

New Dimensions of Mental Health in Young Latinos: State Policy Actions for Advancing Equity

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LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE
STATE CAPITOL, ROOM 303 SANTA FE



HEALTH SCIENCES
TRANSDISCIPLINARY RESEARCH,
EQUITY AND ENGAGEMENT CENTER

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Overview

Who are Latino Youth in New Mexico?

Why behavioral health matters?

What are the trends?

What matters?

Lessons from Two Communities:

- Rural Youth
- DREAMERS

What can we do?

- Practice & Policies



Equity means justice.

Equity assures just and fair inclusion into a society in which all can participate, prosper, and reach their full potential.

Health equity is the principle or goal that motivates actions to eliminate disparities in health between groups of people who are economically or socially worse-off and their better-off counterparts.

Braveman, P. A., Kumanyika, S., Fielding, J., Laveist, T., Borrell, L. N., Manderscheid, R., & Troutman, A. (2011). Health disparities and health equity: the issue is justice. *American journal of public health, 101 Suppl 1*(Suppl 1), S149–S155. doi:10.2105/AJPH.2010.300062

Latino's are the fastest growing youth population in New Mexico

	2000 Population Under Age 18*	2017 Population Under Age 18**	Population Change	Percent Change
Total	508,574	495,709	12,865	2.5 ↓
Latino	240,506	295,939	55,433	23 ↑
White*	162,059	121,944	40,115	25 ↓
Black*	10,683	9,914	769	7.2 ↓
American Indian	64,953	56,511	8,442	13 ↓
Other*	30,373	11,401	27,414	29 ↓

*US Census 2000. Ethnicity data were obtained by population under 18 years by household and race.

**American Community Survey 2017

***The Annie E. Casey Foundation. Kids Count Data Center

New Mexico's Latino youth experience multiple vulnerabilities

- In 2017, 541,385 persons spoke Spanish at home- among Spanish speakers 90,603 are Latino children/youth ages 5 to 17.**
- 168,000 of NM Latino children are under 18 years of age; (57%) live in low-income families (families with income below 200 percent of the official poverty line) and are almost 2x as likely to live in poverty compared to (32%) non-Latino Whites***
- 5,000 Latino youth ages 16 to 19 were not in school and did not have a high school degree (2017)***
- 84% of Latino eighth graders scored below proficiency levels in math achievement, compared to 63% non-Latino Whites and 92% Native Americans*** (2019)
- Between 2017 and 2018,
 - the number of Latino children under age 19 without health insurance **increased** from 13,000 to 17,000;
 - compared to non-Latino Whites whose uninsurance rates **decreased** from 5,000 to 3,000 and in the American Indian group from 7,000 to 5,000 for the same period of time.***

**US Census 2000. Ethnicity data were obtained by population under 18 years by household and race.*

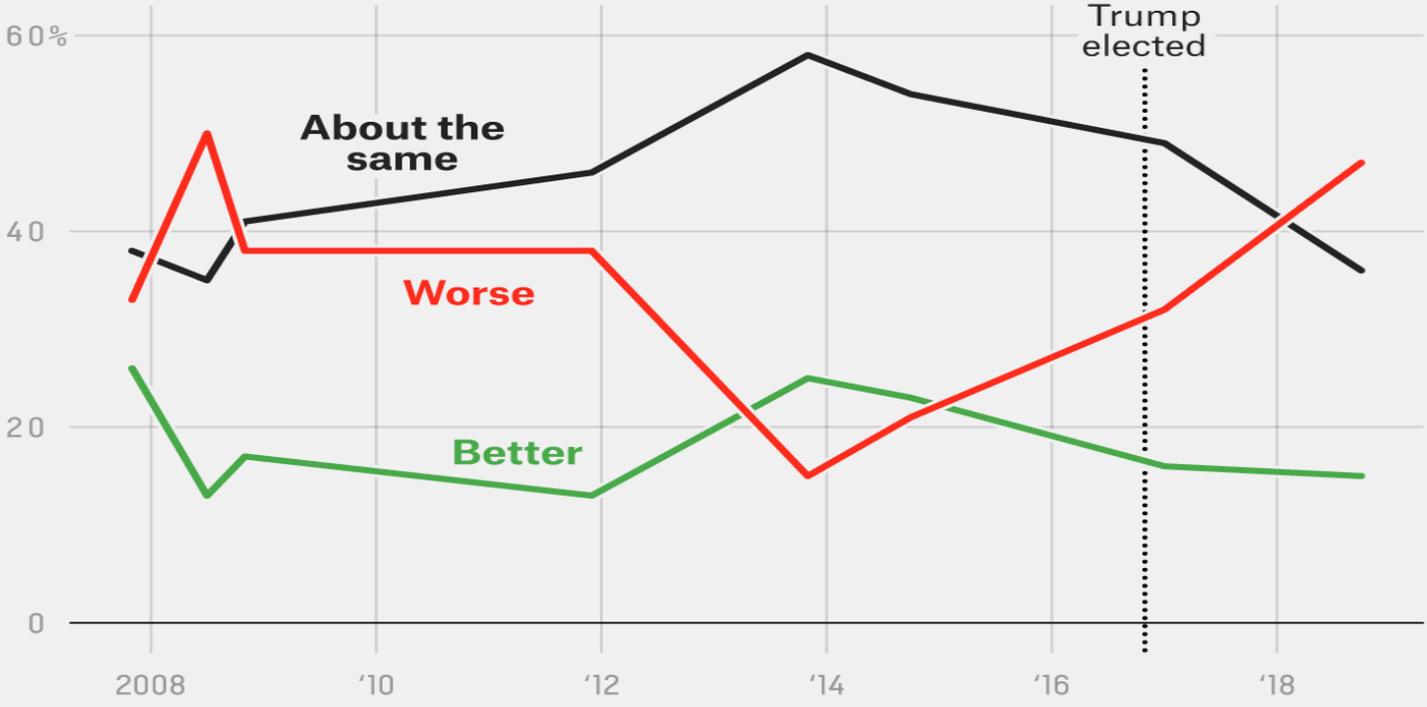
***American Community Survey 2017*

****The Annie E. Casey Foundation. Kids Count Data Center*

Latino Communities are Under Attack

Latinos say their situation has grown worse

Share of Latinos who say their situation has gotten better, gotten worse or stayed about the same compared with one year ago



FiveThirtyEight

SOURCE: PEW RESEARCH CENTER

*'It Feels Like Being Hunted':
Latinos Across U.S. in Fear
After El Paso Massacre*

