Mental Health in New Mexico; Analyzing Opportunities to Bridge Gaps Between Available Services and Community Needs

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Executive Summary

Over 40 million Americans have a mental health condition, and most of those individuals lack access to mental health care. The situation for Latino communities in the United States is even more severe. Latinos access mental health care at half the rate of non-Latino-whites, and they are more likely to discontinue care before their treatment regiment is complete. Latinos also face a variety of cultural, linguistic, and socioeconomic barriers to accessing care. As a state whose population is nearly 45% Latino, New Mexico is especially impacted by these disparities.

Barriers to Accessing Care

Cultural contexts can erect significant barriers and limit the care that Latino families seek and receive. These include a family's *etiological beliefs* (what a family believes is causing a particular health concern); the stigma that surrounds mental health conditions, especially when it heightens the negative effects of social values like traditional gender roles; the Latino paradox, which shows that second and third generation immigrants tend to have poorer mental health than first generation immigrants; and concerns from Latinos about encountering racism or cultural miscommunication when they do seek care. The language barrier between many Latinos and practitioners can also limit their access to care. Although we do use translators in New Mexico, the complexities of using translators for sensitive psychological interactions can increase feelings of alienation in individuals with mental health conditions. Socioeconomic situations also form barriers to accessing care. Poverty, low rates of health insurance among Latinos, high rates of co-diagnosis between drug use disorders and mental health conditions, fear about legal issues surrounding residency and deportation, and the geographic distances families often have to travel to reach care all make it more difficult for Latinos in New Mexico to access and receive mental health care.

Policy Recommendations

In order to bridge the gaps between the mental health services that are available and the mental health needs of New Mexican Latinos, we must increase access to care that is culturally relevant and linguistically appropriate. This can be done by:

- Training incoming health practitioners in holistic care so they are better able to recognize and address the needs of their Latino patient populations
- Engaging in community outreach: educating New Mexican communities and actively seeking referrals to help break down the stigma around mental health conditions and seeking help for these conditions
- Fully utilizing Area Health Education Centers to draw mental health practitioners from their own communities and build capacity within the mental health and primary care fields

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"The human brain is an organ of the mind and just like other organs of our body, it is subject to illness. And just as we must treat illnesses to our other organs, we must also treat illnesses of the brain."

– Senator Pete V. Domenici
Introduction of the "Mental Health Equitable Treatment Act of 2001"[i]

Any discussion on mental health care in New Mexico must begin by acknowledging the invaluable work of United States Senator Pete V. Domenici, one of New Mexico's most ardent advocates for mental health. Perhaps his greatest contribution to improving mental health care in the United States has been on the subject of *parity*, which works to ensure that "financial requirements and treatment limitations applicable to mental health benefits…are no more restrictive than the requirements or limitations applied to…all medical/surgical benefits."[ii] The goal of parity is to break down the dichotomy between mental health and physical health. Senator Domenici was one of the first legislators to introduce mental health parity legislation, which he did in 1992. Since then, he has been one of the leading voices behind nearly every piece of parity legislation up to and including the "Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008."[iii] Senator Domenici's decades-long effort has been one of the driving forces behind putting mental health on the national radar.

This policy paper seeks to build upon the Senator's work by expanding the definition of parity and bringing the focus home to Latino communities in New Mexico. Parity can mean not only bridging the gap between mental health and physical health by equalizing insurance coverage, it can also mean insuring that

Latino communities in New Mexico have access to mental health care that is equal to the access experienced by their non-Latino-white counterparts. This paper will focus on the Latino community in New Mexico, with a particular interest in low-income, rural, and migrant families. In addition, gaps between the mental health services that are available and the mental health needs of New Mexican Latinos will be explored, as well as some concrete steps that can be taken to bridge those gaps by increasing access to care that is culturally relevant, linguistically appropriate, and tailored towards wellness.

Gaps and Disparities: A Context

Although over 40 million Americans have a mental health condition, most of those individuals lack access to care.[iv] The situation for Latino communities in the United States is even more dire. Latinos access mental health care at half the rates of non-Latino-whites, and they also have higher rates of attrition following the initiation of care.[v] In other words, even when they do access care, Latinos are more likely to discontinue care before the treatment regiment is complete. This situation has been attributed to the cultural, linguistic, and socioeconomic barriers that Latinos face to accessing care.

Cultural barriers

Cultural contexts can erect significant barriers and limit the care that Latino families seek and receive. One such barrier involves etiological beliefs, or what an individual understands as the cause behind a particular condition or health concern.

Such beliefs influence the relationship Latino communities have with mental health care. For example, studies on Latino children with Attention Deficit Hyperactivity Disorder show that understanding a parent's cultural values and etiological perspective is an important part of understanding how these parents chose to address the situation.[vi] As such, if a parent understands the cause of a child's health concern to be biological in nature, they are more likely to seek medical assistance. However if a parent understands their child's health concern as resulting from emotional, economic, or social factors, they are more likely to seek assistance elsewhere (for example, from faith leaders or family friends) or not seek assistance at all.

