# FARMWORKER JUSTICE

## HEALTH POLICY BULLETIN

*Policy in Action to Support Farmworkers' Mental Health*

## Policy Update: Overview of Federal and State Programs Affecting Farmworker Mental Health

*By Madeline Flynn, Legal Fellow, Farmworker Justice*

Throughout the past decade, mental health policy has gained increasing public attention and become an integral part of public health policy generally. Mental and behavioral health care has become of even further concern in the wake of the COVID-19 pandemic, which many studies have shown increased rates of mental health conditions including anxiety, depression, and substance abuse. President Biden has made mental health a central piece of his policy platform and has taken significant steps to increase behavioral and psychological health care access during his administration.

Agricultural workers can face unique barriers to accessing mental health care and support because of a range of factors including geographical isolation, lower income levels, lack of insurance, and language access issues. Mental health care and support for agricultural workers is vital to public health policy, as studies show that they experience high levels of anxiety, depression, and alcohol misuse. Some studies have found poor mental health in between 20% and 50% of migratory agricultural workers.

**Existing Federal Framework**

The Mental Health Parity and Addiction Equity Act (MHPAEA), enacted in 2008, is a federal law that prevents group health plans and health insurance issuers that provide mental health or substance use disorder benefits from imposing less favorable benefit limitations on those benefits than on medical or surgical benefits. This helps ensure that individuals seeking mental health care will be provided with the same benefits that they would receive from their insurance for other physical health care.

The Affordable Care Act (ACA), while intended as a larger healthcare reform measure, can also help support agricultural workers' access to mental health care. The ACA makes health insurance more affordable and gives people struggling with mental health issues access to health insurance for healthcare generally, including mental health care. Under the ACA, mental and behavioral health services are considered essential health benefits, and are therefore covered by most plans. Individuals must be U.S citizens, U.S. nationals or lawfully present immigrants to obtain health coverage under the ACA.

**Current Government Programs that Impact Agricultural Worker Mental Health**

Certified Community Behavioral Health Clinics (CCBHCs) also provide vital care to individuals struggling with mental and behavioral health or substance

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abuse issues. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age. CCBHCs can be funded through Medicaid, through Substance Abuse and Mental Health Services Administration (SAMHSA) administered grants, or through independent state programs. Currently, there are over 500 CCBHCs operating across the country.

The Farm and Ranch Stress Assistance Network (FRSAN), reauthorized by the 2018 Farm Bill, provides stress assistance programs to individuals who are engaged in farming, ranching, and other agriculture-related occupations. Services offered through FRSAN include farm telephone helplines and websites, training programs and workshops, support groups, and outreach services and activities, including the dissemination of information and materials. The FRSAN provides grants to regional entities to support these services and programs through state departments of agriculture.

On the state level, 10 states—Colorado, Connecticut, Missouri, Montana, Oregon, Pennsylvania, Texas, Virginia, Washington, and Wyoming—through state funding have partnered with AgriSafe Network to provide a crisis hotline called the AgriStress Helpline. This hotline is a crisis line for people working in agriculture, forestry, and fishing and can be reached 24/7/365 by calling or texting 833-897-2474. Phone call interpretation is available in 160 languages, and text message services are available in English, Spanish, and Vietnamese.

### Biden-Harris Administration's Efforts

Expanding mental health research and care is a large part of the Biden-Harris administration's public health efforts. In his first State of the Union, he proposed a national strategy to address the ongoing mental health crisis in the U.S. In February 2023, he released his White House Report on Mental Health Research Priorities that identified research gaps and opportunities for further study.

President Biden has also prioritized funding behavioral health providers. Last July, the Centers for Medicare & Medicaid Services (CMS) approved proposals from California and Kentucky for community-based mobile crisis intervention teams to provide Medicaid crisis services. California and Kentucky will be able to deploy mobile crisis teams and connect eligible individuals in crisis to a behavioral health provider.

In August 2023, the Biden-Harris administration also proposed a rule to strengthen the MHPAEA's protections. This proposed rule clarified definitions of mental health and substance use disorders, codified further comparative analysis requirements for insurers, and established new standards for nonquantitative treatment limitations under the MHPAEA. It also sought comments on whether there are ways to improve the coverage of mental health and substance use disorder benefits through other provisions of Federal law. If finalized, the new requirements will go into effect on January 1, 2025, for group health plans, and on January 1, 2026, for individual health plans.