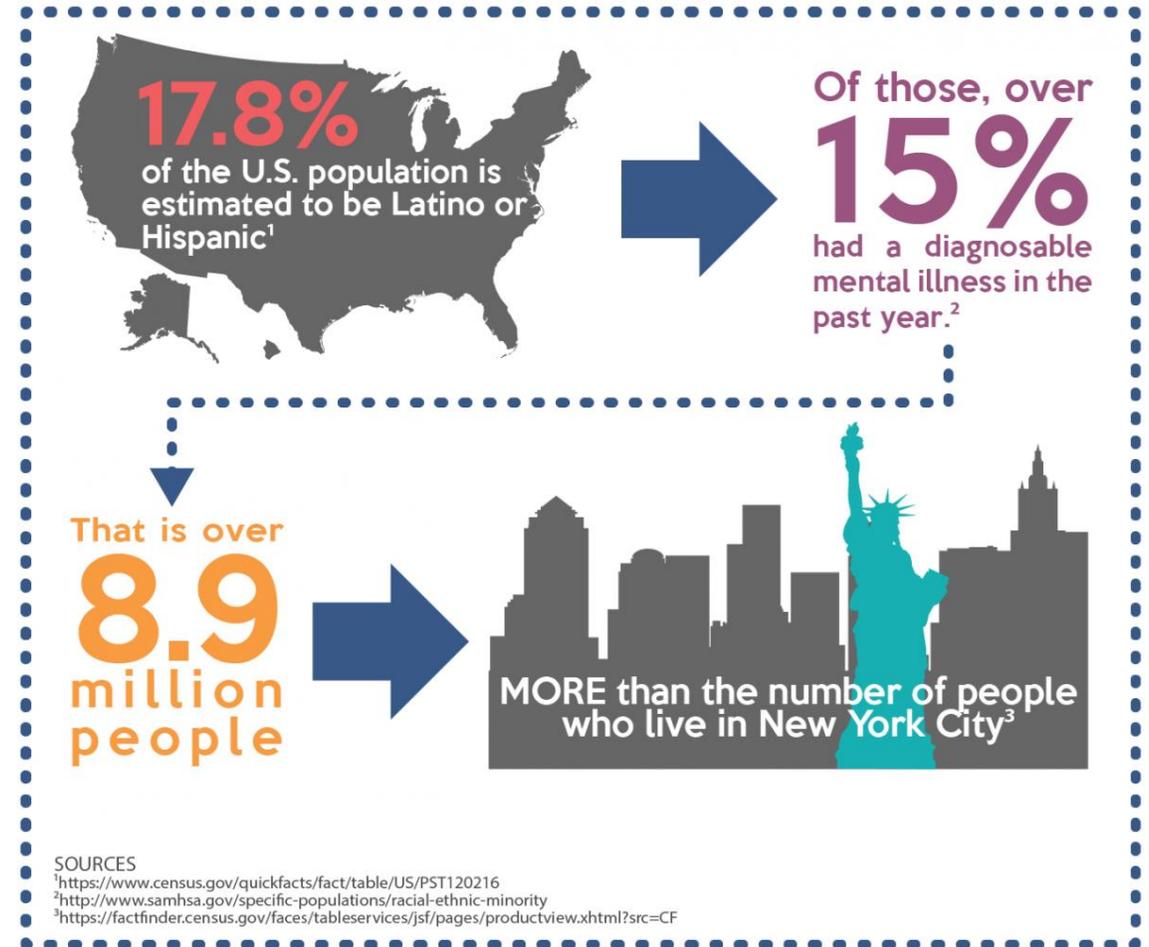


New York Times, August 6, 2019

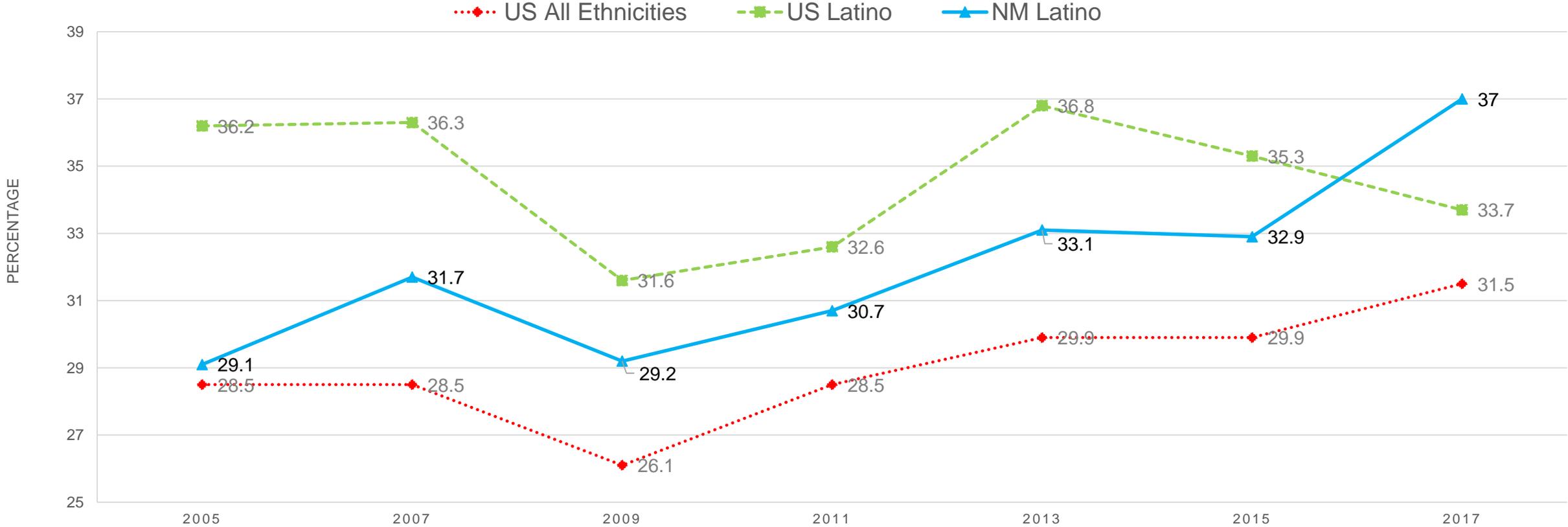


Time Magazine, Migrants are gathered inside the fence of a makeshift detention center in El Paso, Texas on Wed. March 27, 2019.

