

Mental health in migrant families: Educational strategies for support from social work

Salud mental en familias migrantes: estrategias educativas para obtener apoyo del trabajo social

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SUMMARY

Introduction: Mental health is crucial to the well-being of migrants, who face loss of support and job insecurity. This has led to an increase in demand for mental health services in Córdoba, related to family breakdown and unemployment.

Objective: To analyse educational strategies formulated from social work aimed at psychosocial support in promoting mental health in migrant families, oriented towards identifying factors associated with psychosocial adaptation in contexts of human mobility.

Methodology: Pragmatic paradigm under the mixed method, as it integrates quantitative and qualitative approaches. Quantitatively, 40 migrant families from San José de Cúcuta (Norte de Santander), Robledo (Antioquia), Montería (Córdoba), and Tierralta (Córdoba) were surveyed using a 36-item

questionnaire. At the same time, in the qualitative analysis, 10 documents were analysed based on the categories (a) Mental health in migrant families, (b) Educational strategies for support from social work, which enabled the data to be analysed.

Results: The link between mental health and educational strategies is fundamental, especially for migrant families with emotional vulnerabilities. Social work offers multiple teaching approaches that promote emotional well-being and social cohesion, thereby fostering social support as a formative practice for mental health and cultural integration, thereby building inclusive communities.

Conclusion: The importance of developing educational strategies in social work for the psychosocial support of migrant families is emphasised, as the quality and continuity of interventions condition their mental health. Ongoing support, cultural recognition, and community participation are also important for better inclusion.

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RESUMEN

Introducción: *La salud mental es crucial para el bienestar de los migrantes, quienes enfrentan la pérdida de apoyo y la precariedad laboral. Esto ha generado un aumento de la demanda de servicios de salud mental en Córdoba, relacionado con la desintegración familiar y el desempleo.*

Objetivo: *Analizar estrategias educativas formuladas desde el trabajo social, dirigidas al acompañamiento psicosocial y orientadas a la promoción de la salud mental en familias migrantes, con el fin de identificar factores asociados a la adaptación psicosocial en contextos de movilidad humana.*

Metodología: *Paradigma pragmático, bajo el método mixto, ya que integra enfoques cuantitativos y cualitativos. En lo cuantitativo, se abordó a 40 familias migrantes de San José de Cúcuta (Norte de Santander), Robledo (Antioquia), Montería (Córdoba) y Tierralta (Córdoba) mediante un cuestionario de 36 ítems, mientras que en lo cualitativo se analizaron 10 documentos basados en las categorías (a) Salud mental en familias migrantes y (b) Estrategias educativas para el acompañamiento desde el trabajo social, lo cual permitió llevar a cabo el análisis de los datos.*

Resultados: *La vinculación entre la salud mental y las estrategias educativas es fundamental, sobre todo para las familias migrantes con vulnerabilidades emocionales. El trabajo social proporciona formas de enseñar que promueven el bienestar emocional y la cohesión social, permitiendo el acompañamiento social como práctica formativa de salud mental e integración cultural y construyendo comunidades inclusivas.*

Conclusión: *Se subraya la importancia de desarrollar estrategias educativas en el trabajo social para el acompañamiento psicosocial a familias migrantes, ya que su salud mental está condicionada por la calidad y la continuidad de las intervenciones. También es importante el acompañamiento permanente, el reconocimiento de la cultura y la participación de las comunidades para lograr una mejor inclusión.*

Palabras clave: *Salud mental, familia, migración, educación, trabajo social.*

INTRODUCTION

Mental health is crucial in the context of human mobility, as mass movements can destabilise community networks and break family ties (1). These migratory movements have caused stress, emotional instability, and sociocultural disruption, affecting the psychological well-being of migrant families (2). The World Health

Organization (WHO) warns that this group faces a higher risk of precarious jobs, discrimination, and uncertain situations, which increases the likelihood of psychological disorders during the migration process (3).

