

Guide to

# Agricultural Worker

Access to Mental Health Care



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This *Guide* provides health center staff with important resources, information, and tools to address the unique mental health needs of their agricultural worker patients. One of the most crucial resources we explore is the active role of Community Health Workers to bridge the gap between agricultural workers and clinical care.

## Unique Mental Health Needs—Looking Deeper

### Overall Mental Health Outcomes

MHP Salud surveyed health centers in 2020 to better capture mental health needs of their farmworker patients and to understand how health centers are addressing those needs (see information about survey). Health centers reported a wide variety of mental health issues experienced by this population. **The more commonly reported mental health issues included depression (98.6%), generalized anxiety disorder (85.1%), and substance abuse (82.4%),** as seen in *Table 1*. These results also align with the top mental health issues found in the general U.S. population, including anxiety (19.1%), depression (7.8%), and substance abuse (3.8%).<sup>1</sup> This indicates that the mental health issues reported here may be more widespread and not specific to the farmworker population.



Additionally, health centers reported mental health issues were experienced by specific subpopulations, including women (89.2%) and men (63.5%), followed by children/adolescents (48.6%) and older adults (33.8%). **The difference in reported mental health issues between women and men is notable and may be due to increased stigma among male farmworkers.** Increased mental health stigma can result in male farmworkers being reluctant to receive care resulting in less representation.<sup>2</sup>

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<sup>1</sup> <https://www.nami.org/mhstats>

<sup>2</sup> <https://agrilifeextension.tamu.edu/library/health-nutrition/farm-families-and-mental-health/>




## Risk Factors

Farmworkers often experience *unique challenges* related to their living and working environments. These challenges – or risk factors – emerge from economic, educational, social, and environmental factors, known as social stressors, that negatively impact access to necessary resources. The very nature of agricultural work often results in physically demanding labor, long hours, harsh environmental conditions, limited sanitation, and low pay.<sup>3</sup>

Additionally, farmworkers often experience poor working conditions, which can be a result of their:

-  Limited English language skills
-  Limited formal schooling and/or low literacy levels
-  High need for job and wages
-  Rural location of work
-  Limited transportation options

Working under these conditions often has a *negative impact* on the mental health of farmworkers.<sup>4</sup> Additionally, it is common for them to *live* under challenging circumstances that can also negatively impact their physical, mental, and emotional wellbeing including:

-  Living in a rural or remote location (e.g., camps, temporary housing)
-  Living in the US without family (isolation)
-  Trying to raise a family in camps and/or while working in the fields

In a 2020-2021 study conducted by MHP Salud, health centers reported that the **top behavioral risk factors experienced by farmworkers were poverty or economic hardship (95.9%), social isolation or limited social support (93.2%), and poor housing conditions (82.4%)**. Outside of the risk factors listed in *Table 2*, health centers reported “other,” such as food insecurity and stress.

Health centers also noted that stressors in 2020 brought on additional risk factors that affect the mental health of farmworkers. Mental health issues were attributed to many things like the financial impact of unemployment from business closures and fear of losing work due to infection. One respondent mentioned that **stress among farmworkers had been exacerbated by on-site living conditions**, like close living quarters.<sup>5</sup>

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<sup>3</sup> <http://www.farmworkerjustice.org/wp-content/uploads/2012/05/FarmworkerJusticeDOLEnforcementReport2015-1.pdf>

<sup>4</sup> <http://www.ncfh.org/facts-about-agricultural-workers.html>

<sup>5</sup> [www.cdc.gov/coronavirus/2019-ncov/community/guidance-agricultural-workers.html](http://www.cdc.gov/coronavirus/2019-ncov/community/guidance-agricultural-workers.html)

Additionally, **health centers reported natural disasters (e.g., hurricanes, wildfires, blizzards) impact the mental health of agricultural workers.** Since Hurricane Maria, more research has confirmed the effect of natural disasters on the mental health of the communities impacted.<sup>6</sup> Respondents commonly reported that a loss of work was a contributor of mental health issues. As farmworkers regularly work on farmland, natural disasters can halt operations and destroy crops. For example, a respondent mentioned that a recent hurricane flooded a large portion of farmland, destroying crops and affecting the work of agricultural workers in the community. It was noted that natural disasters in other states or countries could also affect the mental health of this population. For example, health centers mentioned serving farmworkers originally from Puerto Rico experienced stress while hurricanes impacted their family living in Puerto Rico.