Behavioral Health is a Public Health Crisis

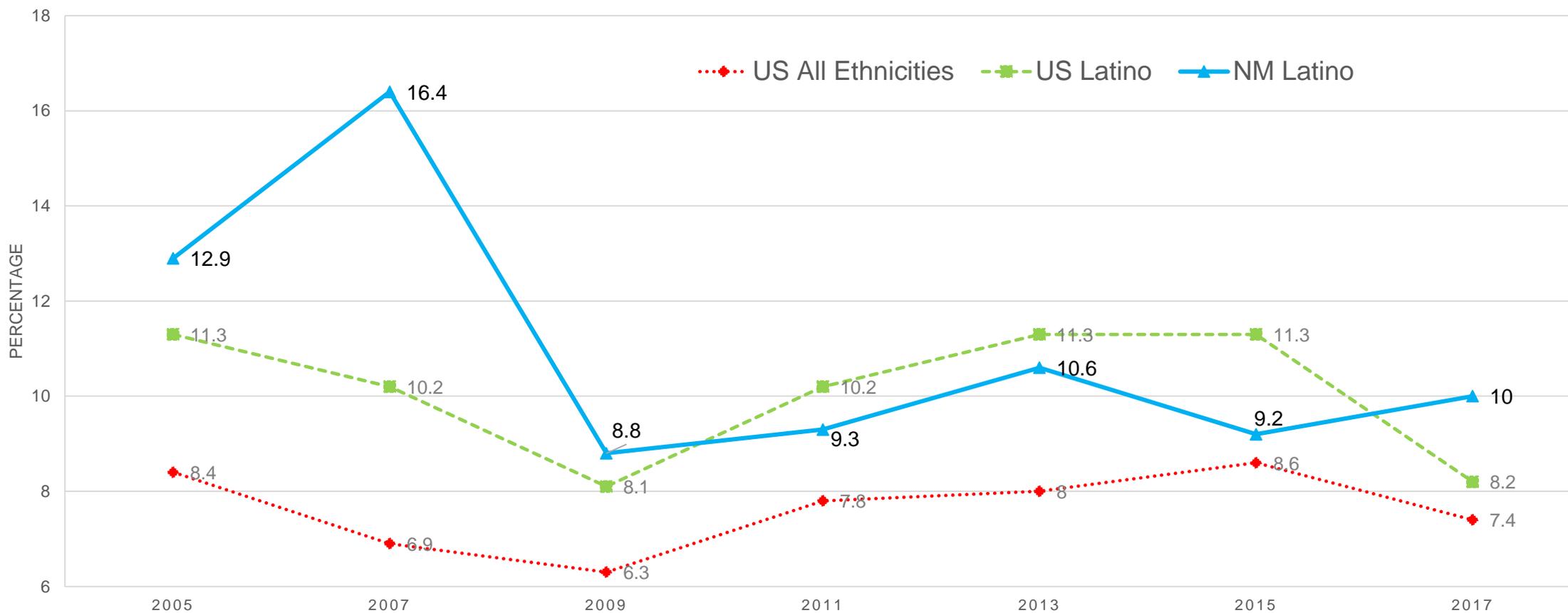


Feeling Sad, Latino Youth, U.S. & New Mexico (2005-2017)



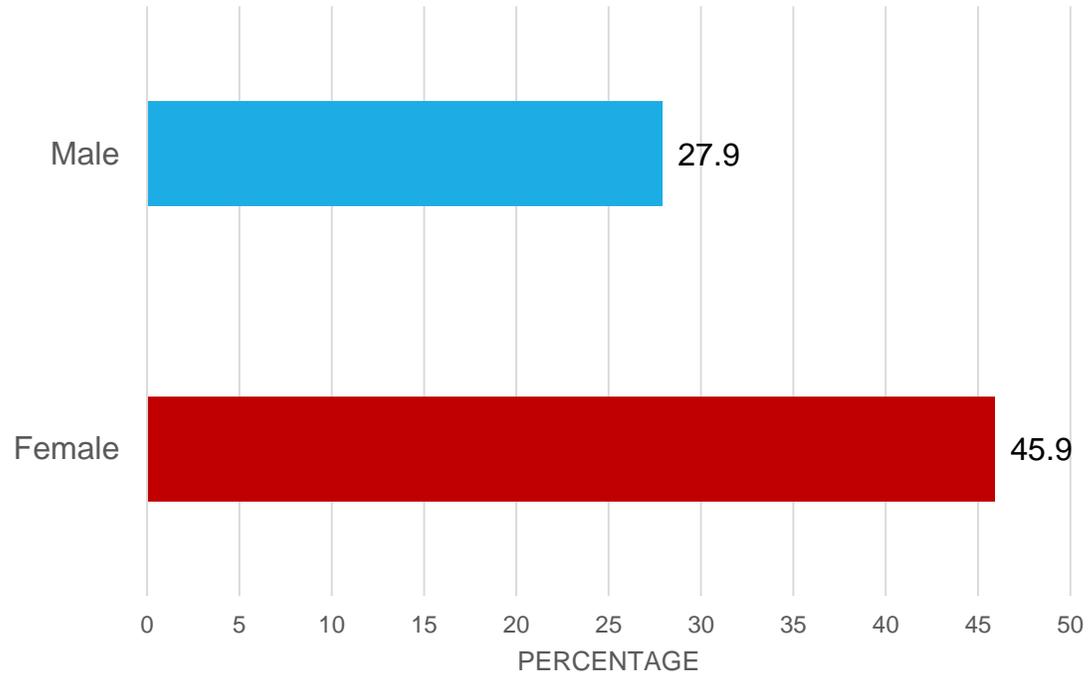
Source: CDC. Youth Risk Behavior Surveillance System (YRBSS)
<https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

Youth Suicide Trends, New Mexico (2005-2017)

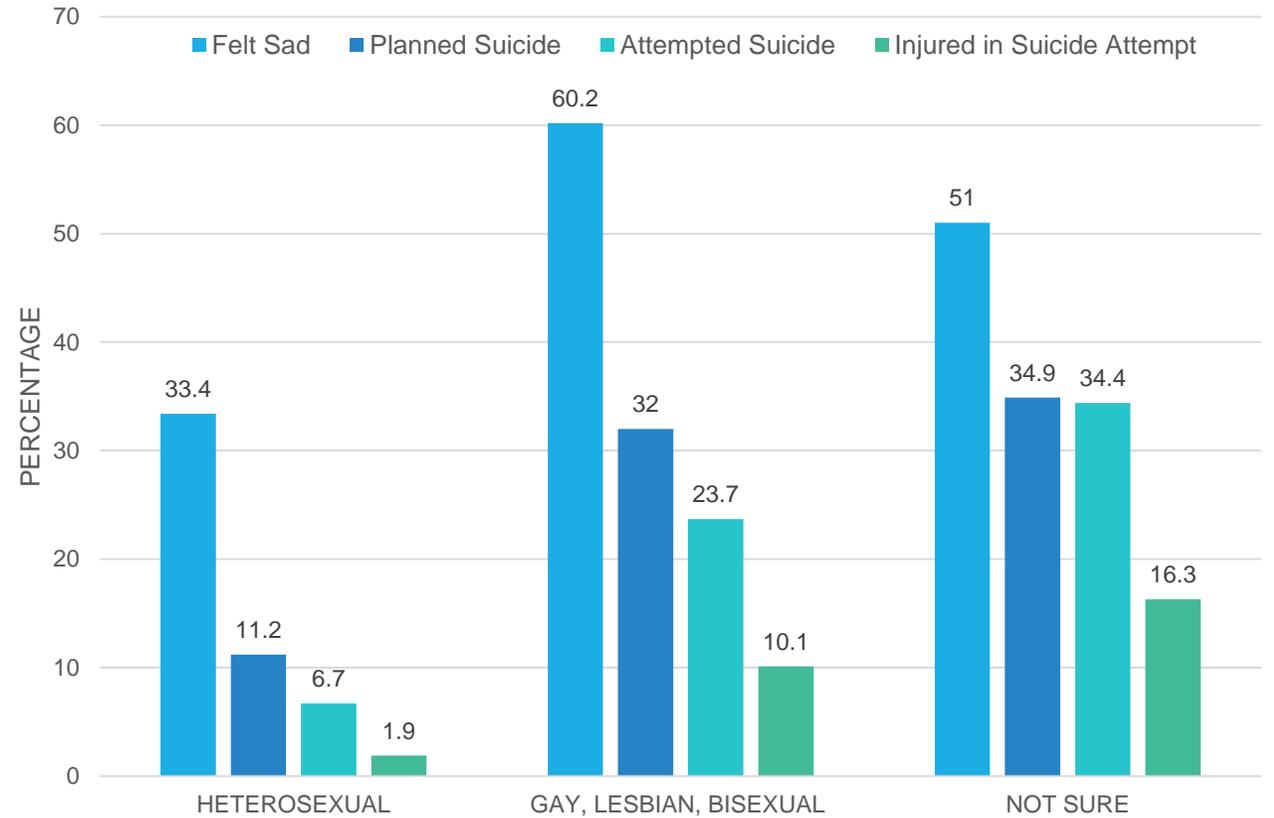


Source: CDC. Youth Risk Behavior Surveillance System (YRBSS)
<https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

Felt Sad, Latino Youth, NM (2017)