Venezuelan migration in Latin America has revealed weaknesses in health and social protection systems, with limited assistance responses and poor psychoeducational coverage (4). This affects migrant families, who require constant support to cope with loss, reorganise relationships, and improve their adaptive skills (5). In addition, the absence of consolidated educational and community processes exacerbates this population's emotional vulnerability and social exclusion.

Colombia is facing this with more than three million Venezuelan migrants, many of whom are living in conditions of socioeconomic vulnerability and have difficulty accessing basic services such as education, health, and work (6). These restrictions have led to an increase in mental health problems, with symptoms of anxiety, depression, and uprootedness (7). In receiving provinces such as Córdoba, the continuous flow of migrants has changed the social landscape and increased the need for psychosocial support, with more cases of post-traumatic stress, family dysfunction, and housing insecurity (8). According to Departamento Administrativo Nacional de Estadística (DANE) and Organización Internacional para las Migraciones (OIM), migrant families living in informal settlements in the department are particularly vulnerable due to a lack of basic services and opportunities for integration (9).

Social work is crucial to supporting migrant families by creating support networks, providing intercultural mediation, and developing emotional skills. However, gaps persist in the implementation of pedagogical strategies that integrate local knowledge and population needs (10). This makes the department of Córdoba a priority area for studying and strengthening psychoeducational and interdisciplinary support models that promote the mental health and social inclusion of migrant families.

This research is justified by its social, scientific, and disciplinary relevance, as the mental health of migrant families is affected by instability, loss of

emotional networks, and problems of educational inclusion in host communities. From a scientific perspective, the research supports community mental health by integrating educational and social work approaches to examine the factors influencing psychosocial adaptation in contexts of human mobility. The methodological articulation strengthens the generation of usable, replicable knowledge for public policies aimed at the emotional care and social protection of migrant populations.

In the field of discipline, research shows that social work supports mental well-being through educational, psycho-emotional, and community mediation strategies, thereby strengthening resilience, comprehensive support, and inclusion within a human rights framework. Therefore, this research seeks to explore educational strategies from social work for psychosocial support to promote mental health in migrant families, thereby recognizing factors related to psychosocial adaptation in contexts of human mobility. To understand each category, it is necessary to have a theoretical understanding of each one:

- a) Mental health in migratory contexts: Mental health in migratory contexts is influenced by socioeconomic determinants, interpersonal relationships, access to services, and acculturation processes (11). Migrants face challenges such as uprooting, job insecurity, discrimination, and loss, which make them more vulnerable to symptoms of anxiety and depression. In addition, mental health is closely related to housing, education, and health conditions (12).
- b) Psychosocial support through social work: Psychosocial support is an interdisciplinary intervention that strengthens the emotional, interpersonal, and social skills of vulnerable individuals or families (13). Social work involves guidance, emotional support, social education, and community mediation, grounded in knowledge of individuals' sociocultural contexts and in psychoeducational interventions that promote resilience and coping in critical situations (14). For migrant families, support promotes inclusion, access to services, and community integration.
- c) Educational strategies for psychosocial adaptability: These develop emotional, social, and cognitive skills to help individuals or groups cope with change and crisis, integrating educational and community resources to promote resilience and mental well-being in vulnerable populations (15). Educational interventions in social work focus on developing emotional, social, and communication skills to strengthen mental health and the integration of migrant families in contexts of human mobility (16).

