

7 Tips to Engage in Mental Health Treatment the Guatemalan Maya Families Living in the United States

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Three Facts of the Guatemalan Maya Families Living in the United States¹:

- Approximately, 864,000 Mayas from Guatemala have migrated to the United States of America from 2000 to 2017.
- About 60% of the population in Guatemala is *Ladinos* or mixed race. The majority of Indigenous people in Guatemala are K'iche (9.1%), Kaqchikel (8.4%), Mam (7.9%), Q'eqchi (6.3%), other Mayan (8.6%) and indigenous non-Mayan (0.2%).
- There are 23 officially recognized Indigenous languages, including K'iche, Kaqchikel, Q'eqchi, Mam, Garifuna, and Xinca.

Seven Tips to Increase Engagement with Guatemalan Maya Families:

1. A person born in Guatemala who came to the United States most likely will not identify with the terms Latina/o or Hispanic. They will feel more comfortable with their Maya identity and may prefer clinicians who acknowledge their Maya traditions and beliefs.
2. The vast majority of Mayas are Christian Catholics; however, they also practice traditional spirituality and use their traditional medicine as primary care, before they go to any western medical or psychological treatment. Mayas most likely will seek help from a traditional healer than a doctor or mental health provider. It is recommended to explore current and past help-seeking and the role of spiritual leaders.²



3. Some Mayas may be open to a holistic treatment experience involving spirituality and physical health treatment. For example, Guatemalan Maya uses rue leaves tea (herbal tea) or other herbal bath mixed with rue, basil, orange leaves, and marigold as a remedy to cure *susto*.³
4. If a positive rapport is developed, Mayas are more likely to trust a professional and follow treatment recommendations.
5. When you develop relationships with Mayan communities, identify their Gate Keepers: Ajq'ijab'-Time Keepers, A.K.A. "Maya Priest," Traditional authorities, Healers, and Midwives, Catequistas/Pastoral Maya (Catholic Church) and protestant pastors. Clinicians may explore Maya clients' preferences for involving members of their social network into treatment.²
6. Mayan people will prefer to speak their primary language rather than Spanish with someone they do not know. Furthermore, in traditional communities, women will not speak to a male alone. Mental health providers should seek to understand the traditional cultural roles and the cultural experiences of their Mayan clients to facilitate meaningful opportunities during treatment.
7. Mayas have a strong support system in their family. Parents could have active participation in treatment and may increase child and parent relationships. Providers could inquire about what kind of support they expect from nuclear and extended family members during mental health care.

Resources with more information about Guatemalan Mayas

- Maya Heritage Community Project: <https://mayaproject.kennesaw.edu/index.php>
- Maya Health Toolkit: <https://brycs.org/toolkit/maya-health-toolkit-for-medical-providers/>
- Children of the Guatemalan Maya: A Handbook for Teachers: <https://brycs.org/wp-content/uploads/2018/09/maya-teachers-handbook.pdf>

References

1. Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Global Migration and Quarantine (DGMQ). (2017, January 25). *Central American refugee health profile*. <https://www.cdc.gov/immigrantrefugeehealth/profiles/central-american/background/index.html#:~:text=Approximately%2081.5%25%20of%20the%20Guatemalan,and%2076.3%25%20of%20women>
2. American Psychiatric Association. (2013). *DSM-5 Cultural Formulation Interview (CFI)*.
3. Bridging Refugee Youth and Children Services, Pastoral Maya & Maya Heritage Community Project. (2011). *Maya health toolkit for medical providers*. <https://brycs.org/wp-content/uploads/2018/09/Maya-Toolkit.pdf>