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Addressing Hispanic Adolescent Mental Health in the Texas Border Region: A Policy Analysis

Brian Zepka

MPH Capstone Project

Thomas Jefferson University

Spring 2015

Presentation Outline

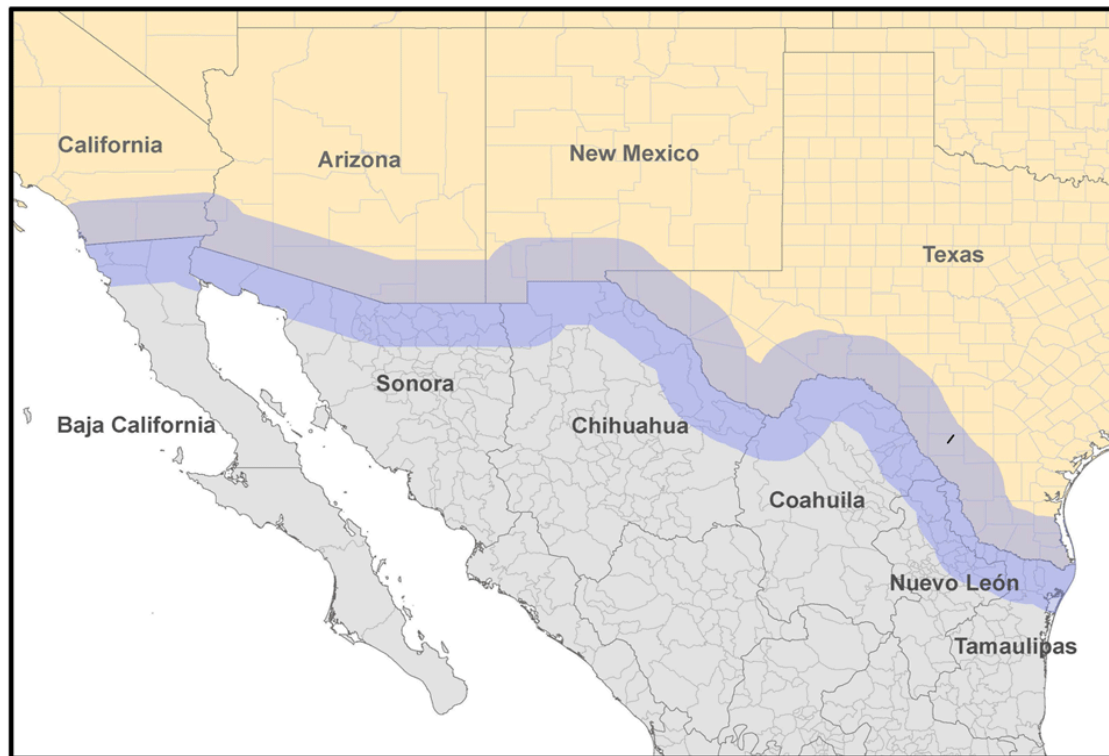
- Background
 - Mental Health
 - Texas Border Region
- Research Aims
- Methods
- Results
- Policy Options
- Recommendation
- Limitations
- Next Steps

Background

- Mental Health
 - Positive mental health associated with improved health outcomes
 - 80% of adolescents in need of mental health services do not receive them
 - Major disparities in service utilization

Background

- United States – Mexico Border



(Centers for Disease Control and Prevention, 2013b)

Background

- United States – Mexico Border
 - Low socioeconomic status
 - If the border region was the 51st state it would rank:
 - Last in access to health care
 - Last in per capita income
 - First in the number of children living in poverty

Background

- **Texas Border Region**
 - Constitutes majority of the total border area (1,254 miles)
 - Most populated border state (\approx 3 million)
 - Almost 90% Hispanic
 - Significantly younger population
 - Highest unemployment and lowest educational attainment compared to other border states
 - 1,800 Colonias

Background

- **Mental Health Risk Factors**
 - Poor socioeconomic conditions
 - Acculturation
 - Discrimination
 - Exposure to drugs and violence
 - Little access to mental health services

Background

- Psychiatrists per 100,000 population in Texas

Year	Number	Texas	Rural	Urban	Border	Rural Border
1985	1,222	7.5	2.0	8.6	2.8	0.7
1990	1,264	7.4	2.1	8.4	3.0	0.0
1995	1,365	7.3	2.8	9.0	3.6	0.3
2000	1,422	7.0	3.0	8.0	3.3	0.8
2005	1,488	6.5	2.8	7.0	2.6	1.1
2010	1,687	6.6	2.7	7.2	2.5	0.5

(Hogg Foundation for Mental Health, 2012)