METHODOLOGY

This article is related to the research project "Human Mobility and Social Work: Strategies for Accompanying Migrant Families in Vulnerable Situations," approved in Act 001 of 30/01/2025 by the Research Committee, which is the regulatory body for researchers and endorses the research carried out. Based on the above, this article adopts the pragmatic paradigm, which holds that knowledge should be directed towards solving practical problems and generating useful results in the real world (17). However, it is developed using a mixed-methods approach, integrating complementary quantitative and qualitative methods to understand the phenomenon under study, its breadth, and context (18). This article will be developed in two parts, analysing the results based on:

Quantitative: In quantitative studies, the population is the universe to be studied; in this case, the population consisted of Venezuelan migrants in San José de Cúcuta (Norte de Santander), Robledo (Antioquia), Montería, and Tierralta (Córdoba). A representative purposive sample of 40 participants was used, selected according to criteria established by the researchers to cover the variables: (a) Mental health in migrant families, (b) Educational support strategies from social work, considering:

The information was handled confidentially, ensuring anonymity and data integrity. Strict ethical protocols were followed during the collection process, respecting participants' rights and dignity (19) (Tables 1 and 2).

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Table 1
Eligibility criteria

Inclusion criteria	Exclusion criteria
Be a Venezuelan migrant residing in the study locations.	Non-Venezuelan persons.
Belong to a migrant family or be the main member of a migrant household.	Persons who are not part of a migrant family unit.
Minimum residence of 6 months in the city of study.	Persons with less than 3 months' residence in the city.
Vulnerable situation related to access to mental health services.	Individuals in acute medical or psychiatric crisis require immediate attention.
Having experienced significant challenges in the migration process.	Individuals with severe cognitive impairment or mental health disorders.
Exposure to some type of comprehensive support or intervention related to mental or psychosocial health.	Individuals whose participation may put them at risk.
Being over 18 years of age.	Be under 18 years of age.

Source: Own elaboration, 2025.

Table 2
Sample distribution

Location	Number
San José de Cúcuta (Norte de Santander)	10
Robledo (Antioquia)	10
Montería (Córdoba)	10
Tierralta (Córdoba)	10
Total	40

Source: Own elaboration, 2025

The population is quantified through a survey, an initial method of data collection in scientific research, using a standardised questionnaire administered to a specific sample of participants (20). The survey comprises structured questions and is administered once informed consent has been obtained from the population (21).

In addition, the questionnaire comprised 36 items, with response options rated as follows: always (A = 5), almost always (AA = 4), sometimes (S = 3), almost never (AN = 2), and never (N = 1). Content validity was assessed by five experienced experts (three social workers and two psychologists) using Aiken's V coefficient,

yielding an overall value of 0.89, considered adequate. A pilot test was then conducted with 6 participants from Norte de Santander (2), Antioquia (2), and Córdoba (2). Internal reliability was assessed using Cronbach's alpha, yielding 0.91, indicating high internal consistency of the instrument. The following process was used to analyse the results: (a) Organisation of data (latest version 27), (b) Statistical analysis (double-entry tables and descriptive analysis), (c) Interpretation and discussion.

Qualitative: Documents were systematically reviewed in accordance with the PRISMA methodology (22), implementing a structured process to locate, select, evaluate, and synthesise

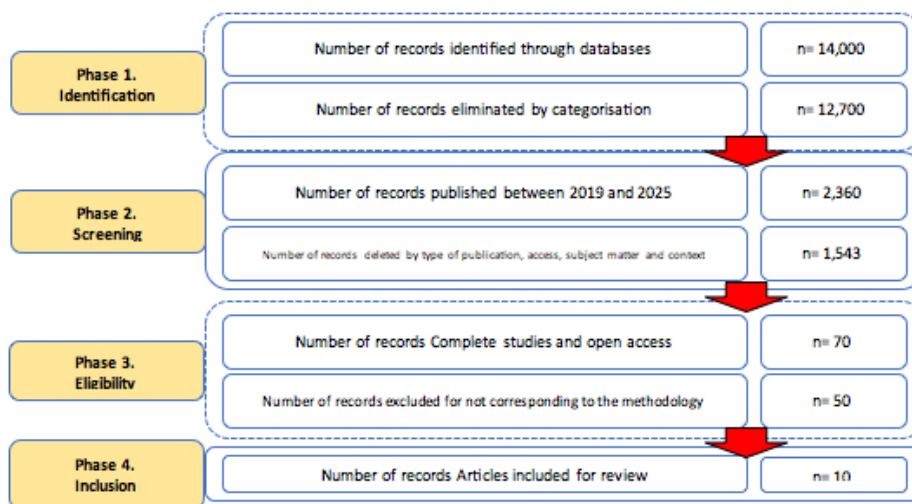


Figure 1. PRISMA method flow chart. Source: Own elaboration, 2025.