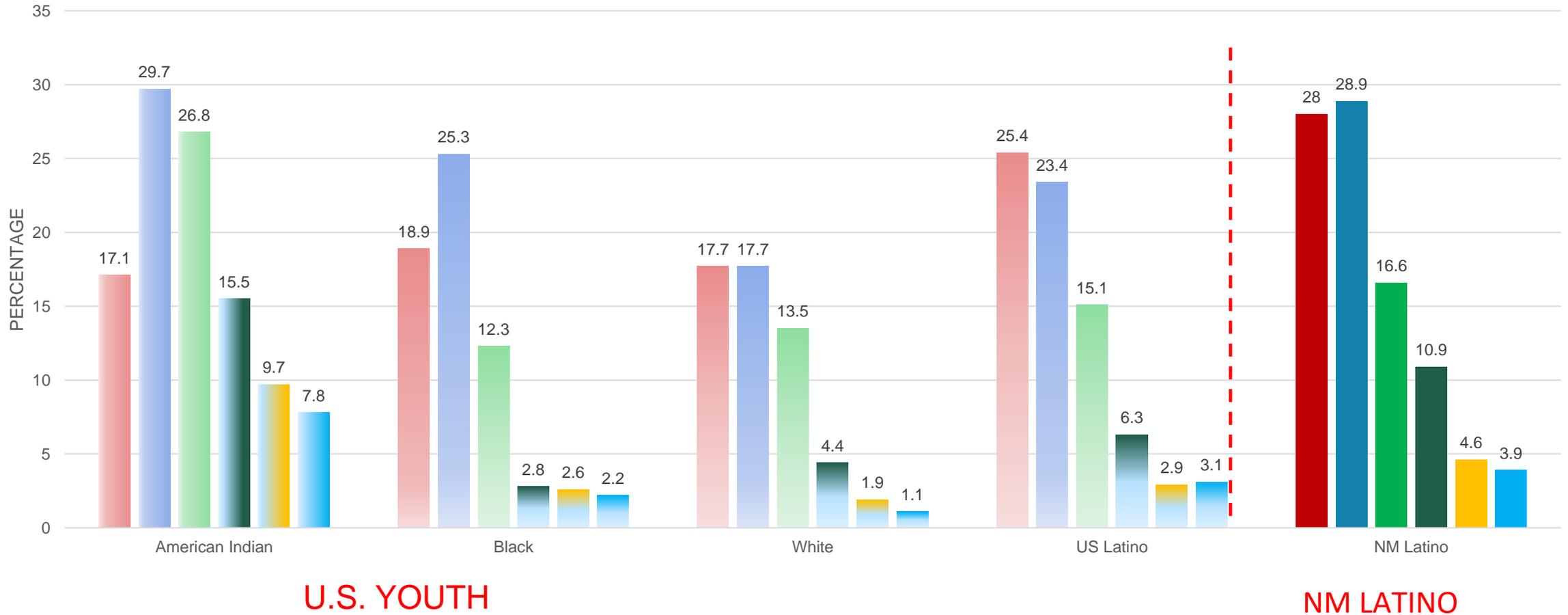
Lesbian, Gay & Bisexual Latino Youth, NM (2017)



Source: CDC. Youth Risk Behavior Surveillance System (YRBSS)
<https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

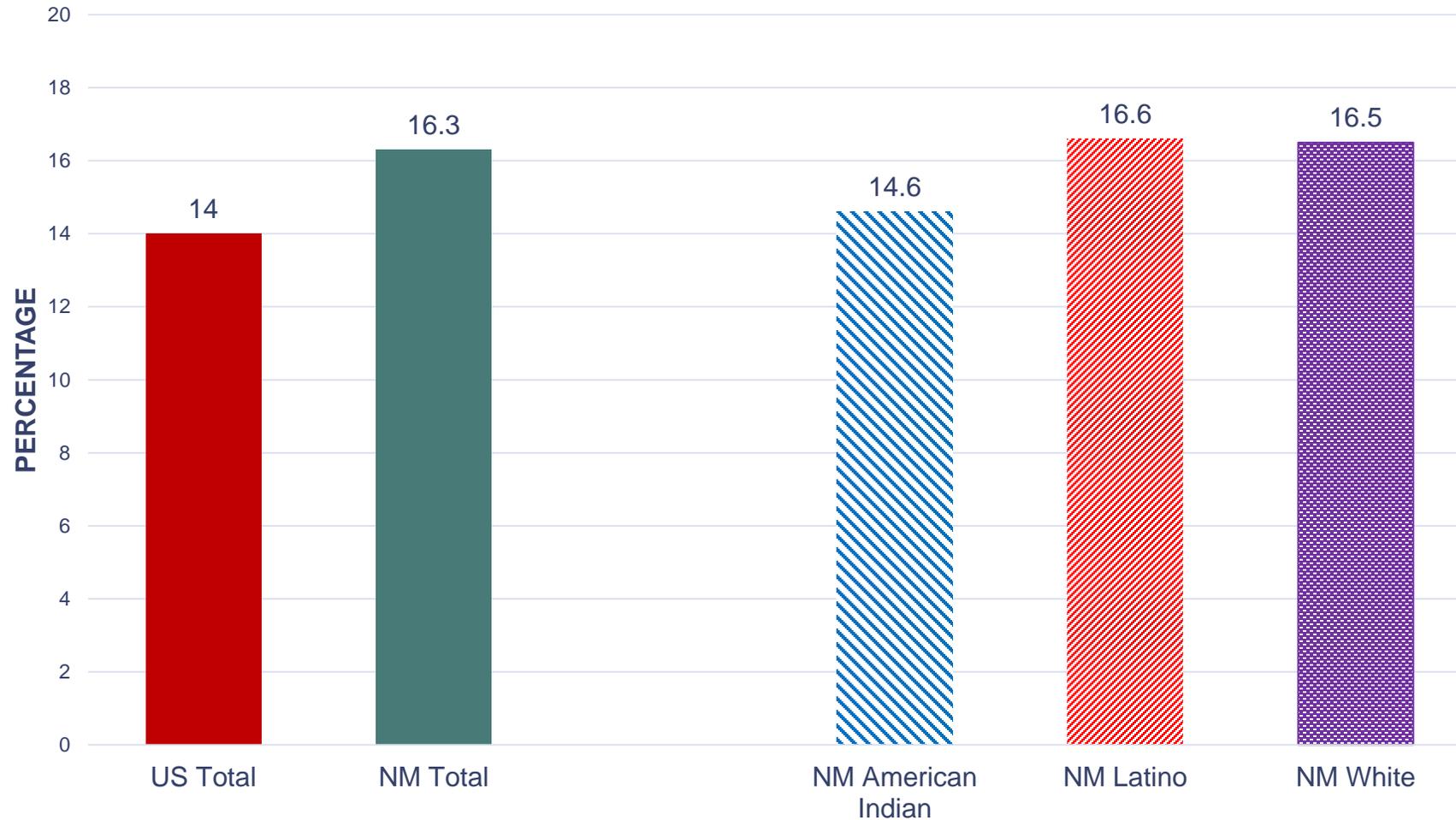
Youth Substance Use, U.S. & New Mexico (2017)

■ Drug offered school
 ■ Marijuana
 ■ Prescription Medicine
 ■ Cocaine
 ■ Metamphetamines
 ■ Heroin



Source: CDC. Youth Risk Behavior Surveillance System (YRBSS)
<https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

Prescription Pain Medicine w/o Dr's Prescription NM Youth 2017



Prescription pain
Medicine:

