *trunk*;
- **Our unity and mutual support as a community**—how we relate—to its *branches*;
- **Our commitment and dedication in everything we do**—what we have achieved and what we want to achieve—to its *fruits* and *flowers*, and
- **Our experiences and lessons learned**—what we transmit to others—can represent our tree *foliage*.

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**Alcohol Experience Account**

“Julian could not wait for the payday. Sometimes the idea of having some beer with the two friends he had met, was his only motivation during the long week of work, because he had or knew nothing else to do. On Saturday, he would buy some ‘chelas’—beers— and wait for his two friends, Juan and Marcos to come from work, he even cooked sometimes for them. They would spend all night chatting and remembering their families and especially listening to music of their home land. Then, the beer days happened more and more often. All got worse when Julian began to drink alone and not just beer, but brandy, even during the week when I had to get up early and go to work. But it wasn’t until things started to go wrong, as being late for work, being tired and smelling of alcohol, that his ordeal began.”

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* Our strengths preventive program is designed by Youth Integration Centers, AC especially to promote protective factors in the Latino community that resides in the United States of America. There is a Manual for Promotores to work with this project and other support materials such as posters and information leaflets, which are publicly available.
Feelings of loneliness, sadness, anxiety, and separation from everything that has given each one his/her identity, joy and security in the past, such as family and friends and all that is shared when it is close, make people find other ways to fill the emptiness that they feel.

Many times, when immigrants, especially men, feel under a lot of pressure from stress and problems, or suffer from mental disorder, they try to comfort by drinking alcohol. Drinking to "drown the sorrows" is a common saying, and the habit of drinking a few beers after a long day of work is a very common practice that people would consider as normal.

Alcohol affects people in different ways. People who drink may feel more relaxed and free to speak and say what they feel. Usually feel happy and forget their sorrows. These feelings are just temporary but can alter the behavior of individuals. The use of alcohol can make people do things they would not do when they are sober, and get them into many dangerous situations and unnecessary risks—for example, accidents, fights, unprotected sex, i.e. without a condom. (Gonzáles, 2001).

Remember that alcohol does not have the same effect on everyone. When they drink some people do not feel happy or relaxed; on the contrary, they may have “bad drink”, i.e. be aggressive and melancholic. What is certain is that excessive alcohol can cause liver damage, endanger their work and their family and friends relationships.

Young migrants who consume alcohol may be exposed to greater risks. A possible reason for this is that young people can be alone for the first time, away from their families, which allows them to act freely, carelessly, and without any supervision by responsible adults. This makes it easier for them to take decisions that may put them at risk, such as drinking too much in order to feel more mature and independent. Moreover, a young person that has earn money by working, even if it may not be much, it makes him/her feel like an adult. Young people are sometimes shy and easily submit to peers’ pressure in order to feel part of the group.

In addition, alcohol is part of many celebrations, from baptisms to marriages; many people drink and it doesn’t cause them any apparent problems, there are even many adults who drink in moderation without putting themselves at risk. However, some people abuse alcohol, or continue to drink even when it causes them problems in their lives, such as accidents, arrests, poor performance at work or school, or difficulties with family and friends.

Some people abuse alcohol to the point where their bodies and minds become dependent on that substance, which is known as alcoholism. People who depend on alcohol need to continue drinking more and more to feel the same effects, and when they stop drinking in a regular basis they feel ill. they have trouble reducing or controlling alcohol consumption and they continue to drink large amounts, even if it causes irreversible damage to their brain and wreaks havoc on their lives.
Data on alcohol consumption

- In the United States nearly half of all crimes, violent crimes (especially rape), and deaths from traffic accidents are related to alcohol (Greenfeld, 1998).
- Hispanic Americans consume alcohol in the same proportion as non-Hispanic whites. Few Latinas use alcohol and other drugs, compared to Latino men who use these substances more frequently. The number of Mexican-Americans born in the United States that use these substances—both men and women—is higher compared with immigrants born in Mexico (SAMHSA, 2001).
- Approximately one in every four children under 18 years of age in the United States is exposed to the consequences of alcohol dependence or abuse of one of the family members (SAMHSA, 2001).

Help beyond the Río Bravo

A large proportion of the migrant population living in the United States comes from Mexico, where recently a National Network for Comprehensive Care of Addictions has been created with over 300 “New Life” centers distributed at strategic points across the country. The main objective of these Centers is to prevent, discourage and avoid the consumption of psychoactive substances among the population. Some of them are located in border cities, which can be very helpful to support both the general population as experimental or occasional consumers of tobacco, alcohol and other drugs in order to induce them to stop the consumption, preventing it to evolve into abuse or dependence, and help them to get rid of any negative consequences of consumption, because a serious injury or even death are not necessarily the outcome of abuse or dependence, just being a consumer is enough. There is also the Telephone Counseling Center (COT) of the Technical Secretariat of the National Council Against Addictions (CONADIC by its acronyms in Spanish), which operates 24 hours 365 days a year, and where migrants can call for free to receive information, guidance and counseling, as well as to apply to be treated in specialized addiction services. The number is 01-800-911-2000.
THE STAGES OF MIGRATION

Photo: Marc Schenker
THE STAGES OF MIGRATION

“Wayfarer, there is no road, one makes the road by walking. By walking one makes the road, and upon glancing behind, one sees the path that never will be trod again.” Antonio Machado

In this manual, we will talk about six stages in the migration process. Each can have many sub-stages. But given the objective of the manual, we will only address some general points which are:

- Preparing for departure
- Family reorganization
- The crossing
- Arriving in the new country: first impressions
- Settling in, and
- The return

Some cross the border with legal documents, others do not.
Some see moving to another country as a voluntary and positive opportunity, to others migrating is the only alternative to move forward.
Some others settle in abroad
The migration experience varies from person to person, it also depends on age, sex, place of origin, marital status, and many other factors. For example, Some cross the border with legal documents, others do not. Some see moving to another country as a voluntary and positive opportunity, to others migrating is the only alternative to move forward, or are forced to leave their country for reasons beyond their control. Some come alone, others do it with their families. Some come for short periods and then return to their homes, others repeat many times the border crossing and some others settle in abroad. Despite the unique characteristics of each migrant history, there are some things that are common to most people who move between countries, between states, between harvests.

When migrants are going through the different stages of migration, they may face high risk situations that not only are dangerous for their personal security but also for their health both physical and emotional. Some stages can make people more helpless than others and in some way more likely to be victims of a disease. Therefore in the following chapters we will discuss each step in detail and highlight the problems and situations that may arise, and how to prevent situations that endanger health.

