

**ASSESSMENT OF ACCESS TO, UTILIZATION OF, AND UNMET NEEDS  
SURROUNDING MENTAL HEALTH AND RELATED SUPPORT SERVICES FOR  
MIGRANT FARMWORKERS**



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December 2023*

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## EXECUTIVE SUMMARY

### Major Findings

**Work place conditions, compounded by social and structural determinants, cause migrant farmworker stress while also limiting opportunities to maintain positive mental health and wellbeing.**

Workplace safety concerns, long hours with not enough time to sleep, working in bad weather, and fear of losing their job create a stressful working environment for migrant farm workers who frequently live where they work. They live in geographically, linguistically, and culturally isolated places across the state and have limited opportunities to leave the farm due to work schedules, transportation barriers and, for dairy workers in northern Vermont, fear of encountering border patrol. The impetus to come to Vermont is connected to political, economic, social and environmental conditions in their countries of origins and most often they are leaving close family and friends behind in hopes of being able provide financial stability that would otherwise be unattainable. Being far from family and friends is a top stressor as is the fear of losing the ability to support family who have come to rely on them due to deportation for undocumented farmworkers and for seasonal farmworkers, the fear of not being offered a job the following year.

**Jamaican farmworkers are underserved across the mental health continuum.**

Though Jamaican workers have helped to sustain Vermont's fruit and vegetable farms for decades, few organizations provide services tailored to their unique circumstances and needs. There is limited research and programmatic data related to the mental health of seasonal farmworkers in Vermont who come through the H2A visa program. Even though they benefit from legal status, they face many of the same barriers as Latino workers seeking to access off farm services and activities. These include limited transportation, cost, limited awareness of services, and lack of culturally aware staff. Survey data and the focus group data indicate there is interest in access both to mental health support services and off-farm recreational activities.

**Availability of, access to, and utilization of mental health promotion activities and counseling services tailored to migrant farmworkers has been inconsistent due to reliance on grant funding, raising issues for sustainability and reliable, trustworthy patient care.**

Over the last decade, there have been an assortment of grant funded, time bound mental health initiatives that addressed mental health needs among migrant farmworkers across the mental health continuum. The list includes Mental Health First Aid training for farmworker outreach staff, clinical

mental health counseling services in Spanish, a Screening, Brief Intervention, Referral and Treatment (SBIRT) pilot, on farm and virtual mental health and wellbeing promotion activities, and COVID Support VT mental health outreach and multilingual resource development. Additionally, there have been tools made available to outreach staff in Vermont such as El Viaje Mas Caro booklets and an accompanying training, playlists of short self-care activities in Spanish and English that can be done at home, and mental health lessons for migrant youth working on their own on farms. These initiatives and resources, regardless of farmworker engagement and interest, have largely not been sustained beyond the grant funding due to limited capacity among farmworker serving organizations. With each short-term grant funded project, farmworkers face a lack of predictability about the availability of needed services and soft funded programs experience staff turnover, which in turn negates years of work to build trusting relationships within the farmworker community in addition to eroding ability to form long-term community-based partnerships.

**There are extremely limited accessible and sustained options for mental health services for migrant farmworkers within the health care system in Vermont.**

Community Health Centers (FQHCs), Free Clinics, and Designated Mental Health Agencies (DAs) are service providers that often are a free or low-cost option for uninsured, lower income adults. All offer some mental health services. These safety net clinics and Designated Agencies have the potential, and often desire, to meet the needs of migrant farmworkers but currently are unable to sufficiently do so. Constraints within Designated Agencies to meet the needs of migrant farmworkers include staffing, funding, inability to provide transportation, lack of bilingual/bicultural staff and limited experience serving the population in either an outpatient or outreach capacity. Within the 16 safety net health care organizations in Vermont (free clinics and FQHCs), only the Open Door Clinic and Little Rivers have any outreach and engagement strategies to reach migrant farmworkers. As with the Designated Agencies, most safety net organizations in Vermont do not comprehensively address issues of outreach, cost, transportation, and access to bilingual/bicultural providers; four elements identified by farmworkers and farmworkers serving organizations as essential to create accessible mental health care services so that they are well utilized.

**Migrant farmworkers who have utilized mental health counseling services in the past three years were primarily referred through interactions with people within trusted organizations that engage in outreach with the community rather than through standardized screenings.**

As noted previously, only two health clinics across the state engage in any type of outreach with migrant farmworkers; a key component to breaking down barriers to serve migrant farmworkers. Though mental health screenings have identified a number of individuals who could benefit from clinical services, most farmworkers who have engaged in mental health counseling did so because of conversations with trusted members of farmworker serving organizations including the Open Door Clinic, UVM Migrant Health Programs, UVM Migrant Education Program and the advocacy organization Migrant Justice,. Farmworkers who participated in focus groups this year, highlighted the importance of having the support of trusted outreach staff who maintain confidentiality to confide in, receive support from, and to connect farmworkers community members to needed mental health services.

**Migrant farmworkers and their family members will utilize mental health counseling services if they are free, provided by Spanish speakers and transportation issues are addressed.**

Spanish speaking farmworkers who participated in the 2023 focus groups voiced a need for clinical care while highlighting the increased likelihood of mental health services utilization if services are available with a Spanish speaking clinician and are low cost. 2022 service provider meeting participants highlighted transportation as one of many significant barriers to farmworkers accessing services. Other barriers identified included a lack of bilingual and/or bicultural outreach staff among community-based health and wellbeing organizations and lack of culturally and linguistically adequate programming that can address barriers to services and the intersection of alcohol use and dependence.

When a few hours a week of free (grant funded) telemental health counseling was offered to farmworkers in Spanish in 2021, the number of unique individuals who connected with clinical mental health services increased by 171% with a 283% increase in number of visits per patient. The following year, when an additional bilingual/bicultural counselor was hired through grant funds with more telehealth capacity, the number of unique individuals increased by an additional 74% with another 125% increase in number of visits per patient. Despite the demonstrated demand for clinical service provided by Spanish-speaking counselors, grant funding earmarked for mental health counseling for farmworkers reduced significantly in September. The number of farmworkers accessing services has declined as a result.

**There is a need for mental health counseling for children and youth by Spanish speaking counselors who understand the complexities of the migrant experience.**

The numbers of migrant farmworker children and young farmworkers have increased significantly in the past few years. The vast majority have experienced family separation and challenging journeys by land across one or more borders. They are living in rural Vermont where there are few to no other peers their age who look like them, speak their language or understand their cultural background. Many are covered by the Immigrant Health Insurance Plan, an insurance that does not cover services at Designated Mental Health Agencies. Beyond that financial barrier, there are no Spanish speaking clinicians who serve children within the DA system.

**Migrant farmworkers are interested in opportunities to engage in on-farm and community-based education and activities that can contribute to positive mental health at an individual and community level.**

When barriers are addressed, farmworkers have participated in programming that promotes positive mental health such as support groups and virtual and in-person wellbeing activities. They have expressed a strong desire for more opportunities. Seventy three percent of 96 respondents in a recent UVM survey indicated they were interested in learning about personal practices to manage and reduce stress. Farmworker focus group participants this year responded positively to ideas of regional wellness days that would offer an opportunity to explore a range of wellbeing activities while simultaneously offering a social experience. While there was a strong concurrence that a peer counseling model utilizing farmworker community members would not be successful, there was interest in training to be better able to respond to mental health needs of fellow community members.

***Recommendations***

**Support national and state level policies, initiatives, and programs that improve workplace conditions for migrant farmworkers.**

- Support comprehensive immigration reform that provides legal status to migrant farmworkers across the agricultural industry.
- Initiate a process that invites participation from farmworkers, farmers, advocates and service providers to develop and implement Vermont-scale farm workplace standards that address farm safety, health, housing and work environment.
- Increase oversight of workers' compensation utilization to ensure access to health care services, coverage of medical expenses and compensation for work time missed.
- Promote comprehensive farm safety training and access to Personal Protective Equipment for new employees as well as ongoing refreshers and expanded training for all employees.

- Support worker housing improvement initiatives.
- Support access to workplace English classes.

**Stabilize funding for farmworker health outreach programs across the state increasing capacity to respond to physical, mental, and social health needs across the continuum.**

- Increase and fully fund the required number of outreach staff within existing health-focused farmworker serving organizations to ensure capacity to attend to the wide range of physical, mental, and social needs across all corners of the state. Ensure positions include tailored outreach to Jamaican farmworkers. Existing farmworker serving organizations with a health focus include the Open Door Clinic, Migrant Health Programs of UVM Extension, and Little Rivers Health Care.
- Offer training for outreach staff across farmworker serving organizations and farmworkers on how to recognize and respond to mental health needs of community members.
- Incorporate on-farm mental health education to increase awareness of the importance of attending to mental and social health while also working to reduce stigma.
- Organize regional mental health promotion events in collaboration with community-based organizations that have expertise in mental health and wellbeing programming. Ensure identified barriers to participation such as transportation, cost, and language access are addressed.
- Offer on-farm and/or online trainings in stress management techniques.
- Create and maintain an up-to-date, accessible list of farmworker serving organizations that includes scope of work, contact information, and referral process.
- Develop professional development/learning opportunities for farm owners, service providers, including school counselors, to learn more about the migrant farmworker population, mental health challenges and how to address systemic and individual barriers to care.

**Fund a statewide telemental health model to improve and sustain access to clinical mental health services that address barriers to care and that meets the linguistic and cultural needs of farmworkers for short term and long-term needs and crisis response.**

- Identify and fund a statewide health entity that has the interest, commitment, capacity and experience to oversee the program. Potential organizations include Vermont Care Programs and Invest EAP.
- Hire part time clinicians who speak Spanish, and ideally Patois, who have an understanding of the migrant experience, the flexibility to serve workers outside of traditional business hours

and who can serve children/youth. If bilingual/bicultural clinicians are embedded within a Designated Agency, ensure they can serve migrant workers regardless of where they live in Vermont. Should be able to accept Medicaid and IHIP insurances.

- Ensure low barriers to access services. Low barriers include free services, an online platform to connect to services, no email required, minimal registration requirements, and no required screenings until a relationship has been established.
- Provide headsets and phone stands to patients as needed for those who have access to Wi-Fi and want to participate from home but live in homes with limited privacy.
- Partner with farmworker serving organizations, local health organizations and community-based organizations to identify free and private off-farm locations to participate in telehealth, with coordinated transportation if needed.
- Partner with the Vermont Migrant Education Program and schools to support access to counseling during the school day from a private location.

**Support health care policies that can contribute to increased access to low-cost mental health services.**

- Support policy changes to make licensure for mental health clinicians and provision of services across state and country borders easier to increase availability of bilingual and bicultural providers.
- Support policy changes to the Vermont Immigrant Health Insurance Plan to cover mental health services provided by Designated Mental Health Agencies.

## INTRODUCTION

Over the last several decades, Vermont's agriculture has come to rely on migrant farmworkers from outside the US to make up for shortages in locally available workers. Seasonal farmworkers, often from Jamaica and eligible for H2A work visas, have been employed on Vermont's apple orchards for decades. Migrant dairy farmworkers, primarily Spanish-speakers from Mexico and Guatemala, began to arrive in Vermont about 20 years ago. Dairy labor is not seasonal and there are very limited opportunities for these workers to obtain a visa to work in dairy. For that reason, it is assumed that most of these predominantly Spanish-speaking workers are at risk of deportation for lack of legal status.

The potential of mental health challenges faced by migrant dairy workers has become clearer as more of their story is understood. Forced to leave their home communities due to limited economic opportunities, poverty, crime, and violence many risk extremely dangerous journeys to arrive in Vermont. The potential for deeply traumatic experiences during travel here is substantial. Upon arriving in Vermont many live isolated on rural dairy farms, often well within jurisdiction of the Border Patrol. They work long hours with large animals and around heavy equipment, employed in a dangerous profession where they often cannot communicate with their farm employer for lack of common language. When health issues arise, they face a healthcare system without health insurance, and with notable exceptions, where frequently no one at local clinics speaks Spanish.