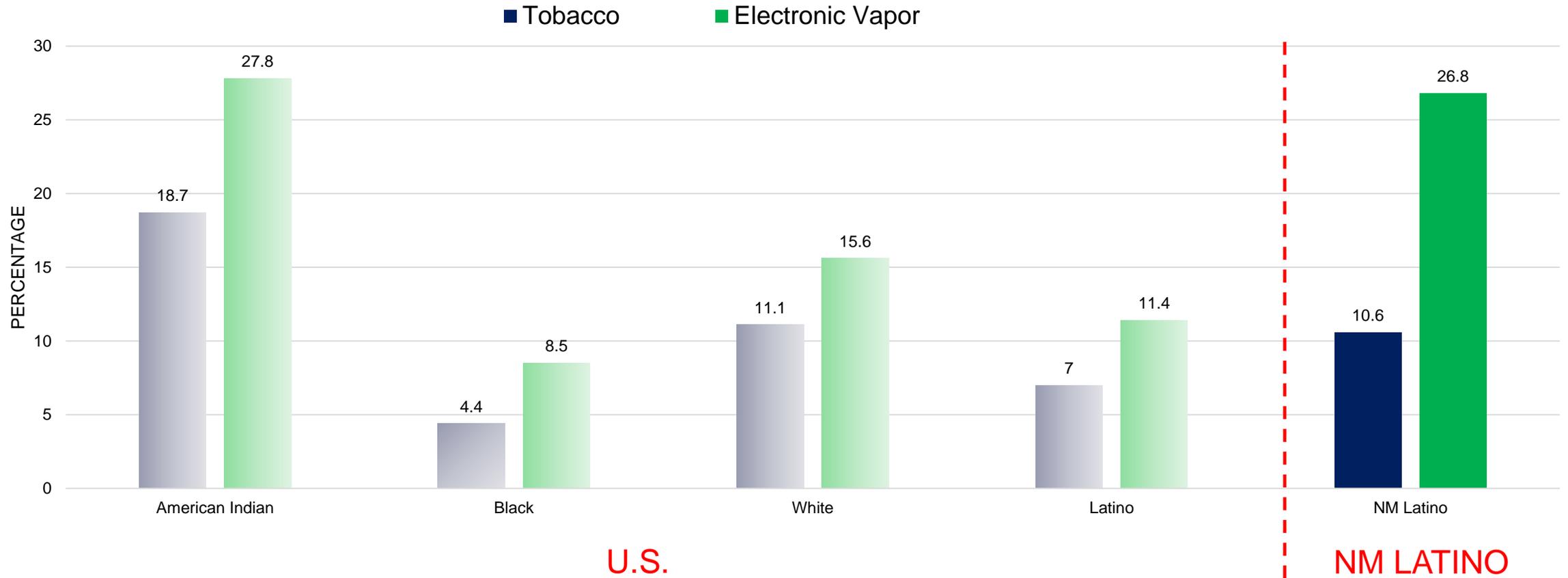
- Codeine
Vicodin
- Oxycontin
- Hydrocodone
- Percocet

Source: CDC. Youth Risk Behavior Surveillance System (YRBSS)

<https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

*Data for NM Black ethnicity not available

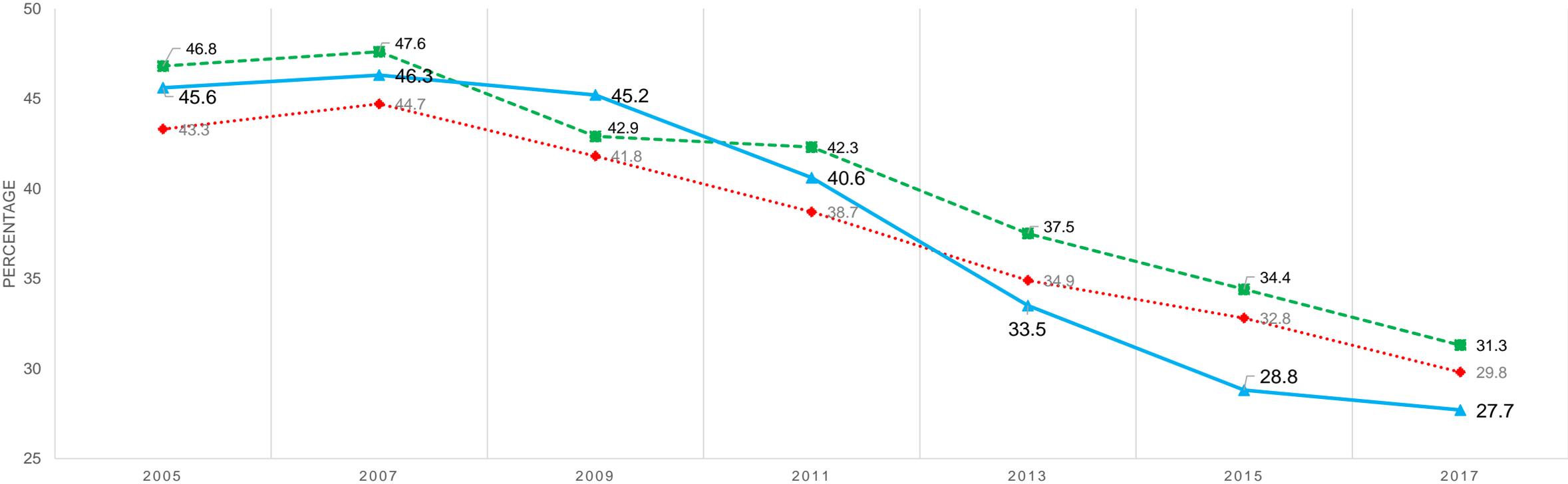
Youth Tobacco Use & Vaping, U.S. & New Mexico (2017)



Source: CDC. Youth Risk Behavior Surveillance System (YRBSS)
<https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

Alcohol use Among Latino Youth: U.S. & NM (2005-2017)

US All Ethnicities US Latino NM Latino



Source: CDC. Youth Risk Behavior Surveillance System (YRBSS)
<https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

What matters?

Risks:

- Experiences of discrimination
- Exposure to violence & trauma
- Acculturation gaps
- Parent-child acculturation gap
- Social isolation
- Linguistic isolation
- Economic stress
- Family conflict

Protective:

- *Familismo (family cohesion)
- Personalismo
- Respeto
- Effective parenting/parental involving
- Bilingualism/Biculturalism
- Academic Achievement
- Social Networks

Impact on Latino Communities

- Intergenerational & community trauma & violence
- Nearly 65% of justice-involved youth have a substance use and/or mental health disorder
- Families with a member of with substance abuse or mental disorders have
 - Lower levels of: income, adult education, housing standards
 - Higher healthcare expenditures



Bowser, D., Henry, BF & McCollister, KE (2019). An Overlapping Systems Conceptual Framework to Evaluate Implementation of a Behavioral Health Intervention for Justice-Involved Youth. [Health Serv Insights](#). 2019 Jun 18;12.

Lund, C., Docrat, S., Abdulmalik, J., Alem, A., Fekadu, A., Gureje, O., . . . Chisholm, D. (2019). Household economic costs associated with mental, neurological and substance use disorders: A cross-sectional survey in six low- and middle-income countries. *BJPsych Open*, 5(3), E34. doi:10.1192/bjo.2019.20

Lessons from New Mexico's Communities:

- RURAL YOUTH
- DREAMERS



Rural, youth suicide is collective issue that requires collaborative efforts to create effective policy solutions.

