



Mental Health in New Mexico and Doña Ana County

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Photo by Gary Barnes

Is there evidence linking COVID-19 to mental health in New Mexico?

What data trends can and cannot tell us about mental health in New Mexico, and how New Mexico has stepped up to support mental health during the pandemic.

Aside from Halloween, the month of October is marked by mental health awareness. National Depression Screening Day fell on October 7th, and World Mental Health Day on October 10th.⁽¹⁾ Beginning October 24th, all local phone numbers dialed within New Mexico will need to include the area code in preparation for a new 3-digit crisis hotline telephone number. Similar to 911, all Americans will be able to dial 988 to reach the National Suicide Prevention and Mental Health Crisis Lifeline next year.^{(2)(Note)} For many people, these efforts to improve mental health may seem more important than ever. The media, researchers, parents, teachers, and politicians have voiced fears about the pandemic's toll on psychological well-being. Yet even before COVID-19, mental health was a severe issue in our state. Let's look at trends in mental health in New Mexico before the pandemic and today. Do data reveal the impact of the pandemic on mental health? What resources are available for those in need? As we will see, New Mexico has recently made advancements in mental and behavioral health care accessibility.

Pre-Pandemic: Trends and Demographic Differences in Mental Health

Before the COVID-19 pandemic, New Mexicans struggled with mental health. Between 2015 and 2019, nearly 1 in 5 (19%) adults in New Mexico were clinically diagnosed with depression each year.⁽³⁾ New Mexico also consistently placed within the top 5 states with the highest suicide rates between 2015 and 2019. In 2019, New Mexico ranked 4th in the nation with a rate of 24 deaths by suicide per 100,000 people (513 deaths).⁽⁴⁾ New Mexico Youth Risk and Resiliency Survey (YRRS) data suggest that mental health difficulties extend to school-age children. The 2019 YRRS found that about 2 in 5 (41%) high school students in Doña Ana County reported feeling sad or hopeless almost every day for two or more weeks in a row.

(5)



Common Risk Factors for Suicide:

Barriers to healthcare

Social isolation

Bullying and discrimination

Easy access to lethal means

Adverse Childhood Experiences (ACEs)

