



ASHOKA

IN ASSOCIATION WITH

THE INTERNATIONAL CENTER FOR ATTITUDINAL HEALING

**MENTAL HEALTH CARE FOR YOUTH IN MODERN MEXICO:
CURRENT POLICY AND RECOMMENDATIONS**



Ashoka's **Changemakers**

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CULTURAL AND ECONOMIC CONTEXT

Mexico, or The United Mexican States, is a representative democratic republic with 31 states, over 2,000 municipalities, and a Federal District. The country's population is 105 million, with 32 percent of the population under the age of 15. An overwhelming majority for the population (95 percent) ; 89 percent of the population is Roman-Catholic.ⁱ

In the period between the peso devaluation crisis 1994 and a governmental regime change in 2000, Mexico underwent economic reform that increased emphasis on social spending, reduced inflation, and bolstered the economy, especially in urban areas.ⁱⁱ This rapid growth, however, led to massive income inequity (the top 20% of income earners account for 55% of income); in 2006, the number of people living in poverty was 13.8 percent using food-based definition of poverty, and 40 percent using the asset-based definition.ⁱⁱⁱ The southern region—home to the highest concentration of rural and indigenous peoples—was hardest hit by Mexico's economic boom. These southern states also lay claim to the highest disease prevalence, illiteracy and mortality rates for preventable causes.^{iv}

Oil sales, tourism, industrial production, textiles, and agriculture drive Mexico's economy. Ongoing economic concerns include the commercial and financial dependence on the U.S.,^v low real wages, underemployment for a large segment of the population, inequitable income distribution and few advancement opportunities for the largely Amerindian population in the impoverished southern states. Lack of structural reform is further exacerbated by an increasing outflow of the population into the United States, decreasing domestic pressure for reform.^{vi}

TRAUMA AND SOCIAL ISSUES

Despite its outward modernity and growing economy, Mexico has not been able to accommodate the employment and infrastructure needs of a burgeoning population. As a result, both urban and rural citizens of Mexico are suffering the social issues that accompany the wealth gap and extreme poverty.

A number of studies have been done on the mental health of children and youth in Mexico in the last two decades. Gonzalez-Forteza conducted a study in 2001 that assessed 996 adolescents and found that the rate of sexual abuse, depression and suicide rates in girls was 7 percent, 15 percent and 11 percent, respectively, and among boys, 2 percent, 14 percent and 4 percent.^{vii} These high rates of poor mental health indicate that resources must be devoted to children and youth in Mexico to address the following social issues:

Child labor

In 2006, 16 percent of children age five to 14 were involved in child labor activities.¹ While the Mexican constitution mandates that no child under the age of 14 shall work, the government is unable to monitor the labor market. "...Coinciding with the enactment of (NAFTA) and other socio-political changes, youth unemployment in U.S. and Canada and youth labor exploitation in Mexico grew. Under-education and high dropout rates, juvenile crime, poor housing and homelessness, poor health and mental health outcomes, teen pregnancy, and substance/alcohol

¹ Bureau of Democracy, Human Rights, and Labor. "Mexico: Country Reports on Human Rights Practices - 2006." Released 6 March 2007. (<http://www.state.gov/g/drl/rls/hrrpt/2006/78898.htm>)

use and abuse also grew.”² The downward trend of employment in the U.S. and Canada corresponds directly to the transfer of labor to Mexico; the rentability of youth in the unemployment sector is largely unregulated although efforts are being made to enforce stricter child labor laws in the country.