Although pain, sorrow, and health problems are often associated with migration, it should also be noted that much of the negative aspects are thwart by the positive ones. Migrants can be strong physically and mentally, which helps them find ways to cope with extremely difficult situations. Many of them are survivors, with hope, faith, and dreams. To promote health and wellbeing it is also important to use the strength and capacity for change that migrants usually have. This is called resilience (the ability to reinvent oneself in a positive way against adversity).
Ideas for Promotores

The Promotores should keep in mind that many of the migrants with whom they work may have strong reactions, both positive and negative, when they talk about their stories. Some may feel relieved to talk, others on the contrary may become depressed at the thought of what they have been through. In this sense, it is important to remember that the problems related to mental health or strong emotions are delicate and often it is difficult to talk about them. It can be like opening a box of surprises, a “Pandora's Box.” To talk about emotional problems outside the family or in public may be frowned upon by others or perceived as a sign of weakness, especially in a “macho” atmosphere. Sharing one’s problems, questions, or stories with someone alike is very rare and perhaps the only recourse and opportunity some of them may have. In this sense, knowing the stories and the intimacies of the people with who you are working can help you become sensitized to the topic. Never forget that a listening attitude, sensitive, without judging and with warmth, can be a tremendous source of comfort. We are dealing with human beings and as such, we can not be indifferent. The work that you do is very valuable. To understand the changes and the consequences of going back and forth between countries, it will be helpful to briefly talk about the stages migrants go through. (Chavez, 1992; Slunzki, 1979, Manz, 1999).

Emphasize the importance of confidentiality

What should the Promotor do if, during a talk, someone suffers a breakdown or gets out of control or confesses a situation that should be reported? Promotores must know their limits. They must refer this person to specialists or seek reliable advice (see the resources listed in this manual). It is important to recognize our limitations and know that we are working with real human beings, not in a laboratory. To know when to delegate the task is essential, experts can provide better service, which is preferable to simple empirical goodwill.
PREPARING FOR DEPARTURE
PREPARING FOR DEPARTURE

“Being prepared means much, being able to wait means more, but to make use of the right moment means everything.” Arthur Schnitzler

Preparing for migration is a planned process which usually involves the person, family, friends and acquaintances. Most people migrate to get jobs and make money, but there are other reasons, like getting reuniting with family or just out of curiosity. The exact time to go is determined by various factors, such as having a minimum amount of money, assistance and information about what is to come. However, there are times when people have to leave quickly; especially when they are forced to flee from family violence or political situations.

What We Will Learn in This Section

Understanding the pressure and fear felt by migrants when they start planning the departure, and how this pressure can affect their mental health and their decisions.

Learning Objective

After reading this section, Promotores will be able to explain:

- Why preparing to leave in search of a new life or work in another country can cause stress
Experience Account

“When I started to think I was coming to the North, I could not believe it myself. A cousin told me that the crossing was hard, but I knew that many people has done it, and I would not be the only one with bad luck. Well, even when the day was closer, I almost could not sleep and was in a bad mood. Then, it was very painful saying goodbye to my girlfriend.”

Reflections

• When we decided to leave our village or town, or when someone takes the decision for us, simply because everyone in the family has already left, and there is no one left in the place of origin, we face one of most important moments of our life. We are leaving everything, everything that we like and what we do not like too, but most of all we are leaving what is familiar, what we know. No matter if our city is big or small, whether our town is ugly or pretty, what we do know is that it is ours, where we know everyone and where they know us. Where we know where things are: the pharmacy, the store, the church and the doctor. We know all the events that happen throughout the year, the dates of the festivities and, in general, the celebrations of every important date.

• A person who is thinking of crossing should make sure that he/she is in good health, for example, it would be wise to visit the doctor before leaving. Also, he/she should consider the risks related to crossing through dangerous areas. Nothing is worth more than health and life itself.
Health message

To start planning a trip can make a person feel very stressed and anxious. Stress or emotional stress can affect the mood of the person and his/her physical and mental health.

Ideas for Promotores

- Advise people who are thinking to go to or return from another country, having more information and take precautions to prevent possible health problems. Remember that perhaps the people you are talking to may have already gone through this experience.

- Ask the group participants if they wish to share their own experiences on how they felt when they were thinking about traveling. Also, the Promotor can choose a song talking about departures and goodbyes. Which one would you choose?

Which songs do they know about departures and goodbyes?

- Invite participants to tell whether they felt like in the songs say or the experiences accounts and why. This activity can also be useful to think about the reasons why they had to leave their places of origin.

- Write on a sheet of paper or on the board the reasons why people decide to migrate.
Talk to the migrants about the problems that are likely to have when they leave their country, and invite them to consider the following:

- Feeling loneliness and anguish is somewhat “normal” when you are moving to another place or country.

- It is wise to maintain contact with a member of the family or some friends when away from home. It is advisable to stay in touch (as far as possible) during the trip to the other country. Taking along with you a significant personal belonging can be of great comfort when you are going through tough times.

- Learn some basic words in English and something about the customs and culture of the United States. It is important to survival, especially at first.

- Analyze what health problems can occur during the crossing.

Look for a book to learn

**ENGLISH**

**KNOWING THE LANGUAGE**

of the country where you are going

is important and helps you having more opportunities
Conclusion

- Preparing to go on a long journey, on a trip that perhaps has no return, can cause a lot of stress for both the person who will travel and those who stay. Thinking about the reasons why people leave their towns or cities can help us see that they are not just individual or adventurous reasons. Many of the factors associated with migration, are caused by the economic situation of a country: poverty, unemployment, drought, lack of seeds for sowing and/or lack of materials to work on their crops. It is not the problem of a single person, it is a community problem, therefore, is a social problem. Those who can migrate for a better future for their families are very courageous and deserve to be treated with respect and dignity everywhere.
FAMILY REORGANIZATION

Photo: Carlos Bazua - Painting: Mujeres de la Clinica Mission Neighborhood Health Center
“Which of the two lovers suffers more sorrow, the one who leaves or the one who stays? The one who stays is left crying, and the one who leaves goes sighing. (...) They say One does not feel the farewell, tell whoever tells you, that it is a lie.” The Two Lovers, Banda Tres Rios

The family has to reorganize to take on new responsibilities or tasks that the person who migrates used to do. New rules and roles are established, especially for women and children who stay and who often have to make life run its normal course, even without their loved ones.

What We Will Learn in This Section

Understanding the tension and fear felt by the family when one of its members leaves—especially if it is the head of the household—and how does this affect the family emotionally, and also the home organization.

Learning Objective

After reading this section, Promotores will be able to explain

- Why the family, left without the head of the household because he/she has migrated, may experience stress.
I stayed here and continued working to support the children: removing leaves, shucking, in the field. We would go to harvest or clean the fields. He left in September, I remember because there were already corncobs. We stayed... a month and a half without news. About a month later, he called on the telephone to sway that he was already in the United States. But he could help us because he had no money yet; but at least we knew they had arrived. He sent us money after seven months. At that time he sent me one hundred fifty dollars. Meanwhile I continued working. My son Silvano was here and he worked with his uncle Jacinto, as help in the construction work, and gave him thirty pesos, sometimes twenty-five pesos per day."

"The fastest work I could do to support us was pulling husks from corn (to make tamales) and selling them. I did this with people who invited me to join them. I picked ten bunches daily. Sometimes we made sixty or seventy pesos so they gave me thirty-five, because we were splitting the profits in half."