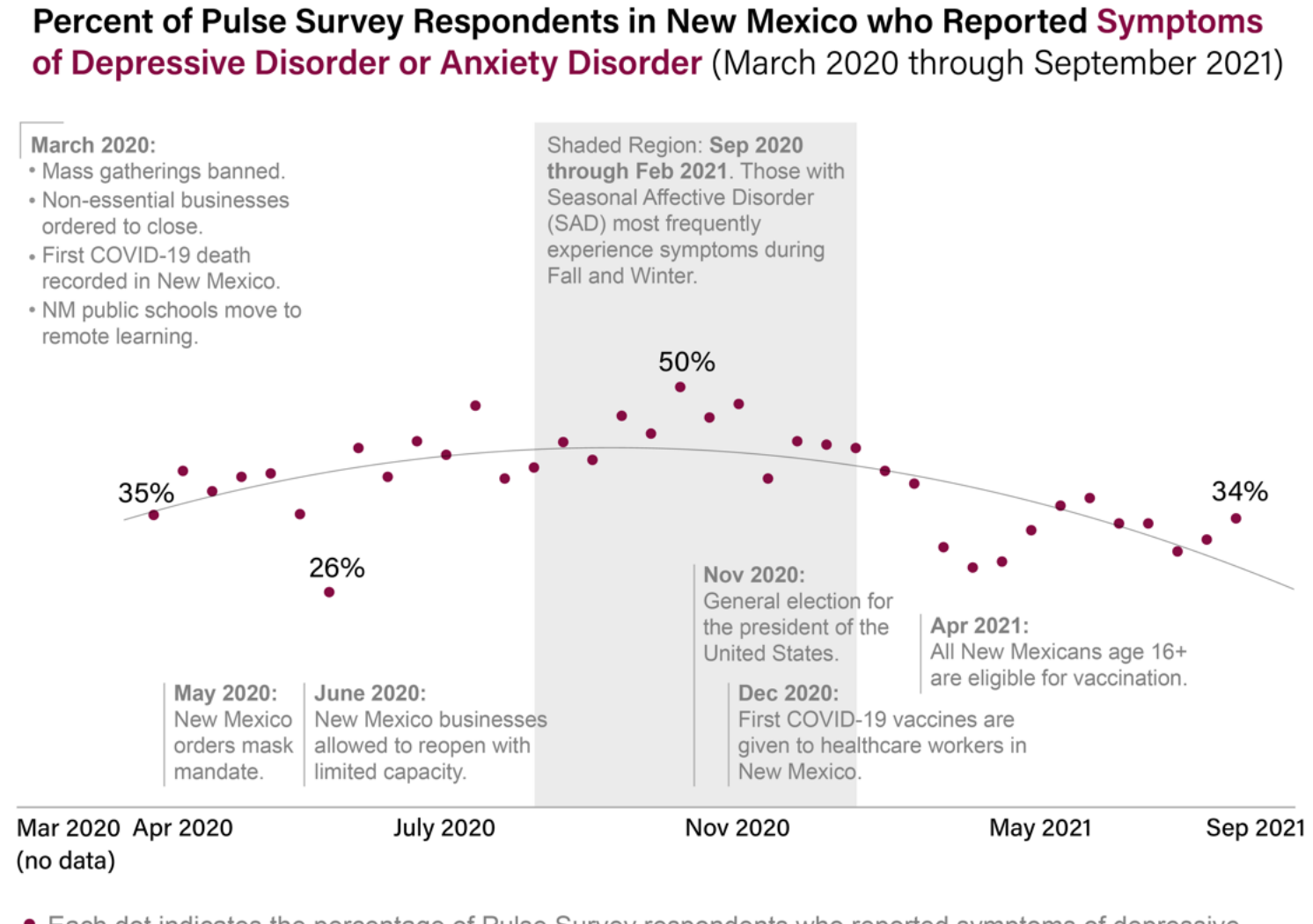
Across the nation, the risk and prevalence of mental disorders differ between demographic groups. Research shows that women are diagnosed with depression at higher rates than men. And although men are more likely to die by suicide, women attempt suicide at higher rates.⁽⁶⁾ Suicide rates are higher among non-Hispanic White and American Indian/Alaska Native populations, veterans, and those who live in rural areas. Suicidal ideation is higher among young people who are lesbian, gay, or bisexual compared to their straight peers.⁽⁷⁾

The reasons behind these disparities are very complex. Some of these populations may grapple with poor access to culturally appropriate mental/behavioral health treatment, lack of insurance, conflicting cultural expectations, subordinate social status, substance abuse, poverty, and other socioeconomic barriers. Some groups may also be more likely to have a history of trauma, including violence, abuse, prejudice and discrimination, or adverse childhood experiences (ACEs), all of which can contribute to mental and behavioral disorders.⁽⁷⁾⁽⁸⁾⁽⁹⁾ Since there are various reasons why any individual may be struggling, we must always consider the unique stories of those experiencing difficulties.

Mid-Pandemic: Symptoms surge but causality is hard to establish.

Since the onset of COVID-19 in 2020, many have speculated about the possible negative effects of the pandemic on mental health. Some have expressed concern about the long-term psychological costs of a failing economy, loss of loved ones, social isolation, limited access to necessary services, school shutdowns, and other stressors. It is difficult to attribute any changes directly to COVID-19, but evidence supports the idea that psychological distress is rising in New Mexico and nationwide. In 2020, the national proportion of mental-health-related emergency department visits among adolescents (aged 12-17) increased 31% compared to 2019.⁽¹⁰⁾ In the first few months of the pandemic, the national number of positive anxiety and depression screenings surpassed the expected number by at least 88,405 screenings. Additionally, more than 21,000 people considered self-harm or suicide in May 2020.⁽¹¹⁾ Results from the U.S. Household Pulse Survey show a possible spike in anxiety or depressive disorder symptoms among New Mexicans towards the end of 2020 (Figure 1).⁽¹²⁾

Figure 1: Reported symptoms of anxiety or depressive disorder among New Mexicans peaked at 50% in November 2020.⁽¹²⁾



Click on the image above to see a larger version in a new tab.