The Department of Health and Human Services (HHS) also awarded $232.2 million in grants for suicide prevention and behavioral health care for at-risk communities in 2023, including more than $200 million in new funding for states, territories, and Tribal nations and organizations to build local capacity for the 988 Suicide & Crisis Lifeline and related crisis services. An additional $127.7 million expanded CCBHCs to support those struggling with mental health challenges or substance use disorder across the country.

### Proposed Federal Legislation

There have been efforts in Congress to increase mental health support and care for agricultural workers specifically in the past year. Senator Alex Padilla (D-CA) and Representative Josh Harder (D-CA) introduced bicameral legislation to improve peer-to-peer mental health services to address the behavioral health needs of agricultural workers in September 2023. The Supporting Farm Workers' Mental Health Act would require the FRSAN (discussed above) to explicitly include farmworkers as an eligible population. The bill would also permit grants for peer-to-peer mental health support, in order to provide cost-effective and culturally competent health care to farmworkers.

Earlier in 2023, Senators Mike Rounds (R-SD) and Tina Smith (D-MN.) also reintroduced legislation to expand mental health and substance use services. The Home-Based Telemental Health Care Act of 2023 would establish a grant program for health providers to increase telemental health services in rural areas and for individuals working in the farming, forestry and fishing industries. This legislation would also direct the Secretary of Health and Human Services, in coordination with the Rural Health Liaison of the Department of Agriculture, to award grants to entities to establish mental health and substance use services to rural populations in their homes, particularly those working in farming, fishing and forestry occupations. It would authorize up to $10 million for each fiscal year through 2027 using current funds. ■

# Mental Health and Farmworkers:
## How *Promotoras de Salud* Use Four Strategies to Increase Wellness

*By Mary Jo Ybarra-Vega, MS, LMHC;  Outreach/Behavioral Health Coordinator,*
*Quincy Community Health Center, Quincy, WA*

## 1.      We establish relationships with growers.

One of the advantages of the COVID-19 pandemic was that our team was allowed through special state rules to access H-2A workers. In the past, we would not be able to enter a labor camp on private property to do outreach without permission. The pandemic allowed us to show growers we were not "cops" waiting to find something wrong; instead they quickly understood our work and the advantages of having our outreach team provide prevention education. Our team has dynamic teachers, and we make our events fun, interactive, always making sure to use popular education methodology in our work; and what exactly does that mean? In my field it is experiential psychology, it is through interactive learning and teaching that we have found success.



*Photo: Mary Jo Ybarra-Vega*

## 2. Our team takes advantage of outreach events to build skills.

We offer crew chiefs and mid-management a way to grow "lazos" or trust between our *promotoras* (community health workers) and their supervisory and management teams. According to preliminary findings of research I am involved with through the University of Washington, we found that farmworkers report higher stress and anxiety when their crew chiefs, "mayordomos" micro-manage them, engaging in "helicopter supervision". Individuals share that they like when the crew chiefs are open to suggestions or ideas about work. They feel valued, connected, and want to do the best for their supervisor. Interviewees report missing less work and that they do not fear asking for time off when it is needed. The interviews revealed that sexual abuse and harassment continue to happen and



*Photo: Mary Jo Ybarra-Vega*

stay with workers years after they have left those jobs. In one interview, the interviewee took considerable time to gather tears and emotions recalling an abusive boss. While she reports that she is working at a wonderful place now, she could not help but affirm that people continue to face abuse.

### 3.     Train and educate *mayordomos/cuardieros* (crew chiefs).



Photo: Mary Jo Ybarra-Vega

When we teach at agricultural safety events or onboarding of H-2A workers, the time is used strategically to share that leadership can "bring life/wellness" to their team and organizations or they can bring stress and anxiety. After the mental health trainings, workers report thriving; we will see less absence and injury. Growers that continuously do mental health prevention work have a higher retention rate with workers and they tend to be healthier and build lasting ties in the community they work in. As I was drafting this article, I encountered a worker who recognized me and said my first name—Mary Jones (which is how Spanish speakers pronounce my name—Mary Jo). He recalled that he took a mental health training session from me last year and asked if I would be presenting again at the end of the month. I shared that I would be, and he smiled and said that he would see me in Wenatchee at the next agricultural conference. These encounters and visits from workers to our clinic tell me that *promotoras* are essential in building a strong workforce.