the scientific literature, ensuring transparency in the analysis (23). Figure 1 and Table 3 shows the development of the PRISMA method, which allows for the selection of Scopus documents most like the categories (a) Mental health in migrant families, (b) Educational strategies for support from social work:

Once the 10 studies that made up the analysis corpus had been selected, the sections that

explicitly referred to the following were read: (a) Mental health in migrant families, (b) Educational support strategies from social work. The reading explores pedagogical strategies in social work to provide psychosocial support for the mental health of migrant families, recognising factors that affect their psychosocial adaptation in contexts of human mobility.

Table 3
Flow chart PRISMA method

No.	Author/Year	Journal category	Reference
1	Jiménez et al., (2025)	Q4	(1)
2	Ruiz and Rodríguez (2020)	Q4	(2)
3	Gutiérrez et al., (2020)	Q2	(3)
4	Estrada-Araoz et al., (2024)	Q4	(24)
5	Montenegro et al. (2024)	Q4	(25)
6	Restrepo et al., (2022)	Q2	(26)
7	Villarreal (2023)	Q2	(27)
8	Ramírez et al., (2021)	Q4	(28)
9	Durán et al., (2024)	Q2	(29)
10	López-Loyo (2021)	Q4	(30)

Source: Own elaboration, 2025.

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To ensure qualitative rigour, the following criteria were used: (a) Credibility (ensured internal consistency and accuracy in the interpretation of the migratory reality), (b) Transferability (based on the characterisation of the Colombian migratory context, allowing the results to be extrapolated to contexts with similar characteristics), (c) Dependability (ensured through a constant analytical process, using open, axial, and selective coding, which other researchers can replicate), (d) Confirmability (each category was supported solely by documentary evidence, without subjective interpretations). Documentary content analysis is used to analyse data and extract information from written or audiovisual documents to understand their content through meanings, codes, themes, or patterns in the texts (31). To develop this technique, the following steps must be followed:

(a) Organisation of information, (b) coding of information (open, axial, and selective), (c) triangulation, (d) interpretation of results, (e) discussion of information.

RESULTS

The results of the research are the data derived from the analysis of the information collected, which answer the research questions and confirm (or refute) the initial hypotheses or assumptions (32). It should be noted that this mixed-methods study presents quantitative results (migrant questionnaire) and subsequently qualitative results (documents), which will be triangulated to support the statements made by the individuals who were approached (Table 4).

Table 4
Results Variable: Mental health in migrant families

Dimensions	Alternatives					Statistics		
	S (5) %	CS (4) %	AV (3) %	CN (2) %	N (1) %	M	DE	S ²
Social-emotional well-being	19.3	17.4	21.1	17.0	25.2	2.99	1.48	2.19
Family resilience	20.4	16.3	23.0	18.9	21.5	3.08	1.45	2.10
Psychosocial factors in the migration process	19.5	17.5	21.0	18.5	23.5	3.03	1.47	2.17
Overall average	19.7	17.1	21.7	18.1	23.4	3.03	1.46	2.15

Source: Own elaboration, 2025

Note: Alternatives: Always (S-5), Almost always (CS-4), Sometimes (AV-3), Almost never (CN-2), Never (N-1). Statistics: Mean (M), Standard deviation (SD), Variance (S²)

In the “Socio-emotional well-being” dimension, 25.2 % of migrant families have poor socio-emotional well-being, with a mean of 2.99 (SD= 1.48), showing a low average level and high dispersion (S² = 2.19). This indicates emotional instability and a lack of emotional support, which affects mental health (1). Migration generates psychological consequences such as uprooting and loss of social support, causing stress and

anxiety, which need to be addressed through social work and community mental health (2).