Though Jamaican workers and other H2A visa holders cross the border with ease and do not live with a fear of deportation, they face their own set of unique challenges to maintaining positive mental health. With limited economic opportunities in Jamaica, many spend more than half the year apart from their families and communities (some up to 10 months a year). During their time in Vermont, they work long physically tolling hours from early morning light until dark; the majority have just a half day off each week. Despite speaking English, navigating the health care system for Jamaican workers is extremely challenging due to administrative requirements, eligibility restrictions, and accessibility barriers at clinics, hospitals and the insurance marketplace. Lacking personal transportation and time, workers are socially isolated, leaving the farm infrequently while they are in Vermont; primarily just to send money home and purchase groceries. Though many return to Vermont year after year, they are never guaranteed an opportunity for the following year, which can influence both how they approach working as many hours as possible while they are here and their willingness to disclose health issues, particularly mental health issues that could preclude their future participation in the H2A program.

Among both seasonal and year-round workers, there is incredible strength and resilience in the face of the range of hardships and challenges they face. Cultural values of family solidarity and prioritizing the family over individual needs are apparent in both the motivations to migrate and the remittances sent home and are likely protective factors for many workers. However, awareness that some among the migrant farmworker community are likely in need of and could benefit from counseling has risen as their vulnerabilities have become better understood. At the same time, positive mental health is not just the absence of a mental illness or disorder thus it is critical to ensure farmworkers have access to mental health and wellbeing supports across a continuum.

This project, funded by the Vermont Agency of Agriculture and the Farmers and Ranchers Stress Network (FRSAN) and led by University of Vermont Extension seeks to understand and assess the continuum of services that promote mental health in the migrant farmworker community. Stakeholder Meetings with service providers and farmworkers, as well as primary data from farmworker focused programming and research forms the basis for recommendations.

## MIGRANT FARMWORKER AND FAMILY MEMBER DEMOGRAPHICS

**Definitions:** For the purposes of the project as a whole and the below assessment, we are utilizing the term *migrant farmworkers* to describe individuals who have moved, seasonally or for longer periods of time, from another country to Vermont who currently engage in farm work. *Family members of migrant farmworkers* refers to relatives who are not employed but reside in the same household as a farmworker. Migrant farm workers in Vermont can generally be categorized as *seasonal* or *year-round workers*.

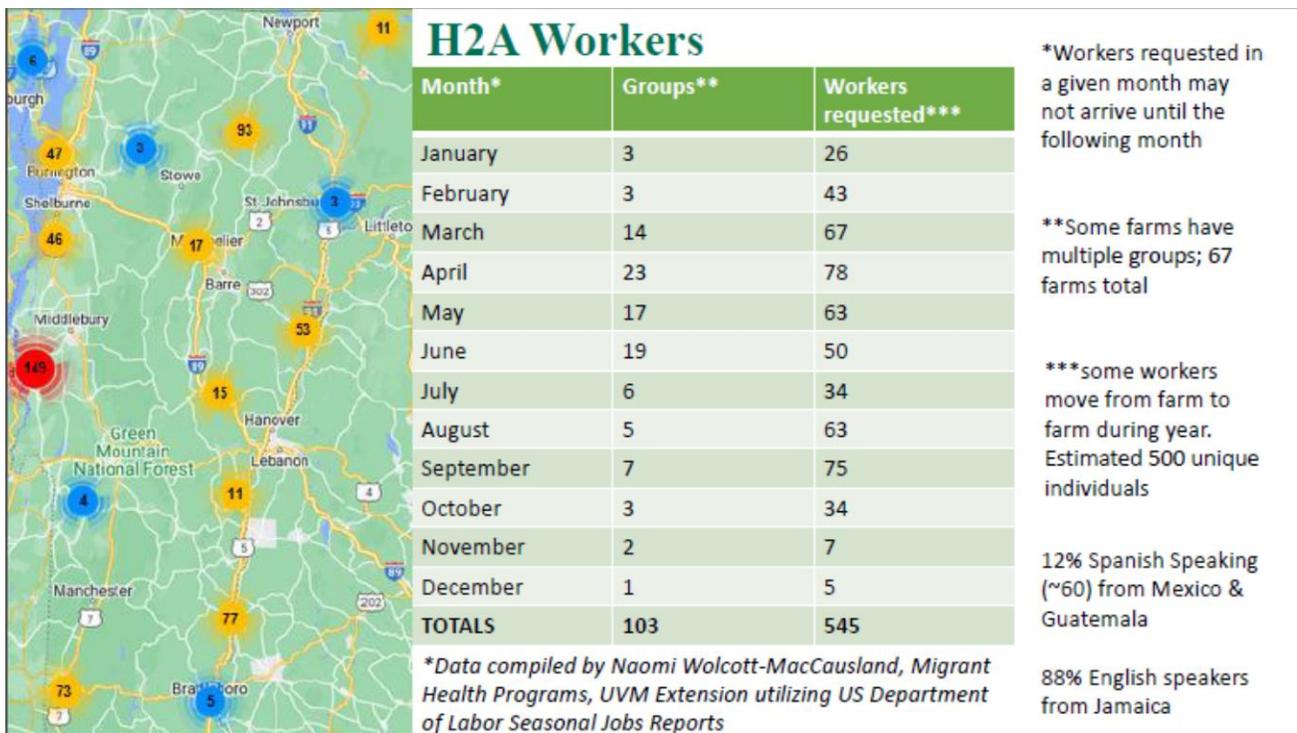
**Seasonal migrant farmworkers:** In Vermont, the vast majority of seasonal migrant farmworkers are here on an H2A work visa. They are employed to support apple orchards, greenhouses, processing plants, ground crops and more. Part of the year, they reside in their country of origin and part of the year they engage in farm work in Vermont. In 2023, according to H2A work order data accessible via the Department of Labor Data Hub, 545 positions were requested from 67 distinct farms. Just shy of half of workers (46%) are in Vermont for more than half of the year. Twelve percent of the jobs last 4-6 months. Workers are paid \$15.66 per hour and employers report the minimum hours per week to be between 40 and 60 hours a week though extra hours are often offered and according to some workers, expected. (Department of Labor, n.d.)

Through outreach conducted by Migrant Health with UVM Extension between the fall of 2020 and fall of 2022, it is estimated that 88% of H2A workers are from Jamaica while the remainder are Spanish speakers from Mexico and Central America. A program level health needs assessment conducted in 2020 found that workers ages ranged from 22 to 68 with an average age of 44 years old. All surveyed for the health needs assessment identified as male. While Migrant Health has identified a small number of women in Vermont (7) on the H2A program, all of the Jamaican workers the program has served to date have been male. Of 63 workers, 60% had been coming to Vermont for five or more years while 13% were in Vermont for the first time. Workers, on average, send money home to support six people in their country of origin, not including themselves, with their income from their work in Vermont. They reported

not having health insurance (92.9%) or not knowing if they had health insurance (7.1%). (Stettler & Wolcott-MacCausland, 2020)

<b>Personal characteristics of season H2A workers health needs assessment participants, Vermont, 2020</b>		
<i>Farmworker characteristics</i>	<i>Frequency</i>	<i>Percent</i>
<b>Sex (n=63)</b>		
Male	63	100%
Female	0	0
<b>Education (n=56)</b>		
None	4	7.1%
Completed grade school	17	30.4%
Some high school	10	17.9%
Completed high school	21	37.5%
Some college	2	3.6%
Completed college	2	3.6%
<b>Marital Status (n=62)</b>		
Married/Partnered	52	83.8%
Single	7	11.3%
Divorced	2	3.2%
Other	1	1.6%
<b>Country of Origin (n=63)</b>		
Jamaica	57	90.5%
Mexico	6	9.5%
<b>Children under 18 (n=60)</b>		
Yes	44	73.3%
No	16	26.7%
<b>Primary language (n=63)</b>		
English/Patois equally	47	74.6%
English	6	9.5%
Spanish	6	9.5%
Patois	4	6.3%

The location, numbers and arrival months of H2A workers across the state according to Department of Labor H2A work orders from 2023 is demonstrated in the map and table below.



**Year-round migrant farmworkers:** The majority of year-round migrant farmworkers in Vermont work on dairy farms. While the number of women and families with children has risen in recent years, most migrant dairy farm workers are young men, mostly from Mexico, with a lesser number of workers from Guatemala. Levels of formal education are low, with the majority having an elementary school education or less. In the studies conducted by Baker in 2016 and 2019, the number of women likely underrepresented the number of women in the farmworker community, as it only documented farmworkers and not any spouse or domestic partners who were not employed on the farm. UVM Extension programs have found an increasing share of women among the migrant population in recent years, including a higher share employed in farm work. In 2023, the Migrant Education Program served 189 Spanish speaking Out of School Youth (individuals between 14 and 21 years old who are in Vermont on their own working full time on the farm). Seventeen percent of students this past year were female; more than twice as many as two years prior. (Vermont Migrant Education Program, 2023) Of farmworkers and family members served by Migrant Health in 2022 nearly 25% were women. Over the past few years, there has also been an increase in children traveling by land to Vermont from Mexico and Guatemala either with a parent or to join a parent on farms after years of separation. In 2019, Migrant Health Programs served 30 children under the age of 16 as compared to 62 children under the age of 16 in 2023. (Wolcott-MacCausland, 2023) The Migrant Education program identified 43 of a total

of 64 Spanish speaking children of farmworkers enrolled in schools who traveled by land, often by dangerous routes, from their countries of origin (D. Sussmann Turo, Personal Communication, December, 12, 2023). Currently, MEP is serving 26 youth between the ages of 14 and 17 who are working full time, sometimes up to 72 hours a week, on dairy farms (Hamilton, 2023)

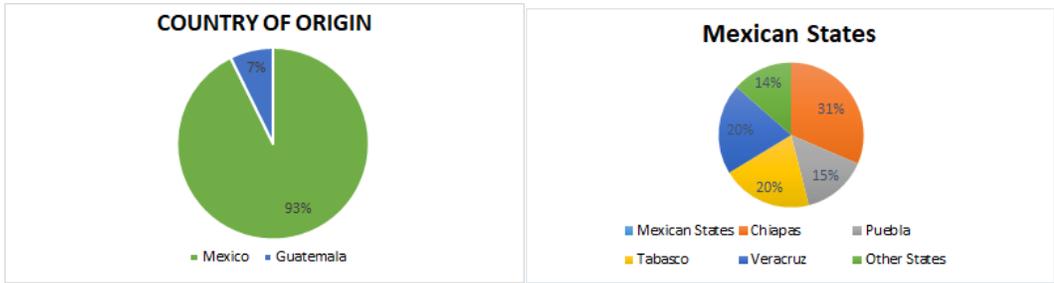
**Table 1** Personal characteristics of latino dairy farmworker study participants, Vermont, 2016

Farmworker characteristics	Frequency	Percent
Sex (n = 173)		
Male	165	95.4
Female	8	4.6
Age (n = 169)		
18–24	52	30.8
25–34	75	44.4
35–44	31	18.3
45–54	11	6.5
Education (n = 172 <sup>a</sup> )		
None or some elementary	12	7.0
Completed elementary	86	50.0
Completed middle	58	33.7
Completed high school	16	9.3
Country of origin (n = 173)		
Mexico	153	88.4
Guatemala	19	11.0
Brazil	1	0.6
Marital status (n = 172 <sup>a</sup> )		
Single (never married)	70	40.7
Married/partnered	97	56.4
Divorced/separated	5	2.9
Children (n = 172 <sup>a</sup> )		
Yes	94	54.7
No	78	45.3
Farm location (n = 166 <sup>a</sup> )		
Northern Vermont	76	45.8
Central Vermont	75	45.2
Southern Vermont	15	9.0
	n	Mean (SD)
Years in US	172	5.23 (4.0)
Years in Vermont	172	3.31 (2.9)
Years on current farm	171	2.36 (2.8)

<sup>a</sup>Some respondents skipped this question or were interviewed at a clinic and farm location not recorded

Source: Baker, et al. 2021

Most migrant dairy workers in Vermont travel from the southernmost part of Mexico to Vermont along the northern US border. In addition, the first languages of many communities in southern Mexico and Guatemala are indigenous languages, with Spanish learned as a second language (Baker & Meyerhoff, 2023)



Migrant Health Programs estimates there are about 750 positions on 150 farms across Vermont who employ year-round migrant workers from Mexico and Central America. This is based on data that shows an average of five positions per farm held by Latino workers though the range in employees is large from 1 to 25 per farm. Turnover is frequent on some farms and especially among young workers resulting in more workers passing through Vermont over the course of a year. As such the number of migrant workers and family members who have spent time on a year-round farm in Vermont during a given calendar year is likely to be over 900 (Wolcott-MacCausland, 2023)



**BARRIERS TO MENTAL HEALTH AND WELLBEING SERVICES AND ACTIVITIES**

Migrant farmworkers and their family members face myriad individual and systemic barriers when accessing services and activities off-farm. Cost, transportation, language access, clinic hours and stigma are particularly significant.