## **Barriers to Mental Health Care**

Many farmworkers do not have access to regular, affordable health care. In fact, findings from the Department of Labor’s 2015-2016 National Agricultural Workers Survey (NAWS) reported that only 47% report having *any* form of health insurance/coverage.<sup>7</sup> Moreover, the 2020-2021 *National MSAW Mental Health Survey* found that **more than 58% of health centers reported lack of coverage** was a major barrier to care. Other very common barriers to receiving mental health services include (see *Table 3*):

- Concern over losing paid work time/wages
- Mental health stigma
- Lack of transportation

Health practices and beliefs, such as going to the doctor or viewpoints/stigma related to mental health, can vary depending on *where* and *how* someone is raised. As farmworkers come to the US (either temporarily or permanently), they also *bring* with them their own health practices and beliefs, which sometimes differs or looks different as they try to navigate the US health care system.<sup>8</sup> This is also why it is crucial to include person-centered outreach and patient education to remove these barriers to care.

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<sup>6</sup> Makwana N. (2019). Disaster and its impact on mental health: A narrative review. *Journal of family medicine and primary care*, 8(10), 3090–3095. <https://doi.org/10.4103/jfmpc.ifmpc.893.19>

<sup>7</sup> [https://www.dol.gov/sites/dolgov/files/ETA/naws/pdfs/NAWS\\_Research\\_Report\\_13.pdf](https://www.dol.gov/sites/dolgov/files/ETA/naws/pdfs/NAWS_Research_Report_13.pdf)

<sup>8</sup> <http://www.ncfh.org/mental-health.html>



Although telehealth and virtual care help bridge the gap for many, **this was often not the case for farmworkers, as many lack access to required technology.** Overall, findings from the 2020-2021 *National MSAW Mental Health Survey* **strongly suggest that person-centered outreach is needed** to educate agricultural worker communities on general mental health services.<sup>9</sup>

However, national efforts to address the unique mental health needs of agricultural workers remain low. In this *Guide*, we take a deeper dive into:

- Tools/resources many health centers already utilize to address mental health needs of farmworker patients;
- Additional/news resources, including person-centered resources, to address these mental health challenges;
- Role of Community Health Workers in bridging the gap between health services and farmworker communities.

## Best Practices—Tools and Resources

### What is already being done?

The most common strategies used by health centers to address the mental health needs of farmworkers include **providing translation services (85.1%), telehealth (83.8%), and referrals to mental health services (87.8%),** as seen in *Table 4*. Additionally, screening for specific mental health issues among this population is reported mental health needs. One common example of a screening tool is the **Patient Health Questionnaire-9 (PHQ-9)**. The PHQ-9 is a 9-question instrument given to patients in a primary care setting to screen for the presence and severity of depression. In MHP Salud's 2020-2021 survey, **94.6% of MHC respondents** reported utilizing PHQ-9 to screen for depression among agricultural workers.



Additionally, health centers indicated that the **staff most commonly providing mental health services to farmworkers included social workers (68.9%), physicians (55.4%), and advance practice nurses or physician assistants (54.1%),** as seen in *Table 5*. Of respondents that indicated “other,” common staff members mentioned included peer support specialists and licensed mental health counselors. These results

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<sup>9</sup> This was also extensively mentioned in MHP Salud's *MSAW Mental Health Learning Collaborative* that ran from March-April 2021, further demonstrating the high need for these types of resources.

may be due to the availability of these staff members in health centers. For example, **when examining health centers nationally, social workers are the most common mental health staff type.** Additionally, physicians and nurses are common staff/practitioners, and traditionally the main point of contact for mental health services.<sup>10</sup>