21.5 % of the responses in the “Family Resilience” dimension indicate that migrant families do not use adequate coping strategies in the migration process. There is an average level of resilience (M = 3.08; SD = 1.45) with high dispersion (S² = 2.10) between adapted families and those in crisis. Migrants’ resilience

is conditioned by psychosocial and educational support, as well as by community programmes that foster cohesion and emotional support (1). This highlights the need for social work interventions to strengthen family resilience and well-being (3).

Respondents to the survey on “Psychosocial factors in the migration process” report a lack of support; 23.5 % report that they “never” adapt to the new context. This is consistent with a low-to-moderate mean (M = 3.03) and a high standard deviation (SD = 1.47), indicating variability in their experiences. Deficiencies in support networks and institutional mechanisms are highlighted, suggesting that the lack of psychosocial support increases migrants’ vulnerability and stress, affecting their adaptation and social integration (2). The need to improve

support strategies in social work and health is emphasised (29).

The variable “Mental health in migrant families” reveals that 23.4 % of migrants face serious difficulties in their psychological well-being, which affects both family stability and the ability to manage migration stress. The mean assessment of well-being is M = 3.03; SD = 1.46; S² = 2.15, indicating substantial dispersion; some families are stable, but many experience deterioration in their psychological health (11). The lack of support networks and discrimination complicate adaptation, highlighting the need to strengthen psychosocial interventions and comprehensive care programmes to improve the emotional and social well-being of these families (12).

Table 5
Results Variable: Educational strategies for support from social work

Dimensions	Alternatives					Statistics		
	S (5) %	CS (4) %	AV (3) %	CN (2) %	N (1) %	M	DE	S ²
Socio-educational intervention	18.9	18.9	24.4	16.3	18.9	3.05	1.39	1.94
Community awareness	21.5	17.4	21.1	20.0	20.0	3.21	1.41	1.99
Satisfaction with support	18.5	19.0	24.9	16.3	21.3	2.96	1.45	2.11
Overall average	19.6	18.4	23.5	17.5	20.1	3.07	1.41	2.01

Source: Own elaboration, 2025

Note: Alternatives: Always (S-5), Almost always (CS-4), Sometimes (AV-3), Almost never (CN-2), Never (N-1). Statistics: Mean (M), Standard deviation (SD), Variance (S²)

As shown in Table 5, in the dimension of “socio-educational intervention” in social work, it is noteworthy that the presence of institutions and social workers in educational centres is discontinuous, negatively affecting the effectiveness of these strategies in strengthening family and community capacities. With an average level of implementation (M = 3.05; SD = 1.39; S² = 1.94) and considerable dispersion, migrants identify isolated cases that fail to meet their needs, indicating discontinuity in socio-educational actions (29). Effective intervention in

migratory contexts requires continuous training, guidance, and psychosocial support processes, integrated with communities (26).

The 21.5 % of respondents representing the “community awareness” dimension reported permanent awareness-raising measures on migration and mental health that promote respect and intercultural coexistence. With descriptive statistics (M = 3.21; SD = 1.41; S² = 1.99), a higher level of implementation is observed in this dimension than in others, reaffirming community awareness as a pillar of inclusive environments

and highlighting the influence of pedagogical strategies in creating supportive environments that respect cultural differences (27,30).

In the “Satisfaction with Support” dimension, 24.9 % of respondents report that the support they receive from institutions or professionals is discontinuous or insufficient, suggesting that current actions do not fully meet the needs of the migrant population. The low average score on the support experience (M = 2.96; SD = 1.45; S² = 2.11) indicates a wide variability in experiences, highlighting that not all families receive the same level of support (13). Satisfaction is related to the adequacy of pedagogical strategies, empathy, and collaboration between institutions, underlining the importance of strengthening psychoeducational support to improve the well-being of migrant families (14).