### 4.     Use research and neuroscience with workers.

As mentioned above, I participate in research about migratory and seasonal farmworkers. The result of participatory research not only supports our work but guides our work. *Promotoras* easily access participants for research and workers open up without fear. Our team shares findings from our mental health research during our outreach events to emphasize that the information we are sharing is credible and has scientific merit. Being a certified neuroscience-informed mental health therapist raises the bar about how we teach and why and it makes the work so satisfying. During our sessions, we share quick takeaways with workers and leaders that they can use in everyday encounters, team meetings and trainings, all with the hope to increase wellness and decrease accidents, violence, stress, and anxiety. At a training in January 2024, one participant summed it up, "so we should be trying to build a family at work," which resonated with other participants. This was an opportunity for participants to be mindful about their situation as leaders and how they were once the workers they now lead. We saw compassion, understanding and a sense of empowerment. We hope it sets a grateful tone for this year's season. ∎



Photo: Mary Jo Ybarra-Vega

*Mary Jo Ybarra-Vega serves as Outreach and Behavioral Health Coordinator at the Quincy Community Health Center (QCHC) in Quincy, WA. As a former agricultural worker, she understands the challenges faced by these workers and has developed a dynamic community health worker (promotor/a) program to address mental and other health challenges among the communities served by QCHC in central Washington.*

# EYE ON FARMWORKER HEALTH

*A summary of important recent developments in research on issues affecting the health and safety of agricultural workers.*

## "We All Have a Job to Do in This World, It's up to Us": Farmworker and Farmer Mental Health in a Rural US-Mexico Border Region

This study focused on stressors among farmers (defined as farm owners and/or operators) and farmworkers in Imperial Valley, CA a heavily agricultural area near the border with Mexico. The county's population is majority Hispanic/Latino (~85%) and nearly a third were born outside the U.S. Imperial County's farmworkers, who are also majority Hispanic/Latino, tend to have low incomes and experience poverty. Farmers have suffered financially because of the disruptions caused by the COVID-19 pandemic and the resulting loss of revenue. The pandemic also caused significant impacts on farmworkers' health and incomes, a situation worsened by pre-existing poverty and barriers to health care. Mental health providers are scarce in Imperial County, with one provider per 713 residents—2.5 times fewer providers than the state average—while suicide is the third leading cause of injury death.

The researchers used a mixed methods approach consisting of screening surveys and qualitative data collection to determine the percentage of farmers and farmworkers with symptoms of depression or other issues related to mental health, and the major stressors affecting each of these groups. Data collection began in March 2020, near the beginning of the COVID-19 pandemic, and was completed in August 2021. The samples consisted of 18 farmers and 117 farmworkers.

The screening surveys consisted of two different instruments, available in English and Spanish. One instrument was used with farmers and another with farmworker participants. The researchers considered the use of two different instruments to be appropriate due to differences in sociocultural factors between the two groups. The instrument administered to the farmer participants was the Center for Epidemiologic Studies depression screening scale (CES-D), which consists of 20 questions about depression symptoms. The maximum score in the CES-D is 60; a score of 16 or above indicates the respondent has symptoms of clinical depression. In addition to the questions in the CES-D, farmers were also asked to rate their level of stress concerning five different stressors common among farmers, *i.e.*, debt load, weather, government regulations, ability to obtain credit and young children on the farm. These stressors were drawn from the Farm Stress Survey by the National Institute of Occupational Safety and Health (NIOSH). Farmers rated their level of stress related to each of these stressors on a 1 to 4 Likert scale in which 4 represented the highest level of stress.

Farmworkers were administered the Migratory Farmworker Stress Inventory (MFWSI), which consists of 39 questions about stressors that are common among migratory farmworkers. The questions are used to determine the potential health effects of these stressors on the respondents. Respondents answer the questions on a 5-point scale in which 5 represents the highest level of stress. The highest score on this instrument is 156; a score of 80 or above is indicative of high stress levels and significant potential for mental health impacts. Researchers asked farmworkers two additional questions about air quality and sleep. Responses to these questions were also given on a 5-point scale.