However, there is **a growing need and desire to employ health center staff who have the skillset to more effectively deliver person-centered outreach, education, and care,** especially to assist in addressing the mental health of farmworkers.<sup>11,12</sup> While Community Health Workers were reported to be used by *only* 23.0% of health centers, they have been shown as a useful workforce to address the needs this population.<sup>13,14</sup>

## ➤ Integrating Community Health Workers

Community Health Workers (CHWs) are trusted members of the community they serve. CHWs are widely known to improve the health of their communities by linking their neighbors to health and social services. They mobilize their communities to create change by educating their peers about disease and injury prevention. CHWs meet participants where they are – at home, at work, or out in the community – to better reach and meet their unique needs.<sup>15</sup>



**CHWs can effectively communicate and connect with farmworkers' cultural norms, due to shared backgrounds, language, and identity.** CHWs are equipped to provide community-based, health-related services, such as assistance with translation, case management, and advocacy. CHWs can assist individuals that may not have access to information and resources either because they live in rural areas or due to language barriers, lack of transportation, and/or knowledge of services. CHWs can provide referrals to local organizations that can assist with health care applications, health care connections, and housing or utility assistance.

CHWs can successfully work in a variety of settings, like hospitals, clinics, community centers, and out in the field/community. In hospitals or health clinics, CHWs can be integrated into a healthcare team. They work both in this healthcare setting

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<sup>10</sup> Health Resources and Services Administration, Bureau of Primary Health Care. 2019 Uniform Data System. Published 2020. <https://data.hrsa.gov/tools/data-reporting/special-populations>

<sup>11</sup> <https://www.migrantclinician.org/blog/2016/may/community-health-workers-essential-link-farmworker-health-care.html>

<sup>12</sup> This was also extensively mentioned in MHP Salud's *MSAW Mental Health Learning Collaborative* that ran from March-April 2021, further demonstrating the high need for these types of resources.

<sup>13</sup> <https://www.ruralhealthinfo.org/toolkits/community-health-workers/4/adapting-programs>

<sup>14</sup> <https://mhpsalud.org/la-esperanza-winter-2021/>

<sup>15</sup> <https://mhpsalud.org/our-chw-initiatives/community-health-workers>

and within the community by assisting with the discharge process and serving as the “warm handoff,” that patients understand discharge instructions, follow-up appointments, and general overall wellness information. **This is especially important when working with special communities, like farmworkers, and sensitive health topics, like mental health.**

CHWs can also support follow-up medical appointments and connect individuals to helpful social services that can improve quality of life, including mental health counselors/therapy, support groups, or social workers. **CHWs working in community centers or out in the field can even facilitate support groups among farmworker communities, as well as educational classes on managing common mental health challenges.**

## ➤ Future Implications—Looking Ahead

Given the rising national interest and investment in CHWs, especially to deliver care on special topics like mental health among farmworkers, this is a crucial area for continued growth, development, and future resources.

For example, health centers were asked to report additional training and technical assistance (TTA) support that would assist in addressing the mental health needs of this population.<sup>16</sup> The **most reported need was TTA regarding the specific mental health needs of farmworkers, including topics like breaking the mental health stigma among this population and providing transportation.** Additionally, health centers noted the need for TTA around best practices to address farmworkers' mental health needs. Finally, workforce TTA was commonly requested, including guidance on developing a team with varied backgrounds and providing training to equip staff to serve agricultural workers.<sup>17</sup>

As nonprofit organizations, like MHP Salud, continue to develop resources and training aimed at addressing mental health needs for farmworkers, it is essential to implement person-centered tools and perspective, such as employing CHWs or alike roles, to successfully get at the root of the challenges MSAW communities face. MHP Salud offers free resources for developing Community Health Workers programs specifically related to mental health; these resources can be accessed at [www.mhpsalud.org](http://www.mhpsalud.org).



<sup>16</sup> 2020-2021 National MSAW Survey

<sup>17</sup> These TTA requests/needs were also mentioned in MHP Salud's MSAW Mental Health Learning Collaborative that ran from March-April 2021, further demonstrating the high need for these types of resources.

