

Creating Lifelong Social and Emotional Well-Being: The Case for Starting Early

INTRODUCTION

Today more than ever, Latino* children are experiencing a mental health crisis, in part as a result of the toxic stress, trauma, anxiety, depression, and increased rates of social isolation and loneliness brought on by the ongoing COVID-19 pandemic.

Latino children are 2.5 times more likely to have witnessed first-hand the loss of a least one caregiver due to COVID-19 as compared to whites, including the related mental health trauma that comes from this experience. Even pre-pandemic, Latino children were disproportionately impacted by adverse childhood experiences (ACEs), with 51% of Hispanic children having experienced at least one ACE compared to only 40% of white non-Hispanic children.¹ Having just one ACE increases the risk for long-term challenges that can impact academic success and emotional and behavioral well-being, especially without proper access to mental health care, support services, or key protective factors. For different reasons, including social and economic inequities, many children and families were not equipped with how to promote social connectedness or nurture social and emotional well-being in ways that kept them safe during these unprecedented times or faced systemic barriers to accessing culturally relevant behavioral or mental health services.

Key Terms

Social and emotional well-being:

Our capacity to manage our thoughts, feelings, and behaviors positively, maintain positive relationships, contribute to our community, and work toward our goals. Sometimes referred to as mental health.

Trauma: An emotional response from exposure to an incident or series of events that are emotionally disturbing or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, and/or spiritual well-being.

Adverse Childhood Experiences

(ACEs): ACEs are a measure of one's exposure to traumatic events prior to the age of 18. Protective factors and preventative measures can be used to prevent negative long-term effects on one's brain development that can result in chronic health conditions and health-risk behavior.

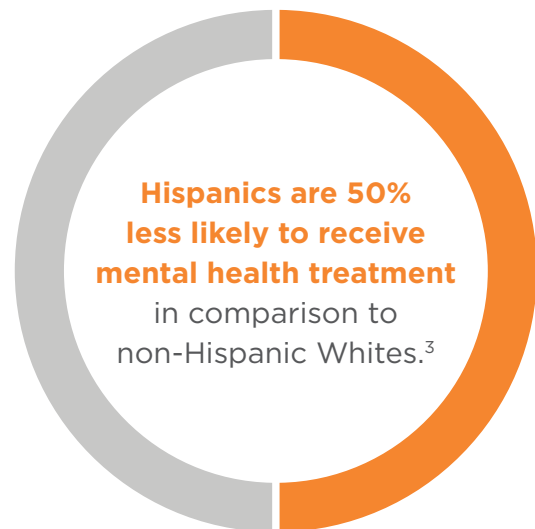
* The terms "Hispanic" and "Latino" are used interchangeably by the U.S. Census Bureau and throughout our materials to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race. Our materials may also refer to this population as "Latinx" to represent the diversity of gender identities and expressions present in the community.

It is not commonly known that 90% of the brain is developed by age 5, making the first five years of life a crucial period for setting the foundation to nurture and sustain positive mental health across the lifespan.² Fostering social and emotional well-being with *intentionality* must begin in early childhood, starting with helping children feel safe, secure, and valued. This sense of well-being helps children explore and learn ways to communicate their needs, knowing that they can get help and support when they need it as they grow and develop to their full potential. **How and to what extent social and emotional well-being is fostered in early childhood and further supported in adolescence is heavily driven by the ecosystem in which children belong (their home, school, community, and other environments), the people they interact with the most, and the quality of opportunities to which they have access.** These three aspects are influenced by various factors to which children and families are exposed—such as social and economic conditions, cultural norms, trauma, ACEs, and policies and programmatic interventions—that, together, become their lived experiences.

CURRENT STATE

Although data about the impact of mental health in young Latino children is limited, findings from the 2021 CDC-Adolescent Behaviors and Experiences survey (ABES)⁴ among 9th–12th grade Latino students in the United States showed that:

- **31.1% felt their mental health was most of the time or always not good** (including stress, anxiety, and depression).
- **19.7% seriously considered attempting suicide.**
- **Only 5.4% received mental health care via telemedicine** during the COVID-19 pandemic, in comparison to 10.2% of white students.



Moreover, over one-third of low-income Latino adults with children reported frequent anxiety or depressive symptoms between fall 2021 and winter 2022. When a parent's own mental health is compromised, it is difficult for them to provide and seek support for their children. Today, 1 out of 4 U.S. children under age 18 is Latino. As the fastest growing group, by 2050 Latinos are projected to make up nearly one in three U.S. children.⁵ We must act now to prevent and alleviate the effects of this mental health crisis and use the full breadth of resources available while advocating for more.



CASE STUDY: UNIDOS US'S HEALTHY AND READY FOR THE FUTURE AND INNERCARE

UnidosUS's Healthy and Ready for the Future (HRF) initiative envisions a physically, emotionally, and mentally healthy Latino child population and carries out this vision by promoting social and emotional well-being and providing oral and behavioral health care services for Latino children in rural and urban areas. Since 2016, in partnership with eight Affiliate community-based organizations (CBOs) with early childhood education (ECE) programs and Federally Qualified Health Centers (FQHCs), HRF has provided over 80,000 children with essential health care services, helping them thrive across 138 rural communities in 15 states. In 2021, HRF adopted the *Abriendo Puertas/Opening Doors* curriculum to strengthen families more intentionally by empowering parents/caregivers to be their child's first teacher and advocate, seeking to ultimately lay the foundation for a stronger home and ecosystem in which children can thrive. This fall, five new Affiliates in three urban areas will also begin implementing HRF.