<b>Individual Barriers to Services</b>	
Cost	Transportation
Fear	Language
Work Conflicts	Power Dynamic W/Employer
Differing Cultural Health Beliefs	Knowledge Of Community Resources
Shame/Stigma (especially related to mental health)	Limited payment methods
<b>Structural Barriers Impacting Access to Services</b>	
Financial Assistance Policies Not Recognizing True Household Size	Inconsistent Language Access Services
Farmworker Exclusion from Overtime Pay	Cultural Awareness/Humility Trainings Not Integrated
Health Insurance Eligibility Guidelines	Lack Of Oversight/Regs for Workplace Safety, Workers Comp, Sick Leave
Discrimination & Institutionalized Racism	Complexity Of Health Care System & Volume of Admin/Paperwork
Immigration Policies	Lack of Public Transportation in Rural Areas

(Wolcott-MacCausland, 2022)

**Cost:** 93% of 2046 migrant workers and family members served by Migrant Health Programs and Open-Door Clinic between 2021 and 2023 were uninsured. (Finger Lakes Community Health, 2023). The 7% of insured individuals were primarily either pregnant or under 19; covered by either eligibility for Dr. Dynasour (Medicaid) or Vermont’s Immigrant Health Insurance plan (IHIP) a Dr. Dynasour look alike program for those who don’t qualify due to immigration status. FQHCs across the state all have slightly different definitions of household size and require different levels of income documentation for patients to be eligible for the slide. This means that for a farmworker on his own, making under minimum wage but working 75 hours a week who sends money home to cover daily living expenses for his parents, wife, and two children, his eligibility for low-cost care changes depending on which FQHCs he goes to. There is no public information on sliding fee scale offerings at Designated Mental Health Agencies (DAs) For the pregnant women and children covered by IHIP, the state insurance plan does not reimburse for services provided by the DAs which included services provided by DA staff who are imbedded in many FQHCs (Vermont Medicaid Programs Member Handbooks, 2023). Bill payment is a related issue that must be recognized; most farmworkers do not have a bank account nor credit card to pay bills online, via mail, or by phone.

**Language & Culture:** Across the 11 FQHCs, 10 DAs, and 5 free clinics in Vermont, there are only two with access to a Spanish speaking mental health provider and no providers to our knowledge who are Jamaican or have a unique understanding of Jamaican culture. There is one bilingual/bicultural Spanish speaking clinician who serves adults at a southern Vermont DA within the service area where there are the least amount of Spanish speaking farmworkers in the state. Currently Migrant Health Programs uses grant funds to buy out 2 hours of her time per week – an option utilized by both MHPs and a collaborating free clinic, the Open Door Clinic (ODC). ODC has one volunteer Spanish-speaking counselor who serves 1-2 patients per month via telehealth. Though more culturally and linguistically diverse states have larger numbers of providers who have experience working with Latinos and Jamaicans, current telehealth rules limited the number of patients an out of state provider can see without getting licensed to practice in Vermont (Vermont Secretary of State Website, 2023)

**Transportation:** 72% of farmworkers and family members served by Migrant Health in the past two years do not have their own transportation (MHP data, 2023). With the exception of non-urgent transportation available for the small number of migrant farmworkers or family members with Medicaid or IHIP, DAs, FQHCs, or Free Clinics do not offer transportation to health appointments. The Open Door Clinic offers telemental health services to address the transportation issues for clinical services. A 2022 qualitative study on transportation found that mobility has a significant impact on quality of life for migrant workers. Limited access to transportation affected migrant workers' ability to attend social gatherings and access community resources. (Duret-Hernandez et al, 2023)

**Accessible Hours:** Migrant dairy worker put in, on average 67.6 hours per week with a median of 70 hours per week (Baker, 2023). Those within the H2A program report working all daylight hours with the exception of a full or half day off a week, often on a Sunday. With the exception of free clinics, that often have evening clinic hours, FQHCs offer limited late afternoon or Saturday morning appointments. Designated Agencies operate during traditional standard business hours.

**Stigma:** The model of mental health care utilized in the U.S. is often at conflict with cultural perceptions of mental health issues among immigrants. A belief that health practitioners in the United States are unable to treat them properly may deter Latino immigrant farmworkers from seeking care (Holmes, 2013). Various studies have found that there is an increased incidence of the expression of physical symptoms (somatization) in Latino patients because of the stigma attached to expressing psychological pain. Among Latino and Black communities, fear of being labeled “loco” or crazy and thus

bringing shame upon the family, a perception that mental health conditions represent weakness, and privacy concerns further hinder receiving mental health care (National Alliance on Mental Illness, 2017).

**Additional barriers:** Service providers and migrant workers highlighted numerous barriers to improve and maintain positive mental health in addition to the aforementioned stigma, cost, and a lack of providers who have the language skills and cultural familiarity with the populations. There are no outreach staff across farmworker serving populations who are social workers or mental health providers. Isolation combined with limited time off, lack of transportation, lack of familiarity with, discomfort, and sometimes fear of navigating public predominantly white spaces makes it challenging for migrant workers to engage in mental health promotion activities off farm. Across most of rural Vermont there is a lack of built in community and local networks outside of the farming community. Additionally, there is a cultural pressure to sacrifice personal health and time to ensure their family has what is needed. (Stakeholder Meetings, 2022-2023)

## MENTAL HEALTH STATUS OF MIGRANT FARMWORKERS

A variety of programs, initiatives, and coalitions exist in Vermont that seek to address issues of economic justice and human rights, health access, educational services, and farm safety. Until recently, much of this work focused almost exclusively on the year-round Latino migrant farmworkers in the state. As such, the majority of knowledge and data about migrant workers, including the status of mental health among migrant farmworkers has been gleaned from research and programming that does not include Jamaican workers. In the fall of 2022, Farm to Plate organized a first of its kind farmworker panel with support from community-based organizations and project leaders. Both in person and through recorded videos, Jamaican and Latino current and former farmworkers share their experiences living and working in Vermont. One of the questions asked of participants was “If you could dream of what the best situation would be for you in Vermont, what would that look like?” Both through their testimonials and answers to this question key quality of life topics emerged that are intrinsically linked to mental health: time off/rest, reunification with family either through family members being able to visit Vermont or workers here being able to visit their countries of origin with opportunity to return easily to Vermont, dignified housing, freedom from sexual harassment and discrimination, and easy access to low-cost health care (Farmworker Panel, 2022) These themes emerge within some of the data that is laid out below. In recognition of the differences that exist

between seasonal and year-round workers and the variation in accessible data, this section is organized to recognize separately the predominately Jamaican seasonal farmworkers and predominately Latino year-round workers.

**Seasonal migrant farmworkers**

Until recently, health related outreach and engagement with seasonal H2A farm workers in Vermont was limited. In the fall of 2020, Bridges to Health/Migrant Health Programs within UVM Extension conducted a program level Health Needs Assessment. To the authors’ knowledge, this was the first significant statewide health outreach effort to reach Jamaican workers by any Vermont based organization. While there was not a significant focus on mental health, a number of questions in the assessment provided some insight into the mental health and wellbeing of this workforce. Overall, respondents of the survey did not note significant issues with mental health. However, 59 workers responded indicating they would like to be seen if a mobile clinic were to visit the farm. Of those 59, 20% reported that they would like to be seen for mental health in addition to other topics that they identified. (Stettler & Wolcott-MacCausland, 2020)

<b>How many days in past 30 days was your mental health not good (n=61)</b>		
<i>Days</i>	<i>Frequency</i>	<i>Percentage</i>
No Days	58	95.1%
15 days	1	1.6%
30 days	2	3.3%
<b>In the past 30 days, for about how many days have you felt that you did not get enough rest? (n=68)</b>		
<i>Days</i>	<i>Frequency</i>	<i>Percentage</i>
No Days	65	95.6%
2 days	1	1.5%
30 days	2	2.9%
<b>During the past 30 days, how many days did poor physical or mental health prevent you from working or performing normal daily activities? (n=70)</b>		
<i>Days</i>	<i>Frequency</i>	<i>Percentage</i>
No Days	69	98.6%
1 day	1	1.4%
<b>What do you do with your free time in Vermont when you are not working? (n=59)</b>		
<i>Activity</i>	<i>Frequency</i>	<i>Percentage</i>

Sleep	23	32.9%
Relax	22	31.4%
Other	7	10%
Communicate with family	6	8.6%
<b>How would you rate your quality of life while in Vermont? (n=58)</b>		
<i>Rating</i>	<i>Frequency</i>	<i>Percentage</i>
Excellent	11	19%
Very Good	10	17.2%
Good	28	48.3%
Fair	7	12.1%
Poor	1	1.7%
Very Poor	1	1.7%
<b>Would any of the following improve your quality of life while you are in Vermont (n=91)</b>		
<i>Activity</i>	<i>Frequency</i>	<i>Percentage</i>
Off-farm recreation opportunities	23	37.7%
Access to religion activities	15	20.7%
Increased connection with workers on other farms	12	19.7%
Increased connection with local community members	10	16.4%
Access to greater variety of foods/spices etc.	7	11.5%
Educational opportunities for more work related skills	6	9.8%

*Mental health status among Jamaican seasonal farm workers in Canada*

Given the gap in data about the mental health status of H2A workers who are predominately from Jamaica, research within a similar migrant farmworker population in the Canada provides insight. A thesis written by Stephanie Mayell, a Canadian Anthropology of Health graduate student, explores the experiences of stress and resilience among seasonal Jamaican farmworkers in Canada. Though they are engaging in seasonal work in different countries, there are similarities across the H2A visa program in the US and the seasonal agricultural work program (SWAP) of Canada. An important difference is that many of the farms referenced in her research have dozens more workers per farm than the average

farm in Vermont, which likely impacts work and living conditions described in her work. Per region, there is also a significant difference in geographic distribution, scale and concentration of workers. For example, in one county of 64,000 residents, nearly 5,000 seasonal workers from Jamaica come to work each year. In Vermont, only one county receives over 100 workers. Mayell conducted twenty-one anonymous surveys and qualitative interviews with three Jamaican workers. Mayell notes that work conditions are causes of stress among this workforce but due to fear of being forced to return home without cause if work conditions are questioned, they choose to not address them. She found that Jamaican workers examined and explained their stress levels through the lens of physical health such as the measurement of their blood pressure. Respondents cited work stressors such as the physical labor, the sun, and pressure from their employers as causing elevated blood pressure. In some cases, stress was described as being a result of poor weather that impacts whether or not workers get their full pay in a given week and then later the pressures by employers to work harder to make up for weather related losses. Workers expressed concern that their relationship with the employer could result in not being asked back the following year.

Mayell identified five themes that emerged from her research that exist at the intersection of experiencing stress and the work and living conditions of being a seasonal farmworker: family, work environments, living conditions, illness and injury, racism, and lack of social connectedness. Being able to financially provide for their family drives their migration and the distance from family while working abroad causes homesickness and stress. At the same time, the financial incentive contributes to worker resiliency as they express wanting their children to have more and better opportunities than they had both in terms of an education and being able to purchase they feel is needed to live a good life. Long workdays, limited time off, a lack of workplace protections, and abusive employers/supervisors, and conflicts with seasonal workers from other countries, were identified as sources of stress that Jamaican's "suffered through" not wanting to risk the potential repercussions of not being able to return the following year. Sources of stress related to living conditions were the social isolation associated with a lack of transportation as well as bunk houses with limited privacy in poor condition with insufficient amenities shared between many workers. Racism and a lack of social connectedness was identified by study participants as a stressor and something they would like to see change in the community and local services that are provided. Finally, both fear of and confronting injury and illness are sources of stressors as an illness or injury could significantly affect their ability to

work and earn what they had hoped to earn in a season to support their family. Additionally, participants indicated a fear of seeking treatment for either a work injury or unrelated illness lest employers send them home (Mayell, 2016).