Cuando la cabeza de la familia migra, el cónyuge es quien se queda a cargo, pero cuando se van los dos, alguien tiene que tomar su lugar para ocuparse del hogar y de los hijos, mientras los padres están lejos. Generalmente, los hijos mayores o los abuelos desempeñan esta difícil tarea.
Reflections

- When the family gets “alone” because some of its members leave, especially if it is the spouse, it turns out to be an unpleasant experience because of all the responsibilities that have to be assumed as head of household and the feelings of anxiety, loneliness, sadness, fear, and anguish that it entails.

- Those who stay in the country of origin have sometimes new or larger workloads: caring for children or family members, raise money for the support of the family (especially in the beginning, when they still do not receive remittances), be sure that children attend school, make decisions to distribute household chores, integrate children to work activities where they can get a few more pesos.

  When a woman is left “alone”, she can make decisions and take on roles that have traditionally been assigned exclusively to men, as being more independent of the spouse and growing her self-esteem on her potential as a woman.

- This situation and thinking about the family and the person who left causes tiredness and physical and emotional exhaustion. There is also concern about the couple relationship, which in order not to be broken, must be kept alive through the distance, being afraid that something bad might happen to the loved one, not having any news from him/her but, most of all, the fact that he/she may never return.

- When a woman is left “alone”, she can make decisions and take on roles that have traditionally been assigned exclusively to men, as being more independent of the spouse and growing her self-esteem on her potential as a woman.
Health message

When the family is left without one of its members, it can undergo through situations that are stressful, including feelings of loneliness, anguish and sadness that can affect the mood of the other members of the family.

Ideas for Promotores

- Write on a piece of paper all the problems facing the family when one of its members leaves.
- Ask the group participants if they wish to share with the others their own experiences on how they felt when they were in this situation and how they faced it.
- Invite participants to analyze the importance of maintaining communication with family, and not to break the links with their community.
- Guide migrants to find more resources or communication mechanisms enabling them to have more contact with their families.

Questions for the Group

- What changes can occur in the family when the migrant leaves, and which of them can cause stress?
Conclusion

- The fact that some members of the family migrate can cause great stress to other members, especially if they have limited financial resources that can only solve their immediate needs, and also because of the absence of the loved one, including the role he/she played within the family. Many times, wives are those who stay in the place of origin. Therefore, mothers have to rearrange the household work and the roles traditionally played by those who migrated. They have to assume the redistribution of domestic activities and tasks that ensure the survival of the family. During this experience they not only endure a physical exhaustion but also emotional, which can trigger depression in one of the family members and therefore affect his/her health. Recently, the migration of women who are heads of households has increased and often children are those who assume the traditional role of parents in the household. Likewise, it is common for “elderly” or grandparents to substitute the parents, when both of them migrate.
THE CROSSING

Oil Painting: Julio César Viveros
THE CROSSING

“So many of our dreams at first seem impossible, then they seem improbable, and then, when we summon the will, they soon become inevitable.” Christopher Reeve.

The crossing or passing of the border is a physical and symbolic separation, i.e. a stage that makes you feel fear and uncertainty, regardless of whether the migrant crosses with or without legal documents. If a migrant does not have documents, the border crossing can involve a “coyote,” “pollero” (literally poulterer), or “frontier expert” to negotiate the trip. The migrant pays a fee, makes plans and awaits anxiously for the moment of crossing the border. Undocumented migrants can cross many borders and new settings during the journey to their final destination and they often face violence, meeting with immigration patrols and other hazards.

What We Will Learn in This Section

Understand that crossing the border—especially without documents and/or using the “coyotes” or “polleros”—can endanger health and even life itself.

Learning Objectives

After reading this section, Promotores will be able to:

- Describe some health risks that may occur during the crossing(s) of border(s).
- Identify symptoms of stress or illness that a person can have during the trip, while crossing the border(s) or thereafter.
Experiences Accounts

“When I crossed I did without papers, using a coyote. I remember many days were on tenterhooks, not knowing when, waiting in a cheap hotel in Tijuana, with some of the window panes broken. It was dark, small, and smelly. I was so nervous that even the ringing of a phone or a knock at my door would make my heart beat a thousand miles per hour. The days of waiting seemed endless.”

“Before they buried his son-in-law, Juan Gómez not only felt sadness for his son-in-law but also for himself, because the same fate could easily befall him as well. Don Pedro was burying the third of three “paisanos” that had gone to the North to work about one month before. But they arrived 17 days later in coffins, having died in the crossing. A closed truck with almost 100 migrants had been found at a stop, 19 men suffocated to death.”

“Crossing the border between Mexico and the United States at age 26 was one of the most horrendous experiences of my life and it still lives with me.”

Reflections

- Sometimes when we gather with family and friends, we tell a thousand stories about how we crossed the border. How we got here, especially if we did it “without papers.” For many it is one more crossing, another one filled with fear, sweating, hunger and thirst, cold or blistering heat, but always with lots of determination, tension, and good luck. Good luck because here we are!

- But getting here was not just walking several days or just a couple of hours, it was not just the cold or heat (or both) and thirst, hunger and discomfort or just the stress or fear. It was not only how much the crossing itself lasted. It is all what having come or having left means to our lives.
• When a person has crossed having to face many physical dangers, it is important that she/he recovers physically and emotionally. Rest, eating well, affection and “cuddling”, drinking plenty of fluids to recover energy, are very important to prevent diseases that prey on weakened bodies such as colds and other infections. As important as the physical part is emotional. A newcomer may want to talk about everything that just happened.

• If you think he/she feels free to talk, encourage that person to unburden her/himself and feel that what he/she had to live was a very difficult experience, and therefore he/she may have several reactions like trouble sleeping, eating, pain stomach or headaches, nightmares, muscle pain and feelings of fear or anxiety. Be very careful in managing emotions and if you think you are not trained, do not do it.

• If a person is not feeling well after having crossed, it is very important to take him/her to a community clinic or other facility for examination. Several days without food or without water can weaken the body seriously, as well as having been exposed to long hours in the sun or cold, or animal or insect bites. Any wound should be properly treated to avoid infection and serious consequences.

• They can also have post-traumatic stress which is suffered by people who have been in situations in which they were very afraid. Migrants, particularly if they are undocumented, may have increased risk of suffering from anguish, due to traumatic situations they may have undergone during the border crossing.

• Other serious risks while crossing the border without documents may include: sunstroke and dehydration from lack of fluids and food. There is also the danger of accidents, falls, violence caused by anti-immigrant groups or consumption of alcohol among the group of people who will cross, under the pretext of controlling their nerves, and finally there is the risk of being captured by the immigration agents. For women and minors there are additional risks, including the risk of rape and sexual exploitation. All these risks must be considered with a cool head to avoid harming health, physical integrity and life itself.

One has to to keep a cool head and weigh up all the risks
Health message

The dangers that a person undergoes trying to pass to the “other side” by any mean (no matter what) exposes him/her to run the risk of crossing dangerous terrain such as deserts, rivers, or sewers. These extreme conditions can even cause him/her the loss of his/her life.