Another cultural barrier can be found in the stigma that surrounds mental conditions in many Latino cultures. Although the practice of stigmatizing mental conditions is not confined to Latino communities, its effect can be doubly alienating when stigma heightens the detrimental effects of other social values like traditional gender roles.[vii] In many Latino cultures, men are encouraged to be stoic providers, and seeking care for mental conditions would run contrary to the powerful role they are encouraged to assume. Women, especially mothers, are expected to be capable of handling their families' and their children's health concerns by themselves, as opposed to outsourcing care and responsibility to another party. Overall, Latinos are encouraged not to complain or exaggerate, and this can result in self-censorship and reduced care-seeking behaviors.[viii]

Another cultural factor is a phenomenon known as the Latino paradox. First generation Latino immigrants tend to have supportive social networks and cultural

practices that often provide a buffer against certain ailments like low birth weight, obesity, and heart disease.[ix] This trend is also true for mental health. Compared with US-born Latinos and long-term residents of the US, recent Mexican immigrants "experience lower levels of depression and other mental disorders."[x] With increased acculturation to US culture, these communities tend to lose some of these protective practices. However, they tend to retain many of the cultural values (for example, traditional gender roles) that keep individuals and families from seeking care. In essence, they lose the buffer and maintain the barrier, while at the same time being exposed to risk factors associated with poor mental health, including poverty, geographic isolation, and cultural alienation. This phenomenon is particularly significant for New Mexico. Although Latinos are the single largest ethnic group in the state,[xi] New Mexico has the lowest percentage of first generation Latino immigrants of all the states in the Southwest region.[xii] The Latino population in New Mexico is largely comprised of second and subsequent generations. This makes the negative implications of the Latino paradox particularly important in New Mexico.

Finally, Latinos have expressed concerns regarding racism and/or cultural miscommunication when they do seek mental health care.[xiii] Such negative experiences can contribute significantly to attrition, and in many cases even the understanding that they are likely to occur can lead Latinos to avoid seeking care.

Linguistic barriers

The language barrier between many Latinos and practitioners can also limit the care to which Latinos have access. Studies conducted among Latinos in

California show that "language related services…are critical to treatment initiation and retention" and that "for … [limited English proficiency] individuals seeking mental health treatment, providers who speak their native languages are generally preferred."[xiv] Although we do have and use translators in New Mexico, surmounting the linguistic barrier entails more than simply speaking the same language. Studies acknowledge the "complexities of using interpreters for sensitive psychological topics"[xv] not least of which is a possible reduction in the valued emotional connection between Latinos and practitioners.[xvi]

Socioeconomic and other barriers

Socioeconomic situations are not only risk factors associated with poor mental health, they also form significant barriers to accessing care. One of the most critical socioeconomic factors is poverty. There is a cyclical relationship between poverty and poor mental health: "concentrated urban poverty [exacerbates] …mental illness, while the resulting mental illness reinforces poverty."[xvii] New Mexico has among the highest poverty rates in the nation; 1 in 5 New Mexicans live below the poverty line, and the state is ranked 49th for child poverty rates.[xviii]

The issues presented by poverty are compounded by low rates of health insurance among Latinos and high mental health care costs. As of 2015, 17% of Latinos were uninsured, a figure that is higher than that of either the black (12%) or white (8%) communities.[xix] Mental health care is often prohibitively expensive. A 2011 federal study found that 45% of American adults with untreated mental health conditions cite cost as a barrier to seeking care.[xx] These can limit Latinos' ability to

seek care, and can also limit their options to providers that are not equipped to offer high-quality care or are constrained by limited resources (including emergency rooms, primary care physicians, community agencies).[xxi]

Another important contextual factor is the high prevalence of comorbidity, or dual-diagnosis, between drug use disorders and other mental health conditions. These two health concerns often interact in three ways: drug abuse can cause users to experience symptoms of another mental condition, individuals with mental conditions may use drugs as a form of self-medication, and both mental health conditions and drug use disorders may be "caused by overlapping factors such as…genetic vulnerabilities, and/or early exposure to stress or trauma."[xxii] Efforts to increase access to mental health care often need to go hand in hand with efforts to increase access to substance abuse care.

When asked about barriers to accessing mental health care, Latinos have expressed fear about legal issues surrounding residency and deportation.[xxiii] Undocumented individuals are a minority of the Latino community in New Mexico, but they still account for over 3.4% of the state's population.[xxiv] In New Mexico, some providers offer health and mental health care services regardless of legal statues; among these are Federally Qualified Healthcare Clinics (FQHCs) like Ben Archer, La Clinica de Familia, and St. Luke's Clinic. Even with these care options available, the fear of legal repercussions after reaching out to a care provider can still deter undocumented individuals from seeking care.