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Qualitative data collection was performed with a smaller sample of 6 farmers and 6 farmworkers. Farmers were self-selected from among those who answered the CES-D survey. Farmworkers were selected from the Imperial Valley Equity and Justice Coalition (IVEJC) database, the same database that was used to select the farmworker sample for the MFWSI survey. Farmworker interviews were conducted by telephone by a bilingual and bicultural research assistant, while farmers received a short-answer form. Statistical analyses were performed on the survey data, while the qualitative data was analyzed to identify themes common to both groups of participants and to conduct thorough analyses of each group separately.

*Results.* Eighty-nine percent (89%) of the farmers in the study identified as male, while 11% identified as female. Fifty-three percent (53%) of the farmworkers identified as male, while 47% identified as female. The median age was 47 for farmers and 46.6 for farmworkers. Most (88.9%) of the farmers spoke English as a primary language; the remaining 11% spoke Spanish. All (100%) of the farmworkers spoke Spanish as a primary language and all were Hispanic/Latino. Eighty-three percent (83%) of the farmers did not indicate a race or ethnicity, 11% identified as white and 6% identified as Hispanic/Latino. All the farmers had completed at least high school, while 51% of farmworkers had completed middle school or less and 49% had completed high school or above.

The MFWSI survey revealed that the top seven stressors for farmworkers were being away from family members (mean = 3.18 on the 1 to 5 scale), not getting enough sleep (3.10), the weather (3.09), working long hours (3.02), unclean air at work (2.91), communicating in English (2.88) and drug use by others (2.83).

Farmers' responses to the Farm Stress Survey revealed that their greatest stressor among the five that were presented in the survey was government regulations and policies (mean = 3.39 on the 1 to 4 scale), followed by debt load (2.50), weather (2.50), ability to obtain credit (2.22), and young children on the farm (2.12).

The results of the qualitative interviews showed that both farmers and farmworkers are concerned about workers experiencing illness and injury. Farmworkers were also concerned about the spread of COVID-19 and their lack of health insurance. Both groups also expressed concerns in relation to the weather because work takes place in the heat, cold and rain. Long work hours and fatigue also affected both groups; farmworkers also were stressed by insufficient sleep.

The CES-D and MFWSI indicated that 55.6% of farmers and 40.2% of farmworkers had scores of clinical concern. For farmworkers, the study found statistically significant associations between gender and clinically significant scores, with farmworker women 2.3 times more likely to have scores at the significance cutoff or above. No significant association was found between age or education and clinically significant scores among farmworkers.

Among farmers, younger individuals had a greater likelihood of having scores of clinical concern, and this association was statistically significant. Researchers found no statistically significant associations between scores of clinical concern and education or gender among farmers. Farmers relied on family members and members of the clergy for mental health information, whereas farmworkers tended to rely on family members and other farmworkers. Some farmers and farmworkers relied on faith as a coping strategy in the face of the COVID-19 pandemic, and members of both groups expressed a sense of pride and responsibility in relation to their work.

The researchers concluded that high stress and symptoms of depression were common among study participants. Farmworker women and young farmers were at greatest risk. These findings were consistent with other studies that have found similar mental health burdens among farmers and farmworkers. The study findings are especially concerning in light of the shortage of mental health professionals and high rates of suicide in Imperial County. The researchers recommend more mental health screening and culturally responsive care, with local organizations such as grower groups and community-based organizations linking farmers and farmworkers to resources. They emphasize the importance of including family members in mental health improvement efforts, making Spanish-language resources available to farmworkers and bringing mental health services to the places where farmworkers live and work, including through the deployment of community health workers (*promotores*). They also recommend training and financial assistance for farmers to help them comply with government regulations. ■

# A Qualitative Analysis of Latina Migratory Farmworkers' Perception of Mental Health: Voices From Wisconsin

**Authors:** Maria Del Carmen Graf, Mary McMahon Bullis, Alexa A Lopez, Julia Snethen, Eva Silvestre, Lucy Mkandawire-Valhmu

This study takes a feminist approach to exploring the mental well-being and mental health care needs of a sample of 34 Latina farmworkers. Qualitative information was gathered from participants through semi-structured interviews lasting 60 to 90 minutes and consisting of 19 open-ended questions about health, family dynamics, mental health and immigration. Interviews were conducted in Spanish, both in person and by telephone. Family Health La Clinica, a health center that serves migratory workers, and Embrace Services, an organization that provides support to survivors of domestic violence and sexual assault, helped recruit participants for the study. Participants self-identified as Latina, were at least 18 years of age and were migratory farmworkers at the time they were interviewed.  Notes on participants' body language and other non-verbal information were taken during the interviews.

