

Symposium | Imigrant, Refugee : [Symposium 33] Mental Health Support for Latin American Migrants.

📅 Fri. Sep 26, 2025 10:40 AM - 12:10 PM JST | Fri. Sep 26, 2025 1:40 AM - 3:10 AM UTC 🏢 Session Room 4 (Large Hall B)

[Symposium 33] Mental Health Support for Latin American Migrants.

Moderator: Yu Abe (Yotsuya Yui Clinic), Masaharu Uemoto (Kobe City College Nursing)

[SY-33]

Mental Health Support for Latin American Migrants

Sergio Villasenor¹, Jose Lopez Rodas², Nancy Liscano³, Yu Abe⁴ (1. Guadalajara University (Mexico), 2. Cayetano Heredia Peruvian University (Peru), 3. Viktor Franklin Institute (UK), 4. Yotsuya Yui Clinic (Japan))

[SY-33-01]

The Wall : Latin American migrations.

*Sergio Javier Villaseñor-Bayardo¹ (1. Universidad de Guadalajara. México (Mexico))

[SY-33-02]

Migration and Megaprojects: Emerging Challenges for Mental Health in Peru

*Jose Lopez Rodas^{1,2} (1. Cayetano Heredia Peruvian University (Peru), 2. Atenea International Network (Peru))

[SY-33-03]

Family Reunification, Mental Health and Ulysses Syndrome in Latin American families in London

*Nancy Liscano Parra¹ (1. University of Barcelona (Spain))

[SY-33-04]

Mental Health Support for Latin American Migrants.

*Yu Abe¹ (1. Yotsuya Yui Clinic (Japan))

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The international mental health support network, *The Red Athena*, which brings together multidisciplinary mental health professionals from Spanish-speaking countries to discuss and support mental health, has now been active for 16 years. In 2024, the general assembly was held in Mexico City, and this year, it is scheduled to take place in San Francisco. This international congress in Tokyo focuses on the mental health of Latin American migrants and the support they need.

Achotegui, in his concept of *Ulysses Syndrome*, argues that migration is an inherent aspect of human nature and that psychological crises inevitably accompany it. However, these crises do not necessarily indicate mental disorders such as depression or PTSD but rather fall within the scope of mental health challenges.

Latin American migrants are dispersed across the world but the approach to mental health support differs from country to country. Representatives from the UK, Mexico, Peru, and Japan will present their migration situations and the current state of their mental health, engaging in discussions to explore ways to support their mental well-being.

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[SY-33-01] The Wall : Latin American migrations.

*Sergio Javier Villaseñor-Bayardo¹ (1. Universidad de Guadalajara. México (Mexico))

Keywords : Migration、Latin America、Mexican、Walls、culture

Purpose.- Expose how pointless is building walls in order to prevent immigration and create consciousness on the importance of Latin American immigration to the U.S. The most common characteristics of the Hispanic population in the U.S. are low income, low education level, high unemployment rates, the second largest community (after African Americans) of people in prison, and the largest number households. Even more remarkable, from a socio-cultural vantage standpoint, the pace and level of assimilation to the so-called American lifestyle (culture in its many forms, economic and civic life) is the slowest among Mexicans and other Latin Americans. This trend persists even though immigrants who arrived in the past 25 years have assimilated faster than their counterparts of a century ago, according to a report by the conservative Manhattan Institute for Policy Research. In summary, Latino immigration to North America is a massive picture that has been present in the world scene for over a century.

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[SY-33-02] Migration and Megaprojects: Emerging Challenges for Mental Health in Peru

*Jose Lopez Rodas^{1,2} (1. Cayetano Heredia Peruvian University (Peru), 2. Atenea International Network (Peru))

Migration in Peru, marked by historical flows and contemporary crises, is experiencing a new turning point with the development of megaprojects such as the Chancay Megaport (2024), which will generate greater demographic and profound sociocultural impacts.

Megaprojects generate: Rapid and uncontrolled migration. Pressure on local services and networks. Inequality, cultural conflicts, and community fragmentation.