Finally, one of the greatest barriers in accessing care is the geographic distance involved in reaching that care.[xxv] Exactly 29 of New Mexico's 33 counties

are designated as "mental health shortage areas."[xxvi] New Mexico is a large, rural state and in many rural communities, the support infrastructure necessary to provide high-quality, accessible care is nonexistent or fragmented. The care that *is* available is often located hours away. This is not a viable option for many Latinos and low-income families, who are less likely, and less able, to travel long distances or pay large sums of money to access high-quality mental health care.[xxvii]

Policy Recommendations

To ameliorate the consequences created by these cultural, social, and demographic barriers, we must build upon the work already being done in New Mexico, by:

- Training incoming health practitioners in holistic care so they are better able to recognize and address the needs of their Latino patient populations

Years of research have shown that patients with mental health conditions and concerns (including depression, anxiety, and substance abuse) almost exclusively take these concerns to primary care physicians.[xxviii] The family medicine residency program at Memorial Medical Center in Las Cruces, New Mexico has pioneered a collaborative training model that better prepares family physicians to address social determinants of mental well-being.[xxix] When residents make their rounds, they are accompanied by an interdisciplinary behavioral team (e.g. a psychologist, a therapist, and a social worker). A larger team of volunteer professionals, consisting

of medical faculty specialists and a variety of social scientists, provides context and guidance throughout the residents' stay. This team actively contributes to the care of the residents' patients, and helps the residents increase their ability to identify and address both the medical and the social determinants of health. This form of holistic training translates into holistic care when residents become family physicians in their own right. When residents complete their three-year training at Memorial Medical Center, they go out into the community armed with the knowledge and understanding necessary to partner with communities and connect patients with community resources. This model can be applied to teaching hospitals across the state, and adjusted to take advantage of the professionals and personnel available in each institution.

- Engaging in community outreach: Educating the community and actively seeking referrals to help break down the stigma around mental health conditions and help-seeking behaviors

The Border Health Commission has identified mental health as a priority for the border region in its Healthy Border 2020 initiative, and among the strategies the Commission has listed increasing access to services and educating the public.[xxx] Community engagement health care efforts have been shown to "offer…improvements on key functional and socioeconomic outcomes, reduce care barriers, and increase engagement in alternative depression services for low-income, predominantly ethnic minority women."[xxxi] Community education and

outreach has also proven to be an effective strategy for increasing access to mental health care for Native American communities,[xxxii] which represent another underserved population in New Mexico.

Information about available services and the benefits of seeking care can be disseminated through public schools, churches and faith organizations, public institutions and public spaces, and by holding community events like mental health fairs. Outreach efforts can be tailored to fit the resources and scope of various information providers and organizations, and have the potential to yield a large return on the effort invested.

- <u>Supporting efforts by Area Health Education Centers to draw mental health practitioners from their own communities and build capacity within the mental health and primary care fields</u>

According to a 2015 study done in southwestern Arizona, "the two attributes that had the largest influence on [Latino] patient choices…were where patients receive these services and the language and cultural awareness of the provider who prescribed their treatment."[xxxiii] The study used "where" to explain the kind of facility that Latinos preferred to use for mental health care, which in this study was a primacy health clinic. However, for a state with large, medically underserved areas like New Mexico, "where" can refer to a facility that is geographically accessible, as well as the kind of facility that is preferred. Stated simply, New Mexicans, and the Latino community in particular, would benefit greatly from having enough

practitioners in their area to provide culturally and linguistically appropriate care. The near-peer mentorship and community outreach programs spearheaded by Area Health Education Centers (AHECs) have the potential to meet both of these needs.

The mission of AHECs is to "improve health by leading the nation in recruitment, training and retention of a diverse health work force for underserved communities."[xxxiv] New Mexico is home to the ACEC Program Office at the University of New Mexico in Albuquerque, as well as three Centers; the Southern AHEC at New Mexico State University in Las Cruces, the FORWARD NM AHEC at Hidalgo Medical Services in Silver City, and the Montañas del Norte AHEC at Luna Community College in Las Vegas. The FORWARD NM AHEC in Silver City is one of the most active in the state. It offers multiple programs for high school and college students that are intended to spark and support interest in health careers, including the Summer Math, Science, and Health Career Academy (SMASH Academy), the Summer Health Career Academy (HCA), and the MCAT+ preparation academy, as well as college application and scholarship support.[xxxv] The model set forth by the FORWARD NM AHEC can be actualized in other areas of the state by developing outreach and mentorship programs for high school and college students. When we help New Mexican students interested in health careers to realize those interests by exposing them to information, supporting them, and training them, we are investing in the health of the communities they will serve.

Mental health is a critical public health concern in the United States, and it is an especially pressing concern for the Latino community. New Mexico can go a long

way towards meeting the mental health needs of its communities by increasing access to care that is culturally and linguistically relevant. Senator Domenici's work has shown that if we as a society are willing to collaborate, cooperate, and strive to accomplish it, parity in mental health coverage is possible. It is up to us to show that parity in access to mental health care for the Latino community in New Mexico is just as possible. We have an opportunity to support and extend the work already begun on mental health care in NM, and we *must* do so if we are to successfully bridge the gaps between where we are and where we need to be.

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