*Results.* The average age of study participants was 51.58 years. They had spent an average of 10.29 years in migratory agricultural work. Approximately 85% of the women worked 4 to 5 months per year while the remainder worked 5 to 7 months. Fifty percent of the women were married, 8.8% were cohabiting with a partner; 17.6% were single, 8.8% were separated and 14.7% were widowed. Eighty-two percent (82%) of the participants had children; the same percentage indicated they were Mexican nationals, and the remainder identified as U.S. nationals. Seventy-nine percent (79%) had their permanent residence in Texas, and 21% in Mexico. Twenty percent (20%) had completed sixth grade or less; 47% had completed high


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school, and 11.8% had completed a university degree. Fifty-three percent (53%) had an annual household income between $10,000 and $20,000; 29% had annual household incomes less than $10,000, and 18% had incomes between $20,000 and $25,000.

The thematic analysis conducted on the participants' interview responses identified five themes: family relationships and work productivity; emotional states and capacities; stigma; denial and shame; and faith and spirituality. Participants saw mental health as highly related to family relationships and income because family relationships and work productivity impact mental health and vice versa. Since many of the women were the sole providers for their households, work productivity and income were high priorities. Maintaining mental health was important in order to enjoy good family relationships and a social life.

Participants equated poor mental health with anxiety or "nervios", which they saw as an ailment of the mind that could also cause physical symptoms. One participant referred to the possibility of mental health issues being passed from person to person because thinking too much about one person's ailment could eventually make others begin to feel ill as well. Also, mental health was regarded as the ability to make good, rational decisions.

The women expressed the existence of stigma associated with poor mental health, the idea of being "loca" (crazy) with symptoms such as hallucinations, violent behaviors and inability to maintain proper hygiene. They also drew a link between drug use and becoming "loco/a".

The stigma associated with mental illness appeared to elicit feelings of shame among the participants, who preferred to refer to mental health challenges as "cansancio" (tiredness), "nervios" (nervousness) and

"tristeza" (sadness) instead of using terms such as depression, anxiety or stress. Some women felt they had to endure mental health issues in silence to avoid causing shame or worry to their families.

Participants also saw an association between good mental health and faith. Not only did faith provide comfort, but it was also seen as a source of protection from mental illness. Prayer could also speed up healing. One participant regarded mental illness as a form of punishment for bad behavior.

The researchers believe that the findings of this study are applicable more widely to other minority migratory farmworkers within and outside the U.S., although additional studies may be able to offer deeper insights into their conceptualization of mental health. Responses in this study were consistent among participants, and the findings of the study are also consistent with previous research among Latinas that has described the association between both family relationships and intrafamilial violence and mental health, as well as studies that have described the use of terms such as "nervios" or "miedo" (fear) to refer to anxiety and other mental health challenges. These studies indicate the existence of stigma around mental health issues, and the role of faith and spirituality in coping with emotional distress and mental illness. Finally, the researchers emphasize the importance of understanding and respecting Latinas' cultural values when developing mental health care plans. ∎

## Refining the Migratory Farmworker Stress Inventory among Latino Migratory Farmworkers in Rural Nebraska

**Authors:** J Kyle Haws, Arthur R Andrews 3rd, M Natalia Acosta Canchila, Athena K Ramos

Migratory farmworkers are exposed to a variety of stressors including dangerous working conditions, barriers to healthcare, isolation, discrimination, challenges stemming from their immigration status, difficulty accessing services, and language barriers, among others. This study aimed to refine and examine the validity of the Migratory Farmworker Stress Inventory (MFWSI) and assess stressors that may lead to depression and anxiety symptoms among migratory farmworkers.

