

# Supplementary Material | Material Suplementario

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## FORMA DE CITAR

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Table 1. Alma's care trajectory. Metropolitan Area of Oaxaca, Mexico, 2023.

Age	Onset of distress/disorder			Self-care practices prior to seeking help	
6-7 years old	She recalls feeling sadness, stomach aches, and hand sweating in everyday situations. In retrospect, she considers these sensations may have been related to her experience of sexual violence between the ages of 6 and 12.			None	
15 years old	She experienced bullying at school, which caused sadness, crying, and what she retrospectively identifies as "depression."			She migrated to the Metropolitan Area of Oaxaca to escape bullying.	
	Reasons for seeking help	Forms of care sought	Approach	Experience and perceived effectiveness	Reasons for discontinuing care
17 years old	She felt lonely, faced academic difficulties, and faced discrimination by her schoolmates for being dark-skinned, for her accent, and for being a "country girl." She began experiencing anxiety attacks, and there were days she could not leave her house. Due to her frequent absences, she was referred to a university psychologist.	Psychologist working at the university (a private Catholic institution)	The psychologist attributed her condition to her distance from God and suggested that she should seek God to feel better.	Instead of helping her, the psychologist's approach made her feel guilty.	She didn't feel comfortable and only attended one session.
	Her symptoms did not improve. Her mother was advised to take her to a retreat in a neighboring village.	Retreat (4th and 5th steps of the Alcoholics Anonymous program).	Participants shared their experiences using harsh language and yelling and were deprived of food and sleep.	She felt very scared and guilty. Her condition worsened.	It was a one-time experience, to which she stated she would not return.
	Her symptoms worsened to the point that she depended on her boyfriend for basic self-care (such as bathing or eating). When her boyfriend ended the relationship, she engaged in self-harming practices and attempted suicide. Her parents were informed and came to get her. They decided to seek psychiatric care.	Psychiatrist (private service)	The doctor diagnosed her with generalized anxiety disorder with panic attacks and prescribed medication.	The diagnosis frightened her, and she felt uncomfortable with the psychiatrist. She thought the medication was "too strong" because she couldn't understand what people were saying and "no longer had emotions."	The medication made her feel unwell, and the psychiatrist did not respond when she needed to adjust its dose.
20 years old	Her mother took her to psychological counseling, considering her situation to be severe.	Psychologist (public service)	The psychologist asked her to draw, paint, and listen to songs about living life and being happy.	She received kind care, but the tools provided by the psychologist were not helpful to her.	She stopped attending sessions because she did not improve.
	Feeling the need for help, she continued to explore other options. Based on the psychiatrist's diagnosis, she sought information online.	Practiced mindfulness and meditation	Based on the information she found online, she practiced these activities on her own.	She managed to control her crises.	She returned to the university and began experiencing anxiety attacks again.
	When the crises and distress returned, she kept searching for care options.	Women's group on Facebook	Women shared their experiences of violence and received recommendations for psychologists, psychiatrists, and lawyers.	She confirmed that she needed to seek help and received recommendations for psychologists.	At the time of the interview, she was still participating in the group.
	Her mother was recommended a psychologist, and she took her there.	Psychologist (private service)	The psychologist asked her to recount her experiences, write, and repeat mantras.	It helped her somewhat, but she felt misunderstood.	The tools she acquired were not helpful during her crises.
22 years old	In a Facebook group, she asked for recommendations for a psychologist and was referred to the psychologist who was treating her at the time of the interview.	Psychologist (private service)	They worked in psychotherapy with a gender-sensitive and intersectional approach.	The psychologist inspired trust, and the tools she taught her were useful in managing her crises.	At the time of the interview, she was still undergoing this therapy.
	Following conflicts with her parents, she again engaged in self-harming and had suicidal thoughts. The psychologist treating her recommended to also see a psychiatrist with whom she worked collaboratively.	Psychiatrist (private service)	The psychiatrist confirmed the previous diagnosis and added episodes of obsessive-compulsive disorder. She prescribed medication.	The psychiatrist explained the reasons for the medication, its possible effects, and monitored her reaction to it. She believed the coordinated care from the psychologist and psychiatrist was helping her feel better.	At the time of the interview, she was still using this form of care.