### Year-round migrant farmworkers

The mental health status of Latino migrant workers can be gleaned from a variety of programmatic sources by organizations who actively interface with this community as well as recent research studies. Social, cultural and linguistic isolation including being far from family and friends can affect mental health and wellbeing. The vast majority have traveled what can be a traumatic and life-threatening journey from their country of origin and once here have to navigate life in Vermont as an undocumented individual. While working within a relatively dangerous industry with limited safety regulations, they are at risk for occupational health issues and financial concerns related to being injured on the farm. The work setting can also be stressful due to communication challenges with employers, long work hours, and an unpleasant work environment.

The *El Viaje Mas Caro/The Most Costly Journey* story telling initiative initiated in 2015 by Open Door Clinics Outreach Nurse explored many of these themes. The main goal of the project was to create space for Spanish speaking farmworkers to share and process through the telling of their own lived experiences and then to share those stories with other farmworkers who could see themselves and their stories reflected in a way that could spark further conversations. Common themes of family separation and isolation, language barriers, traumatic journeys, fear and coping strategies were identified. The resulting stories highlight both the mental health vulnerabilities within this population and sources of strength and resilience. Collectively, the stories provide anecdotal evidence of the life stressors and anxieties faced by farmworkers in Vermont (Bennet et. al, 2021)

The use of Migrant Justice's farmworker assistance hotline provides some additional insight into key concerns of migrant farmworkers. The organization is contacted by predominately Spanish speaking farmworkers seeking assistance an average of 150 times per year. Reasons for calls can range from seeking information about getting a driver's license in Vermont, stolen wages, housing improvements, police or immigration stops, domestic violence or assistance with navigating a DUI. While some calls expose a potential benefit to accessing mental health services from the outset such as calls related to trauma, domestic violence, or mistreatment/abuse on a farm, other calls may focus initially on a resolution of a particular challenge not directly related to mental health. However, in the course of

conversations with Migrant Justice staff, a referral for services is determined to be beneficial. Migrant Justice reports they are not always successful in finding the needed mental health resources and have identified a need for more education about mental health (M. Canedo, Personal Communications, December 12, 2022).

Researcher Dan Baker's stress surveys in 2016 and 2019 utilizing the Migrant Farmworker Stress Inventory (MFSI) revealed the top causes of stress identified by 239 participants and degrees of stress. Several studies have utilized a score of 80 or greater on the MFEWSI as the diagnostic criteria for clinically significant stress. Utilizing this criteria, more than a third (36.5%) of participants in the 2016 study would be considered at risk. While the authors note the challenges of utilizing the MFWSI as an index of stress, it provides some measure where none other currently exists. Using this metric, workers living within 50 miles of the Canadian border (an area where border patrol presence is more significant) were more likely to fit the criteria for clinically significant stress. Those with concerns about having enough food to eat in the previous month were also more likely to have higher degrees of stress than those who reported no stress related to food access. Additionally, workers who participated in the study during colder months were more likely to have caseness for stress than those interviewed outside of the winter months.

Between the two stress studies conducted by the Baker team in 2016 and 2018/19 there was little change in the top 10 stressors. The primary issues include issues surrounding immigration, work conditions including fear of work injuries, and social isolation including family separation and communication challenges. (Baker, et al. 2021)

2016 Top 10 causes of stress for Latino dairy farmworkers (n=173)		2019 Top 10 causes of stress for Latino dairy farmworkers (n=66)		
Question	Ordinal Rank	Question	N	Ordinal Rank
Migrating to this country was difficult	1	It is difficult to be away from family members	66	1
I worry about being deported	2	Migrating to this country was difficult	66	2
I worry about not having a permit to work in this country	3	I worry about being deported	65	3
It is difficult to be away from family members	4	I worry about not having a permit to work in this country	64	4
I have difficulty understanding other people when they speak English	5	I have difficulty understanding other people when they speak English	66	5
<i>I am concerned about being injured working on a dairy farm in the US</i>	6	<i>I am concerned about being injured working on a dairy farm in the US</i>	66	6
I have difficulty communicating in the English language	7	I have difficulty communicating in the English language	66	7
It is difficult to be away from friends	8	Sometimes I don't feel at home	66	8
Sometimes I don't feel at home	9	I feel isolated	66	9
I have to work in bad weather (tie)	10	At times I have to work long hours	66	10
At times I have to work long hours (tie)	10	I have to work in bad weather	66	11

A review of internal surveys and interviews conducted by Migrant Justice by Bindu Panikkar and Mary-Kate Barrett provides some data related to the top causes of stress identified in the Baker studies. Concern about an employer potentially calling immigration services was identified by 37% of 107 dairy workers surveyed in 2019. Key informants who were interviewed indicated that the perceived risk of detention for those living close to the Canadian border furthered social isolation with workers reporting being afraid to leave the farm. Further impacting social isolation are the long work hours that many report. The 2019 survey results indicate that 38% of workers put in 12 hour shifts or more, 24% report not having a break during their work shift and nearly a third (30%) work seven days a week. Almost a quarter were found to not have time to sleep for eight continuous hours a day (Panikkar & Barrett, 2021). Findings from Baker's 2023 survey indicate the amount of sleep per day is moderately stressful for over 21% of respondents and extremely stressful for an additional 5% (Baker, 2023). Work place safety, a top stressor in Baker's survey, was identified as a key issue in the Panikkar/Barrett review of Migrant Justice data, both due to exposure to chemicals on the job as well as limited use of protective gear such as glasses (29%) and masks (44%). Workers reported limited training on safety issues such as animal handling, chemical safety, and machinery use with only 25%-50% reporting having received training on these topics. Both reactions to exposure to chemicals or environmental factors and musculoskeletal injuries or pain related to repetitive motion risks were identified by at least half of survey respondents.

The mental health concerns surfaced in about 67% of interviews with 64% of workers noting feelings of stress and 40% of workers reporting that they felt depressed. Stress related to concerns of losing their job showed up in 29% of interviews. Key informant interviewees highlighted isolation and lack of socialization opportunities as well as sexual harassment as additional mental health concerns (Panikkar & Barrett, 2021)

Doris, a bilingual clinician who has worked with nearly 50 migrant farmworkers over the past three years, underscores the community's resilience in the face of incredible challenges such as what has been described previously. "They typically have experienced scarce financial, health, and educational opportunities in their country of origin. The journey to the US is taken with great risks and at great peril to their lives. It is a monumental undertaking fueled by dire need and dreams of a brighter future. Most migrant farmworkers report experiences of being exposed to grave danger, of being panic stricken at different points in their journey, of hunger and thirst, of not having a safe place to rest when consumed with exhaustion, of uncertainty about whether they will make it across the border, and of course of the grief and loss of leaving behind the families they love.

It takes a special person to take these risks. One would have to assume that this is not the journey for the faint of heart. The courage, stamina, sheer will power and determination to reach their goal are already factors that speak of resilience. The work they do here in the US is often looked at as a sacrifice (etymology of the word: to make holy) for the benefit of their families back home. This gives deep meaning and purpose to their work. The hours of toil and isolation are offered up against a backdrop of hope, love, and the promise of a better future.

Alongside the difficulties they face, there is an equal if not greater unwavering sense of gratitude for the opportunity they have in the US to work, to make money, and provide for their loved ones back home. As many times as I have heard a migrant farmworker report feelings and symptoms of depression and anxiety which could be severe and present for any number reasons, they typically follow up with one of the hallmarks of emotional resilience- acknowledgement and deep gratitude for the opportunities they have been given.

The migrant farmworkers tend to enjoy a strong sense of Self based on identities forged with within a largely homogenous, rich culture steeped in traditions with deep roots. When faced with the feelings of being outsiders, isolation, fear of being discovered and hence deported, of looking different, and

often not speaking the language in this dominant English-speaking culture, they have some inner resources from which to draw a sense of Self that helps them withstand this assault on the ego. In addition, most come from families where for generations worship has been vital part of their lives. A belief in a transcendent God cushions the blows and vicissitudes of life. Their faith is a powerful resource often called upon in times of uncertainty and when obstacles seem unsurmountable.” (Russell, 2023)

### [Summary of Migrant Farmworker Mental Health Considerations from Service Provider and Farmworker Meetings](#)

Discussions among thirty seven participants in the service provider meeting in December, 2022 highlighted, among other topics, work related stressors for migrant farmworkers. Some report stress as a result of inadequate housing and workplace injuries that go unaddressed or are inadequately addressed by farm owners. The power dynamic between employees and employers plays out in the tension between wanting be financially stable and fear of losing work and housing if they speak up about a work injury (or pursue workers compensation) or take needed time off to heal. There is a power dynamic between employers and employees that can create barriers to farmworkers thriving and accessing needed supports. At the same time, farm owners also face myriad stressors that may also go unaddressed. Communication challenges impact relationships with employers and can contribute to stress and anxiety. Spanish speaking farmworkers often have limited English while Jamaican workers and Vermont employers have different accents and speech patterns. Farmworkers may not understand their employer (and employers sometimes yell) but are fearful of saying they do not understand.

Both Jamaican and Latino farmworkers face financial stressors due to the weight/expectation of supporting immediate and extended family members in their country of origin. Youth who may have interest in continuing their education feel pressure to make money so forgo their goals and interests for the sake of their family. Stressors for seasonal Jamaican workers lie at the intersection of financial goals, physical labor demands and work hours and concerns that requests for workplace changes or time off could result in not being offered a job the next season. Additionally, Vermont’s physical and cultural landscape is drastically different from the home contries of migrant farmworkers so it can be hard to adjust. Farmworkers face stressors associated with lack of racial, ethnic, and cultural diversity in Vermont. There is an unknown impact of racism in the workplace and as farmworkers navigate health

care and community based services and opportunities. Children of farmworkers experience racism and bullying in the schools.

Undocumented farmworkers may have unaddressed trauma from their home communities, immigration journey and/or separation from children and families. Women are disproportionately impacted by trauma related to sexual assault, emotional and physical abuse in countries of origin, during the trip to the United States and while on farms in Vermont. Social isolation and physical separation from life partners/spouses impacts options and approaches to sexual relationships which in turn impacts relationships with family members at home and in some cases the physical health of farmworkers in the form of STIs. Farmworkers sometimes experience grief and loss of family members in Vermont or in countries of origin while lacking a robust support system to lift each other up. For parents in Vermont with children, witnessing generational cycle of migration and hardship can be stressful. Parents sacrificing for their children who end up in same situation as parents – overworked within the same industries. Substance use, especially alcohol, as a coping mechanism is a concern for service providers. (Service Provider Stake Holder Meeting, 2022)

Work related stressors for both Jamaican and Spanish speaking workers rose to the surface across four focus group meeting in the summer of 2023. Jamaican workers discussed working all daylight hours with just enough time left to eat, shower and sleep. They rarely leave the farm except for weekly shopping trips and sometimes on their day or half day off per week. A good day was identified as one in which they had a full day of work where as a bad day is one without work, work in bad weather, or if they are in need of something but the boss is too busy. A feeling of being replaceable and that employer's only care about the work can create stress. Payment on time and a concern about having work now and in the future shapes how they respond to their employers. There is a struggle between wanting to earn as much as possible while here but also needing some time off and not feeling like they have the flexibility to say no if a boss asked them to work on a day off.

Latino migrant workers agreed with the results of the previous stress surveys and added a few additional stressors: getting bad news including illness or death of a family member from far away and not being able to do anything, tension between financial commitment to the family which requires being able to work as many hours as possible and the need to care of one's self, the newness of everything including the culture, language, and different systems, and a difference between original hopes of achieving certain goals within a specific time frame and the reality. Similar to Jamaican

workers, Spanish speaking workers reported it was difficult to have time to take care of oneself, whether it be eating regular meals or going to the doctor. Employer/employee relations including power dynamics was also mentioned by several participants (Migrant Farmworker Stakeholder Meetings, 2023)

### Child and Adolescent Mental Health Concerns

According to program data from the Migrant Education Program and Migrant Health, there are currently at least 43 children from 26 families living in Vermont connected to farm work who traveled across the Mexican/US border by foot either with a parent or to be reunited with a parent or relative. Most of the children not traveling with a parent, experienced weeks or in some cases months of detention at the border, temporary holding units and/or in homes for unaccompanied minors prior to reunification with a parent after years of separation. The In-School-Youth Coordinator has identified over a dozen children that she works with who have experienced or witnessed trauma but have been unable to receive accessible, culturally and linguistically appropriate mental health care services.