**Youth
Leaders**



**Community
Stakeholders
(parents)**

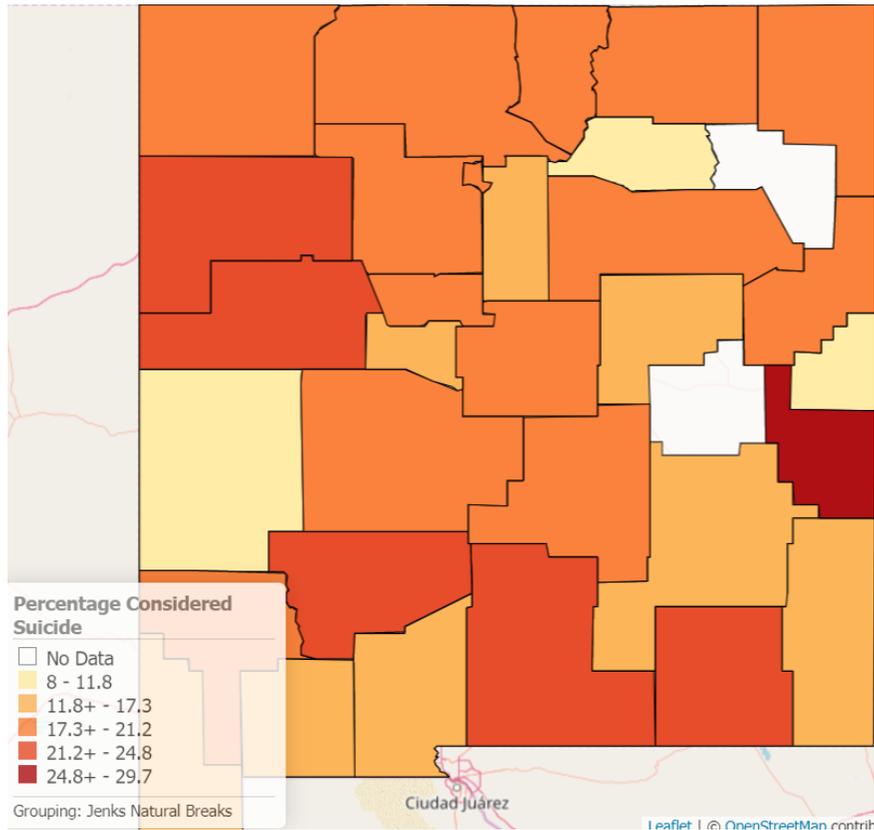
Rural, youth suicide is collective issue that requires collaborative efforts to create effective policy solutions.

One year planning process with the San Miguel Family and Community Health Council to assess and evaluate effective community-wide strategies to prevent suicide.

TREE Community Engagement Core hosts regional meetings with community stakeholders to assess behavioral health needs in NM.

Suicide prevention is a wicked public policy problem that differentially impacts rural communities.

Percentage of Youth that Considered Suicide by County, 2017



*We have worked for many years to offer crisis intervention and treatment services to prevent suicide, yet we have recently witnessed suicides among our own community leaders, youth and even elders. We need to find **community solutions to reduce stigma** around this issue.*

-Member of the San Miguel Community and Family Health Council

*In our health clinics, we are seeing **growing numbers of pediatric cases** of suicidal ideation and we simply do not have the resources to intervene. We have to send children away for help. We need to figure out why this is happening among young children and we need resources.*

-Administrator, local hospital



The root causes of suicide demand that policy makers listen to community stakeholders to dismantle stigma and create supportive policies.

*People do not like to talk about suicide. The underlying causes of the problem are complicated. They don't just come from depression, but they stem from intergenerational drug use, feeling less than others, poverty, and isolation. We need to address **why this is so unspoken in our community.***

-Community advocate

*We have seen two of our children die from suicide this year. As a small and strong community, **we need to come together now to raise awareness about this crisis.***

-Community member, Pecos

*Youth need to have spaces where we can speak about our challenges with our peers and adults. We need to have ways to **voice our problems** and perspectives before they spiral out of control.*

-Youth leader



Collective trauma related to opioid addiction perpetuate mental health inequities among Hispanics in Northern New Mexico.

Cultural addiction, generational addiction, systemic issues and trauma are all root causes of soul sickness.

At the individual level...

Addiction strips an individual of their identity while destroying the family dynamic and stealing self-esteem, replacing it with the feeling of inadequacy, guilt and hopelessness.

Through **Querencia**, we identify the individual's problem, and we focus on restoring what's been lost, the result of the individual's soul sickness.

At the community level....

We must **stomp out discrimination and stigma of addiction**. A strong family makes a strong community. A strong community empowered, changes the world. We are working on root causes of addiction.

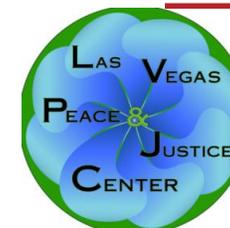
-Community Advocate, Rio Arriba

Digital storytelling is a health equity policy tool that advances youth voices and engagement in policy development.

Pilot group of teens participate in 3-day workshop to create digital stories that describe how inequities and stigma shape suicide risk among youth.

Teens and the research team diffuse the workshop to other teen groups in San Miguel County.

Teens facilitate “speak back” sessions with community stakeholders and the SMFCHC to deliberate on collective strategies to reduce stigma.



Opportunity

- The storytelling process has enabled teens and community stakeholders to collaboratively begin to assess how multiple levels of stigma shape youth perception's of the root causes of suicide.
- Youth leaders are strong advocates for positive youth development strategies to address root causes.
- Storytelling process is dynamic. Community leaders and pilot youth participants engage in practical dialogue throughout the process to capitalize on “windows of opportunity” for funding.

New Mexico: Understanding the Impact of Immigrant friendly Policies on Mental Health in Our State



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NM Dream
TEAM



Policy Context

Approximately 201,000 immigrants in NM

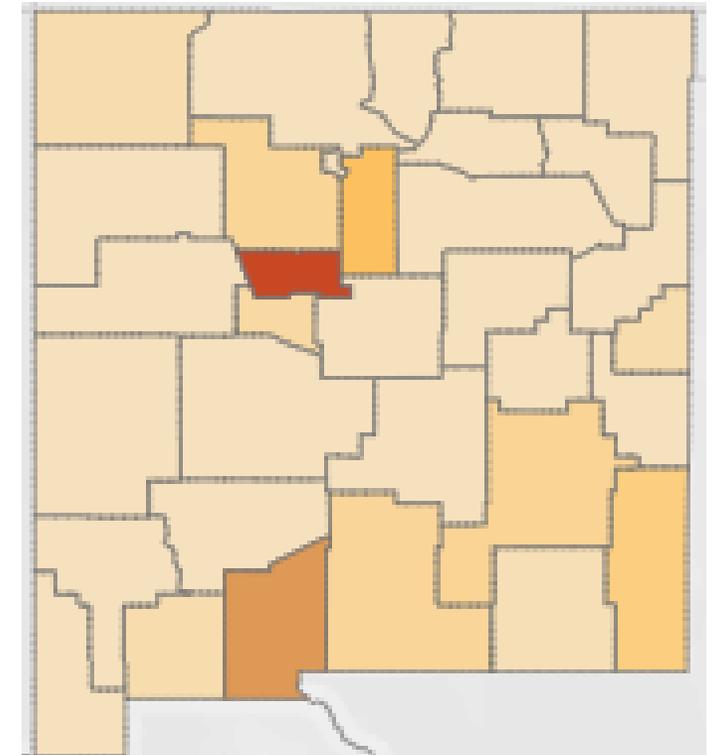
- 85,000 undocumented
- 90% Spanish-speaking
- 18% U.S. citizen children live in a mixed-status immigration household