**Table 2. Julia's care trajectory. Metropolitan Area of Oaxaca, Mexico, 2023.**

Age	Onset of distress/disorder	Self-care practices prior to seeking help			
28 years old	She had a car accident on the highway while driving. After this, when traveling on public transport (which she had to do frequently for her job), she felt intense fear when the vehicle braked, and her heart would race. She also feared driving again.	None			
	Reasons for seeking help	Forms of care sought	Approach	Experience and perceived effectiveness	Reasons for discontinuing care
20 days after the accident	She wanted to overcome the fear and to avoid developing trauma.	Psychologist (private service)	Therapy: She was asked to talk about the accident and was taught breathing exercises.	She attended two sessions and found the care to be adequate.	She felt better and thought she no longer needed this therapy.
	To overcome the fear more quickly.	Self-care practice	She forced herself to drive again.	The fear decreased.	It was a one-time experience (although she continued driving afterward).
Two months after the accident	The fear didn't disappear completely, and her mother-in-law convinced her to see a healer. Her mother-in-law chose the healer and took her there.	Healer	The healer "removed the fright" using a piece of clothing, a crow, Basil, Black-eyed Susan vine, Copal, and mezcal. She rubbed the herbs and blew the mezcal on her, body, and made several prayers. She asked her to recall the accident and called her by name so her soul wouldn't remain at the accident site.	The fear decreased.	It was a one-time intervention.

Table 3. Paula's care trajectory. Metropolitan Area of Oaxaca, Mexico, 2023.

Age	Onset of distress/disorder			Self-care practices prior to seeking help	
13 years old	She had rash (hives and itching) episodes, which she initially attributed to some food allergies that caused her harm. In retrospect, she recognizes that the rash was due to stress, anxiety, and lack of sleep from trying to meet her academic and household responsibilities.			She took a bath to relieve the itching.	
	Reasons for seeking help	Forms of care sought	Approach	Experience and perceived effectiveness	Reasons for discontinuing care
	She felt desperate due to the itching and was embarrassed that her schoolmates could see her hives.	General Practitioner (public service)	The doctor referred her to a psychology service.	She found it strange that she was referred to psychology.	It was a single consultation.
	Referral from the general practitioner.	Psychologist (public service)	He diagnosed her with conversion disorder caused by anxiety. He taught her relaxation techniques and recommended better time management, finding a hobby, and expressing her feelings to someone she trusted.	These resources and supports were useful in reducing her anxiety. The symptoms disappeared.	She improved and stopped the consultations. She did not experience any more rash outbreaks or other issues until several years later.
	Her family found out she had needed psychological care.	Self-care: emotional support and assistance with her duties from her family.	Her brother recommended strategies for time management. Her grandmother moved in with them to help with household chores. Her mother gave her advice, encouraged her, and visited her and her brother.		She adapted to the academic requirements and to living alone with her brother, so family support was no longer needed.
18 years old	At the university, she experienced academic stress and sleepless nights, and suffered a muscle spasm that made it difficult for her to walk. Her academic tutor examined her and took her to the university clinic.	General medicine (university clinic)	The doctor did not identify any signs of illness.	When linking this episode with her clinical history, she assumed it was once again a form of somatization.	It was a one-time intervention.
	Considering her condition to be anxiety-related, she decided to redirect her search for care toward a psychological service.	Psychologist (private service)	The psychologist recommended strategies for stress management and proper time management, as well as getting enough sleep.	The strategies were helpful for managing stress.	When the semester ended (one of the hardest in her career), she had no symptoms left.
27 years old	At the time of the interview, she had experienced a miscarriage threat. Although she had participated in a family ritual all her life, her last attendance was different because she did it with true faith, not just out of routine.	Traditional ritual to pray for health, work, and family well-being.	The ritual is performed on New Year's Day and in September when the family gathers in the community to offer tributes to Mother Nature, God (Catholic), the Virgin of Guadalupe, and the Virgin of Juquila.	She mentioned that participating in the ritual comforts her. She admitted the possibility that the ritual may not have "clinical efficacy". Instead she argued that its efficacy comes from faith.	She was interested in continuing to participate.