Ideas for Promotores

- Encouraging people to talk can help them release the tension (pressure) experienced during the days they were crossing the border.

- Guide newcomers to communicate with family or friends who can help them settling in at the new place.

- Write their own experience or that of someone they know, to share it.

- Cut out newspaper articles talking about the news and tragedies of people crossing the border. Share these cuttings with the participants and ask them to share their reactions to these news.
Questions for the Group

- What health risks may arise during the journey to the border and the crossing?
- What are some symptoms of stress or illness that a person can have during the journey to the border, the crossing, and afterwards?

Conclusion

- Crossing the border without documents can put at great risk the health and lives of people. When someone is a newcomer, besides recovering physically, he/she should be encouraged to talk about how he/she feels, so he/she can unburden him/herself and realize that those feelings will decrease as time goes by. But if he/she still has nightmares, chills, night sweats, can not concentrate, feels very sad, or often feels like mourning, he/she should be advised, to the extent possible, to go to a specialist or to the nearest clinic and seek for specialized help. However, the mere fact of being listened carefully by the Promotor or someone he/she trusts is always a great relief for the newcomer.
ARRIVING IN THE NEW COUNTRY: FIRST IMPRESSIONS
ARRIVING IN THE NEW COUNTRY: FIRST IMPRESSIONS

“Trust time; it often brings sweet outcomes for many bitter difficulties.”
Miguel de Cervantes Saavedra

Surviving and meeting basic needs are the most important immediate things in the first stage of migration. When migrants are just arriving to the U.S., they often feel embarrassed because they have to deal with new things. Many times they feel that reality has changed, as if in a dream or a nightmare. The new country arises many obstacles, including the threat of being deported for not having documents and having to cope with new languages, places, people and customs.

What We Will Learn in This Section

Understand that arriving somewhere for the first time without any material resources can put people in difficult situations that will increase their stress levels and can affect their physical and mental health.

Arriving somewhere for the first time without any material resources can put people in difficult situations that will increase their stress levels.
Learning Objectives

After reading this section, *Promotores* will be able to:

- Describe some situations associated with arriving in the United States and adapting to a new environment, which can cause stress or anguish.
- List some health risks affecting migrants when they arrive in the new country.

Experiences Accounts

“The first time I got into a bus, my hands were sweating because I did not know how to put the bill in the device that is next to the driver. Even though I tried to give the bill to the driver, he pointed out to me the machine, I inserted the bill and it gave it back to me, I felt that everyone was looking at me because the machine not only ejected my bill but it whistled. Finally, I pull another bill from my pocket and it finally got in. Then, to get off, again, I couldn’t find out how to ring the bell, until someone rang for me. I was the only one getting off and the door would not open, I had to stay to the next stop where more people was getting off. I had run back the three blocks it took me away.”

“Oh, tricky little machines, if you insert the coins, then they don’t give you nothing. They steal your coins and you run out of money and get no stamps”

“When I got my first paycheck, I had to figure out how to manage to cash it, because without a driver’s license you are nobody. Finally I cashed it and was ready to send some money to my mother back in Mexico. My first time at the post office. As the door was locked and it seemed that the personnel was gone, I tried to use one of those machines that are there. Oh, tricky little machines, if you insert the coins, then they don’t give you nothing. They steal your coins and you run out of money and get no stamps.”
When you arrive to an unknown place, at first things can seem very unreal, almost magical, especially if you are coming from very remote places or have escaped from dangerous and violent situations. During the first weeks or some months in a new environment, people can feel happy because they are learning different things, meeting new people, or gathering with family and friends they hadn’t seen for a long time.

Not everyone feels happy to be somewhere new and unfamiliar, especially when we come to the United States; it is a time when we leave everything, from our bed, our blanket, our bedroom, our home, our block, our neighborhood, our farm, our village or our town. While many may come accompanied, others come alone, with almost nothing. Once one is here, it is important to quickly find housing, food, and work to survive. As newcomers, we face many challenges at once, searching work without the assurance that we will find one, the constant fear of “la migra,” and having to rely on others to understand what English speakers say.

Upon arrival, everything is different, even the taste of the water. Although we might have heard many stories from friends or relatives when they returned, nothing is exactly as they told us, everything seems new. If you get to a big city, the blocks are long, and there is not a single soul walking. If you get to a small town near the fields, everything seems quiet. Everything here is so big, including the buses, they even have a special little machine to put the coins in when you pay, they don’t give tickets or someone to collect the fee. Everything is far away, just to go to the supermarket you have to go by car or take bus. The hole environment seems so awesome because of the size of cities.

To remain in a constant state of tension can cause symptoms of stress; the same way, being in a entirely new place can make people feel disoriented. It is also a risk for health the fact of not eating well or not drinking enough water. When a person is a newcomer he/she may not have the money to cover even his/her most basic needs like eating or having a safe place to stay. When the body is not well fed it is more vulnerable to diseases such as colds and other infections. It is also possible that the newcomers may be at greater risk of suffering an accident, for the simple fact of not knowing the environment or the type of work. It is possible that the person doesn’t know the traffic laws, or that one must cross the street only at certain places, or that there are roads where pedestrians can not cross.
The stress of having made a big life change can affect the mental and physical health of a person, although he/she may not realize it. New things can make you feel more depressed and stressed. The small details that cause stress can make you feel sick or feel that you are not worth as a person because you can not perform well in the new society where you are.

**Ideas for Promotores**

- Write down your own experience or that of someone you know, to share it.
- Encourage migrants to connect with fellow migrants who have been here longer, so they can get acclimated and find their way more easily. If there is a newcomer in the field of work or in the factory, it would be a good idea to talk with him to help him to get acquainted.
- Find resources in the nonprofit organizations that have programs in health, social assistance and other resources for migrants.
- What are the main situations that can cause stress to newly arrived migrants?
- What are some health risks affecting migrants when they arrive at a new place?
- Ask participants to list some problems/obstacles and at the same time offer them solutions.
- Develop with the brainstorming group practices to reduce the stress of the newcomer.
Conclusions

• Arriving in a country, especially when language is not managed, when many of the cultural elements are not shared, and particularly when people are in poverty and suffer inequalities, is a situation that forces those who migrate to cope with stressful situations. Sometimes having to learn so much in so little time can make a person feel too much pressure which will provoke anxiety. Many times these circumstances force migrants to choose to seek drugs and alcohol to relieve pressure.

• Some things seem not to be very important as learning to use new machines, but having to deal with frustrating experiences every day can affect people’s perception of themselves. They may feel that they are not intelligent, that they worth less than others who speak English and handle all the “little machines” or that they can swim “like fish in water.” This frustration can lead a person to “open little holes” in the “pressure cooker.” (See the first chapters of this manual where these issues were discussed). Some ways to relieve the pressure are not healthy. Talking about the little things that cause frustration or getting help on how to deal with new things can help reduce the pressure or stress. You might as Promotores be the only people that can help or refer the migrants to seek help through existing programs in their counties.

