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# Recommendations for Mental Health Support, with a Special Focus on Agricultural Workers



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Mental health is crucial to an individual’s overall health and well-being. Research has shown mental health diagnoses, such as depression, are linked to an increase in the risk of many types of physical health problems, particularly chronic conditions such as diabetes, heart disease, and stroke.<sup>1</sup> Despite the importance of mental health, it is an area of healthcare that is most often ignored by those affected due to stigmatization and/or lack of available options for treatment.<sup>2</sup> Mental health continues to be one of the top priorities reported by health center representatives as an area in need of support in polls taken during technical assistance calls for continued education topics. This report will provide an overall landscape of mental health in the United States and then delve into specific issues faced by agricultural workers.

Within this report, the following terms are defined as follows:

- 1) Agricultural Workers refers to individuals employed in agricultural employment of a seasonal or other temporary nature, and who are required to be absent overnight from their permanent place of residence in line with U.S. Public Law 97-470, 96 Stat 2584.<sup>3</sup>
- 2) Community Health Workers (CHWs), also commonly referred to as promotores(as) de salud, patient navigators, and health educators among others, are defined as frontline health workers who leverage their connection to the communities they serve to support access to health and social resources.
- 3) Health centers (HC) are community-based and patient-directed organizations that provide primary healthcare services individuals and families including people experiencing homelessness, agricultural workers, residents of public housing, and veterans.

## **Recommendations to Improve Access to Mental Health Services**

Improving access to mental health services is a complex and multifaceted endeavor. The below recommendations are offered to overcome barriers expressed by the agricultural worker population and others. These recommendations are not exhaustive.

## **Recommendations to Increase Access to Mental Health Services for Populations with Different Backgrounds**

Person-centered care in mental health systems for populations with different backgrounds has been discussed among providers as far back as 2001 when the National Technical Assistance Center for State Mental Health Planning held an expert panel on the topic.<sup>4</sup> More than 20 years have passed and the need continues. Those that have adopted a person-centered framework are employing bilingual providers along with CHWs that can serve as a link between the provider and the patient.<sup>5</sup>

- Expand person-centered care for clinical and community-based mental health providers by supporting the inclusion of CHWs within mental health systems who can serve as a liaison between healthcare providers and patients.
- Encourage funding for Spanish medical language training for mental health and health care providers to support better understanding between providers and Spanish-speaking patients.<sup>6</sup>
- Encourage support for bilingual mental health clinics and or the inclusion of CHWs from the communities in which the clinics intend to serve.<sup>7</sup>
- Expand mental health services by broadening and expanding partnerships funded through federal grants.<sup>8</sup>
- Continue funding for mental health workforce development beyond what was allocated from the American Rescue Plan (2021)
- Advocate to require insurance companies to reimburse fairly for mental health services to improve access to mental health services.<sup>9</sup>
  
- Expand funding opportunities to include a nationwide mental health needs assessments for agricultural workers to better understand current needs and availability of resources.
- Expand funding opportunities for frontline healthcare workers such as CHWs to conduct community outreach on the available mental health resources within the community and the importance of receiving mental health care services.

## **Recommendations to Increase Access to Mental Health Services for Agricultural Workers**

Substandard, unsafe, crowded housing conditions were the primary stressor for agricultural workers, along with concerns over loss of wages.

- Raise awareness among agricultural worker employers on the impact of substandard living conditions on the mental and physical well-being of their employees, which could include lost productivity.
- Increase funding opportunities for programs that provide mental health awareness and can help navigate access to mental health services to agricultural workers such as Community Health Workers.
- Better enforcement of federal safety and health standards as outlined by OSHA in 29 CFR 1910.142, which includes ensuring suitable storage facilities such as wall lockers for personal possessions.

## Current Landscape of Mental Health in the U.S.

According to the National Alliance on Mental Illness (NAMI), 1 in 5 or 52.9 million adults in the United States experience mental illness each year.<sup>10</sup> In 2008, it was estimated that nationwide the economic cost of mental illness was approximately 193.2 billion in lost earnings per year and that number is likely much higher today.<sup>11</sup>

Mental illness encompasses a variety of conditions including depression, anxiety disorders, schizophrenia, eating disorders, and addictive behaviors. The most prevalent mental conditions in the United States are anxiety disorders (19.1%) and major depressive episodes (8.4%). According to behavioral health officials, men, individuals with different backgrounds, and older adults are less likely to seek help for mental health issues due to the stigma associated with seeking treatment.<sup>13</sup>

Additional reasons for not receiving services included not knowing where to go for services, believing they could handle the problem without treatment, and being concerned about being committed to a psychiatric hospital or having to take medication.<sup>15</sup>