The population’s opinion on “Educational strategies for support from social work” indicates that it is frequently perceived (23.5 %), with average implementation (M = 3.07; SD = 1.41; S² = 2.01) and high dispersion, indicating heterogeneity in educational and psychosocial provision (15). This indicates that interventions are discontinuous and do not meet the needs of migrant families, despite the efforts of professionals and institutions (16).

In the qualitative analysis, the fragments addressing mental health, resilience, vulnerability, social education, and psychosocial support were read line by line. At this stage, 32 initial codes emerged, including uprooting, stress, coping, family support, discrimination, social integration, social pedagogy, professional empathy, and community participation. The open codes were grouped by semantic similarities and cause-effect relationships, resulting in eight subcategories: migrant socio-emotional well-being, family resilience in mobility, psychosocial factors of displacement, community social integration, intercultural awareness and inclusion, psychoeducational strategies, institutional support networks, and perception of professional support.

This stage enabled recognition of connections between the emotional experiences of migration and the educational and institutional responses reported in the scientific literature. Finally, selective coding was carried out, whereby the final categories did not emerge immediately, but rather through an iterative process of reduction, comparison, reorganisation, and synthesis of the documentary corpus. Based on the above, the following elements emerged and subsequently led to the categories (Table 6):

Table 6
Coding of Categories

Categories	Emerging Elements	Emerging Categories
Mental health Social integration	Socio-emotional adjustment in the migration process	Psychosocial vulnerability of migrants
	Family resilience in migration contexts	
	Psychosocial vulnerability in the migration context	
Educational strategies for support through - social work	Social integration	Strengthening community education for social inclusion
	Social and inter-institutional awareness raising for community cohesion	
	Critical assessment of institutional educational support	

Source: Own elaboration, 2025

Analysis of the category “Mental health in migrant families” reveals new elements, including socio-emotional adjustment during migration, such as socio-emotional well-being, family resilience, and psychosocial factors. Migrant families go through an emotional process that begins with the impact of displacement and culminates in the reconstruction of their socio-emotional well-being. They experience “feelings of loss, anxiety, and fear due to the uncertainty of the migration process, which highlights the emotional burden that affects their mental health” (1). In addition, “cultural uprooting and lack of social support led to symptoms of sadness and isolation” (2). Over time, however, they will manage to “rebuild their emotional bonds and improve their emotional well-being” (27), indicating adaptive processes that aid in their socio-emotional adjustment.

Therefore, “emotional support among family members is a protective factor in the crises involved in displacement” (1), reaffirming that the family is the main source of psychological support. From the same perspective, it can be noted that “the migration process, although adverse, drives family unity to overcome difficulties” (26), highlighting families’ resilience. For its part, “resilience is the ability to reorganise life in unfamiliar situations” (24), a process that indicates family adaptation and reorganisation.

Migrants “face institutional and community rejection that affects their mental health” (27), highlighting social exclusion and discrimination as causes of psychological suffering. In addition, “overcrowding and informal employment contribute to stress and anxiety” (29). “Lack of knowledge of institutional channels and regularisation restricts access to psychological care” (30). Psycho-affective balance is essential for preserving emotional and family stability during displacement, with an emphasis on support networks and educational resources for social integration.

Social integration and community awareness are among the pedagogical strategies used by social work to support individuals. Emphasis was placed on psychoeducational support and the “need for migrant families to participate in their transformation process, facilitating their cultural adaptation and strengthening

their migrant family identity” (26,28). Socio-educational interventions “promote spaces for emotional reflection and family education” (3), demonstrating their importance in social cohesion.

However, “social education seeks to break down stereotypes and raise awareness about migrants” (28), a step towards creating a culture of respect and recognition. Furthermore, “cooperation between public and social institutions reinforces educational responses to the migration crisis” (2), reiterating the need for a multisectoral response. Therefore, “community actions promote respect, tolerance and the reconstruction of the social fabric” (3), reinforcing the idea that community education is integral to integration.