This data is alarming but cannot prove or disprove any theories about COVID-19 and mental health. Human psychology is incredibly complex aside from the fact that we are still amid the pandemic and therefore do not yet have all the data. Any trends in mental health cannot, and should not, be pinned down to one or two factors. The link between COVID-19 and mental health is confounded by other significant stressors such as the political turmoil of the 2020 presidential election, worldwide wildfires, racism and police violence, recent deaths of important social figures, and seasonally heightened effects of depression during fall and winter for those with Seasonal Affective Disorder (SAD). The COVID-19 pandemic is conceivably a major contributor to changing mental health, but it is not the sole contributor.

Mid-Pandemic: New Mexico has amped up accessibility to support services.

Whatever the contributing factors to changes in mental health may be, we know that the pandemic has brought greater awareness to mental health in New Mexico. Conversations about mental health during COVID-19 have spurred real changes in Doña Ana County and statewide. Telemedicine has increased access to physical and mental health services for New Mexicans, particularly those who live in rural places and have limited access to in-person services. For those without internet access, several policy changes to insurance and medical practices have allowed phone-based (telephonic) medical appointments. Effective January 2022, all copays for behavioral health services will be eliminated in New Mexico.⁽¹³⁾

This past May, the Doña Ana County Triage Center opened to support patients in mental health crisis.⁽¹⁴⁾



Final Thoughts

Until the COVID-19 pandemic is over, we cannot determine exactly what will happen to mental health in New Mexico. There is not enough data currently to make definitive statements about the mental or behavioral health impacts. There is, however, a global movement in COVID-19 related research. Research about mental health and COVID-19 can be accessed at www.covidminds.org.

For now, we can focus on improving mental health as a community. The pressure of supporting mental and behavioral health should not fall on the shoulders of schools, families, or health providers individually. Each of us can take steps to protect mental health in New Mexico, beginning with educating ourselves and our children about emotional regulation and the necessary language skills to talk about feelings.

If you or someone you know are struggling with anxiety or depression, please look into the local resources provided in this newsletter.

Phone lines for those in crisis:

- New Mexico Crisis and Access Line: **1-855-662-7474**
- New Mexico Peer-to-Peer Warmline: **1-855-466-7100**
- National Suicide Prevention Lifeline: **1-800-273-8255**

Local providers for uninsured, underinsured, and/or undocumented patients:

- [Ben Archer Health Center](#)
- [La Clínica de Familia](#)
- [Families & Youth, Inc.](#)

Other local behavioral health and community resources:

- [Behavioral Health & Community Resources guide created by Families & Youth, Inc. and the LC3 Collaborative](#)
- [Doña Ana Community Resource Guide created by the City of Las Cruces and the Resilience Leaders](#)

Note: The current number to dial the National Suicide Prevention and Mental Health Crisis Lifeline is **1-800-273-TALK (8255)**.

Sources:

- (1) Mental Health America
- (2) [KRWG, Las Cruces & All Of NM: You'll Have To Dial Area Codes Starting Oct. 24](#)
- (3) New Mexico Behavioral Risk Factor Surveillance System (BRFSS), 2015-2019
- (4) [National Center for Health Statistics, Suicide Mortality by State](#)
- (5) New Mexico Youth Risk and Resiliency Survey (NM-YRRS), High School Students, Doña Ana County, 2019
- (6) [World Health Organization, Gender Disparities in Mental Health](#)
- (7) [CDC National Center for Injury Prevention and Control, Facts About Suicide](#)
- (8) Louise Bradvik, [Suicide Risk and Mental Disorders](#)
- (9) [Minorities Communities and Why Suicide Prevention is Important](#)
- (10) Ellen Yard et al., [Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic](#) — United States, January 2019–May 2021
- (11) [Deasia Lamar, Mental Health America Data Shows Impacts of COVID-19 on Mental Health](#)
- (12) CDC and U.S. Census Bureau, [Household Pulse Survey, Indicators of Anxiety or Depression Based on Reported Frequency of Symptoms During Last 7 Days](#)
- (13) [Gov. Establishes Health Care Affordability Fund, eliminate copays for behavioral health services](#)
- (14) [Salina Madrid, Doña Ana County Crisis Triage Center ready to open and serve](#)