In transformation scenarios, uprooting, precariousness, and the loss of ties generate risks to mental health that are not yet a priority on the public agenda.

A Mental Health Plan is proposed for the province of Huaral and neighboring provinces, which includes: Intercultural education and community strengthening. Promoting emotional well-being through local networks. Youth inclusion with technology and entrepreneurship. This approach can be replicated in the Corio Megaport Project and the Majes Sigüas II Agroindustrial Project, as well as in other investment areas, in line with the Global Compact for Migration (2018) and international mental health frameworks.

The challenge is to integrate mental health as a cross-cutting pillar of sustainable development, fostering intersectoral partnerships between civil society, sectors such as education, municipal and regional governments, and between countries.

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[SY-33-03] Family Reunification, Mental Health and Ulysses Syndrome in Latin American families in London

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Keywords : International migration、Ulysses Syndrome、Family reunification、Mental Health

Background: Migration alters the family unit, affects mental health and enhances Ulysses syndrome, and moreover, the experience in relationships and attachment styles can severe the expression of the syndrome in Latin American migrants.

Objective: To analyse the effect of a regrouped vs. grouped family on Ulysses syndrome and anxiety and depression in Latin American migrants from London, as well as to differentiate family attachment and couple experience based on the expression of Ulysses syndrome.

Method: non-experimental, comparative, non-random. 93 Latin American immigrants were evaluated (regrouped 40, grouped 53), who voluntarily answered the interview seven Migration Duels (Achotegui, 2002), Hamilton scales of anxiety and depression, experience in Relationships and Attachment. The IBM-SPSS statistic® was used.

Results: Migrants with a grouped vs. regrouped family, aged 41.6 ± 12.9 years and 19.5 ± 8.6 years in a migration situation, showed no differences ($p > 0.05$) in female gender), age, or migration time. 59.1% were diagnosed with Ulysses syndrome, with vulnerability factors (65.2%) and stressors (59.0%). In complicated to extreme levels, grief by language (mother tongue) (64%), by family (57.3%) and by social status (50.6%) stood out. In mourning for the land (22.5%) and for physical risk (32.6%) there was less affectation. The irrigation relationship between clustering vs regrouping and Ulysses syndrome gave $OR = 1.655$ (95%CI=0.687; 3.987), which suggests the tendency for regrouping to be an irrigation factor. In anxiety, depression, relationships and attachment style, there were no significant.

Conclusion: although there were mental health conditions, there were no differences between grouped and regrouped, deepening the expression of Ulysses syndrome. Early reception and ease of grouped migration would prevent the syndrome and mental health effects.

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[SY-33-04] Mental Health Support for Latin American Migrants.

*Yu Abe¹ (1. Yotsuya Yui Clinic (Japan))

Keywords : migrants、 mental health support、 Latin American、 Japan

At a multicultural clinic in central Tokyo, the number of foreign first-time patients has exceeded 4,000 over the past 19 years, with more than 300 foreign patients visiting for their first consultation in the year 2024. To accept foreign patients who speak different languages, it is essential that not only psychiatrists but also licensed clinical psychologists and administrative staff are multilingual and that online video phone interpretation services are available.

In the year 2024, the majority of foreign first-time patients came from the United States, followed by English-speaking countries including Europe and Asia, as well as Spanish and Portuguese-speaking regions in Latin America, primarily Brazil and Peru, and Korean speakers. Focusing on Latin American patients, the main referral sources include the clinic's website, friends and acquaintances, and other medical institutions. In terms of triggers for the onset of mental disorders, the order is family, workplace, multicultural environments, interpersonal relationships, and school.

The diagnoses for first-time patients predominantly include depression, anxiety disorders, adjustment disorders, and bipolar disorder, with a notable increase in cases of developmental disorders (ASD, ADHD). To effectively treat these foreign patients, it is necessary to understand the cultural and social backgrounds of their countries of origin and to provide care that aligns with their cultural and social contexts.