



October 5, 2023

National Advisory Council on Migrant Health
Health Resources & Services Administration
5600 Fishers Lane
Rockville, MD 20857

Dear Council Members:

On behalf of the American Psychological Association Services, Inc. (APA Services), I want to thank you for the opportunity to join this crucial and timely conversation around the mental health of migrant farmworkers in advance of your November meeting. APA Services is the companion organization of the American Psychological Association, which is the nation's largest scientific and professional nonprofit organization representing the discipline and profession of psychology, as well as over 146,000 members and affiliates who are clinicians, researchers, educators, consultants, and students in psychological science.

We write to express a few salient points to the Council and emphasize the importance of mental health for migrant and seasonal farmworkers. Specifically, we highlight for the Council the need for more attention to older migrants, women, and children of farmworkers and utilizing a population health-based approach to extending access to care and adoption of evidence-based integrated care. In addition, it is critical to ensure that Federally Qualified Health Centers (FQHCs) and other federally supported sites of service have the tools necessary to screen, assess, and treat signs of mental health distress.

Aging migrant workers

Migrant workers face a number of social and environmental stressors that can impact the mental health of this community. These include, but are not limited to, higher rates of chronic medical conditions such as heart disease, exposure to toxic chemicals and other dangerous workplace conditions, substandard housing, and fear concerning immigration status. At the same time, there are several barriers to accessing mental health care that are particularly relevant to migrant workers, such as an insufficient mental health workforce in rural areas, a lack of culturally competent services available in the area, and social stigma around seeking mental health treatment. By some recent estimates¹, the overall prevalence of depression and anxiety among migrant workers was over 38% and over 27% respectively; however, given the barriers to treatment described above, APA Services believes this represents a significant underestimation of the total mental health needs of this community.

¹ Hasan SI, Yee A, Rinaldi A, Azham AA, Mohd Hairi F, Amer Nordin AS. Prevalence of common mental health issues among migrant workers: A systematic review and meta-analysis. *PLoS One*. 2021 Dec 2;16(12):e0260221. doi: 10.1371/journal.pone.0260221. PMID: 34855800; PMCID: PMC8638981.



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We feel the crisis affecting aging migrant workers must be highlighted and addressed. Often this segment of the population is forgotten. Younger workers are often offered work protections while specific protections for older workers are not considered. Often these individuals have devoted their lives to working in the fields or other agricultural work, and when they reach an age when they can no longer work or have physical difficulties, they are either forgotten or not extended sufficient benefits to help them survive. Often these issues can be compounded with issues related to immigration status. Aging workers may not feel free to apply for benefits due to their immigration status and may be at a loss to seek general help. Their mental health may then in turn suffer as well as their physical health. We ask that as you consider the mental health and general health of migrants, you especially consider the older workers.

Women and Children

We also want to highlight the issues of women workers and children of farmworkers. There are many dangers that these two groups face including educational disruptions and toxic stress for children and the sexual abuse of women. Migrant women especially face the risk of violence and sexual assault. Women who live in rural areas are highly impacted by gender-based violence and exploitation.² Furthermore, the statistics are alarming for migrant women who have experienced sexual abuse: 31.4% of migrant women reported experiencing sexual abuse and 10.7% have dealt with another form of violence.³ This data demonstrates that this segment of the population is especially vulnerable to abuse and violence.

Children from migrant farm-worker families face several stressors including educational disruptions, dislocations, and social and educational disadvantages.⁴ Acculturation challenges and experiences of discrimination for children of ethnic minority agricultural worker families are also salient stressors particularly for families in rural areas.⁵ These stressors put children at high risk for mental health problems particularly depression and anxiety.⁶ Additionally, children from migrant agricultural worker families are often exposed to toxic stress and adverse childhood experiences like household dysfunction stemming from the transient lifestyle. These stressors are associated with emotional symptoms, hyperactivity/inattention problems and behavioral

² Arena, V. (2022). Migrant women face greater risk of violence and assault. *Latinas in Business Inc.*

³ Kessler, G. (n.d.). Statistic on sexual assault of migrant women is from an unrepresentative sample. The Washington Post. <https://www.washingtonpost.com/politics/2019/live-updates/trump-white-house/live-fact-checking-and-analysis-of-trumps-2019-state-of-the-union-address/statistic-on-sexual-assault-of-migrant-women-is-from-an-unrepresentative-sample/>

⁴ Taylor, Z.E., Ruiz, Y., Nair, N., & Mishra, A.A. (2022). Family support and mental health of Latinx children in migrant farmworker families. *Applied Developmental Science*. 26(2). 329-346.
<https://doi.org/10.1080/10888691.2020.1800466>

⁵ Carlo, G., Crockett, L.J., Streit, C., & Cardenas, R. (2016). Rural Latino/a youth and parents on the Northern Great Plains: Preliminary findings from the Latino Youth Care Project (LYCP). In L.J. Crockett & G. Carlo (Eds.), *Rural ethnic minority youth and families in the United States: Theory, research, and applications* (pp. 165-183). Springer International Publishing.