The MFWSI consists of 39 questions concerning stressors associated with migratory farm work. Although MFWSI results have typically been analyzed based on a total score, some researchers have proposed analyzing the stressors by categories, or factors. The authors of the present study look at five categories of stressors derived from those models to understand how each of them impact stress among migratory farmworkers: 1) working conditions, injury risk and physical strain; 2) immigration issues, discrimination and logistics; 3) social isolation; 4) family, partners and children (related to separation, acculturation gaps and intergenerational conflicts); and 5) economics, housing and poverty.

The authors utilized data from the Nebraska Migratory Farmworker Health Study 2016, in which the study sample consisted of 241 Latino migratory farmworkers recruited in campsites in rural Nebraska. The participants averaged 36.41 years in age and 78.8% identified as men. Most (83.8%) were born outside the U.S., with 81.3% born in Mexico and 44.8% present in the U.S. on H-2A visas. Thirty-five percent (35%) had only an elementary school education; 31% had some high school and 26.1% had graduated high school. One percent (1%) had never attended school and 6% had attended or graduated college. Seventy-percent (70%) indicated that they were in a relationship. Participants were at least 19 years old, Latinos, and currently employed as migratory farmworkers in rural Nebraska.

Participants were administered the MFWSI survey by the bilingual, bicultural researchers in either English or Spanish, according to their preference. The 39 survey questions assess different stressors and respondents rate

each item based on a Likert scale ranging from 1 (not at all stressful) to 4 (extremely stressful). The total score is determined by addition of the scores for each individual question. The researchers sought to identify distinct categories of stressors within those examined by the MFWSI and construct a model that would describe the associations between the different categories of stressors and depression and anxiety symptoms. The revised 10-item version of the Center for Epidemiologic Studies Depression scale (CESD-R-10) was used as one of multiple validity tests. The CESD-R-10 assesses the presence of depression symptoms within the last week. In addition, the seven-item Generalized Anxiety Disorder (GAD-7) questionnaire was used to determine whether participants experienced anxiety symptoms within the last two weeks; the six-item General Self-Efficacy Scale (GSE-6) was used to rate self-efficacy; the 10-item Everyday Discrimination Scale (EDS) was used to assess discrimination; the seven-item affirmation/commitment subscale of the Multigroup Ethnic Identity Measure (MEIM) was used to measure ethnic identity; the 10-item "Traditional Machismo" subscale of the Machismo Measure assessed traditional machismo; and the Adverse Childhood Events (ACEs) checklist scale was used to assess adverse childhood experiences.

*Results.* The refinement and combination of the previous two models resulted in a model composed of four factors: 1) economic difficulties; 2) immigration and legal status; 3) parenting and child difficulties; and 4) social isolation and related challenges. The authors concluded that "[o]f the four identified factors, only economic difficulties uniquely predicted depression and anxiety scores, such that those reporting more stress around economic difficulties reported higher depression and anxiety symptoms." The "economic difficulties" factor contained elements related to problems securing housing, transportation and finding a job. Other researchers have found similar associations between economic stressors and depression and anxiety among migratory farmworkers. Economic difficulties overlapped with social isolation to the extent that it appears that economic difficulties increase social isolation, although other factors are likely to play a role as well.



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Immigration/legal difficulties and social isolation also appeared as important stressors in this study, as they have in previous research. The immigration/legal difficulties factor contained elements such as worries about having work authorization, worries regarding deportation, and difficulties related to migration. The social isolation factor consisted of elements such as being away from a partner, difficulties meeting new people and being away from friends. The social isolation factor overlapped with the parenting and child difficulties factors, which is suggestive of isolation from family affecting family relationships, which is consistent with other research. The parenting and child difficulties factor also overlapped with economic difficulties, which the researchers indicate may be related to the cost of child care. There was also a statistically significant association between parenting and child difficulties and being in a relationship. Symptoms of depression increased with increased parenting and child difficulties.

The associations found in this study between the identified factors and depression and anxiety among migratory farmworkers are consistent with the existing literature. The researchers concluded however, that the fact that the MFWSI required a large degree of refinement to fit a model capable of describing these associations point to potential limitations in the MFWSI as an instrument. ∎