**Table 2:**

Annual prevalence among U.S. adults, by condition <sup>14</sup>		
Condition	% Prevalence	Estimated number of people
Anxiety Disorders	19.1%	48 million
Major Depressive Episodes	8.4%	21 million
Posttraumatic Stress Disorder	3.6%	9 million
Bipolar Disorder	2.8%	7 million
Obsessive Compulsive Disorder	1.2%	3 million
Borderline Personality Disorder	1.4%	3.5 million
Schizophrenia	<1%	1.5 million

Untreated mental illness can lead to life-altering events and in the most serious cases, death. Research has found that individuals with mental health disorders are at great risk for decreased quality of life, educational difficulties, lowered productivity and poverty, social problems, vulnerability to abuse, and additional health problems.<sup>16</sup> It is estimated that most people who have died by suicide have suffered from mental illness. According to the Centers for Disease Control and Prevention (CDC) suicide is a leading cause of death in the United States. It is also estimated that someone dies by suicide every 11 minutes and an even higher number of people think about or attempt suicide.<sup>17</sup>

## Mental Health of Agricultural Workers

There are an estimated 2.4 million agricultural workers in the United States.<sup>33</sup> Of those, 69% were born in Mexico, 24% in the United States, and 6% were born in Central America. The remainder originated from various other regions. Roughly half of agricultural workers are younger than 35, married with children, and living away from their families.<sup>34</sup>

Common stressors and/or barriers to mental health care include limited or no English language proficiency, low income (annual means below \$20,000), and residing in substandard housing. Long hours in extreme temperatures, handling pesticides and other hazardous chemicals, and using dangerous heavy machinery can contribute to mental stress. Agricultural workers typically are paid only when they work and without sick leave or vacation time. The result is that it is difficult to take time off if they are sick or need to see a health care provider.

Agricultural workers report experiencing high levels of anxiety, depression, and alcohol misuse. Poor mental health has been documented in 20-50% of agricultural workers.<sup>36</sup> As mentioned above, acculturative stress along with work and housing conditions weighs on their mental health.<sup>37</sup> A study assessing the association of housing conditions with mental health among agricultural workers in North Carolina identified common environmental stressors across sites: 1) crowded living conditions (sharing a room with two or more people), 2) feeling unsafe or that their personal belongings were not secure, 3) not having a key to the exterior doors of where they lived, 4) no storage in their bedrooms.<sup>38</sup> These conditions were associated with depression and anxiety.<sup>39</sup>

Despite the designation of “essential workers,” this did not improve the situation for agricultural workers. The Michigan Farmworker Project conducted research on the working and living conditions of agricultural during the 2020 timeframe pandemic and found continued substandard living conditions, and environmental stressors contributing to negative psychosocial conditions. Researchers, after talking with agricultural workers reported 1) dehumanization of workers, 2) differential attitudes and treatment based on backgrounds, 3) female workers facing unwelcome inappropriate sexual remarks or physical advances in their workplace, and 4) retaliation from growers and contractors.<sup>4</sup>

## Barriers to Accessing Mental Health Treatment <sup>41</sup>

### 1. Linguistic, economic, and structural barriers to mental health

Agricultural workers face barriers to accessing mental health based on their work and preferred language. For example, as mentioned above, they often neglect to see a health care provider as they are not provided sick time or paid leave resulting in lost wages if they decide to seek medical attention.

Additionally, they may face other barriers such as lack of language proficiency and/or being concerned about the stigma associated with seeking mental health care. Forte et al, identified possible triggers for suicidal behavior to include lack of information on the health care system, loss of status, loss of social network, and others.<sup>42</sup> However as documented by Vecinos, some of the biggest barriers to mental health care are economic and structural barriers.<sup>43</sup> Those without health insurance often rely heavily on the emergency departments or community agencies, which are often non-existent in rural areas. In fact, mental health resources tend to be in communities with higher income levels, leaving many people of color to access mental health care through the emergency room instead of being able to seek help from a licensed mental health provider.<sup>45</sup>

### 2. Lack of Person-Centered focus Competence

Backgrounds and traditions play an important role in access to and utilization of mental health services. As noted by Barrera and Longoria, the experience of health problems, including mental or emotional, can be out of their control (e.g. fatalismo).<sup>46</sup>

A lack of understanding of patients' backgrounds can generate a misunderstanding, misdiagnosis, underdiagnosis, and ultimately ineffective and misguided treatment. Individuals with depression and dysthymia (long-term depression) have disproportionately high numbers of somatic symptoms.<sup>48</sup>

## Conclusion

Populations with varied backgrounds, including agricultural workers, face multiple barriers to accessing mental health services, as highlighted above, putting them at greater risk of co-morbidities and life-threatening mental health conditions. Many of these barriers can be addressed by expanding mental health outreach, addressing common misconceptions about the symptoms and treatment of mental health conditions, and providing information on community mental health providers and person-centered resources.

Additionally, agricultural workers face unique triggers and barriers to mental health, making it important to include agricultural employers in outreach on the role that working and living conditions can have on the mental health of agricultural workers and how that impacts productivity and quality of life for their employees.

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