• Arriving with nothing in a strange place can make people suffer hardship like not having anything to eat or anyplace to sleep or bathe. They can also be embarrassed to ask for help. Offering help to the newcomer can be a generous gesture and it can also prevent this person to take unnecessary risks in a new environment. There are also institutions that can provide help to which you can refer those in need. At the end of this manual there is a series of resources that can be useful.
SETTLING IN

Photo: Carlos Bazua
SETTLING IN

“We enjoy warmth because we have been cold. We appreciate light because we have been in darkness. By the same token, we can experience joy because we have known sadness.” David Weatherford

Once a migrant decides to stay in the United States, begins the process of joining the new society. For example, finding a job, learning a little English, getting acquainted with the local culture and establishing ties with family, friends and other migrants. Some get the legal residence, but still many migrants remain isolated from American society no matter how long they have been here. This is a continuous period of adaptation and re-adjustments of identity and it may be particularly difficult to the extent that migrants have to face situations that they didn’t expect to find in the United States.

What We Will Learn in This Section

Understand that once a migrant tries settling in a new place, he/she can face difficult situations that may affect his/her adaptation and his/her mental and physical health.

Learning Objective

After reading this section, Promotores will be able to:

- Identify some causes of stress or anguish for migrants who are starting a new life in the United States.
Experience Account

“I have lived in California for a year, but would like to return to Mexico. When I came here for the first time, things were fine, but now everything is really hard. My visa expired and I have no papers. I wanted to return to school, but instead I have to work hard to live here and have enough money to send home. I have not felt well for a time, I cannot sleep, and sometimes I get hungry. I think a lot in my daughters and how much I miss them. I cannot stop crying.”

Reflections

- During the transition period between life in the country of origin and the adaptation to the new country, migrants may face some changes, both in the way they think and in the way they feel and act. There are also some things that are firmly maintained, because they make the person feel of what he/she was before; for example language is preserved, some customs, and some preferences like food. During this stage, migrants may have trouble finding the balance between old and new habits, and between customs and new lifestyles.

- When the person manages to find a place to live and work, he/she starts to feel “he/she already lives here,” and that he/she is not just visiting. But even when he/she has found a more stable job, he/she works from “sunrise to sunrise,” “from insolation to isolation,” there are no days off. many times when a person is working and his/her mind and body are occupied, he/she feels good. But when he/she goes back where he/she lives, after work, when he/she arrives to a house full of people he/she barely knows, then starts the tension and the sadness of being far from everything, from all the loved ones. The Promotores are well aware that these things are part of the daily lives of migrants.

- The way to react to difficult times can make people lead a more or less health life. The newcomers may choose to manage their stress in ways that are not good for them and that in the long term affect their health. That is, the “little escape holes” to relieve pressure— as in the example of the pressure cookers—are sometimes alcohol and bad company.
Many immigrant families are faced with having to understand that their children will adopt customs and acquire ways of thinking and seeing life very different from their parents.

- Settling in permanently is one of the most important decisions in the life of a person. Staying and settling in the new country means that their life will be affected by the events of the community and the whole society. There are some important factors to consider:
  
  - The economy of a country can be like a roller coaster, you can go through years of stability and other years of decline and difficulty. Economic factors affect jobs and also affect migrants' social environment.
  - There are sectors of society who reject migrants because they do not understand the cultural, social and economic contributions that migrants’ presence and work give to society.
  - Establishing a family and raising children in a different society creates other challenges for parents. Many immigrant families are faced with having to understand that their children will adopt customs, and acquire ways of thinking and seeing life very different from their parents.

Health message

- Repetitive stressors and the way people deal with stress and anguish can endanger their health.
Ideas for Promotores

- Write down your own experience or that of someone you know, to share it.
- Ask participants to talk about their family that is far away; you can even encourage them to bring photos.
- Help migrants to identify and understand the stress on themselves, using some of the following questions:
  - What do you mean by stress, pressure, tension or anguish?
  - How do you know if you are stressed or anguished? How do you feel?
  - What do you do when you feel stressed?
- Propose the following activities to reduce stress and anguish:
  - Talk with someone one trusts, relax, and rest.
  - Make a 10-minute break every 2 hours work, at most.
  - Ask for help whenever necessary, considering that they have to ask the right people.
  - Eat healthy and exercise.
  - Do one thing at a time and do not try to do several things simultaneously.
  - Find a place where you can have peace for a while.
  - Learn to relax.

Question for the Group

- What are some of the most common causes of stress for immigrants starting a new life in the U.S.
Conclusions

- Figuring out how things work in a new place takes time and wears a lot of energy. Trying to adapt to a new life while remembering and missing the old life can cause stress and anguish, even if sometimes things seem easier and life seems better, as do friends and adapt to the new environment. The process of change and transition never ends completely.

- As people adapt to their new life, they will try to do different things to feel better. If they can choose healthy ways to cope with changes and stress, they will make the process of change and adjustment easier. If the way they handle stress or anguish is not healthy, they may establish habits that will only help to escape temporarily from their problems.
THE RETURN
THE RETURN

“Life is not what One lived, but what One remembers and how One remembers it in order to recount it.” Gabriel García Márquez

Many migrants decide to return home after several months or years, motivated by family, work or other opportunities or because their plans did not go as they planned in the United States. The adaptation process does not end with the return, because when migrants arrive to their homes they realize that the situation and people, including themselves, are different from what they were when they crossed the border. The return home may be temporary and the migration process can be repeated several times.

What We Will Learn in This Section

Understand that the return to the place of origin after a long absence, although it can be a very good reason to provide happiness to the person, it may involve time, effort and emotional costs.

Learning Objective

After reading this section, Promotores will be able to:

- Explain why it can be stressful to return to the place of origin.
- Describe some things that migrants can make to reduce stress or anguish that planning the return to their place of origin or home causes them.
“When Pascual began preparing his return to his hometown, he was full of dreams, hopes of seeing again his wife and their daughters—Juanita was five when he left and Lupita was eight, that was four years ago. Pascual started buying gifts, dolls for the girls and a dress for his wife Lupe. But as he was buying he began to think about his nephews and nieces, his younger sisters and his parents, and each time there was more people with whom he felt committed to buy a gift. How could he get home empty-handed, if people knew that he came to the North to earn dollars and when his cousin John returned he brought a gift to the priest. But money was not enough and Pascual’s stomach hurt just to think that when people would go to visit him at his home he wouldn’t have anything to give them because the harvest was very bad this year and he almost didn’t work.

“When the day arrived and Pascual was returning to his town, the first surprise was seeing his daughter Lupita who looked like a young woman and the first thing she asked him was if he had brought a tape recorder. Pascual felt bad because she did not pay much attention to the dolls. Pascual was very tired but was very excited to see his wife and his entire family. That night, when he was with his wife in the bedroom, he felt his wife was ashamed; it had been so long that they no longer had the same intimacy as before. Pascual stayed in bed and could not sleep. Everything had changed.”