Abandonment as a result of labor migration

Children left behind as a result of one or both parents migrating for labor opportunities has drawn attention from organizations such as UNICEF, which notes behavioral problems and lower performance in school as symptoms of this phenomenon: “...children and adolescents left behind may be at greater risk for drug abuse, teenage pregnancy, psychosocial problems and violent behavior.” In Mexico, a father’s absence was associated with behavioral problems: 61% of these children suffered from psychological problems and felt abandoned.”³

Lack of sexual/reproductive rights

Reproductive rights and access to abortion are prevalent issues for young women in Mexico. These women are not legally entitled to birth control or subsidized health services if they are victims of rape, and the trauma inflicted by unwanted pregnancy or unsafe abortions demands attention from the mental health care field. “Adolescents are an important focus...because of their demographic relevance and their vulnerability to unwanted pregnancies, sexually transmitted infections (STIs), and HIV/AIDS due to high-risk behaviors...The survey also showed that six percent of women aged 20 and younger and 11 percent of women aged 20 to 24 have experienced an abortion. Young women are at very high risk for unsafe abortion.”

HIV/AIDS in the youth community

According to the U.S. Center for Disease Control and Prevention, as many as 7 percent of the approximately 20,000 youngsters ages 13-17 who live on the streets of Mexico City are HIV-infected.⁴ Lack of education, unprotected sex, promiscuity and drug use are spreading the virus quickly among this high-risk group. “Lower social support, higher viral load, HIV-status disclosure to acquaintances, and being gay/lesbian/bisexual (GLB) were all significantly correlated with more mental health symptoms...Results suggest the importance of mental health interventions, and the potential of social support interventions to improve mental health.”⁵

² Gutierrez, Lorraine, Robert M. Ortega, and Julio Guerrero. “Project Information and Current Work.” University of Michigan, School of Social Work, April 2005. (<http://gpy.ssw.umich.edu/projects/mexuscan/>)

³ Previous report prepared for The International Center for Attitudinal Healing on HIV/AIDS orphans in Africa and Mexico.

⁴ U.S. Centers for Disease Control and Prevention • International News, “Mexico: Street Children at Risk of AIDS.” 20 August 2003. (<http://www.thebody.com/content/world/art29534.html>)

⁵ Lam PK, Naar-King S, Wright K., “Social support and disclosure as predictors of mental health in HIV-positive youth. (abstract)” January 2007. (http://bvs.insp.mx/bibliografia.php?id_referencia=9874&id_seccion=21)

CURRENT STATE OF MENTAL HEALTH CARE

Domestic policy

According to the WHO, the proportion of the country's total health budget to GDP is 6.1 percent, only 1 percent of which is allocated to mental health.^{viii} There are only 2.7 psychiatrists per 100,000 people in Mexico, and no official statistics on psychologists.^{ix} Additionally, very few public mental health specialists can be found in rural areas.

The Mexican government has been slow to realize the mental health care needs of its population, recently focusing only on psychiatric hospitals and outpatient care, and neglecting trauma-related mental health. For instance, Mexico has only in the last 10–15 years improved upon a medieval national health care system, as government officials, health care specialists, and human rights activists have made efforts towards decentralization. In particular, these groups have worked to reform psychiatric institutions, which in the late 80s and 90s came under scrutiny for their wretched conditions and abusive treatment of mentally ill patients. In many cases these patients, did not need to be institutionalized, but instead could have been candidates for community-based care.

“At every hospital Rosenthal’s human rights investigators toured in Mexico, they heard the same thing: thanks to antipsychotic medications, as many as 80 percent of patients could live in the community if there were supervised housing programs.”^x

In response, Mexico’s National Council of Health, along with a National Mental Health Care program, was established in 2004 with an emphasis on community-based care focusing on issues/methods of prevention, short-term hospitalization, and social reintegration through facilities such as halfway houses, community housing and other specialized residences for the elderly, homeless, etc.^{xi} Information about the re-integrative and rehabilitative programs in these centers is scarce, but according to the WHO, they include prevention, intervention and vocational training.

Successful national health programs that address poverty directly may also have some effect on the statistics circulating on social issues and public health. Of note is Mexico’s Progresa-Oportunidades health care program, instituted in 1997 by Santiago Levy, former Deputy Minister of Finance in Mexico, which experimented with a cash transfer program that provided incentive for rural and poor urban families to engage in programs and behavior designed to improve education and health of the family unit. Presently the program has a \$3.2 billion dollar budget and has assisted over 5 million families by providing almost 1/3 of their income on the condition that the children attend school, that the family accept preventive care services (such as clinics about health and nutrition), and that mothers receive prenatal care.