"We are very grateful to have this opportunity to connect and improve access to quality care for our patients. We would have never thought to connect dental with BH [behavioral health] had it not been for this [HRF] initiative. We are so excited to be using the PSC[-17] and to be creating a bridge for our children and their families that seek dental care to be able to also seek behavioral health care."

—Luz Moreno

Community Engagement
Program Manager at Innercare

Innecare, an HRF subgrantee, is an FQHC that provides an array of comprehensive primary care services to residents throughout Imperial and Riverside Counties in California. After participating in a trauma-informed framework training provided by UnidosUS in 2017, two Innecare staff had a newfound understanding of the importance of preventing early childhood trauma and reducing the stigma of seeking behavioral health services. Newly motivated, they reflected on how to best connect the two aspects of HRF—oral health and behavioral health—knowing that the families of the children served in their dental clinics often struggled with other aspects of their daily psycho-social functioning and were not aware of how their clinic could support them in this way. After setting up an initial working group with key staff from their organization, they embarked on a four-year journey full of lessons learned—including the importance of collaboration and compromise to get cross-departmental buy-in—and some setbacks, such as identifying and getting approval for the screening tool that would be used. Ultimately, they settled on using the Pediatric Symptom Checklist (PSC-17) that screens for changes in emotional and behavioral concerns in children as young as four years old and began piloting its use in two of their dental clinics, with the long-term goal of implementing it in all five of their dental clinics. This first-of-its-kind, place-based approach to increase access to behavioral health exemplifies what can be accomplished when intentionality and tenacity are driven by a trauma-informed lens. In addition to this effort, Innecare’s community health workers continue to meet the needs of local families in a culturally humble way, conducting outreach to connect children with timely oral health services and empowering parents through *Abriendo Puertas*.



RECOMMENDATIONS

Practitioners, policymakers, administrators, parents, family members, teachers, and many others all have a role to play to **1) cultivate strong social and emotional well-being, 2) normalize and increase access to culturally relevant mental health care, and 3) expand and advocate for collaborative and cultural approaches that strengthen families.**

KEY RECOMMENDATIONS INCLUDE:



<p>Cultivate Strong Social and Emotional Well-Being</p>	<p>Normalize and Increase Access to Culturally Relevant Mental Health Care</p>	<p>Expand and Advocate for Collaborative and Cultural Approaches that Strengthen Families</p>
<ul style="list-style-type: none"> • Guide parents in developing a secure attachment with their children as the basis for strong and trusting relationships. • Highlight and support the importance of parents taking care of their own mental health needs in order to best support their children’s needs. • Harness cultural values such as familismo as protective factors against negative stressors or trauma. • Provide opportunities for youth engagement in social and community activities to promote a sense of belonging and connection to something greater than themselves. • Respect youth’s strengths, identities, and developing sense of self. 	<ul style="list-style-type: none"> • Adopt a trauma-informed framework and align policies and practices to this framework when working at the community-level. • Dismantle cultural feelings of stigma and shame in seeking help by facilitating open communication about the benefits of support services. • Address Latina maternal mental health needs via investments in formal and informal systems of support. • Recognize different forms of violence as catalysts for certain traumas and stay up-to-date with community context to support healing. • Offer access to mental and behavioral health screenings and care outside of traditional health care settings. • Advocate for strategies and policies that increase the bilingual and bicultural mental health provider workforce. 	<ul style="list-style-type: none"> • Implement place-based community programs and wrap-around services that promote comprehensive health and well-being. • Implement culturally and linguistically relevant parent empowerment programs that instill skills and access to timely and crucial support and information. • Expand proven models of integrated interventions like home visiting programs, school-based health centers and psychologists, and community health workers to promote mental health. • Advocate for policies that are informed by Latinos’ lived experiences and voice. • Address the diverse social and economic conditions impacting families’ mental well-being.

CONCLUSION

Caregiver involvement, both maternal and paternal, is highly beneficial for social and emotional well-being both during the early formative years of childhood and through adolescence as children become young adults. Strong parental relationships can reinforce protective factors for preventing youth mental health struggles as well as reaching mental health treatment goals when applicable. Culturally, Latino families have valued family cohesion and positive relationships, factors that can buffer the negative effects of trauma and stress as well as aid in resiliency. But, as previously mentioned, a child's ecosystem is broad and comprised of other people and factors outside of their home environment. As stated by the UnidosUS report on *Latino Infants: A Continuing Imperative*, to promote and instill positive social and emotional well-being in our youth, teachers, educational professionals, medical professionals, and researchers must have access to culturally relevant curricula and materials.⁶ UnidosUS's HRF initiative and its adoption of the *Abriendo Puertas* is one example. Moreover, when mental health care is needed, a shortage of bilingual or Spanish-speaking mental health professionals presents a major challenge in meeting the linguistic and cultural needs of Latino families. Investments in increasing the bilingual and bicultural mental health provider workforce must be prioritized. For Latino children to have improved social engagement and learning, a lower risk of developing physical and mental illnesses, and a greater capacity for problem-solving and resiliency, the policies and practices within the ecosystem in which they live need to be fully supportive of and aligned with cultivating strong social and emotional well-being.

ABOUT THE AUTHORS

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UnidosUS, formerly the National Council of La Raza, is the largest Latino civil rights and advocacy organization in the United States.

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ENDNOTES

1. Sacks, Vanessa & David Murphey, "The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity, *Child Trends*, February 12, 2018, <https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity>.
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3. "Mental and Behavioral Health—Hispanics," U.S. Department of Health and Human Services, The Office of Minority Health, accessed October 14, 2022, <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=69>.
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