“Nacho had been already for a few days at home with his wife and four children and felt as if he was absent. There was a barrier between him and his family that could not understand; his children looked at him as if he was a stranger, with fear and mistrust, and he felt awkward and out of place. He began to feel nostalgia for his friends and what he used to do in California. Although he tried to get close to his wife and children, he felt something was missing, it was no longer the same. He did not know what to do. He would say words in English and nobody seemed to understand.”

“After several weeks, Javier began to feel comfortable, quiet, at home with his people. He shared with joy the way of being of its people, demonstrations of affection and celebration. He watched his wife with love and gratitude, as both were making an effort to reconnect again. He brought a car and lots of new clothes, which caused admiration among their neighbors. He felt ‘superior’ for this, and the neighbors seemed to start feeling a bit irritated with this new attitude of superiority.”
Upon returning home, many times the person who left thinks that he/she will find everything just as he/she left it. But the reality is that there are definitely changes. Therefore, people are faced with new situations that they often do not understand or know how to solve.

While being far away, life goes on, and it does not stop. The children grow up and the migrant who is away is missing many important moments of their life cycle. For example, when his/her children learn how to read and write, when they celebrate their birthdays and when they start to have boyfriends or girlfriends, when the daughter “leaves” with her boyfriend who got her pregnant. Children may not feel the same confidence with the father who lived far away, simply because they could not share all the little things of daily life, problems and joys. Similarly, couples find they need time to rediscover themselves, feel again confident to share their intimacy.

Sharing through the distance special dates, exchanging photos and talking on the phone, can help you keeping abreast of the situation that your family, who is waiting in the other side, is living while you are away.

People who return to their hometown need to adapt themselves again to the particular pace of the family, the community, the city or the neighborhood, which can be very different from what he had already been used to in the United States. Getting back in the mood, letting be driven by the rhythm of daily life of the loved ones, feeling accepted and loved, takes time. Sometimes the re-adaptation is not achieved so easily, and this causes sadness, anguish, uncertainty, depression and stress in the person who came from outside as well as in the family who receives him/her.

It may seem very unusual to feel strange in your own land. To reduce stress and anguish caused by the return, it is good for migrants to maintain a constant and open communication with the loved ones. Sharing through the distance special dates, exchanging photos and talking on the phone, can help you keeping abreast of the situation that your family, who is waiting in the other side, is living while you are away.
Health message

When people have dreams and plans and things don’t go as they imagined, there may be great disappointment and sadness. Even if things had gone well during their stay in the United States, the re-adaptation to the place of origin can cause stress and anguish.

Ideas for Promotores

- Ask group participants if they wish to share their own experiences of how it was when they returned home, and what suggestions or advice can they give to those who are just going back for the first time.

- Ask participants to talk about their fears and dreams about returning to their homes. What do they imagine? What do they think they will miss about the U.S.?

- Help migrants to reflect on the things that could have changed during their absence, and invite them to think about how to meet these changes in a positive and healthy way.

- Encourage migrants to share the experiences that they had with relatives and friends when they returned from the United States: share stories, show pictures of where they lived, of their friends, their work.
Questions for the Group

- Why it might be stressful to return to the place of origin?
- What things can the migrants do to reduce stress when they return to their homes?

Conclusions

- Migrants can experience many ups and downs while in the United States. They face a lot of stress, but can also make money, make friends and work for a better life for themselves and their families. Returning back home can also bring good and bad feelings. For example, migrants feel excited to be reunited with their loved ones and get back all the things they missed, but also they may feel pressure for not having had “success” in the United States, either because they do not come back with good money or because they did not do very well in this country. Going home means that migrants have to adapt again, because while they were out, there were many changes in themselves, their families and friends, and other things that once were familiar.
# SUPPORT MATERIALS