Considering the above, “users perceive improvements in their well-being due to social work support” (1), improving their perception of support. Furthermore, many programmes are not sustainable, which impacts the satisfaction of the families served” (26), evidencing a structural failure in the policy timeline. Finally, “migrants appreciate guidance as a learning experience for social life,” highlighting the educational nature of support. Strengthening community education for social inclusion emphasizes collaboration among revolutionary education, institutions, and the community, with support for migrant families. Educational social work is developed comprehensively and dialogically, with collective participation and social education as fundamental to achieving sustainable inclusion processes in migratory contexts.

The study of mental health in migrant families finds a high degree of consistency between quantitative and qualitative data, showing a deterioration in emotional well-being. The responses indicate that 23.4 % selected “Never” and that mean scores ($M = 2.99-3.08$) were low for affective instability and resilience. This is consistent with qualitative studies that refer to psychosocial vulnerability, stress, and uprooting associated with situations of poverty, discrimination, and lack of institutional support. However, training strategies for accompanying migrant families through social work are applied inconsistently, with “Sometimes” responses prevailing (23.5 %) and averages of 2.96 to 3.1 (Table 7).

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Table 7
Triangulation of Methods

Variable/Categories	Quantitative (Questionnaire)	Qualitative (Document Review)
Mental health in migrant families	Responses predominantly in Never (23.4 %); low averages (M = 2.99–3.08). Emotional distress, low resilience, and lack of psychosocial factors are observed.	Psychosocial vulnerability, emerging family resilience, and family psycho-affective balance emerge. Stress, uprooting, and adaptation problems are mentioned.
Educational strategies for support through social work	Most responses are oriented towards Sometimes (23.5 %); intermediate means (M = 2.96–3.21). Discontinuity in socio-educational actions is observed.	The strengthening of community education emerges. Specific interventions, little institutional coordination, and little sustainability.

This view highlights the absence of permanent programmes and the lack of coordination among educational, health, and social protection institutions, making it impossible to effect sustainable changes in the adaptation and well-being of these families. Based on the above, triangulation shows that poor mental health is associated with insufficient and discontinuous educational strategies, and that migration requires systematic, culturally appropriate, and inter-institutionally coordinated psychosocial interventions. This reinforces the validity of the research and demonstrates the need for more comprehensive social work support models.

CONCLUSIONS

The results of the study show that migrant families suffer damage to their mental health because of uprooting, loss of support networks, and situations of vulnerability in the host territories. These situations create emotional tension that undermines their psychosocial stability and impedes adaptation and community integration. In addition, it was found that pedagogical strategies in social work are implemented in a discontinuous and irregular manner, which limits their impact on the construction of emotional well-being and family cohesion. Although these actions exist in some contexts, they have not established themselves as effective support mechanisms.

Similarly, it was revealed that mental health and educational strategies are interrelated because the lack of socio-educational support manifests itself in psychosocial difficulties. At the same time, coordinated training actions promote resilience and social inclusion. For its part, improving the mental health of migrant families involves developing continuous, culturally appropriate psychoeducational interventions supported by inter-institutional networks. Social work is key to building these processes, provided that care models combining emotional support, community training, and family participation in the receiving territories are strengthened. Once the data has been analysed, this research shows some contributions to scientific society:

- a) Social: It highlighted the psycho-emotional conditions and vulnerabilities experienced by migrant families in their adaptation process, emphasising the need to create sustainable and culturally relevant support networks. It also advocates for a humanitarian and humanitary approach to migration, protecting the rights and dignity of people on the move.
- b) Academic: It expands theoretical knowledge on the association between education, mental health, and psychosocial support from an interdisciplinary perspective of social work, community psychology, and social education.
- c) Practical – professional: Proposes concrete measures to improve support programmes, inter-institutional coordination, and the

training of social workers in psychoeducational and community intervention skills.

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