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

Brian Zepka
School of Population Health, Thomas Jefferson University

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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 (≈ 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

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
<th>Texas</th>
<th>Rural</th>
<th>Urban</th>
<th>Border</th>
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(Hogg Foundation for Mental Health, 2012)
Background

• Psychologists per 100,000 population in Texas

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
<th>Texas</th>
<th>Rural</th>
<th>Urban</th>
<th>Border</th>
<th>Rural Border</th>
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<td>11.1</td>
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<td>5.4</td>
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(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

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

<table>
<thead>
<tr>
<th><strong>Pros</strong></th>
<th><strong>Cons</strong></th>
</tr>
</thead>
</table>
| • Increases mental health care workforce for vulnerable populations  
• Several loan repayment programs already in existence in Texas  
• High level of support | • May not directly impact border communities  
• Administrative burden  
• Costly  
  ▫ Unpopular tax |
Option 2: Reauthorizing the Federal School-based Health Center Capitol Program

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Will allow for the continued funding of school-based health centers in medically underserved areas and permit appropriations for operational grants</td>
<td>• May not directly impact border communities</td>
</tr>
<tr>
<td>• School-based health centers overcome many barriers to care</td>
<td>• Political opposition</td>
</tr>
<tr>
<td>• No cost to state government</td>
<td>• Timely process</td>
</tr>
</tbody>
</table>
Option 3: Passage of Texas House Bill No. 313 (Certified School Counselors)

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Mandates certified school counselors in all secondary schools in the state</td>
<td>• Sustainable funding</td>
</tr>
<tr>
<td>• Lowers the student-to-school counselor ratio</td>
<td>• Lack of cultural competence</td>
</tr>
</tbody>
</table>
Option 4: Passage of Texas House Bill No. 357 (Responsibilities of School Counselors)

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Requires a school counselor to spend no more than 20 percent of</td>
<td>• Compliance</td>
</tr>
<tr>
<td>their total work time on duties that are not components of a</td>
<td>• Redistribution of administrative responsibilities</td>
</tr>
<tr>
<td>counseling or guidance program</td>
<td>• May not impact targeted population without a counseling</td>
</tr>
<tr>
<td>• More time will be allocated to counseling adolescents and</td>
<td>mandate</td>
</tr>
<tr>
<td>educating the parents and community on mental health topics</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Option 5: Passage of Texas Senate Bill No. 518 (Inclusion of Mental Health Concerns in School Health Efforts)

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increases mental health education for elementary school, middle school, and junior high school students</td>
<td>• Does not directly increase access to mental health care</td>
</tr>
<tr>
<td>• No daunting policy changes or drastic increases in funding</td>
<td></td>
</tr>
</tbody>
</table>
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?
References


References

References