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<td>“Your Guide to Health Centers and Educational Programs for Farmworkers”</td>
<td>Pocket guide to help migrants find health care and education services when they travel.</td>
<td>National Center for Farmworker Health</td>
<td>(800) 5315120</td>
<td><a href="http://www.ncfht.org">www.ncfht.org</a></td>
<td>$0.25 each copy</td>
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<td>“Migrant Health Services Directory”</td>
<td>Information about migrant clinics and health centers in several states.</td>
<td>Migrant Health Promotion</td>
<td>(734) 9440244</td>
<td><a href="http://www.migranthealth.org">www.migranthealth.org</a></td>
<td>Free</td>
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<tr>
<td>“Migrant Services Directory: Organizations and Resources”</td>
<td>Listing of national and state organizations for health, education, labor, etc. Available in English only.</td>
<td>AEL</td>
<td>(877) 4337827</td>
<td><a href="http://www.ael.org/page.htm/index=395&amp;pd=3">http://www.ael.org/page.htm/index=395&amp;pd=3</a></td>
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<tr>
<td>“Stories from the fields—Stories that show us that in spite of the darkness...there is hope”</td>
<td>A 10-minute video about the benefits of counseling for farmworkers facing life problems.</td>
<td>Terry Reilly Health Services</td>
<td>(208) 4674431</td>
<td><a href="http://www.trhs.org">http://www.trhs.org</a></td>
<td>$20.00 each, includes shipping</td>
</tr>
<tr>
<td>“Relieving Stress” (Aliviando La Tensión)</td>
<td>Pamphlet about healthy ways to reduce stress.</td>
<td>Latino Health Literacy Project</td>
<td>(215) 7316193</td>
<td><a href="http://www.hpcpa.org">http://www.hpcpa.org</a></td>
<td>Free for a simple pamphlet; $12.50 for a master pamphlet that can be copied</td>
</tr>
<tr>
<td>“Health for All” (Salud Para Todos)</td>
<td>Manual with information on building and strengthening healthy migrant farmworker families and communities. Includes sections on stress, mental health problems, alcohol and drugs, and violence.</td>
<td>Migrant Health Promotion</td>
<td>(734) 9440244</td>
<td><a href="http://www.migranthealth.org">www.migranthealth.org</a></td>
<td>$20.00 each, includes shipping</td>
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</tbody>
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*Each material presented in this table has been selected based on its relation with mental health issues presented in this manual and based on its cost. This is only a selection within a variety of materials in Spanish about mental health offered by diverse organizations. Over time the cost and availability may vary; promotores are encouraged to call or visit the websites for details.*
<table>
<thead>
<tr>
<th>TITLE</th>
<th>DESCRIPTION</th>
<th>ORGANIZATION</th>
<th>TELEPHONE</th>
<th>E-MAIL/WEBSITE</th>
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<tr>
<td><strong>ALCOHOL AND DRUG USE/ABUSE</strong></td>
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<tr>
<td>“We Speak in Confidence” (Hablemos en Confianza)</td>
<td>Folder containing pamphlets, cards and a fotonovela, focused on the use of drugs and alcohol in Latino families.</td>
<td>The Substance Abuse and Mental Health Services Administration</td>
<td>(877) 7678432</td>
<td><a href="http://ncadi.samhsa.gov">http://ncadi.samhsa.gov</a></td>
<td>Free</td>
</tr>
<tr>
<td>“Hope of the Valley” (La Esperanza Del Valle)</td>
<td>Fotonovela and/or radionovela on audiocassette which focuses on a young person with an alcohol problem. Other issues addressed are exposure to pesticides, teenage pregnancy, and adult alcohol problems.</td>
<td>Novela Health Education, Northwest Communities’ Education Center</td>
<td>(509) 8542222</td>
<td><a href="http://www.kdna.org/en-us/novela-health-education">http://www.kdna.org/en-us/novela-health-education</a></td>
<td>$1.00 each fotonovela, $50.00 each radionovela on audiocassette</td>
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<tr>
<td><strong>DOMESTIC VIOLENCE</strong></td>
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<tr>
<td>“You Have the Right to Be Free from Violence in Your Home: Questions and Answers for Immigrant and Refugee Women”</td>
<td>Pamphlet including information on: legal issues around immigration status and domestic violence, suggestions for women facing domestic violence, and national resources for help.</td>
<td>Family Violence Prevention Fund</td>
<td>(415) 252.8900</td>
<td><a href="http://fvpfstore.stores.yahoo.net">http://fvpfstore.stores.yahoo.net</a></td>
<td>$12.50 for 50 copies</td>
</tr>
<tr>
<td>“My Life” (La Vida Mía)</td>
<td>Fotonovela or video about family violence.</td>
<td>Migrant Clinicians Network</td>
<td>(512) 3272017</td>
<td><a href="http://www.migrantclinician.org/">http://www.migrantclinician.org/</a></td>
<td>$8.00 fotonovela; $30.00 video (Prices include shipping. Prices are negotiable for not-for-profit organizations)</td>
</tr>
<tr>
<td>“You Are Not Alone” (Usted No Está Sola)</td>
<td>Fotonovela providing information about domestic violence and where to turn for help.</td>
<td>Novela Health Education, Northwest Communities’ Education Center</td>
<td>(509) 8542222</td>
<td><a href="http://www.kdna.org/novela_health_education.htm">http://www.kdna.org/novela_health_education.htm</a></td>
<td>$.65 each</td>
</tr>
<tr>
<td>TITLE</td>
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<td>California’s HMO Guide</td>
<td>Information about how to better navigate the health care system, especially for those with a Health Maintenance Organization (HMO) medical care plan.</td>
<td>Office Of The Patient Advocate</td>
<td>(866) 4668900</td>
<td><a href="http://www.opa.ca.gov/">http://www.opa.ca.gov/</a></td>
<td>Free</td>
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<tr>
<td>“Helping Health Workers Learn”</td>
<td>Book describing simple and low-cost activities and techniques for anyone teaching about health.</td>
<td>The Hesperian Foundation</td>
<td>(888) 7291796</td>
<td><a href="http://www.hesperian.org">www.hesperian.org</a></td>
<td>$20 plus shipping</td>
</tr>
<tr>
<td>“Volar Sobre el Pantano” and “Invencible: Sangre de Campeón” by Carlos Cuauhtemoc Sánchez</td>
<td>Books</td>
<td>Check your local library or bookstore, or a bookseller on the Internet such as Amazon.com</td>
<td><a href="http://www.amazon.com">http://www.amazon.com</a></td>
<td></td>
<td>Varies</td>
</tr>
<tr>
<td>“La Mixteca”</td>
<td>Filemón Lopez’s radio program providing folk music, information, and announcements for migrant Mixtec workers on both sides of the border.</td>
<td>Radio Bilingüe Fresno: KSJV 91.5, KMPO 88.7 &amp; KTQX 91.5 El Centro: KUBO 88.7 Salinas: KHDC 90.9</td>
<td>(559) 4555777</td>
<td><a href="http://www.radiobilingue.org/">http://www.radiobilingue.org/</a></td>
<td>Free</td>
</tr>
<tr>
<td>“Farmworker News”</td>
<td>A bimonthly newspaper to inform farmworkers about issues such as health, occupational safety, and federal and state news.</td>
<td>National Center for Farmworker Health</td>
<td>(800) 5315120</td>
<td><a href="http://www.ncfh.org">www.ncfh.org</a></td>
<td>Free</td>
</tr>
<tr>
<td>“Tortillas Duras... ni pa’ frijoles alcanza”</td>
<td>Radionovela in different chapters about migrants true stories.</td>
<td>Health Initiative of the Americas (firstly established as California-Mexico Health Initiative), School of Public Health, University of California, Berkeley</td>
<td>(510) 6431291</td>
<td><a href="http://hia.berkeley.edu/">http://hia.berkeley.edu/</a></td>
<td>Shipping</td>
</tr>
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RESOURCES

ALCOHOL AND DRUG ABUSE

Alcohol and Drug Helpline (800) 821-4357

• Provides referrals for treatment programs.

National Clearinghouse for Alcohol and Drug Information
(800) 729-6686; (800) 487-4889 (TTY/TDD)
8:30 a.m.–6:00 p.m. For Spanish speakers, press 3.
Website for treatment referrals: www.findtreatment.samhsa.gov
Website for ordering health education materials: www.health.org

• Provides assistance in finding either treatments or health education materials for alcohol and drug abuse.

CRISIS INTERVENTION

For a Mental Health Crisis, Call:

• 911
• A local hospital
• Your county Mental Health Department (listed in the telephone directory under the County Government Section)
• "Crisis Intervention Service" (call Information [411] for the number or look under Mental Health, Health, Social Services, Suicide Prevention, Hospitals, or Physicians: Psychiatry)

Girls and Boys Town National Hotline
(800) 448-3000; (800) 448-1833 (TTD) For Spanish speakers, press 2.
Website: http://www.girlsandboystown.org/home.asp

• Provides short-term intervention and counseling, and refers callers to local community resources. Counsels on parent-child conflicts, family issues, suicide, pregnancy, runaway youth, physical and sexual abuse, and other issues that affect children and families.

National Hopeline Network
(800) 784-2433
Website: http://www.hopeline.com/ries.asp

• To locate a suicide crisis center in your area.

* This list of organizations is a selection of the many sources of support for migrants and others with mental health questions and concerns. All of these organizations offer help in Spanish, and most numbers are toll-free.
GENERAL HEALTH

Health Resources and Services Administration (HRSA) Information Center
(888) 275-4772 For Spanish speakers, press 2.
Website: www.ask.hrsa.gov

- Publications, resources, and referrals on health care services for low-income, uninsured individuals, and those with special health care needs.

National Center for Farmworker Health, Inc.
(800) 377-9968

- This “Call for Health” hotline provides assistance and resources to farmworkers for health and other needs.

National Health Information Center
(800) 336-4797
9:00 a.m.–5:30 p.m., Monday–Friday (Eastern Time). For Spanish speakers, press 8.

- The National Health Information Center (NHIC) is a health information referral service. NHIC puts people who have health questions in touch with those organizations that are best able to provide answers.