While other health care programs—including those offered free of charge—suffered from low participation rates and a lack of access to rural communities, Progresá solved this program by making the cash transfer conditional, and by targeting specific villages and districts.^{xii} The program has been linked to the acceleration of children’s socio-emotional and developmental process. It has also correlated with a decrease in labor rates among children and youth in participating Progresá states, and an overall improvement in sanitation.^{xiii}

Foreign Aid

The U.S. Ambassador to Mexico, Tony Garza, has made efforts to provide mental health services to young people in Mexico in order to help with trauma-related causes. U.S.AID has worked closely with him to provide these services across Mexico. In 2005, a specific grant of \$5 million was made to the Chihuahua area of Mexico for prevention and advocacy of human trafficking and forced labor, as well as mental health care services for victims and their families.^{xiv}

Additionally, U.S.AID has partnered with many U.S. legal institutions to fund mental health care services, as they are working to provide assistance to victims of torture. The American Bar Association has worked closely with them and provided funding in this regard. Indeed, many of the mental health services that have been provided or funded by the U.S. government have been a result of legal reforms that have taken place in Mexico over the past 2–3 years. U.S.AID granted an additional \$28 million to the state of Mexico for development cooperation on infrastructure issues, improved management of natural resources, and of relevance, a commitment to mental health services for victims of torture, human trafficking and forced migrant labor.^{xv} While this funding is of note, there is little information about the correlation between torture victims and the youth population.

NGOS and other funding streams

It is estimated that non-governmental organizations (NGOs) are responsible for up to 25 percent of the promotion, prevention and advocacy activities that are carried out in Mexico, even those in conjunction with the government.^{xvi}

For instance, The Mexican Foundation for Rehabilitation of People with Mental Disorders partnered with the National Secretary of Health to establish community-based care centers for mental patients.

“[The Hildago Model of Mental health] is an example of a local nongovernmental organization focusing on a particular subject, i.e. the rehabilitation of persons with mental disorders, and utilizing several methods for advocacy. It has denounced human rights violations, promoted consumer participation in mental health facilities, implemented pilot projects and provided community services. It is also an example of advocacy that has influenced policy-makers, leading to changes in mental health policy, the direct collaboration of members of a nongovernmental organization with government, and the creation of a community mental health demonstration area.”^{xvii}

These types of partnerships have been the foundation on which community-based mental health care has been built.

Development dollars have also come from large foundations. MacArthur (\$1.3 million in 2003)^{xviii}, Gates (\$2.5 million in 1999 to Gente Joven, “Young People”)^{xix} and TelMex (\$450 million in 2007)^{xx} fund mental health and reproductive health initiatives in Mexico. Additionally, Baxter International Foundation made a recent grant of \$47,000 for specialty and mental health care for low-income children living at the Christel House de Mexico in the Alvaro Obregón Delegation.

For more NGOs, see appendix.

RECOMMENDATIONS

Mexico's implementation of a national mental health policy and program suggest an opportunity for CAH to provide direct psychosocial services as the government and its partners make strides toward a community-based care system.

(1) Facilitate the development of locally sustainable systems of care, by providing education and tools to a diverse set of stakeholders who have direct interaction with the target group of children and youth. From government-funded schools to individual family units, psychosocial services must be introduced into community and pedagogical networks in order to create sustainability and foster widespread acceptance of mental health issues. In a country as large as Mexico, these networks must be decentralized, with a focus on strengthening state and regional organizations in the provision of mental health services.