She has identified many barriers to counseling including family taboos and different cultural views of mental health and cost for undocumented children, transportation and language. New arrivals just recently reunited with parents after years apart may not feel safe and comfortable enough to disclose a trauma or need for support to their parents or health care provider. Only one Spanish-speaking provider who is able to serve children in Vermont has been identified and referrals to services have been unsuccessful. (D. Sussmann Turo, Personal Communication, December 14, 2022)

Within the December 2022 Service Provider meeting, concern for migrant children on Vermont's farms rose to the surface. Participants with deep knowledge of the farmworker community added to the VMEP ISY Coordinator's observations. The number of children of farmworkers in Vermont are growing due to more pregnancies and more children traveling from Mexico and Central America with family members or to reunite after many years apart with a parent. Children and youth may feel disconnected from home community and culture while at the same time do not feel that they fit in in rural Vermont. Some children live in inadequate housing with parents who are not fully present due to long work hours. At times, children are left alone or with co-workers of parents who are unknown to children. Young children absorb the stress and trauma of those around them but have limited access to services. Parents, particularly mothers, lack the extended support networks that they would otherwise have in country of origin to care for their children (Service Provider Stakeholder Meeting, 2022)

### Mental health screenings and referrals for services

In 2018, Migrant Health Programs completed a pilot project funded by the Vermont Department of Health with a primary goal of assessing the benefits and challenges to part time lay health promoters utilizing SBIRT in the field. Health promoters had previously established relationships with many of these workers thus it is likely that some workers who were asked to participate were individuals that health promoters had already identified as potentially struggling with mental health or substance use. In this pilot project, 46 Spanish speaking year-round farmworkers (34 male & 12 female) on 30 farms across 10 counties were prescreened for risky alcohol use (AUDIT), depression (PHQ) and anxiety (GAD). Of those 46, 21 scored high enough on at least one of the prescreens to warrant a recommendation that they complete a full screening questionnaire. Of those 21 individuals, 11 scored high enough for which a referral to treatment was indicated. At the time, there were no bilingual counselors available at free or sliding fee clinics, so referrals were for English speaking providers utilizing interpretation. Only two of those 11 individuals accepted a referral for treatment; one individual attended a single interpreted appointment with an English-speaking social worker at a local Community Health Center where he received a partial discount while the other attended at a free clinic and continued interpreted counseling over a series of three visits. Despite most farmworkers declining referrals, health promoters reported that the clients wanted to keep talking to them about related issues. Additionally, health promoters reported that workers struggled with the scales provided and often wanted to qualify their answer (Wolcott-MacCausland, 2018).

<b>n=46</b>	<b># People</b>	<b>Percentage</b>
<b>Full screen indicated*</b>	<b>21</b>	<b>46%</b>
PHQ9	14	30%
GAD	9	20%
AUDIT	7	15%
<b>Some level of risk** (of total prescreened)</b>	<b>18</b>	<b>39%</b>
<b>Referral for treatment (of total prescreened)</b>	<b>11</b>	<b>24%</b>
<b>Referral for treatment (of total fully screened)</b>	<b>11</b>	<b>52%</b>
<b>Referrals accepted</b>	<b>2</b>	<b>18%</b>

*\*8 individuals prescreened for 2+ full screenings \*\* 6 people had some level of risk in 2 screens. Referral for treatment was for anyone who resulted as moderate to high risk*

Over the course of a three year outreach grant from 2018-2021, ODC and Bridges to Health (of Migrant Health Programs) explored the benefits and opportunities to incorporating mental health screenings and mental health promotion activities into their health outreach programs for Latino migrant farmworkers. The Open Door Clinic incorporated the depression pre-screening tool, PHQ2, into their yearly assessments with patients seen in clinic. Data from the previous three years demonstrates that among migrant farmworkers, just 1%-2% of patients who were prescreened, required a full screening and, of those, half received a referral for treatment as indicated by the PHQ9 result (J. Doucet, Personal Communications, November 2022).

Year	PHQ2	PHQ9	Referred for counseling	Referral accepted
2022	174	4	2	1
2021	173	2	1	1
2020	100	6	4	4

Little Rivers Health Care, a Federally Qualified Health Center, include mental health screenings in their bi-annual outreach visits to 6 to 8 Vermont farms reaching 50 to 60 year-round and seasonal farmworkers in Vermont’s Upper Valley. The health outreach program run by Dr. Steve Genereaux in collaboration with Project Salud of Dartmouth Medical School Workers utilizes the PHQ2 to identify potential mental health concerns. Out of 178 PHQ2 depression pre-screenings with farmworkers from 2019 through 2022, 29 individuals (16%) completed the PHQ9 and met the criteria of depression. In 2022, this resulted in one accepted referral to counseling. Counseling is ongoing with an English-speaking provider and a trained Community Health Worker interpreting (S. Genereaux, Personal Communication, December 14, 2022). In 2023, 13 workers screened positive for symptoms of depression on PHQ-9 screenings conducted on farm based health outreach visits with Little Rivers. An additional three are currently on medication under the care of a primary care provider. The primary care provider recommended mental health counseling for the 13 individuals who screened positive. Of those, five declined the referral outright, one began counseling with an English speaking provider and an interpreter, and seven were supported by the Bridges to Health Community Health Worker to connect to counseling through the mental health project between the Mexican Consulate (Ventanillas

de Salud) and the National Autonomous University of Mexico. Three had initial sessions, two are ongoing, one is waiting to begin sessions and another has been unresponsive. (M. Pineda Etter, Personal Communication, December 19, 2023)

Data from mental health screenings for Jamaican workers in Vermont is limited. Sixteen Jamaican H2A workers who participated in health screening activities between the fall of 2021 and 2022, answered PHQ2 and GAD mental health screening questions conducted by Bridges to Health of Migrant Health Programs. Health care providers noted that many workers struggled to specify an exact number of days over the previous 14 in which they felt down, depressed, anxious, or worried. Four of the sixteen provided a one-to-seven-day range for one or more of the four screening questions. Scores by two of sixteen workers indicated there was a potential mental health concern however neither was referred to a mental health clinician due to lack of accessible options. (Wolcott-MacCausland, 2023)

The Open Door Clinic administered the PHQ2 to 39 Jamaican workers living in Addison County in 2022 and 2023. None resulted in a need for further evaluation (J. Doucet, Personal Communication, December 17, 2023).

## UTILIZATION AND ENGAGEMENT IN MENTAL HEALTH SERVICES AND ACTIVITIES

### Mental Health Counseling Services

Independent from the PHQ2 screening prompting a PHQ9 screening then a referral, the Open Door Clinic receives referrals and requests for mental health services from farmworkers themselves and individuals trusted by the farmworker community. The Open Door Clinic and Bridges to Health staff noted anecdotally that migrant workers referred to English speaking counselors seemed to either not accept the referral or attend only a session or two. In October of 2020, they utilized grant funds to begin buying out up to two hours of time per week from the only bilingual/bicultural clinician available within the Designated Mental Health Agencies across the state. From May 2022 through August 2023, additional grant funds were used by the Open Door Clinic to contract with a private bilingual clinician. Services were offered free regardless of which counselor provided the service, required minimal paperwork, and did not utilize screening tools unless indicated after relationships were established. The vast majority of the patients seen by clinicians were not a result of an indicated referral on a screening tool. Some are self-referrals where individuals ask for mental health supports directly. The majority of patients seen have been a result of in-depth conversations with trusted outreach staff and

peers from the Open Door Clinic, Migrant Health, Migrant Justice, and the Migrant Education Program. The Outreach Nurse from the Open Door Clinic says, *“In the past, patients never attended more than a handful of sessions prior to our ability to offer a bilingual counselor. When we had access to increased hours from a Spanish speaking clinician, we had five patients who saw her regularly for over six months.* “The dramatic increase in numbers of unique patients and number of sessions per patient receiving services was due, in large part, to the availability of timely and free tele mental health counseling services in Spanish (J. Doucet, Personal Communication, November 2022)

<b>Year</b>	<b>Unique patients seen by clinician</b>	<b>Patients attending interpreted appointments</b>	<b>Patients served by a Spanish speaking provider</b>	<b>Total visits</b>
2022	33	5	28	146
2021	19	7	12	65
2020	7	6	0	17

Though data about engagement in mental health counseling among migrant farmworkers from 2023 is forthcoming, anecdotal evidence indicates that the number of workers receiving mental health services through the ODC has declined since funding for the Spanish-speaking counselor ended in August (J. Doucet, Personal Communication, December 17, 2023). Since connecting with the Mexican Consulate Ventanillas de Salud mental health project through the National Autonomous University of Mexico in 2023, 10 Mexican national farmworkers have been connected to services of whom, four attended 3 or more sessions (M. Pineda Etter, Personal Communication, December 19, 2023)

[Mental Health Promotion Activities](#)

A limited array of mental health and wellbeing promotion activities have been offered to Latino migrant farmworkers over the past five years, most often connected to the availability of grant funding. A 2018-2021 outreach grant that supported a four-organization consortium consisting of Bi-State Primary Care Association, Vermont Care Partners, the Open Door Clinic and UVM Extension (Migrant Health Programs) through the Office of Rural Health Policy (HRSA) included a mental health focus. In addition to outreach to Designated Mental Health Agencies and Mental Health First Aid training for outreach staff, the grant included activities exploring the incorporation of mental health promotion activities into on-farm outreach. This funding created some capacity within Bridges to Health’s part time Community Health Workers (aka Promotores de Salud) to offer migrant workers and their family members opportunities to explore topics of wellbeing and strategies to reduce stress and

cope with some of life's challenges. Pre-COVID, very part time Bridges to Health outreach staff (who had a primary role within the Migrant Education Program and were also responsible for supporting access to health care services) asked workers and their family members if they were interested in talking about their wellbeing. They then used a wellbeing wheel to navigate conversations about how satisfied or unsatisfied workers were with a range of topics from quality and quantity of sleep to food access to their social life and level of happiness and stress. Willing workers were offered an opportunity to choose a mental health promotion activity to try out with outreach staff. Activities included short, guided activities in Spanish on YouTube such as progressive muscle relaxation, deep breathing, affirmations, gratitude, dancing and coloring. During COVID, due to a need to utilize outreach staff for COVID response activities, grant funds paid for a part-time staff member to focus solely on mental health and wellness activities. She continued to offer access to short mental health promotion activities but also incorporated virtual and in person yoga, snowshoeing, bike riding, journaling, and group cooking activities. An average of 66 farmworkers or family members over each of the three years of the grant participated in 279 mental health promotion activities (118 unique individuals). Fourteen farmworkers participated in 6 to 12 sessions each.

Dario\* was one of these workers. He described his workday as “hard and long without breaks.” He said that living isolated with no-one nearby to visit and working all the time meant that he often would go from work to the house and back to work without connecting with anyone off the farm. He often felt “stressed, isolated, and bored.” He had never heard of yoga and meditation before. The outreach worker explained that both practices could help both his body and mind. He met in person a few times when the weather was nice last year and then did some sessions virtually. He says that yoga “helped his body relax after the stress and exhaustion of daily work.” The meditation helped him “concentrate his mind and let go of the things that are bothering him.” Dario did not have a lot of time in his day and prefers to do sessions with someone else. Dario says he felt “happier and lighter” after doing both yoga and meditation and that both have helped with his sleep – something that was a challenge for him previously. Comprehensive evaluation data is not available about the mental health impact as a result of participating in this mental health promotion outreach (Wolcott-MacCausland, 2023).

During the height of the COVID pandemic, Vermont Care Partners created COVID Support Vermont. This program provided brief crisis counseling that began in 2020 and ran through 2022. Resources developed included self-help tips, wellness resources, and referrals to existing mental health and

community services. Staff created a WhatsApp option for Spanish speakers to be able to communicate directly with a bilingual social worker who also conducted direct outreach at ODC clinics. Numbers of migrant farmworker participants in this programming is unknown (S. Rueschemeyer, Personal Communication, October 4, 2023).

