

## Hispanic/Latinx Suicide: Structural Causes and Policy Solutions

### KEY MESSAGES

#### THE PROBLEM

##### ➤ Suicide is a growing public health crisis in the United States and New Mexico.

- Over the past 20 years, the suicide rate has increased by 35%. In 2018, New Mexico had the highest suicide rate in the country at 24.98 per 100,000, a rate 1.7 times higher than the national rate of 14.78 per 100,000.

##### ➤ Hispanic/Latinx Youth and their families are burdened with higher suicide rates.

- The suicide rate among Hispanic/Latinx youth and young adults ages 15-34 is 24.6 per 100,000.
- From 2009 – 2019, the proportion of Hispanic/Latinx students in New Mexico reporting persistent feelings of sadness and hopelessness has increased from 29.7% to 40.4%.
- Latinas have the highest prevalence of feelings of sadness and hopelessness among youth at 51.4%.
- Hispanic/Latinx students reporting attempted suicide with injury is 3.4% (2.4% nationally).
- Lesbian, Gay or Bisexual Latinx youth are more than twice as likely to feel sad or hopeless than heterosexual Latinx youth in New Mexico.

##### ➤ Hopelessness, substance misuse, a sense of isolation, and family or work-related stress are risk factors of Hispanic/Latinx suicide in New Mexico.

- These risk factors are compounded by community stigma(s) about mental health that hinder early treatment for mental health conditions among Hispanic/Latinx youth.

##### ➤ Disparate impacts of COVID-19 mirror and compound existing racial and ethnic inequities in health and health care that are driven by broader underlying structural and systemic barriers, including racism and discrimination.

- Nationally, Hispanics/Latinos make up 18.5% of the U.S. population yet they account for 34% of all coronavirus cases.
- In **New Mexico Hispanics/Latinos comprise 49% of the state but make up 55% of COVID-19 cases.** Non-Latino whites comprise 37% of the state and 20% of the cases. In some counties, this is even higher.
- Discrimination, hate crimes/violence, financial stressors, depression, anxiety and barriers to accessing mental health resources magnifies the impact among Latinx/Hispanic families in NM.

#### POLICY CONTEXT

While the majority of New Mexico youth (54.3%) are Hispanic/Latinx (more than 300,000 people), there is NO statewide strategic plan that tackles suicide prevention for Latinx youth. In November 2019, in testimony to the NM Legislative Health and Human Services Subcommittee on Latinx Suicide and Behavioral Health, legislators from both sides of the aisle expressed concern about suicide and mental health risks in their respective districts. As a follow-up, for instance, Senator Stefanics introduced Senate Bill 78 (2020) which, if passed, would have appropriated \$50,000 to the NM DOH for Latino Youth Suicide Prevention efforts. In December 2020, the Legislative Finance Council published a comprehensive suicide prevention “Action Plan” which states that 505 suicide deaths in 2019 will cost the state \$684 million over the lost lifetimes of the victims and put those close to the victim at higher risk for behavioral health issues and suicide themselves. Recently (January 12, 2021) Governor Lujan-Grisham proposed \$5.1M for youth, adolescent, and young adult suicide prevention efforts in her Fiscal Year 2021 state budget.

*I remember going to a counseling session and I had this stigma thinking I shouldn't be here this is for crazy people*

- Undocumented youth organizer

*We must stomp out discrimination and the stigma of depression. A strong family makes a strong community. A strong community empowered, changes the world. We need to work on root causes of soul sickness in our rural communities-* Community Advocate

*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. -Hospital Administrator*



## POLICY OPTIONS

### Option 1: Intersectoral statewide partners with the NM Department of Health, local health councils, and county governments should develop and tailor culturally and linguistically relevant social media campaigns to reduce stigma of mental health and substance abuse.

The benefits of tailored messages that are co-developed and piloted with diverse Latinx/Hispanic youth will reduce harm and minimize future risks by tackling stigma and promoting safe messaging through use of reporting guidelines with the media and schools. NM DOH, along with stakeholders and school districts, should invest in youth leadership development programs that increase the capacity of Hispanic/Latinx youth leaders to develop and implement anti-stigma campaigns in communities statewide. Other partners may include the National Latino Behavioral Health Association, UNM Health Sciences Center, NMSU, youth leadership and advocacy organizations (e.g., Generation Justice), and school health centers and foundations.

### Option 2: The State of New Mexico (Governor's Office, Legislature & State Agencies) should work with multiple jurisdictions to invest public funds in improving access to school and community based mental health services and in delivering culturally/linguistically appropriate treatment for youth and their families.

Policy strategies may include accelerated enforcement and consistent implementation of the Mental Health Parity Addiction Equity Act (ACA) across the state, especially in rural and under-resourced communities. This would increase the number of counselors and therapists in New Mexico, require health plans to cover behavioral health benefits/ services, and fund co-occurring disorders. Another strategy would be the delivery of mental health first aid led by teen peers, and training and implementation of evidence-based programs such as Zero Suicide and gatekeeper training.

### Option 3: Develop and implement trauma-informed policies supporting prevention, treatment, and education.

While community trauma is a barrier to community health, safety, and wellbeing, community trauma frameworks and interventions are not widely applied as part of policymaking to advance racial justice and healing. States are beginning to develop trauma informed policies that include the following key policy goals: keeping families together; supporting community resiliency; and making financial investments in training, intersectoral collaboration, and the infrastructure/ delivery system.

## ADDITIONAL POLICY CONSIDERATIONS

The above policy Options 1 and 2 do not require passing new state legislation but rather a redirection and leveraging of state/federal and local funds with youth as the central voice in developing these efforts. Policy Option 3 on “trauma-informed” policies would require training state legislators and other governmental leaders on other states’ innovative policies on intergenerational trauma. Other solutions that are viable due to heightened interests in tackling racism may include **promoting safety and belonging for ALL youth** by passing “non-discrimination” laws and racial justice policies. With the incoming Biden-Harris Administration, national health reform is back on the table, along with revising equity provisions under the Affordable Care Act with targeted state legislation supporting **Universal coverage of ALL children**.

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The views expressed are those of the authors and should not be attributed to the TREE Center, University of New Mexico or its regents, funders or the affiliated organizations.

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Supported by the National Institute on Minority Health  
 NIMHD Grant # U54 MD004811-09