As human rights and health care workers begin to distinguish psychiatric patients requiring intensive medical care from those who are able to return to their communities with counseling and support, efforts must be made to prepare the patient's community for his or her reintegration. Mental health still mystifies the larger population, and those who require care are widely stigmatized in Mexico, where historically any individual who is mentally ill—no matter the cause—has been institutionalized. Often, families and schools are unprepared to care for their loved ones after hospitalization, or generally, mental health issues stemming from a variety of causes. These patients can end up returning to the streets, beginning the cycle of poor mental and physical health again, perhaps resulting in institutionalization.

CAH must begin recruitment of families, teachers, social workers and peers and train these support communities to provide psychosocial care and cultivate companionship amongst those who are returning to their homes or attempting to reintegrate into society after suffering from issues of trauma. These systems will self-perpetuate in particular in remote areas where outside NGOs do not have a consistent or frequent volume of site work.

(2) In proceeding with psychosocial services, take care to address the context of systemic social ills and socioeconomic conditions that afflict youth, as well as the issue of trauma.

Many at-risk youth come from families steeped in poverty, drug abuse, unemployment, lack of resources.

“According to the Third Report on the Rights of the Child in Mexico, approximately fourteen million Mexican children, or 45 percent of all Mexican minors, live in poverty. The five poorest states in Mexico suffer from a child mortality rate twice that of the five wealthiest states. Similarly, children of impoverished mothers are two and a half times more likely to die before the age of one than children of more privileged mothers.

Statistics related to children's education and health are particularly disheartening: 60 percent of all students do not finish elementary school, while twenty percent of all elementary schools do not offer the full six grades and 22 percent have only one teacher for all grades. Sixteen percent of all Mexican children are malnourished. In native communities, the situation is worse. Two and half million children from 56 ethnic groups live under marginal conditions, with low levels of health and education. In these communities, for instance, malnutrition affects 80 percent of all children under age five.”^{xxi}

CAH must strive to understand the climate of poverty in which traumas occur, and engage in a discourse with community leaders and trusted networks to counsel around issues of trauma, but

also the quality of life of children and youth in Mexico's poorer states. By successfully recruiting staff that are familiar with the issues of poverty (and even who themselves have experienced such conditions), CAH will be able to mitigate feelings of distrust, increasing child and adolescent buy-in to its peer counseling programs.

(3) Employ peer counseling methods and implement outreach programs in partnership with organizations that offer *long-term continuum direct services* to youth who have suffered from trauma. In the last three decades, several Mexican NGOs have championed the idea of moving services from institutions into the community, but have limited that extension to specialized housing and community centers.

“In 1999 and 2000 the Mexican Foundation for Rehabilitation of People with Mental Disorders joined forces with the National Secretary of Health to create the Hidalgo Model of Mental Health Services, a demonstration area in the State of Hidalgo with 10 small houses for *intensive psychosocial rehabilitation* and two halfway houses for *social integration*. This made it possible to close the state psychiatric hospital and to improve the quality of life of consumers (Dirección General de Rehabilitación Psicosocial, Participación, Ciudadana y Derechos Humanos, 2001).^{xxii}

However, it is crucial to extend these services even further, taking those who suffer from post-traumatic mental health issues back into the community beyond specialized housing and programs (and excluding psychiatric institutions). CAH has an opportunity to capitalize on the Mexican government's community-base care initiative, which has paved the path for peer counseling and the recruitment of Mexicans in the provision of psychosocial services to their families, friends, and fellow civilians.

APPENDIX

The following NGOs are doing work on the ground in the areas of trauma and social issues discussed in the Mexico country report.

[Ipas Mexico](#) - Ipas Mexico actively engages young people to improve their sexual and reproductive health and rights. It collaborates with youth-oriented NGOs throughout Mexico and Latin America as well as with health-care institutions, providers and decision makers. In May 2006, Ipas Mexico worked with youth activists to convene an “encuentro,” or forum, in Chiapas state, bringing together youth and health-care professionals to improve sexual and reproductive health services for young people and incorporate human rights into health services

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[Covenant House](#) (Spanish Site: [Casa Alianza](#)) Covenant House Mexico (known locally as Casa Alianza Mexico) uses a holistic approach to care for street children by offering support and assistance with immediate needs, such as first aid. Once they have decided to leave the streets, youth are invited to enter into one of the Casa Alianza residential programs.