The Vermont Migrant Education Program offers some mental health related services and educational opportunities. Nationally, the MEP Out of School Youth (OSY) Consortium has created bilingual mental health lessons utilized on occasion by Vermont outreach staff. The underutilized lessons (due to lack of capacity) provide outreach staff and teachers of migrant youth with lesson plans across key topics such as alcohol use, anxiety, depression, mental health, and stress. The OSY Coordinator oversees a mentoring project in which Spanish speaking adult mentors are matched with VMEP enrolled migrant farmworker youth, ages 16 to 21 to provide friendship and positive support. Mentors commit to spending at least 4 hours per month spread out over 2-4 sessions and generally take students off the farm for activities. At the end of 2022, 6 OSY were actively participating (E. Hamilton, Personal Communication, December 12, 2022). In late winter of 2023, MEP organized its second annual collaboration with Unlikely Riders to bring together 7 youth farmworkers to learn to x-country ski. MEP and Migrant Health Program staff and volunteers provided transportation and interpretation (R. Heine, Personal Communication, December 12, 2023)

Over the past 5 years in Addison County, the Open Door Clinic has organized an assortment of soft funded mental health and wellbeing promotion activities for Latino farmworkers. In 2018, ODC organized a 9-week men's group in Middlebury that was attended by 5 to 11 individuals each session. In the fall of 2022, ODC coordinated and led an 8-week women's group attended by eight women. In the spring of 2023, an ODC staff member began a new grant funded project that is focused on increasing access to mental health promotion activities. She has held a 6-week women's support group attended by five participants and an 8-week support group open to any gender attended by six participants. Six to 8 participants per class and a 7-week fall series was attended by 6-10 participants along with some infants attended a 6-week series of yoga in the spring. A Fish and Wildlife collaboration sponsoring a fishing clinic was attended by 11 adults and 5 children. Three participants attended two fall hiking events. The funding for this position ends in May (J. Doucet, Personal Communication, December 6, 2023)

Additional surveys indicate there are mental health benefits to having trusted community members who can assist in access to health related services and that there is interest among farmworkers to learn about stress management. An online trust survey by Migrant Health between 2022 and 2023 found that 92% of the 92 participants indicated they felt emotionally better most of the time or all of the time after seeing or talking to a Spanish or Patois speaking Community Health Worker from Bridges to Health or bilingual Patient Support/Outreach Staff member from the Open Door Clinic (Wolcott-MacCausland, 2023). Seventy three percent of 96 respondents to a stress question embedded within ongoing dairy farm safety research indicated they were interested in learning about personal practices to manage and reduce stress, similar to migrant farmworkers in New York (Baker & Meyerhoff, 2023).

## MENTAL HEALTH CONTINUUM AND CURRENT ACCESSIBLE PROGRAMING



Mental health as defined by the World Health Organization “is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.” Migrant farmworkers and their family members have unique experiences and support needs that vary from person to person and change over time along the mental health continuum. With such varied and significant barriers as identified previously, the majority of mental health promotion, prevention, and treatment initiatives and services intended for all Vermont residents, are inaccessible to migrant workers.

When considering the need for both clinical services and mental health promotion activities, for example, Designated Mental Health Agencies (DAs) are often mentioned. In a legislative update at the beginning of 2023, Vermont Care Partners (statewide network of DAs) cited significant staff turnover and vacancy rates which impacts capacity both at the DAs as well as at the FQHCs where they have staff embedded. In a November 2023 meeting with leadership from Vermont Care Partners and three DAs in areas with larger numbers of farmworkers, participants expressed a keen interest in and commitment to improving access to care for migrant farmworker. At the same time, they identified significant constraints to being able to meet the needs currently: staffing, funding, inability to provide

transportation, lack of bilingual/bicultural staff and limited experience serving the population in either an outpatient or outreach capacity (Vermont Care Partners and Designated Agency Meeting, 2023). Farm First, a program of the Vermont Agency of Agriculture run by Invest EAP, is a free program for farmers and their family members with the primary goal of helping reduce stress by addressing both personal and work related issues. Farm First staff, after hearing from the impacted individual about their situation, can connect farmers to resources, to their Peer Farmer Network and to short-term counseling with licensed clinicians. They have a unique perspective and understanding of the agricultural industry in Vermont. However, Farm First is currently not funded to serve migrant farmworkers (Farm First, 2022)

Migrant workers are unlikely to be able to participate in community based mental health promotion and wellness programs that may be free and aim to help individuals build coping skills, engage with nature, and increase social connections due to work schedules, transportation, language or fear. Despite the critical attention being placed on health equity currently, systems change is slow. Accessibility for migrant farmworkers means services and programs that: have an outreach component, offer home visits and/or coordinate transportation, have telehealth options that do not require an email address, provide opportunities to participate outside of “normal” business hours, services that are free or low cost, services that have in-person interpretation or bilingual and/or bicultural providers, and have little to no up-front administrative paperwork.

There are a range of initiatives and programs in Vermont that either directly or indirectly address some of the identified needs related to mental health of migrant farmworkers as well as areas in which there are significant gaps in accessible services. While it may be easier to conceptualize and describe programming needs for direct mental health services such as access to affordable culturally and linguistically appropriate mental health clinicians, we argue it is of equal importance to consider the existence of and need for a range of indirect initiatives, activities and services particularly in the “thriving” and “surviving” range of the continuum. For example, social events like soccer games can help reduce social isolation. Farm safety programs address one of the major stressors that dairy farmworkers have identified. English language education facilitates communication across a range of needs from expressing food preferences to communicating at work and explaining what someone is going through in crisis. Below is a list of existing accessible programs, initiatives, and services that are known to help farmworkers and their family members across the mental health continuum. Due to the

drastic difference in amount and breadth of supports for Latino year-round farmworkers as opposed to Jamaican seasonal farmworkers, there are two charts.

**PROGRAMS, INITIATIVES, AND SERVICES ACROSS THE MENTAL HEALTH CONTINUUM SERVING SPANISH SPEAKERS\*+**

Community level Promotion (Thriving)	Community level Prevention (Surviving)	Indicated Prevention (Struggling)	Mental Health Treatment (In Crisis)
<i>Health care prevention and access to services</i> <ul style="list-style-type: none"> <li>• <a href="#">Migrant Health Programs</a> -statewide</li> <li>• <a href="#">Open Door Clinic</a> – Addison County</li> <li>• <a href="#">Little Rivers Health Care</a> &amp; <a href="#">Project Salud</a>- Dartmouth - N. Orange County</li> </ul>		<i>Out-patient treatment</i> <ul style="list-style-type: none"> <li>• <a href="#">ODC/Migrant Health</a> limited access to grant funded or volunteer bilingual/bicultural clinicians – virtual</li> <li>• <a href="#">Ventanillas de Salud collaboration with UNAM</a> for Mexican Nationals -virtual</li> </ul>	
<i>Food Security</i> <ul style="list-style-type: none"> <li>• <a href="#">Migrant Health Programs</a>- Select Counties</li> </ul>	<i>Peer counseling</i>		<i>Mental health crisis lines</i>
<i>Housing security/ safety/ quality</i> <ul style="list-style-type: none"> <li>• <a href="#">Milk with Dignity</a> – on enrolled farms</li> <li>• <a href="#">Champlain Housing Trust : VT Farmworker Housing Pgrm</a> – enrolled farms</li> </ul>	<i>Support groups</i>		<i>Intensive outpatient</i>
<i>Education &amp; leadership programs</i> <ul style="list-style-type: none"> <li>• <a href="#">Migrant Education Programs</a> – Statewide for enrolled students</li> <li>• <a href="#">Migrant Justice</a> - Statewide</li> <li>• Juntos – Middlebury College – Addison County</li> <li>• Addison Allies –Addison County</li> </ul>	<i>Assessment, short term counseling &amp; referrals</i>		<i>In-patient treatment</i>
<i>Worker rights/response programs</i> <ul style="list-style-type: none"> <li>• <a href="#">Migrant Justice</a> - Statewide</li> <li>• <a href="#">Milk with Dignity</a> – on enrolled farms</li> </ul>			
<i>Systemic &amp; individual issues of discrimination, racism, immigration</i> <ul style="list-style-type: none"> <li>• <a href="#">Migrant Justice</a> - Statewide</li> </ul>			
<i>Mental health and wellbeing promotion, coping skills and strategies</i>			
<i>Resource Lines</i> <ul style="list-style-type: none"> <li>• <a href="#">Migrant Justice</a> - Statewide</li> <li>• <a href="#">Milk with Dignity</a> – for enrolled farms</li> <li>• <a href="#">Migrant Clinicians Network</a> – Statewide, virtual</li> </ul>			
<i>Social supports, relationships, trusting networks, mobility</i> <ul style="list-style-type: none"> <li>• <a href="#">Migrant Justice</a> - Statewide</li> <li>• <a href="#">Migrant Education Program</a> – Statewide for enrolled students</li> <li>• Addison Allies – Addison County</li> </ul>			
<i>Spiritual Resources</i> <ul style="list-style-type: none"> <li>• Some church services and pastors/priests who speak Spanish – Addison &amp; Chittenden</li> </ul>			
<i>Workplace safety programs</i> <ul style="list-style-type: none"> <li>• UVM DBIC- Farmworker safety</li> <li>• <a href="#">Milk with Dignity</a> - for enrolled farms</li> </ul>			

\*Vermont based programs/projects listed within a given category address barriers to services for migrant workers and are easily accessible to migrant workers and family members  
 +Does not fully indicate the depth or breadth of programs nor funding or geographic constraints

**PROGRAMS, INITIATIVES, AND SERVICES ACROSS THE MENTAL HEALTH CONTINUUM SERVING JAMAICAN WORKERS\*+**

Community level Promotion (Thriving)	Community level Prevention (Surviving)	Indicated Prevention (Struggling)	Mental Health Treatment (In Crisis)
<i>Health care prevention and access to services</i> <ul style="list-style-type: none"> <li>• <a href="#">Migrant Health Programs</a> -statewide</li> <li>• <a href="#">Open Door Clinic</a> – Addison County</li> <li>• <a href="#">Little Rivers Health Care</a> &amp; <a href="#">Project Salud</a>- Dartmouth - N. Orange County</li> </ul>		<i>Out-patient treatment</i>	
<i>Food Security</i>	<i>Peer counseling</i>	<i>Mental health crisis lines</i>	
<i>Housing security/ safety/ quality</i> <ul style="list-style-type: none"> <li>• <a href="#">Champlain Housing Trust : Vermont Farmworker Housing Repair Loan Pgrm</a> – enrolled farms</li> </ul>	<i>Support groups</i>	<i>Intensive outpatient</i>	
<i>Education &amp; leadership programs</i>	<i>Assessment, short term counseling &amp; referrals</i>	<i>In-patient treatment</i>	
<i>Worker rights/response programs</i> <ul style="list-style-type: none"> <li>• <a href="#">Pine Tree Legal Assistance</a> - virtual</li> </ul>			
<i>Systemic &amp; individual issues of discrimination, racism, immigration</i>			
<i>Mental health and wellbeing promotion, coping skills and strategies</i>			
<i>Resource Lines</i> <ul style="list-style-type: none"> <li>• <a href="#">Jamaican Liaison Officers</a></li> </ul>			
<i>Social supports, relationships, trusting networks, mobility</i>			
<i>Spiritual Resources</i>			
<i>Workplace safety programs</i>			

*\*Vermont based programs/projects listed within a given category address barriers to services for migrant workers and are easily accessible to migrant workers and family members  
+Does not fully indicate the depth or breadth of programs nor funding or geographic constraints*

## PROGRAMMING RECOMMENDATIONS FROM SERVICE PROVIDER AND FARMWORKER MEETINGS

Over the course of 8 months, a service provider meeting and four migrant farmworker meetings brought together a wide range of individuals with a vested interest in programming that better responds to the mental health and wellbeing needs of migrant farmworkers in Vermont. Below are recommendations that emerged from these meetings to support farmworkers across the mental health continuum.