**Table 4. Magali's care trajectory. Metropolitan Area of Oaxaca, Mexico, 2023.**

Age	Onset of distress/disorder	Self-care practices prior to seeking help			
Since she was in kindergarten.	In retrospect, she identifies symptoms that she later connected to anxiety during the interview, such as feeling overwhelmed in crowded spaces, experiencing a "churning" stomach when taking public transportation, numbness in her hands when nervous, and fear when performing everyday tasks.	None			
17 years old	When she began studying at the university, she felt overwhelmed by school activities, relationship issues, and family pressures to conform to what a girl should do (such as being helpful and attentive to others' needs). She mentioned that this led to an "anxiety attack," which she remembered as a feeling of suffocation, difficulty breathing, and a desire to run out of the classroom.	None			
	Reasons for seeking help	Forms of care sought	Approach	Experience and perceived effectiveness	Reasons for discontinuing care
	In response to this "anxiety attack," university staff referred her to the institution's psychologist.	Psychologist (worked at the university)	The psychologist tried to talk to her.	She couldn't talk to the psychologist because she would lose her breath.	It was only a momentary form of containment vis-à-vis the anxiety attack.
	On the same day of the crisis, she went to pick up her mom from work, and her mom took her to see the psychologist.	Psychologist (worked at her mother's workplace)	She noted that she didn't remember the treatment.	She didn't feel well.	She only saw it as a way to control her anxiety attack.
24 years old	Although the crisis did not recur, she continued to experience anxiety.	Self-care practice	She ended her relationship. She "resigned" herself to staying up late to meet academic demands. She and a group of classmates supported each other in studying.	For a while, she was able to control her anxiety.	...
	She wanted to end a romantic relationship but didn't know how to do so. Some of her university professors recommended her to participate in women's circles.	Self-care practice: Women's circles in feminism	The participants in the groups shared their concerns and experiences.	She managed to end the relationship.	She continued attending feminist groups.
26 years old	She continued to experience distress. The thought of her mother dying kept coming back to her. She had trouble falling asleep. Changes in her residence due to her work caused her anxiety, as did her work conditions (lack of stability and benefits), which made her angry.	Psychologist (private service)	She learned exercises to calm anxiety, overcome a crisis, and control her thoughts.	She felt comfortable with the psychologist; she liked feeling that she was not being judged.	At the time of the interview, she continued to attend sessions
		Self-care practice: Mountaineering and substance use	She practiced mountaineering, and she consumed cannabis and psychedelics, in what she described as a "responsible" use.	Substance use did not cause problems in her relationships. She managed to control her anxiety and fulfill her work.	She continued to engage in these practices.

Table 5. Fernando's care trajectory. Metropolitan Area of Oaxaca, Mexico, 2023.