There are three levels of residential care for young people ages 12-18. Crisis Care addresses the immediate needs of food, shelter, clothing, and health care (including drug abuse treatment, social work and psychology, pastoral ministry, illness prevention/health promotion, HIV/AIDS services, and recreational/physical activities) and lasts approximately 30 days. In the Stabilization phase, with an average stay of three to six months, the focus shifts to education, job training, family reunification, and planning for life. The last phase is Independent Living during which youth spend six-nine months solidify the skills they need to be independent and productive members of society.

Covenant House also runs a 24-hour telephone hotline for youth in crisis. Acercatel (01-800-110-1010) provides emotional support, information, counseling, referrals and crisis intervention for young people facing a variety of problems including family conflict and sexual trafficking. Last year Acercatel responded to more than 13,000 crisis calls.

Contact:

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[CANICA, Support Centre for Street Children of Oaxaca, AC](#) (site in Spanish) is a civilian organized, non-profit foundation whose mission is due to interest in improving the living conditions of children and young people living in a situation of street and / or face circumstances of domestic violence.

Contact:
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 Internacional (0052-951) 518-5177 / 518-5176
 email:
canicadeoaxaca@prodigy.net.mx
voluntariosdecanica@gmail.com

[Save the Children](#) (Mexico, site in Spanish) Save the Children funds several initiatives in Mexico that work to improve the quality of life for the vulnerable population of children. One such program is the [Bilateral Safety Corridor Commission](#), which works on awareness campaigns regarding human trafficking across the border, as well as direct physical and mental health services for victims of this trafficking. Save the Children was referenced by Katherine Wilson, an associate working for the Population Council in Mexico, as a particularly active NGO in the region.

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[Amistad Para Siempre](#) (site in Spanish) [Friends for Life](#) (America) funds a program in Mexico recognized by the WHO that trains school staff and administrators in dealing with depression, anxiety and other mental health disorders that are widely suffered by children and youth ages 15 to 24.

Contact:
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[EMDR](#) (site in Spanish) is an organization of mental health professionals, who with the [Green Cross Foundation](#) supports mental health work in Mexico and supports the Mexican government in the training mental health professionals and providing mental health services. EMDR was

referenced by Yasmin Abboud, Public Health Analyst at the Clinton Foundation, as a notable NGO working in the region.

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Appendix II: *ASHOKA FELLOWS*

The following Ashoka fellows have completed or are currently innovating work in Mexico related to mental health care and community-based healing.

[Guadalupe Alejandre](#) (1991) Guadalupe Alejandre began her crusade for health rights for cancer patients when her son was unable to get adequate care for the early stages of his disease. She founded The Mexican Association for Helping Children with Cancer (AMANC) to provide chemotherapy for every child that needed it; to provide adequate shelter for children and families coming for treatment to Mexico City from the provinces; to provide psychological support; and to encourage research into the disease.

[Maria Teresa Almada](#) (1998) Teresa began to pioneer a new model of community intervention for the prevention of teenage substance abuse. In 1995, she founded the Center for Assistance and Promotion of Youth (CASA, or “home”) in Ciudad Juárez, and began training “youth workers” in skills they would need to reach out to other sectors of the community, such as parents, teachers, police, and business people. She has developed a methodology that brings groups of teenage drug users together with members of other age and social groups, to discuss the images each has of the other, and the ways in which their relationships could be improved. By sponsoring a series of events focused on rebuilding broken relationships in the community, and by impressing on the parents, teachers, and friends of drug users that their own behaviors may also need to change, Teresa has created an innovative drug prevention and treatment program. This program is accessible to those living in poverty, community-based, and holds the potential for much broader social impact than expensive, individually focused rehabilitation plans. This “rebuilding relationships” approach to community problem solving may also be applicable to efforts to reintegrate other socially marginalized groups.

