Central America is a multiethnic, multicultural, and multilingual region.

The Northern Triangle (NT) is the region in Central America integrated by Guatemala, Honduras, and El Salvador. The region has a population of close to 30 million.

The NT is the most impoverished region in the western hemisphere. The leading reasons for massive migration from the region are violence, government corruption, and food insecurity. The region tops the list of the world’s deadliest region outside a war zone [1].

In the region, violence is more related to gangs (Mara Salvatrucha and Calle 18). Gangs have control over towns and territorial areas where they tax residents and non-residents, and force the recruitment of young men and women in their areas of control.

The region has the highest femicide rates in Latin America.

Guatemalans represent the most significant number on migrant flow followed by Hondurans and Salvadorans [1].
<table>
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<tr>
<th>Indigenous Populations</th>
<th>Race/Ethnicity</th>
<th>Language</th>
<th>Religion or Spiritual Beliefs</th>
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</thead>
</table>
| **Guatemala [2]**      | • Maya K’iche (11%)  
  • Kaqchikel (8%)  
  • Mam (5%)  
  • Q’eqchi (8%)  
  • Other Mayan (8.8%) | There are 23 officially recognized Indigenous languages, including:  
  • K’iche  
  • Kaqchikel  
  • Q’eqchi  
  • Mam  
  • Garifuna  
  • Xinca | • 80% practice some form of Christianity, particularly Roman Catholicism.  
  • 13% are Atheist or Agnostic. |
| **Honduras [3]**       | • 90% Mestiza/o “Ladino/a”  
  • 7% is considered Indigenous  
  • 3% Black or European descendant. | There are 10 languages spoken in Honduras including:  
  • Lenca  
  • Garifuna  
  • Miskitu  
  • Chorti  
  • Tawahka | • About 80% are Roman Catholics. |
| **El Salvador [4]**    | • 86% of the population is considered Mestiza/o. |  
  • Lenca  
  • Pipil or Nawat  
  • Q’eqchi  
  • Cacaopera  
  • Nahault | • 57% are Roman Catholics. |
Seven Tips to Increase Engagement in Mental Health Treatment

- **Acknowledge Cultural Identity.** An Indigenous person who comes to the United States most likely will not identify with either term Latina/o or Hispanic. They will feel more comfortable with their Indigenous Identity. It is better to ask them how they self-identify. While working with Indigenous people from NT, distinguish them from other migrant people. Understand the cultural and linguistic barriers they face living in the United States.

- **Promote Cultural Humility.** Many Indigenous people will not trust non-Indigenous medical, mental health, and social services providers and most likely will seek help from a traditional healer than a doctor or mental health provider. Providers should be trained in cultural humility and the cultural and linguistic diversity of the NT region.

- **Recognize Adverse Experiences.** Acknowledge that Indigenous people from the NT have suffered widespread discrimination and lived in extreme poverty compared to the general population. A trauma-informed approach could be implemented to focus on understanding past and current trauma through a sociocultural lens [5].

- **Understand Main Sociocultural Events.** Recognize how the migration of Indigenous women is due to high rates of femicides, sexual, and gender-based violence. They can experience a high risk of rape, kidnapping, and human trafficking during their journey through Mexico.

- **Explore Concrete Barriers and Risk Factors.** Language barriers and illiteracy increase vulnerabilities in Indigenous women to become victims of crime and reduce their ability to seek protection and report crimes against them. To reduce the risk of violence, several Indigenous women hide their ethnicity by wearing regular clothes and learn the regional Spanish dialect.

- **Establish the Need for Mental Health Care.** Indigenous migrants have a high risk of retraumatization, depression, substance and alcohol use, domestic violence, and sexually transmitted infections (STIs). Become sensitive to the complex trauma Indigenous migrants bring with them.

- **Establish a Collaborative Working Relationship.** Providers should identify and develop collaboration with local community organizations, hometown networks, traditional healers and midwives, churches to engage people from the NT in mental health treatment.
Resources to Share with Families:

- Pastoral Maya. www.pastoralmayausa.org
- Maya Vision., Telephone: 213-810-4730 policarlo.chaj@gmail.com
- Garifuna Museum. 424-218-6212 www.garifunamuseum.com
- Casa de la Cultura Maya. 213-925-6204 www.casadeculturamaya.org
- UCLA Labor Center. 213-480-4155 www.labor.ucla.edu/about/down-town-labor-center/
- FIOB:Frente Indigena Oaxaqueno Binacional. www.fiob.org
- CARECEN-Central American Resource Center. 2845 W 7th St., LA, CA 90005 213-385-7800. Carecen-la.org

References