Age	Onset of distress/disorder	Self-care practices prior to seeking help			
12 years old	When he arrived in the Oaxaca Metropolitan Area to attend secondary school, his classmates made fun of him and insulted him for his incorrect command of Spanish. He began to feel lonely, isolated, rejected, without identity, and with no desire to do anything, which he retrospectively identified as depression.	None			
15 years old	He started using marijuana and alcohol. In high school, his substance abuse increased, and his depression worsened.	He did his homework to "distract himself from himself."			
18 years old	A year after entering the university, his older brother disappeared. He further increased his substance abuse, which worsened his depression.				
	Reasons for Seeking Help	Forms of care sought	Approach	Experience and perceived effectiveness	Reasons for discontinuing care
	He was not the one who sought help. The person he worked with, contacted him with a niece, who was a psychology student doing her professional practice.	Psychology student.	They talked about drug use and the disappearance of his brother.	He mentions that he spoke "very superficially" about the disappearance of his brother (he didn't go into detail about how he felt).	He didn't find it useful.
22 years old	A cousin established an Alcoholics Anonymous group in his hometown and invited him. He went out of curiosity.	Alcoholics Anonymous group in his hometown.	He attended meetings where he could talk about issues that hurt him and where he listened to the experiences of others.	He didn't feel completely comfortable talking because the attendees knew him. During his time in the group, he spent 2 or 3 months without consuming alcohol or other drugs.	He returned to the Oaxaca Metropolitan Area and resumed using drugs. He became concerned because he heard in the group about the harmful effects of drug abuse.
23 years old	He had been using drugs for six months and no longer wanted to live since he wanted to stop suffering. Since he was already familiar with Alcoholics Anonymous groups, he decided to attend one.	Alcoholics Anonymous group in the Oaxaca Metropolitan Area.	He attended meetings and followed the 12-step program, in which he identified spiritual content.	Since the participants didn't know him, he felt comfortable talking about his thoughts and experiences and felt understood by the group. He mentioned that he has been drug- and alcohol-free for a year and five months and has gained more confidence, more peace, and greater awareness of his actions.	At the time of the interview, he continued attending the group.
	During his time in the group, he became interested in spirituality.	Self-care: He has participated in the worship of the Gods and Mother Earth. He also reads the Bible.	He has participated in this worship with his family. He has regained his belief in a higher power (as indicated in the 12 steps of the Alcoholics Anonymous program). He has analyzed the Bible and found similarities with the proposals of the Alcoholics Anonymous program.	It has helped him not to worry as much. What he reads in the Bible helps him understand his fears and "flaws."	He considers continuing to seek a spiritual experience through these means.
24 years old	Recently, there was an explosion at his work, which caused him fear at that moment and unease in the following days. He talked to his mother when he went to his hometown, and they considered that he had "susto" (a form of fright).	"A lady" (who treats susto)	The lady performed a <i>limpia</i> (spiritual cleansing) on him with copal, mezcal, and eggs.	He believes the <i>limpia</i> helped him and he was able to return to his work normally.	It was a one-time intervention with good results.

**Table 6. Ismael's care trajectory. Metropolitan Area of Oaxaca, Mexico, 2023.**

Age	Onset of distress/disorder			Self-care practices prior to seeking help	
6-7 years old	He remembered that as a child, he was afraid of noises and being around people. Sometimes he would even shake from the fear he felt. In retrospect, he identifies that his fears were unjustified. He attributed this condition to being born “weak,” although he also considered that witnessing episodes of violence between his parents affected him.			None.	
16 years old	As he grew older, his symptoms intensified to the point of feeling panic when interacting with others. He never mentioned it to anyone, but it became evident to his family.			He began drinking alcohol because it helped him stop feeling afraid, allowed him to socialize with people, and engage in his activities. When his family found out, they made traditional rituals in which they would go to the hills and sacrifice chickens.	
	Reasons for seeking help	Forms of care sought	Approach	Experience and perceived effectiveness	Reasons for discontinuing care
	He reached a point where he couldn’t interact with his own family, and the rituals didn’t improve his situation. He locked himself in his room and only went out to drink alcohol. His family thought he had been “cursed” (witchcraft).	His family took him to a witch doctor.	Healing, removing the “harm.”	He did not experience any improvement. The symptoms continued.	It was a one-time treatment, and no improvement was identified.
17 years old	His family became worried because he stopped eating after isolating himself in his room.	General practitioner (public service)	They administered IV fluids and referred him to a psychologist.	He did not delve into this experience.	It was a one-time treatment.
	He was referred by the general practitioner.	Psychologist (public service)	The psychologist talked to him, asked him about what was happening, and told him that he could get out of it and that he would feel better.	It made him feel good but did not help him control his symptoms; on the contrary, in the following years, he suffered “the worst of this illness.”	It was a one-time treatment; they did not schedule another appointment for him.
24 years old	Although he tried to go on with his life, his symptoms kept coming back. He began to have trouble sleeping and attempted to take his own life twice. He felt exhausted from suffering and kept searching for something to help him	4th and 5th step retreat (from the AA program)	At the retreat, he listened to the experiences of the other participants.	He did not identify with the other participants, as they considered themselves alcoholics, and he did not like to drink alcohol. He only did it because it helped him feel “a little better.”	He did not identify with the other participants, and it did not help with his illness.
	He felt his symptoms worsened, and he was suffering greatly.	He attended a Neurotics Anonymous (NA) group in a nearby town.	He attended daily meetings where he listened to the experiences of group members.	He identified with the group members. He improved in terms of being able to sleep and eat, but he still had other symptoms. He began using marijuana and later crystal meth. He became aggressive, even hitting his wife and suffering from hallucinations.	He did not experience any improvement.
25 years old	A fellow member of the NA group he attended recommended that he go to a voluntary inpatient facility called “Casa Hogar,” which was free of charge.	He checked into the “Casa Hogar,” managed by the Buena Voluntad 24-Hour Movement of NA.	At the “Casa Hogar,” he attended meetings, performed community services for the house, and did occupational therapy.	He identified with the group members. It was useful for him to stay occupied and interact with others who had the same problems. He became aware that he had “neurosis,” and after making some improvements, he was able to reintegrate himself into the world outside the “Casa Hogar.” He can now work, be with others, and has stopped using drugs. He feels like he is living again.	He plans to continue attending the meetings even though he is no longer staying at the “Casa Hogar.”