[Guillermo Alonso](#) (1997) Guillermo Alonso is creating a constituency for children in Mexico’s Yucatán peninsula, home to the largest concentration of Mexico’s indigenous Maya Indians and mestizo peasants and the poorest region in the country. By focusing on Maya children, the country’s single most neglected group of youngsters, Guillermo draws public attention to the human rights of all its children. In so doing, he is leveraging Mexico’s obligations as a signatory to the United Nations’ Convention on the Rights of the Child to press for improved governmental policies to address children’s needs.

[Benjamin Berlanga](#) (1993) Benjamin co-founded the Center for Studies in Rural Development (Centro de Estudios para el Desarrollo Rural CESDER) to develop new ways of providing professional training directly to young, indigenous campesinos in their communities. His approach bypasses the class and regional barriers that have long restricted such education to those with greater economic means and those living in urban areas. Benjamin has successfully recruited skilled staff with a variety of academic and pragmatic backgrounds. His intensive workshops have already begun preparing the first groups of rural students from areas dependent on extremely marginal agriculture for entrance into new professional jobs. In addition to CESDER’s junior high, high school and undergraduate programs, Benjamin eventually plans to create a Campesino University to offer higher-level professional and technical training in rural development to young campesinos throughout Mexico and Latin America.

[Juan Areli Bernal](#) (1994) Juan focuses on the school as the setting for his work, and he has developed a curriculum model for Mixe students that provides instruction in their community’s values, traditions, language and agricultural techniques while it prepares them with the practical skills and professional training they need to participate in the Mexican economy. His goal is to

educate students to become confident professional adults with strong cultural identities, who will simultaneously promote the region's economic and cultural development. By demonstrating that economic and social progress is possible within the Mixe culture, Juan is building a model for the long-term promotion of indigenous cultures everywhere.

[Manuel Gonzalez Mujica](#) (1999) Mujica is setting out to define, build support for, and ensure children a series of basic rights. He has worked to create a National Children's Movement. At its first national meeting in February 1989, 124 non-government groups from all over Mexico as well as from several of its Latin neighbors attended. As the head of the Movement's organizing commission, Manuel is now taking the lead in stimulating the development of children's organizations in the seven major regions outside Mexico City.

Mujica is working to build consensus within the Movement, imaginative use of the press, suggesting legislation, and building the capacity of grassroots organizations to provide needed support. For example, since many children, especially street children, must work, he wants to enforce contracts and claim a number of other safeguards guaranteed old workers.

[Lillian Liberman Shkolnikoff](#) (1999) Lilian has developed a model for educating and sensitizing people to the taboo subject of sexual abuse and physical mistreatment of children. Through the organization she created called *Yaocihuatl* ("woman warrior"), Lilian combines the production of high-quality educational videos dealing with child abuse with a therapeutic model for structured discussions that help parents, children and educators detect, prevent and treat cases of abuse. Lilian trains facilitators to present the videos and provide guidance in follow up sessions to help positively channel people's reactions to the content. Facilitators rely on a network Yaocihuatl-constructed of civil society organizations and government agencies that deal with violence against children. These agencies refer children and adults to the appropriate professionals and provide follow through for cases of extreme abuse. Yaocihuatl videos and discussions seek to increase individual and group awareness about abuse, while providing vehicles that allow people to identify abusive situations (be they victims or abusers), bring an end to the violence and prevent its replication.

[Maria Eugenia Linares](#) (1997) María Eugenia Linares has created a project called "Fostering a Culture of Respect towards Children's Rights" that engages civil society in an ongoing conversation about the rights of children. By teaching adults how to respect the physical and psychological integrity of children, educating children about their own rights, encouraging the government to create pro-children policies, and helping child and youth-related organizations to become more efficient and transparent, Maru is cajoling Mexican society to assume responsibility for monitoring and ensuring the rights of its youngest members.

