Addressing the Rise in Mental Health Challenges Among Hispanic Youth

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Students at school (photo: Michael Appleton/Mayoral Photography Office)

Young people are often uncomfortable asking for help. Now imagine there is a language barrier as well. Children, teens, and young adults are currently battling social isolation, loneliness, and mental illness in increasing numbers, and the language barrier greatly exacerbates this for Spanish-speaking youth and their families.

Access to mental health services has traditionally been lower for this community. More than half of Hispanic young adults ages 18-25 with serious mental illness may not receive treatment, according to the National Alliance on Mental Illness, (NAMI). The organization also reported that approximately 34% of Hispanic adults with mental illness receive treatment each year compared to the United States average of 45%.

Right now, there is a shortage of mental health providers in the U.S., regardless of language, and more so of bilingual mental health providers. USA Facts estimates that an additional 6,398 mental health providers, including psychiatrists, social workers, and therapists are needed to fill in the gaps. At Astor Services for Children & Families, we are feeling that lack acutely given that we work with a high percentage of Spanish-speaking families in our outpatient programs in the Bronx.

For the first time in my 13-plus years at Astor, we had to suspend intakes. We simply did not have enough clinicians, particularly in our out-patient clinics, to provide the level of care that's needed for this population. We must make sure everyone is getting quality service, and we can only do that if we have the right family-to-clinician caseload ratio.

While we are coming out of the pandemic, our children and families still require an increased level of care and support. Clients who were socially isolated are coming to us with multiple diagnoses; for example, they may come in with depression and then also be diagnosed with anxiety and post-traumatic stress. We are also seeing widespread trauma and anxiety about returning to in-person school. Many of our families also have multiple stressors around the economy and employment.

As we continue to assess needs and prioritize the most critical cases on our wait-list, how can we best address this shortage of caregivers across our industry and better serve our community? The first solution is to be able to hire more bilingual family advocates. A family advocate provides strong support to a family, and many can be high school graduates. If the city provided funding for mental health non-profits, including Astor, to be able to hire more family advocates, they could be that bridge between the family and the mental health provider until they are ready to support them with a licensed clinician.

New York City is looking to hire 500 social workers over a three-year period. However, the city should not be in the business of hiring social workers; and must leave that to the experts in the field and who are already helping the city's youth deal with their mental health challenges and emotional needs every day.

Let us do the work and collaborate with the schools. Astor already works in 35 schools in the Bronx, so it makes most sense that the city should step back and provide Astor and all agencies that are already working with mental health the funding to do what we are the experts at, for the greatest good of the youth.

With trust and critical funds, mental health nonprofits across the city can do what they do best. In fact, by investing in the support and care of all our youth today, we are paving the way for a better and more hopeful and healthy future.

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