## Appendix 1 - 2020-2021 National MSAW Mental Health Survey Methods

### Methods

Information was gathered through an electronic survey distributed nationally to health centers (HCs) that serve the MSAW population. The 13-item survey included multiple-choice and open-ended items focused on the mental health needs of MSAWs served by HCs. Data collection began in December of 2020 and ended in February 2021. A total of 73 HCs completed the survey, representing 31 states with the majority located in California ( $n=9$ , 29.0%), Florida ( $n=7$ , 22.6%), and Texas ( $n=6$ , 19.4%). The most common job titles of respondents were program supervisor (35.1%), administration (13.5%), and social worker (9.5%).

Analysis entailed running frequencies for each multiple-choice response. Additionally, HCs responded to three open-ended questions, covering the effect of COVID-19 and natural disasters on the mental health of MSAWs as well as the training and technical assistance needs of HCs. The analysis involved identifying commonalities across responses representing the perspective of HCs. This information is dispersed throughout the document alongside quantitative findings.

## Appendix 2 - 2020-2021 National MSAW Mental Health Survey Data Tables

Table 1: Mental health issues experienced by MSAWs

Mental Health Issue	Percent
Depression	98.6%
Generalized Anxiety Disorder	85.1%
Substance Abuse	82.4%
Post-Traumatic Stress Disorder (PTSD)	73.0%
Social Anxiety	64.9%
Perinatal or Postpartum Depression	45.9%
Suicidal Ideations	45.9%
Attention Deficit Disorder/ Attention-Deficit Hyperactivity Disorder	45.9%
Bipolar Disorder	44.6%
Obsessive-Compulsive Disorder	27.0%
Schizophrenia	27.0%
Eating Disorders (e.g., anorexia, bulimia, binge eating disorder)	24.3%
Borderline Personality Disorder	23.0%
Disruptive Mood Dysregulation Disorder	20.3%
Autism	16.2%
Other	9.5%



*Table 2: Risk factors experienced by MSAWs*

<b>Risk factor</b>	<b>Percent</b>
Poverty or economic hardship	95.9%
Social isolation or limited social support	93.2%
Poor housing conditions	82.4%
Physical illness	81.1%
Stressful or unsafe working conditions	78.4%
Acculturation (cultural assimilation)	77.0%
Domestic violence or sexual assault	71.6%
Discrimination and harassment	68.9%
Death of a loved one	64.9%
Patterns of mobility	55.4%
Other	8.1%

*Table 3: Barriers to receiving mental health services*

<b>Barriers</b>	<b>Percent</b>
Concern of losing paid work time	85.1%
Mental health stigma	82.4%
Lack of transport	74.3%
Fear of using health care due to immigration status	73.0%
Lack of knowledge on mental health services	68.9%
Cultural and language barriers	59.5%
Lack of healthcare coverage	58.1%
Inadequate access to mental health care	37.8%
Other	4.1%

*Table 3: Strategies employed to address the mental health of MSAWs*

<b>Preventative strategies</b>	<b>Percent</b>
Providing referrals to mental health services	87.8%
Providing translation services	85.1%
Offering telehealth	83.8%
Developing and/or providing person-centered and linguistically specific resources	81.1%
Providing eligibility assistance	78.4%
Providing person-centered mental health education and outreach	71.6%
Collaborating with other agencies serving this population	71.6%
Providing transportation services	44.6%
Allowing service delivery during the evening and/or weekend hours	37.8%
Other	4.1%
Health center is not utilizing strategies to address the mental health needs	1.4%

*Table 4: Staff addressing the mental health of MSAWs*

<b>Staff Member/Practitioner</b>	<b>Percent</b>
Social Worker	68.9%
Physician (non-Psychiatrist)	55.4%
Advanced Practice Nurse or Physician's Assistant	54.1%
Case Manager	41.9%
Outreach Worker	33.8%
Clinical Psychologist	32.4%
Medical or Nursing Assistant	29.7%
Nurse	29.7%
Psychiatrist	29.7%
Community Health Worker (CHW)/Promotora de Salud	23.0%
Program Supervisor	18.9%
Other	18.9%
Patient and Community Education Specialists	9.5%



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### **HRSA Disclaimer**

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