[Rogelio Padilla Diaz](#) (1995) Rogelio founded Movement to Support Abandoned Minors (MAMA), which has a large presence in the streets and in a variety of service centers. It also operates a homelike residence program. It has a staff of volunteers and a core team of committed, paid professionals. Rogelio and MAMA volunteers work in the streets every day, talking with street children and gaining their trust. They tell the children, who range in age from four to twenty-two, about their services and programs. Although many do not accept offers of assistance immediately, Rogelio believes it makes an enormous difference for them simply to know that someone cares about them.

[Victor Palliaroli](#) (1994) To fulfill his goal of changing the living conditions of working children, Víctor has implemented a threefold strategy, which includes: (1) direct work with these children through an integrated care program; (2) preventive work among the population whom he sees as

the producers of future working children—mothers from low-income neighborhoods; and (3) relationships with other institutions to disseminate his work and promote research on the subject of working children. For his direct work with children, Víctor has organized a team coordinated by street educators and based at Participative Processes, a community health center that offers assistance to 80 children from seven neighborhoods.

[Carlos A Cruz Santiago](#) (2005) Through *Cauce Ciudadano*, Carlos transforms students involved in violent activity into nodes of nonviolent youth leadership. Instead of working against young perpetrators of violence, Carlos works with them and tackles the problem of school violence from the inside. Once a victim and perpetrator of violence himself, Carlos has a personal understanding of the powerful role that formerly violent youth can play in changing the culture of violence around them.

Carlos is restructuring previous strategies that deal with youth violence and introducing a potent source of inspiration: former gang members. According to Carlos, it is precisely those with a history of violent activity that can most effectively promote nonviolence. Because the *Cauce* methodology focuses on gang leadership within a student body, many of the individuals it targets have significant influence over large numbers of students who participate in organized violence. Cruz believes channeling gang leaders' already powerful influence towards a movement of nonviolence is an effective strategy for change because at-risk youth will be more receptive to peer advice and collaboration than to school authorities and law enforcement.

APPENDIX III: CONFLICT RESOLUTION AND LIFE SKILL MANAGEMENT REPORT/NGOS

There do not appear to be any dedicated comprehensive programs for youth and conflict resolution in Mexico. Areas that suggest an opportunity for conflict management and life skills counseling include youth clashes with law enforcement authorities as a result of gang activity (street children) and illicit drug use. (See Carlos A Cruz Santiago under “Ashoka Fellows” for one such example.)

The following NGOs do work with “youth empowerment,” or use learning-through-activity methods to counsel on conflict resolution.

[Catolicas por el Derecho a Decidir](#) (CDD) (site in Spanish) has a youth program and advocacy around reproductive and human rights, but is mainly focused on pro-choice advocacy and reproductive health in Latin American countries, among them Mexico. (Recommended by an associate at the Population Council - Mexico, Katherine Wilson)

[Online contact form](#)

[Equidad de Genero](#) (site in Spanish) has a range of community-based outreach activities with Mexican youth in several states, but is mostly focused on reproductive health and women’s rights. (Recommended by an associate at the Population Council - Mexico, Katherine Wilson)

[Partners for Democratic Change](#)

One Youth Soccer League

Partners for Democratic Change facilitate a soccer league for youth in poor Mexico City neighborhoods that teaches valuable life skills to high-risk youth lack basic life skills and face recruitment by gangs. Youth receive critical guidance from their parents on health, safety, conflict resolution, and other issues through a special soccer program. In the league, teams face each other without referees and have to negotiate agreements on ‘penalties.’ Those with the best sportsmanship will receive additional points. These teams will receive classes in health, nutrition, gender issues, conflict resolution, and other skills. The teams even face off against a team composed of local police officers. The method improves trust between police and youth and improves the ability of police to relate to youth and provide security in their communities.

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ⁱ World Health Organization, “Mental Health Atlas: Mexico: 2005,” 1.

ⁱⁱ Pan American Health Organization, “HEALTH SITUATION ANALYSIS AND TRENDS SUMMARY: Mexico,” 1.