Immigrant friendly policies in a border state

- “Freedom” cities: Santa Fe, Mora, Silver City, Albuquerque, etc.
- SB 582: access to education
- Fast approaching: professional & occupational licensure

Mental health as a public health intervention

- Mental health disorders pose the highest burden of disease
- Associated with age, gender, education, income, race, ethnicity, geographic location, sexual orientation



Regions & Groups Investigated

All participants (male and female; average age = 25) identified as immigrant and/or of mixed status families

Focus Groups (N = 4)

10 - 15 participants in each group

Total participants = 33

Individual Interviews (N = 15)

Community Gatherings (N = 2)

10 - 15 youth

Results: Barriers to access and trauma



Our Youth Speak



“It’s so difficult...I feel like crap because it really hinders like my ability to wake up in the morning and I cannot tell you the amount of times that I would drive to school and I would be outside in the parking lot and I would **get so much anxiety that I couldn’t get into the classroom because I just wanted to cry or because I was having so much anxiety** something in my chest wouldn’t let me go through it and I think it affects me so much that I think I am not 100% reliable”

“I do feel like I live day by day... Especially a couple days ago that there was a rumor about immigration [ICE] being in town... even my wife told me that day ‘Get out of your job! They are here, **they are in the streets picking people up and all kinds of things...**’ and **all of our friends were calling us to see if we were ok, and it was all like psychosis**”

“**I have been feeling very anxious for the last three months** and the reason is because I have a \$4,000 bursar’s debt and I need to pay that before I can register for my last class and I have to take care of that hold other wise I cant register and anything can happen and I just feel that anxiety ... I don’t know.”

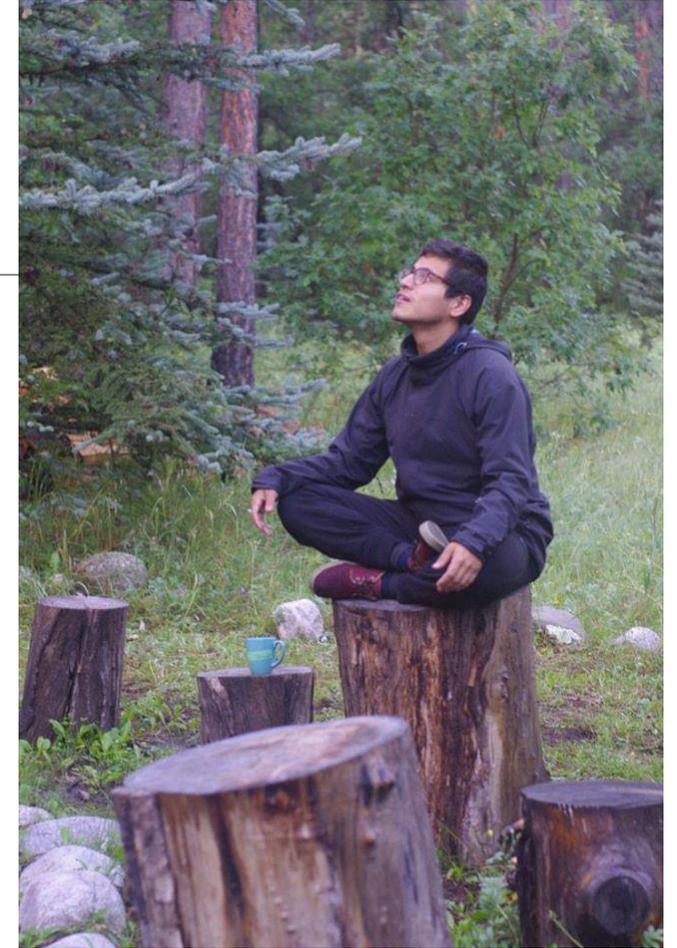


Opportunity-UndocuHealth

Mission: to educate, build, and promote undocumented communities' mental health and wellbeing through programs and trainings that offer knowledge for managing anxiety and stress.

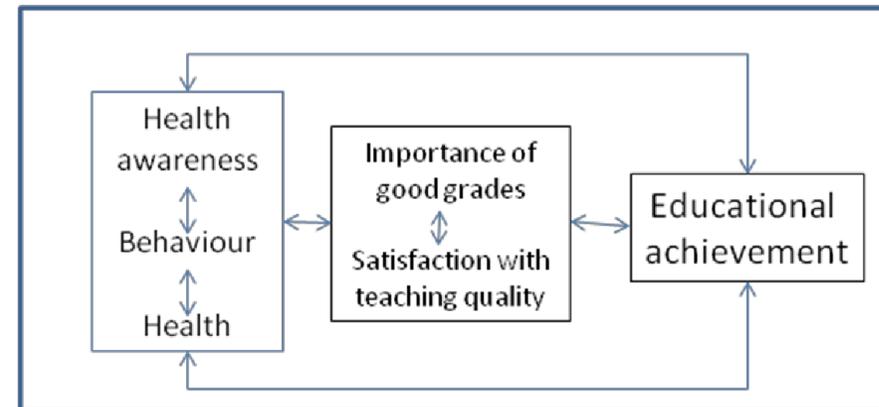
Three part process:

- **Decolonizing** wellness trainings
- **Indigenous** practices: tuning into our bodies' natural cues while experiencing trauma as a means to acknowledge and process said trauma
- **Community** experience: UndocuHealth team facilitates **UndocuHealing** retreats & healing circles for community members to experience healing outside of the walls of a hospitals.