⁶ Taylor, Z.E., Ruiz, Y., & Nair, N. (2019). A mixed-method examination of ego-resiliency, adjustment problems, and academic engagement in children of Latino migrant farmworkers. *Social Development*, 28 (1), 200-217.



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difficulties during childhood.^{7 8} We invite the Council to consider this data and the specific health needs of migrant women and children of farmworkers as you consider making your recommendations.

Population Health

The access challenges faced by the migrant worker community are in many ways emblematic of a larger problem with how we address mental health symptoms in this country. The way that our current treatment system is structured and funded tends to focus its attention solely on those experiencing severe symptoms or those experiencing an active mental health crisis. Those with more subtle signs of an early mental health disorder are largely left to fend for themselves. Additionally, treatment of mental health needs is largely seen as separate from treatment of medical needs.

A population health-based approach, by contrast, aims to address the cultural, economic, systemic, historical, environmental, relational, and occupational contexts that influence health status, wellbeing, and functioning across the patient's lifespan.⁹ The challenge posed by access in rural areas requires a reframing of "mental health services" as something people find not just in a traditional office but in their community. Patients must be met wherever they are in the community, and the community institutions, resources, and facilities trusted by members of that community must be utilized to expand access to mental health treatment. Family members, teachers, clergy, and other laypersons can all be trained on evidence-based practices on detection and screening for early signs of mental health distress. Schools, churches, and agricultural co-ops are all great examples of sites where clinicians can embed an array of screening, assessment, and treatment resources. Programs such as the United States Department of Agriculture (USDA's) Farm and Ranch Stress Assistance Network provide rural communities with the flexibility they need to meet the unique needs of their citizens.

Integrated Care

The evidence is clear that the physical and mental health of a patient are interconnected, and while many migrant worker communities lack a provider, facility, or clinic specifically dedicated to mental health treatment, many of them have access to a primary care clinic. Supporting adoption of evidence-based models of integrated care—including the Primary Care Behavioral Health model and the Collaborative Care Model, as well as approaches that blend these two models—is essential to ensuring that mental health providers, including those located remotely, can collaborate with primary care practices to treat the patient's interrelated medical and mental health needs.

⁷ Rosado, J.I., Reyes, E., Montgomery, J., Wang, Y., Malloy, C., & Simpson-O'Reggio, A.M. (2023). From planning to implementation: Developing an ACE screening protocol in a rural integrated primary care clinic serving Latino children. *Clinical Practice in Pediatric Psychology*. <https://doi.org/10.1037/cpp0000478>.

⁸ Rosado, J.I., Ramirez, A., Montgomery, J., Reyes, E., & Wang, Y. (2021). Adverse childhood experiences and its association with emotional and behavioral problems in U.S. children of Latino immigrants. *Child Abuse & Neglect*, 112, 104887-104887. <https://doi.org/10.1016/j.chiabu.2020.104887>

⁹ American Psychological Association (February 2022), *Psychology's Role in Advancing Population Health*. <https://www.apa.org/about/policy/population-health-statement.pdf>.



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Through these models of care, primary care practices collaborate with and facilitate warm handoffs to mental health clinicians, whether co-located in the same clinic or remotely via telehealth. Integrated health care models also frequently involve the sharing of information among team members related to patient care and the establishment of a comprehensive treatment plan to address the biological, psychological, and social needs of the patient. As a result, the stigma around seeking mental health treatment is lowered, and the patient has a regular means of accessing treatment. We urge the Council to consider ways in which health care facilities involved in the treatment of migrant communities can sustainably adopt some form of integrated care to better serve the mental health needs of these communities.

Federally supported treatment sites such as Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) are currently a key source of access to medical care for those from migrant farm worker communities. In 2022, over 800,000 patients received care from specially designated Migrant Health Centers.¹⁰ As part of its November meeting, we hope that some of the conversation will center around supplying these critical facilities with the tools, including but not limited to the integrated care models described above, to expand their mental health testing, assessment, and treatment offerings to include a broader range of services.

Thank you again for your leadership and the work of this Council. We look forward to helping in any way we can. If APA can be of further assistance, please contact Serena Dávila or Andrew Strickland in our advocacy office at sdavila@apa.org or astrickland@apa.org.

Sincerely,

Katherine B. McGuire
Chief Advocacy Officer

¹⁰ Health Resources and Services Administration, 2022 Special Populations Funded Programs.
<https://data.hrsa.gov/tools/data-reporting/special-populations>.