ⁱⁱⁱ Central Intelligence Agency, “[World Factbook](#), Mexico.” (5 May 2006)

^{iv} *ibid*, 1.

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- ^v Thompson, Adam, "Mexico, Economics: The U.S. cast a long shadow", *Financial Times*. (20 June 2006)
- ^{vi} Wikipedia, "Mexico: Economy." (6 May 2008)
- ^{vii} World Health Organization, "Mental Health Atlas: Mexico: 2005," 1.
- ^{viii} World Health Organization, "Mental Health Atlas: Mexico: 2005," 2.
- ^{ix} Ibid, 2.
- ^x Winerip, Michael. "The Global Willowbrook." *The New York Times*, 16 January 2000, 3.
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- ^{xii} Gertler, Paul. "FINAL REPORT: THE IMPACT OF PROGESA ON HEALTH." International Food Policy Research Institute, Food Consumption and Nutrition Division, November 2000, 3.
- ^{xiii} McKenney, Anna Sophia. "Cash Transfer Program In Mexico Shows Positive Results For Child Development." *Medical News Today*, 19 Mar 2008. (<http://www.medicalnewstoday.com/articles/100968.php>)
- ^{xiv} United States Embassy – Mexico, "Press Release: Ambassador Garza Announces \$5 Million For Justice In Chihuahua," 3 February 2005. (<http://www.usembassy-mexico.gov/eng/releases/ep050203reforma.html>)
- ^{xv} United States Embassy – Mexico, "News and Information: Development Cooperation With Mexico," (<http://www.usembassy-mexico.gov/eng/eaid.html>) Sourced: 30 April 2008.
- ^{xvi} World Health Organization, "Mental Health Atlas: Mexico: 2005," 3.
- ^{xvii} World Health Organization, "Advocacy for Mental Health: (Mental health policy and service guidance package)," WHO Press 2003, 58.
- ^{xviii} The John D. and Catherine T. MacArthur Foundation, "MacArthur Foundation Awards \$1.3 Million in Support of Efforts to Reduce Maternal Mortality and Improve Young People's Reproductive Health and Rights in Mexico," 25 April 2003. (http://www.macfound.org/site/apps/nlnet/content3.aspx?b=1139539&c=lkLXJ8MQKrH&content_id=%7B5D70C590-C721-4B01-8126-D9F95B15CD2E%7D¬oc=1)
- ^{xix} Bill and Melinda Gates Foundation. "The Gente Joven (Young People) Program receives \$2.5 million donation from Bill and Melinda Gates, 23 July 1999. (http://www.gatesfoundation.org/GlobalHealth/Pri_Diseases/ChildHealth/Announcements/Announce-112.htm)
- ^{xx} Stevenson, Mark. "Mexican Billionaire Mocks Gates, Buffett," Associated Press, 13 March 2007. (http://www.breitbart.com/article.php?id=D8NRCQE80&show_article=1)
- ^{xxi} Mexican Collective in Support of Children (COMEXANI), "Third Report on the Rights of the Child in Mexico," as reported in Ashoka Fellow report, Maria Eugenia Linares (<http://ashoka.org/node/3101>)
- ^{xxii} World Health Organization, "Advocacy for Mental Health: (Mental health policy and service guidance package)," WHO Press 2003, 58.

Related Resources:

[Mexican Collective in Support of Children \(COMEXANI\)](#) (site in Spanish) COMEXANI is a think tank in Mexico committed to research and advocacy based on the [UN Convention on the Rights of the Child](#).

[United Nations Population Fund \(UNFPA\)](#) (site in Spanish) In a white paper regarding domestic abuse and sex trafficking, the UNFPA calls for governments to, "Provide rehabilitation and support programs for victims of violence, including confidential counseling and mental health care for girls and women of all ages who have experienced any form of violence, including sexual abuse, sexual exploitation, prostitution and trafficking."

[Pan American Health Organization](#) PAHO is the World Health Organization's arm specifically focused on Latin America.

[Secretary of Health \(Mexico\)](#)