Background

- Psychologists per 100,000 population in Texas

Year	Number	Texas	Rural	Urban	Border	Rural Border
2000	5,044	24.8	9.8	26.3	7.1	2.4
2005	5,567	24.2	10.2	26.3	7.6	3.0
2010	6,547	25.8	11.1	27.9	8.3	5.4

(Hogg Foundation for Mental Health, 2012)

Research Aims

- Determine the primary barriers Hispanic adolescents face when attempting to utilize mental health services
- Understand the positions and concerns of key stakeholders in the Texas border region regarding Hispanic adolescent mental health
- Propose a sound policy recommendation that has the potential to improve mental health care access for this particular population

Methods

- Qualitative Policy Analysis
- Political Model
 - Problem Statement
 - Background
 - Landscape
 - Options
 - Recommendation

Methods

- Systematic literature review
- Stakeholder interviews
 - Identified through online research and personal referrals
 - Semi-structured interview guide
 - Current mental health services, access barriers, political and economic challenges, and future recommendations
 - ‘Stakeholder Analysis Table’ in Microsoft Excel
- Analysis
 - Thematic approach

Results

- Seven interviews were conducted

Position	Institution	Location
Binational Operations Coordinator	United States – Mexico Border Health Commission	El Paso, TX
Director, Children’s Mental Health	Border Region Behavioral Health Center	Laredo, TX
Chief of Pediatrics	Brownsville Community Health Center	Brownsville, TX
Clinical Director	Serving Children and Adults in Need (SCAN)	Laredo, TX
Program Director	Serving Children and Adults in Need (SCAN)	Laredo, TX
Mental Health and Substance Abuse Division	Texas Department of State Health Services	Austin, TX
Associate Professor Dept. of Social Work	University of Texas-Pan American	Edinburg, TX

Results

- **Mental Health Care System Issues**
 - Lack of mental health providers/services
 - Language issues
 - Poor utilization of school-based mental health services
- **Political Issues**
 - Lack of government funding/support
- **Social Issues**
 - Socioeconomic challenges
 - Stigma and cultural norms
 - Lack of mental health education/awareness
 - Fear over legal status

Option 1: Creation of a Mental Health Provider Education Loan Repayment Program

Pros

- Increases mental health care workforce for vulnerable populations
- Several loan repayment programs already in existence in Texas
- High level of support

Cons

- May not directly impact border communities
- Administrative burden
- Costly
 - Unpopular tax

Option 2: Reauthorizing the Federal School-based Health Center Capitol Program

Pros

- Will allow for the continued funding of school-based health centers in medically underserved areas and permit appropriations for operational grants
- School-based health centers overcome many barriers to care
- No cost to state government

Cons

- May not directly impact border communities
- Political opposition
- Timely process

Option 3: Passage of Texas House Bill No. 313 (Certified School Counselors)

Pros

- Mandates certified school counselors in all secondary schools in the state
- Lowers the student-to-school counselor ratio

Cons

- Sustainable funding
- Lack of cultural competence

Option 4: Passage of Texas House Bill No. 357 (Responsibilities of School Counselors)

Pros

- Requires a school counselor to spend no more than 20 percent of their total work time on duties that are not components of a counseling or guidance program
- More time will be allocated to counseling adolescents and educating the parents and community on mental health topics

Cons

- Compliance
- Redistribution of administrative responsibilities
- May not impact targeted population without a counseling mandate

Option 5: Passage of Texas Senate Bill No. 518 (Inclusion of Mental Health Concerns in School Health Efforts)

Pros

- Increases mental health education for elementary school, middle school, and junior high school students
- No daunting policy changes or drastic increases in funding

Cons

- Does not directly increase access to mental health care

Policy Recommendation

- Passage of House Bill No. 313 (Certified School Counselors)
 - Bring more certified counselors to the region
 - Improve mental health programs in schools
 - Nationwide support
 - 29 states and D.C. mandate the provision of school counselors

Limitations

- Understanding the complex mental and behavioral health systems in Texas
- Sample Size
 - 7 total interviews
- Limited scope
 - Adolescent perspective was not assessed, only provider

Implications for Public Health

- Mental health is necessary to lead a successful life
 - Should be a high priority among policymakers
- Re-emphasizes the need for mental health policy interventions for hard-to-reach, high-need populations
- Little is known about the mental health status of border youth
 - Interventions require a unique, culturally competent approach

Next Steps

- Investigate the mental health infrastructure in California, Arizona, and New Mexico border regions
- Assess the Hispanic adolescent perspective
- Improve mental health surveillance in the border region

Thank You!

- Capstone Chair
 - Lucille B. Pilling, EdD, MPH, BSN, RN
- Capstone Preceptor
 - Martha C. Romney, RN, MS, JD, MPH

Questions?

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