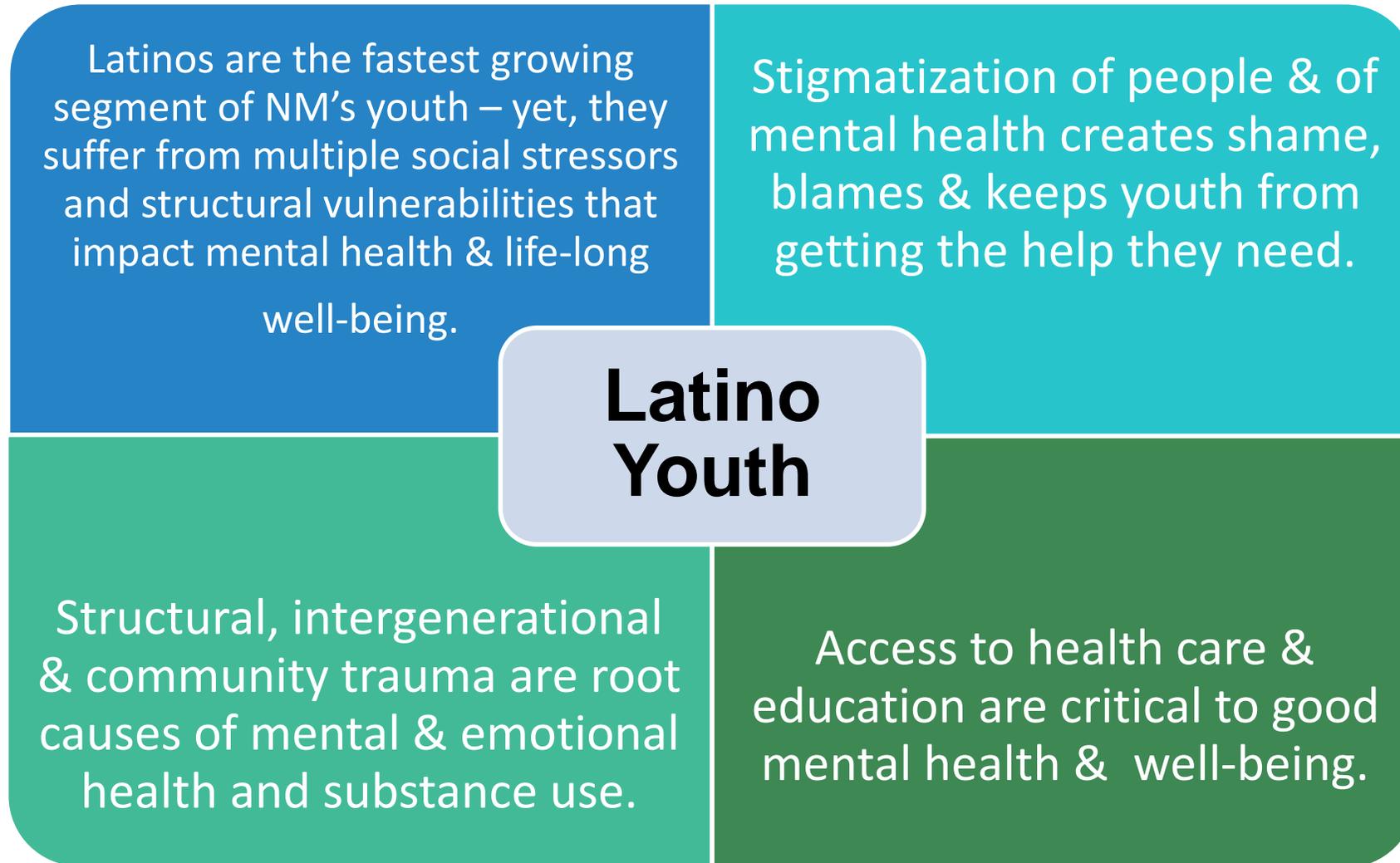


Opportunities

- Debunk existing myths about Immigration Populations
- Increase trust and access to health/education resources
 - *Yazzie/Martinez v. State of New Mexico*
- Support education attainment and retainment-post graduates cannot work due to limitations in licensure (SB582)
- Demystify “immigrant” stereotypes:
 - decrease stress that impacts mental health
 - Improve trust with educational and health professionals
 - Improve access to care and education
- Pass “immigrant” friendly policies



Take-aways



Policies matter for advancing health equity=

Assures just and fair inclusion into the policy making process which all can participate, prosper, and reach their full potential.

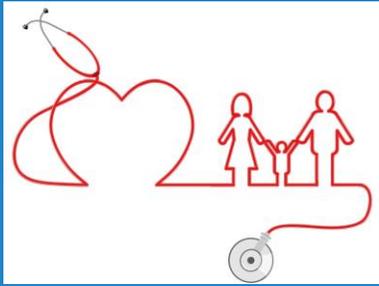
Emphasizes social and racial justice, fair allocation of resources (and burdens), equalizing power in relationships and inclusive socio-political processes.

Cacari Stone, L., Minkler, M., Freudenberg, N. & Themba, M. (2017). Chapter 21, Community-Based Participatory Research for Health Equity Policymaking. In Community-Based Participatory Research for Health: 3rd Edition.

Gostin, L. & Powers, M. What Does Social Justice Require For The Public's Health? Public Health Ethics And Policy Imperatives. Health Aff July 2006 vol. 25 no. 4 1053-1060

The Helsinki Statement on Health in All Policies, Health Promotion International, Vol. 29 No. S1. World Health Organization 2013.

State Policy Actions-Universal



Guarantee
Universal coverage
of ALL children

Medicaid buy-in

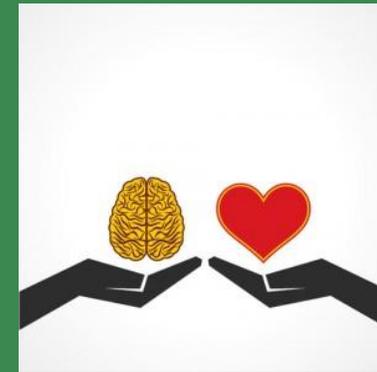


Promote
safety &
belonging for
ALL

(Non-discrimination
laws)



Change the
narrative of
stigma & anti-
discrimination



Enforce Mental
Health Parity
Addiction Equity
Act (ACA)

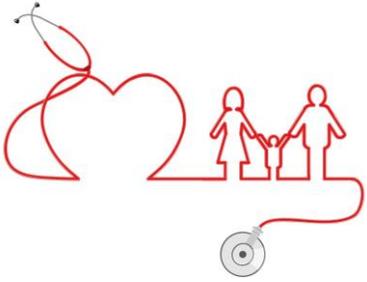


Tackle Addiction

Trauma-informed
policies & practice
*Regulate industry,
health people*



Policy Actions-Universal



Universal coverage of **ALL** children

Medicaid buy-in: SB 405, HB 416

- Access to healthcare for individuals ineligible for the Marketplace due to immigration status earning less than 200% FPL
- Access to behavioral health services



Non –Discrimination Laws: Professional and occupational licensure

- Economic Impact: In 2017, immigrants generated \$1.5 trillion in total spending power and paid \$405 billion in taxes
- NM benefits from educational investment:~ \$14K to educate 1 student
- 30% of immigrants ≥25 years old have a bachelor’s degree or higher
- Opportunity to fill jobs

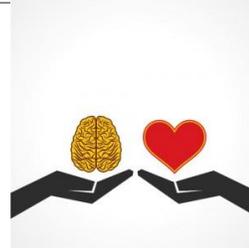


Policy Actions



Anti-stigma as a social movements

- Youth as center to community & policy change
- Coalition building
- Create safe spaces
- Listening



Enforce Mental Health Parity Addiction Equity Act (ACA)

- Legislation to increase the number of counselors and therapists
- Health plans to cover BH benefits/services
- Funding for co-occurring disorders of alcohol & Substance Abuse



Tackle Addictions

- **Trauma informed care** - addressing experiences of immigrant youth and family (Discrimination)
- Trauma from Discrimination **Impacts**
 - **Physical Health and Health Behavior**
 - Blood pressure/Cardiovascular
 - *Smoking, alcohol use*
 - ***Mental health**
 - *wellbeing, psych. distress, esteem*
 - *depression...suicidality*
 - *anxiety*
- **Tackle opioid addiction**
 - Regulatory boards, prescription drug monitoring programs
- **Implement “trauma-informed Policies”**
 - Keeping families together
 - Community Resiliency
 - Financing, training, intersectoral collaboration, infrastructure/delivery system

State Policy Actions-Targeted

Outreach/Enrollment- promotores de salud

Evidence-based home visiting programs

Anti-bullying/zero tolerance policies & training

Medical-Legal Partnerships

Enforcing Cultural Linguistic Access Standards



THANK YOU!



Transdisciplinary Research, Equity & Engagement Center

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Twitter TREE Center: @unmtreecenter

<https://hsc.unm.edu/college-of-population-health/research/research-programs.html>