National Hispanic Family Health Helpline
(866) SU-FAMILIA (783-2645)
9:00 a.m.–6:00 p.m., Monday–Friday (Eastern Time).
Website: www.hispanichealth.org

- Offers free, reliable and confidential health information in Spanish and English. Bilingual health information specialists will provide basic health information on a wide range of health topics, and can make referrals for local health care providers.

National Women's Health Information Center
(800) 994-9662; (888) 220-5446 (TDD)
9:00 a.m.–6:00 p.m. For Spanish speakers, press 3.
Website: http://www.4woman.gov/

- The NWHIC provides Federal and other women's health information resources.

Office of Minority Health Resource Center
(800) 444-6472
8:30 a.m.–5:00 p.m. For Spanish speakers, press 2.
Website: http://www.omhrc.gov/

- The center collects and gives out information on many health topics, including substance abuse, cancer, heart disease, violence, diabetes, HIV/AIDS, and infant mortality.
MENTAL HEALTH

National Institute of Mental Health (NIMH)  
(866) 615-NIMH (615-6464), Press 2 for Spanish.  
Website: http://www.nimh.nih.gov/publicat/spanishpub.cfm  

- Offers information about the symptoms, diagnosis, and treatment of mental disorders, as well as information about how and when to get help.

National Mental Health Association  
(800) 969-6642; (800) 433-5959 (TTY)  
9:00 a.m.–5:00 p.m. (Eastern Time). For Spanish speakers, press 1.  
Website: http://www nmha.org/  

- The National Mental Health Association is a nonprofit organization addressing all aspects of mental health and mental illness. NMHA works to improve the mental health of all Americans, especially the 54 million people with mental disorders, through advocacy, education, research, and service.

National Resource Center on Homelessness and Mental Illness  
(800) 444-7415  
8:30 a.m.–5:00 p.m.  
Website: http://www nrchmi.samhsa.gov/  

- Focuses on organizing and delivering services for people who are homeless and have serious mental illnesses.

SAMHSA's National Mental Health Information Center  
(800) 789-2647 Press 9 for Spanish.  
Website: http://www.mentalhealth.org/  

- Provides information about mental health.

HEALTH INSURANCE

California-Mexico Health Initiative: Guidebook for Health Insurance and Public Benefits Programs  
(510) 643-4089  
Website: www.ucop.edu/cprc/laopinion.pdf  

- Offers basic information about health insurance and other forms of public assistance available for the low-income population in California.
Department of Managed Health Care
Consumer Helpline: (888) 466-2219
Website: http://www.hmohelp.ca.gov/

- Help for people who have a problem with their Health Maintenance Organization (HMO) – such as Medi-Cal or others – including issues about medical care, prescriptions, preventive testing, and mental health services.

Insure Kids Now! Health Resources and Services Administration
(877) 543-7669
8:00 a.m.–5:00 p.m., Monday–Friday (Eastern Time). For Spanish speakers, press 2.
Website: http://www.insurekidsnow.gov/

- Links families with uninsured children from birth to age 18 to free and low-cost health insurance.

VIOLENCE IN THE MIGRANT FARMWORKER POPULATION

Family Violence Information and Resources
AYUDA, Inc.
(202) 387-4848

- Technical assistance, outreach materials, and training on the legal rights of battered migrant women.

CHILDHELP USA®
(800) 4-A-CHILD (422-4453); (800) 2-A-CHILD (222-4453) TDD Spanish speakers just need to ask for Spanish assistance.
Website: www.childhelpusa.org

- A national child abuse hotline which provides multilingual crisis intervention and professional counseling on child abuse and domestic violence issues. Gives referrals to local agencies offering counseling and other services related to child abuse, adult survivor issues, and domestic violence. Provides literature on child abuse in English and Spanish.

Family Violence Prevention Fund
(888) RX-ABUSE (792-2873); (415) 252-8900
Website: www.fvpf.org

- Offers culturally diverse materials in five languages and for people with low levels of education. Information available for working with migrant populations. Also houses the National Health Resource Center on Domestic Violence.

National Center for Victims of Crime Victim Services Helpline
(800) FYI-CALL (394-2255)
Website: http://www.ncvc.org/victims/

- Helps victims of violence and their families rebuild their lives.
National Clearinghouse on Child Abuse and Neglect Information
(800) 394-3366 For Spanish speakers, press 0.
Website: http://www.calib.com/nccanch/
- The Clearinghouse is a national resource for professionals and others seeking information on child abuse and neglect and child welfare.

National Domestic Violence Hotline
(800) 799-SAFE (799-7233)
Website: www.ndvh.org
- For crisis intervention, referrals, information, and support in over 100 languages for victims of domestic violence.

National Latino Alliance for the Elimination of Domestic Violence (Alianza)
(800) 342-9908
Website: www.dvalianza.org
- National forum for dialogue, education, and advocacy.

National Resource Center on Domestic Violence
(800) 537-2238; (800) 553-2508 (TTY)
8:00 a.m.–5:00 p.m., 24-hour voice mail.
Website: http://www.nrcdv.org/
- The NRCDV provides support to all organizations and individuals working to end violence in the lives of victims and their children through technical assistance, training, and information on responding to and preventing domestic violence.

National Resource Center to End Violence against Native Women
(877) 733-7623

National Sexual Violence Resource Center
(877) 739-3895
Website: www.nsvrc.org
- Central clearinghouse for resources and research on sexual violence.

NOW Legal Defense and Education Fund (LDEF)
(212) 925-6635, (202) 544-4470
Website: www.nowldef.org
- Provides advocacy for legal rights of battered migrant women, information for victims about rights, and referrals.

Nuestra Comunidad Sana
(541) 386-4880
Rape, Abuse & Incest National Network
(800) 656-HOPE (656-4673),
Website: www.rainn.org
• Free confidential counseling and support for victims of rape, abuse, and incest.

The National Immigration Project of the National Lawyers Guild, Inc.
(617) 227-9727
Website: www.nationalimmigrationproject.org
• Offers technical assistance on complex immigration issues.

Agencies with Curricula on Domestic Violence Education and Prevention

Migrant Clinicians Network
(512) 327-2017
Website: www.migrantclinician.org
• Offers a training manual for lay “Promotores” on the dynamics of domestic violence.

Migrant Health Promotion
(734) 944-0244
• Domestic violence flipchart, guide for discussion of dynamics of domestic violence for camp health aides.

Proteus Inc.
(559) 733-5423
Website: www.proteusinc.org
• Offers “Violencia Doméstica en las Familias Latinas Rurales,” created by Joan Cuadra and Virgie Contreras – a curriculum for presentations on the dynamics of domestic violence including an Instructor’s Guide.

Women’s Crisis Support – Defensa de Mujeres
(831) 722-4532
• Healthy Families/Familias Saludables – 8-week curricula focusing on the prevention of domestic violence.


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Programa IMSS – Oportunidades
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Centros de Integración Juvenil (CUI)
Universidad de Barcelona
Universidad de Guadalajara