- Maintain an up-to-date accessible list of farmworker serving organizations that includes scope of work, contact information, and referral process.
- Stabilizing funding for current farmworker focused programming so it can be responsive to community needs not grant dependent.
- Increase opportunities for farmworkers and family members to participate in on-farm and community based activities including stress management trainings, social events, music, food events, sports, clubs, educational services, after school programming, and mentoring. Opportunities must ensure transportation, cost, time, and language barriers are addressed.
- Creation of programming that improves opportunities for farmworkers and family members to integrate within their local communities. Opportunities must ensure transportation, cost, time and language barriers are addressed.
- Promote comprehensive farm safety training for new employees as well as ongoing refreshers and expanded trainings.
- Advocate for consistent utilization of workers compensation for work related injuries and promote increased worker awareness of workers compensation rights.
- Standardized assessment and oversight to ensure adequate employer provided housing on farm
- Complete an evaluation of mental health impacts of work being done by existing organizations and programs serving farmworkers to inform and strengthen future programming
- Engage in-farm mental health outreach and education to improve awareness about mental health and reduce stigma
- Create educational opportunities for outreach staff from farmworker serving organizations and for farmworkers to improve knowledge and skills to identify signs of mental health

struggles and how to best supporting community members who may be struggling with mental health, are in crisis or have suicide ideation.

- Strengthen relationships between farmworker serving groups and organizations well poised to meet mental health promotion interests and clinical needs. This includes Unlikely Riders, Releaf Collective, Farm first, and the Ventanillas de Salud/UNAM collaboration.
- Offer professional development opportunities for service providers to learn more about farmworkers, what their mental health related needs are and how to ensure access to services.
- Improved and sustainable access to clinical mental health services that address barriers to care and meet linguistic and cultural needs of farmworkers for short term and long-term needs as well as crisis response.
  - Support policy changes to make licensure for mental health clinicians and provision of services across state and country borders easier.
- Improved access to clinical services for children and training for school-based clinicians on mental health concerns among migrant children.
  - Support policy changes to the Immigrant Health Insurance Plan to cover mental health services provided by Designated Mental Health Agencies

## CONCLUSION

A thorough review of existing research and programming data combined with meetings with service providers and farmworkers led us to eight key findings. First, workplace conditions, compounded by social and structural determinants, cause migrant farmworker stress while also limiting opportunities to maintain positive mental health and wellbeing. Second, Jamaican farmworkers are underserved across the mental health continuum. Third, the availability of, access to, and utilization of mental health promotion activities and counseling services tailored to migrant farmworkers has been inconsistent due to reliance on grant funding, raising issues for sustainability and reliable, trustworthy patient care. Fourth, there are extremely limited accessible and sustained options for mental health services for migrant farmworkers within the health care system in Vermont. Fifth, migrant farmworkers who have utilized mental health counseling services in the past three years were primarily referred through interactions with people within trusted organizations that engage in outreach with the community rather than through standardized screenings. Sixth, migrant

farmworkers and their family members will utilize mental health counseling services if they are free, provided by Spanish speakers and transportation issues are addressed. Seventh, there is a need for mental health counseling for children and youth by Spanish speaking counselors who understand the complexities of the migrant experience. Lastly, migrant farmworkers are interested in opportunities to engage in on-farm and community-based education and activities that can contribute to positive mental health at an individual and community level.

## RECOMMENDATIONS

The below recommendations correspond to the eight key findings of the assessment.

### **Support national and state level policies, initiatives, and programs that improve workplace conditions for migrant farmworkers.**

- Support comprehensive immigration reform that provides legal status to migrant farmworkers across the agricultural industry.
- Initiate a process that invites participation from farmworkers, farmers, advocates and service providers to develop and implement Vermont-scale farm workplace standards that address farm safety, health, housing and work environment.
- Increase oversight of workers' compensation utilization to ensure access to health care services, coverage of medical expenses and compensation for work time missed.
- Promote comprehensive farm safety training and access to Personal Protective Equipment for new employees as well as ongoing refreshers and expanded training for all employees.
- Support worker housing improvement initiatives.
- Support access to workplace English classes.

### **Stabilize funding for farmworker health outreach programs across the state increasing capacity to respond to physical, mental, and social health needs across the continuum.**

- Increase and fully fund the required number of outreach staff within existing health-focused farmworker serving organizations to ensure capacity to attend to the wide range of physical, mental, and social needs across all corners of the state. Ensure positions include tailored outreach to Jamaican farmworkers. Existing farmworker serving organizations with a health focus include the Open Door Clinic, Migrant Health Programs of UVM Extension, and Little Rivers Health Care.
- Offer training for outreach staff across farmworker serving organizations and farmworkers on how to recognize and respond to mental health needs of community members.

- Incorporate on-farm mental health education to increase awareness of the importance of attending to mental and social health while also working to reduce stigma.
- Organize regional mental health promotion events in collaboration with community-based organizations that have expertise in mental health and wellbeing programming. Ensure identified barriers to participation such as transportation, cost, and language access are addressed.
- Offer on-farm and/or online trainings in stress management techniques.
- Create and maintain an up-to-date, accessible list of farmworker serving organizations that includes scope of work, contact information, and referral process.
- Develop professional development/learning opportunities for farm owners, service providers, including school counselors, to learn more about the migrant farmworker population, mental health challenges and how to address systemic and individual barriers to care.

**Fund a statewide telemental health model to improve and sustain access to clinical mental health services that address barriers to care and that meets the linguistic and cultural needs of farmworkers for short term and long-term needs and crisis response.**

- Identify and fund a statewide health entity that has the interest, commitment, capacity and experience to oversee the program. Potential organizations include Vermont Care Programs and Invest EAP.
- Hire part time clinicians who speak Spanish, and ideally Patois, who have an understanding of the migrant experience, the flexibility to serve workers outside of traditional business hours and who can serve children/youth. If bilingual/bicultural clinicians are embedded within a Designated Agency, ensure they can serve migrant workers regardless of where they live in Vermont. Should be able to accept Medicaid and IHIP insurances.
- Ensure low barriers to access services. Low barriers include free services, an online platform to connect to services, no email required, minimal registration requirements, and no required screenings until a relationship has been established.
- Provide headsets and phone stands to patients as needed for those who have access to Wi-Fi and want to participate from home but live in homes with limited privacy.
- Partner with farmworker serving organizations, local health organizations and community-based organizations to identify free and private off-farm locations to participate in telehealth, with coordinated transportation if needed.

- Partner with the Vermont Migrant Education Program and schools to support access to counseling during the school day from a private location.

**Support health care policies that can contribute to increased access to low-cost mental health services.**

- Support policy changes to make licensure for mental health clinicians and provision of services across state and country borders easier to increase availability of bilingual and bicultural providers.
- Support policy changes to the Vermont Immigrant Health Insurance Plan to cover mental health services provided by Designated Mental Health Agencies.

### ESTIMATED ANNUAL PROGRAMING COSTS

The estimated cost to implement programming that responds to the recommendations centered on mental health promotion and access to clinical care are detailed within the below chart:

**Annual Programming Costs to Respond to Assessment Recommendations**

<b>Telemental Health Program</b>		
Spanish speaking Adult Mental Health Clinician	20 clinical hours per week plus 4 hours of admin/coordination time @ \$150/hour	\$187,200
Spanish speaking child/youth clinician	6 hours per week plus 1 hour of coordination time @ \$150/hour	\$54,600
Clinician with understanding of/connection to Jamaicans	4 hours per week plus 1 hour of coordination time @ \$150/hour	\$39,000
Headsets and phone stands	50 of each	\$1,750
Transportation	40 appointments	\$4000
<b>TOTAL</b>		<b>\$280,800</b>

<b>Farmworker Health Outreach – Addressing Physical, Mental, &amp; Social Needs</b>		
Spanish Speaking Community Health Workers	Equivalent of 4 FTE full time, year round	\$312,000
H2A focused Community Health Workers	Equivalent of 1.33 FTE (10-month position plus 6-month position)	\$103,740
Community Health Worker Program Coordinator	.7 FTE	\$68,796
Phones	Cell phones	\$5,880
Mileage/Transportation		\$34,200
Supplies	Health outreach supplies, printing, postage	\$14,000
Training/PD		\$20,000
<i>Direct total</i>		<i>\$558,616</i>
Indirect (estimate)		\$117,309
<b>TOTAL</b>		<b>\$675,925</b>

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## APPENDICES

### Appendix A: Statement of Resilience of Spanish Speaking Migrant Farmworkers in Vermont

11/30/2023

I have worked with approximately 50 migrant farmworkers over that last 3 years and while it's not a very large population size I have found several factors related to resilience helpful when providing mental health services.

Most of the migrant farmworkers are from Mexico but some come from other Central American countries. They typically have experienced scarce financial, health, and educational opportunities in their country of origin. The journey to the US is taken with great risks and at great peril to their lives. It is a monumental undertaking fueled by dire need and dreams of a brighter future. Most migrant farmworkers report experiences of being exposed to grave danger, of being panic stricken at different points in their journey, of hunger and thirst, of not having a safe place to rest when consumed with exhaustion, of uncertainty about whether they will make it across the border, and of course of the grief and loss of leaving behind the families they love.

It takes a special person to take these risks. One would have to assume that this is not the journey for the faint of heart. The courage, stamina, sheer will power and determination to reach their goal are already factors that speak of resilience.

The work they do here in the US is often looked at as a sacrifice (etymology of the word: to make holy) for the benefit of their families back home. This gives deep meaning and purpose to their work. The hours of toil and isolation are offered up against a backdrop of hope, love, and the promise of a better future.

Alongside the difficulties they face, there is an equal if not greater unwavering sense of gratitude for the opportunity they have in the US to work, to make money, and provide for their loved ones back home. As many times as I have heard a migrant farmworker report feelings and symptoms of depression and anxiety which could be severe and present for any number reasons, they typically follow up with one of the hallmarks of emotional resilience- acknowledgement and deep gratitude for the opportunities they have been given.

The migrant farmworkers tend to enjoy a strong sense of Self based on identities forged with within a largely homogenous, rich culture steeped in traditions with deep roots. When faced with the feelings of being outsiders, isolation, fear of being discovered and hence deported, of looking different, and often not speaking the language in this dominant English-speaking culture, they have some inner resources from which to draw a sense of Self that helps them withstand this assault on the ego.

In addition, most come from families where for generations worship has been vital part of their lives. A belief in a transcendent God cushions the blows and vicissitudes of life. Their faith is a powerful resource often called upon in times of uncertainty and when obstacles seem unsurmountable. It has been my honor and privilege to be a witness to their lives, and with their permission to help orient to their inner wisdom and fortitude. The resilient factors mentioned: courage, determination, willingness to sacrifice for a better tomorrow, deep gratitude for opportunities, strong cultural and

traditional roots, along with the resources provided by faith provide optimism and hope when faced with mental health challenges.

Doris Russell, Ph.D.  
Psychologist-Doctorate  
Assistant Director of Mental Health Services  
United Counseling Service of Bennington  
Bilingual English/Spanish

## Appendix B: Summary of Migrant Farmworker Service Provider Stakeholder Meeting December 16<sup>th</sup>, 2022

The meeting was facilitated by the PI and Co-PI. Bad weather necessitated on-line attendance from most participants. Attendees were representatives of UVM Extension Migrant Health and Education Programs and UVM Community Development and Applied Economics, Migrant Justice, Milk with Dignity Standards Council, Open Door Clinic, Mexican Consulate, Jamaica Central Labour Organization, Vermont Agency of Agriculture, Invest EAP, Farm to Plate, Universidad Nacional Autónoma de México, United Counseling Services, Northeast Center for Occupational Health and Safety & New York Center for Agricultural Medicine and Health, United Way Northwest, Vermont Relief Collective, Senator Sander's Office, Little Rivers Health Care, Project Salud, Vermont Care Partners, and Department of Health - Vermont Office of Rural Health & Primary Care

### **Meeting Overview:**

Prior to the meeting attendees were sent a "white paper" outlining the assessment authors' understanding of the state of mental health data about, needs of and services available to migrant farmworkers. At the meeting, attendees were asked to consider the following questions:

**For those who work with migrant workers and their family members:** What are we missing in terms of the state of farmworker mental health? What did we note that seemed surprising or not consistent with your experience? What data or perspectives are missing?

**For everyone:** What stood out as concerning about the state of farmworker mental health? What questions are you left with in terms of the state of mental health and related services? Within the context of mental health, what similarities and differences exist between year-round workers from Latin America and seasonal workers predominantly from Jamaica? How does this impact need for services?

### **Statement on Migrant Farmworker Resilience and Current State of Farmworker Serving Organizations:**

While much of the meeting focused on needs related to mental health at a community and systems level, participants also underscored the importance of highlighting strengths within the farmworker community and farmworker serving organizations. Farmworkers are resilient and many have many protective factors that help them to overcome significant barriers that have been continually placed in front of them. As Doris, a bilingual clinician stated they are "immensely courageous individuals, demonstrating so much courage to get here. They have big dreams, incredible work ethic, a love of family that is a force that can't be tapped out, it keeps on going. They want better for their families and have very strong faith."