Table 7. Nicolás's care trajectory. Metropolitan Area of Oaxaca, Mexico, 2023.

Age	Onset of distress/disorder	Self-care practices prior to seeking help			
14 years old	He had emotional difficulties that he associated with his father's alcoholism, the economic problems it caused for the family, and some episodes of violence towards his mother. He began smoking.	Due to emotional difficulties, he resorted to tobacco.			
15 years old	He started drinking alcohol and became an occasional drinker, enjoying drinking, being at parties, and socializing with people.	None			
	Reasons for seeking help	Forms of care sought	Approach	Experience and perceived effectiveness	Reasons for discontinuing care
	He began to notice negative impacts on his body from smoking tobacco (he found it difficult to sing). A psychologist came to give talks about smoking at the place where he was doing his social service, and he decided to go for a consultation.	Psychologist (public service)	At the beginning of the therapy, the psychologist asked him to talk about his life.	He felt threatened that someone would become acquainted with his past.	He stopped attending sessions because of this feeling of threat.
16 years old	He started drinking more and failed a semester in high school for absences related to his alcohol consumption. As a child, he had attended an AA group with his father, so he sought help at one of these groups.	Alcoholics Anonymous group.	He attended the group meetings for four months, where he listened to the experiences of his peers.	He managed to stop drinking problematically. After leaving the group, he continued drinking occasionally.	He stopped going to the group because he didn't accept the idea (promoted in this form of care) that he would never be able to drink like a normal person.
18 years old	When he moved to another city to attend university, he started drinking more because he interacted with classmates who drank a lot. A professor identified his problem and referred him to the university psychologist.	Psychologist (institutional service)	He went to several therapy sessions. The psychologist created a routine for him to occupy his time and be more productive.	He felt that the psychologist did not understand his alcoholism, thinking that he could stop drinking just by deciding to do so, but he tried to quit drinking, managed to do it for a few months, and then relapsed.	He didn't feel identified with the psychologist and stopped attending the sessions.
	One of his professors invited him, along with other classmates, to a "psychedelic experience."	He attended a meeting where the participants had this experience.	Through sounds and the reading of a text, the participants had a "psychedelic experience."	He was afraid of dying, of "getting stuck in that trip," but he managed to transcend his fear of death, which led him to start "challenging death," for example, driving fast after he had been drinking.	He only tried this experience once.
21 years old	He failed a course and left the university for six months, during which time he returned to live with his family and drank in moderation. Upon returning to the university, he resumed his drinking and failed again because of his drinking.	He decided to rejoin an Alcoholics Anonymous group.	In the group, he reviewed the program's literature, listened to the experiences of his peers, and participated in activities to "pass the message" to other alcoholics.	He managed to stop drinking and he accepted that he is "an alcoholic," so he will never be able to drink like a "normal" person.	He mentioned that he plans to continue working on the program to achieve a "useful and happy" life.