There are many systems barriers and labor concerns that negatively impact mental health status and access to services. At the same time, as one of the breakout groups highlighted, there are the signs of hope! The table that identifies farmworker serving organizations and groups represents the hope within all the work that is happening. Housing assistance funds, the Immigrant Health Insurance Plan,

drivers privilege cards, Milk with Dignity, activities coordinated for BIPOC communities by groups like unlikely riders are the hope! We know things are not perfect, but we have come a long way.

## **Themes and Contributions from Large Group Discussion**

### ***Families and Children on Farms:***

- Number of children of farmworkers in Vermont are growing due to more pregnancies and children traveling from Mexico and Central America with family members or to reunite after many years apart with a parent.
- Children and youth may feel disconnected from home community and culture while at the same time do not feel that they fit in in rural Vermont.
- Children living in inadequate housing with parents who are not fully present due to long work hours. At times, children are left alone or with co-workers of parents who are unknown to children.
- Young children absorb the stress and trauma of those around them but have limited access to services.
- Parents, particularly mothers, lack the extended support networks that they would otherwise have in country of origin.

### **Stressors and Coping Mechanisms**

- Work related stressors include inadequate housing and workplace injuries that go unaddressed or are inadequately addressed by farm owners. Power dynamic plays out in the tension between wanting be financially stable and fear of losing work and housing if they speak up about a work injury (or pursue workers compensation) or take needed time off to heal.
- Farmworkers face financial stressors due to the weight/expectation of supporting immediate and extended family members in their country of origin. Youth who may have interest in continuing their education feel pressure to make money so forgo their goals and interests for the sake of their family.
- Stressors for Jamaican workers lie at the intersection of financial goals, physical labor demands and work hours and concerns that requests workplace changes/time off could result in not having a job the next season. Additionally, Vermont's physical and cultural landscape is drastically different from home so it can be hard to adjust.
- Unaddressed trauma of immigrating and separation from children and families.
- Women disproportionately impacted by trauma related to sexual assault, emotional and physical abuse
- Grief and loss of family members in Vermont or in countries of origin without support system to lift each other up.
- There is a power dynamic between employers and employees that can create barriers to farmworkers thriving and accessing needed supports. At the same time, farm owners also face myriad stressors that may also go unaddressed

- Impact of racism in the workplace and as farmworkers navigate health care and community based services and opportunities. Children experience racism and bullying in the school system.
- Stressors associated with lack of racial, ethnic, and cultural diversity in Vermont.
- Communication challenges impact relationships with employers and can contribute to stress and anxiety. Jamaican workers and Vermont employers have different accents and speech patterns. Spanish speakers often have limited English. Farmworkers may not understand employer (and employers sometimes yell) but are fearful of saying they do not understand.
- Witnessing generational cycle of migration and hardship can be stressful. Parents sacrificing for their children who end up in same situation as parents – overworked in same industries.
- Substance use, especially alcohol, as a coping mechanism
- Social isolation and physical separation from partners impacts options and approaches to sexual relationships, which in turn affects relationships with family and in some cases physical health.

### **Barriers to supporting farmworkers to thrive**

- Significant time is spent at work or at home in rural isolation. There are limited opportunities to explore off farm and do anything other than work or be at home.
- Navigating public spaces and unfamiliar spaces can be uncomfortable when they do not see themselves reflected in others using those spaces.
- Undocumented workers faced additional risk of immigration being called based on language spoken and color of their skin.
- Technology can help workers stay connected to family and friends but older workers may struggle with technology.
- Physical demands of the work combined with long work hours limit time and energy to engage in self-care
- Lack of transportation impacts how farmworkers socialize and access needed services.
- Limited mental health providers in Vermont who have the linguistic and cultural skills to successfully serve migrant farmworkers
- Culture of enduring pain, long work hours, personal sacrifices to support family
- Stigma and cultural beliefs impact knowledge about as well as interest and engagement in mental health services
- Lack of existing outreach staff within farmworker serving programs who are social workers or mental health providers and lack of bilingual and/or bicultural outreach staff among community based health and wellbeing organizations (FQHCs, Free Clinics, Domestic Violence Shelters, and Designated Agencies).
- Lack of culturally and linguistically adequate programming that can address barriers to services and the intersection of alcohol use and dependence.
- Lack of built in community and local networks where farmworkers live and work that could address some of the mental health stressors.
- Lack of depth within programming that supports Jamaican agricultural workers

- Border proximity for undocumented workers results in individuals feeling unsafe and fearful in public places.
- Ineligibility for services and programs: state subsidies for childcare, financial support for attending higher education, health insurance, food programs
- Limited opportunities to learn English

## **Opportunities and Suggestions for Programming**

### Programming for farmworkers who are struggling or in crisis

- Training for outreach staff across organizations on how to approach mental health conversations and respond to a mental health crisis
- Strengthen collaboration with Ventanillas de Salud through the Mexican Consulate and UNAM to increase access to mental health supports for Mexican Nationals.
- Expand Farm First to meet farmworker mental health needs
- Build network between field-based farmworker serving organizations and mental health service providers with a clear referral and follow up process.
- Creation of professional development opportunities for service providers to learn more about and improve access to mental health related services farmworkers: who they are, what their needs are, how to bring services to where they are. (Designated Agencies/Churches/AA programs/School based Clinicians/Social workers imbedded in FQHCs/Community Action Networks/Vermont Legal Aid/VT based Social Worker and Psychologist associations)

### Programming to help farmworkers to move from surviving to thriving

- Create standing internship opportunities within farmworker serving organizations for bilingual students studying professions related to mental health to offer non-clinical mental health supports.
- Strengthen relationships between farmworker serving groups and Unlikely Riders and Releaf Collective to collaboratively increase access to mental health and wellbeing promotion activities
- Advocate for consistent utilization of workers compensation for work related injuries and promote increased worker awareness of workers compensation rights.
- Increased access to online educational programming – ELL, GED supports
- Support for policy changes to make licensure and provision of services across state and country borders easier

### General

- Maintain an up-to-date accessible list of farmworker serving organizations that includes scope of work, contact information, and referral process.
- Evaluation of mental health impacts of work being done by existing organizations and programs serving farmworkers to inform and strengthen future programming

## **Mental Health and Wellbeing Programming Priorities**

- Stabilizing funding for current farmworker focused programming so it can be responsive to community needs not grant dependent
  - Community Health Worker roles are becoming more known and valued – with more and sustained funding this model could play an even more integral role in addressing mental health and wellbeing. A concern is that when the grant funding ends the networks and infrastructure that was developed through the grant could be lost. In addition, the farmworker community that has come to expect these services would experience a loss.
  - Migrant Justice Soccer Tournament and other activities are fundraisers while also serving as an important social outlet for participating farmworkers. What support is needed to increase the number of events that provide off-farm social outlets across different regions of the state?
- Increased opportunities for farmworkers and family members to participate in group and community-based activities including social events, music, food events, sports, clubs, educational services, after school programming, and mentoring
- Creation of programming that improves opportunities for farmworkers and family members to integrate within their local communities
- Standardized assessment and oversight to ensure adequate employer provided housing on farms
- Outreach and education focused on destigmatizing and improved conversations related to mental health, wellbeing, and suicide prevention
- Improved and sustainable access to specialized (clinical) mental health services that address barriers to care and meet linguistic and cultural needs of farmworkers for short term and long term needs as well as crisis response
- Improved access to clinical services for children and training for school-based clinicians on mental health concerns among migrant children

## Appendix C: Summary of Migrant Farmworker Stakeholder Meetings

*Overview:* Between June and August of 2023, four farmworker stakeholder meetings were facilitated by UVM, including the Principal Investigator for all four meetings and the CO-PI for three of the meetings. Three regional dairy worker meetings (St. Albans, St. Johnsbury & Middlebury), held in Spanish, were attended by 35 farm workers (29 male and 6 female) who discussed both mental health and farm safety. Seven Jamaican farmworkers (all male) participated in small group discussions as part of a larger community health and wellness event held at Oak Ledge Park in Burlington.

**Summary of Jamaican Farmworker Discussions:** *Mental health responses by two groups of farmworkers aged 30-62 years on August 23, 2023. The responses were collected in two groups. Group 1 had four participants and Group 2 had three participants.*

Jamaican workers have a narrow focus on work while in Vermont. Working all daylight hours leaves just enough time to eat, shower, and sleep. They shared they do not leave farm except on day (or half day off). Food was identified as way to care for one's self though a lack of time was noted. "We are on our own. Must have a timetable to prepare breakfast, lunch, and dinner. It is difficult. It is hard to mix all the food groups you know, get vegetables in each meal. It is hard to have balance as we are always on the move and work hours. The amount of people in the space is another thing, we basically must line up for everything, even using the bathroom. Even when we set a timetable, it's very hard. To get a hot meal every night is a no-no. It's a personal decision not to cook group meals as everyone has their personal preference and each person works and may be tired on their turn to cook so you can't depend on how another person will feel each workday." "I try to get a shower, make dinner, and go to bed and rest. I cook 2 times a week to last me 2-3 days and I'm good."

When asked about what a good day is in Vermont – having work stands out (tied to finances and their only purpose for being in Vermont). Without days off it is hard to have a good day "Even on Sundays which are supposed to be our day off, we end up working. It's just a normal day." Bad days are rainy days, which means no work or getting dirty – covered in mud. Also, if you need something (i.e. your check) and boss is busy, that is a bad day. "It's a numbers game where you are easily replaced. It's been happening over the years. They boss is a typical white man; he doesn't care about us. So, you must take care of yourself personally, as long as they are getting their work done, they are alright."

Music, humor, talking amongst co-workers are strategies to relieve stress. Video games, eating, sleeping...If something is bothering them – getting support from co-workers can help. Most prefer to keep their circle tight. One group talked of Jamaican co-workers who take a role of unofficial supervisors who report conversations back to the boss and always offered to work on time off which put the remaining workers in a hard spot – feeling like they could not say no. Generally, "If someone is struggling or not going as fast as the boss would want, we can encourage each other. I don't see anyone of us struggling right now, the 5 of us are all good. We make jokes. If someone isn't feeling happy, we talk to each other to try to overcome. We talk to each other to try to overcome." "We can't do anything about workplace stressors and that's what makes the work stressful."

An overall lack of transportation impacts ability to get off farm. Participants expressed some interest in exploring other places in Vermont though limited time to do so was mentioned. Payment on time and a concern about having work now and in the future shapes how they respond to their employers. There is a struggle between wanting to earn as much as possible while here but also needing some

time off and not feeling like they have the flexibility to say no if a boss asked them to work on a day off. “The secretary that was there was the one that negotiated for us to get holiday pay and as soon as she left, it was abandoned. Someone else intervened and said that we should get paid. I bet it’s going to be hell again for us to get paid for thanksgiving and any other holiday coming up. The contract says that if we are here over 9 months then we should get paid for holidays, but [the owners] try to sweep that under the table. They still actually want you to work on the holiday “if you want” when you should be getting paid for it and not work.”

Concern about upsetting the boss can influence how they interact with the outside community/off farm as does a lack of transportation. “There are a lot of activities that go on and we have no knowledge about it because the boss doesn’t tell us about anything. Even this event if you hadn’t told us we would’ve been working our asses off today. If we had told him we were coming it would’ve been an issue. If you have an appointment, he tries to change it because he wants you to work. So, if you have an appointment, you don’t say anything to him.”

“There are a lot of lakes in this state....We don’t have rides. We have stepped out of the box and gotten our own ride... But how many people can we take with us when we do out? And then you have people who don’t want to go anywhere, they only want to hear ‘what time is work, can I work until 9 tonight?!’ They make it bad so when there is an activity and you want to go, and they are like they are going to work, it puts in the boss mind that you are the bad apple. “[I didn’t think there was any] place here to have fun. Until someone said to me that’s a lie. You can go to the lake, grill, bring a ball and play, have a drink etc.”

### **Summary of Spanish Speaking Dairy Worker Discussions:**

Each meeting began with a review of two recent surveys of Latino migrant farmworker stress done with farmworkers over the past 5 years that identified 5 main sources of stress: 1) social isolation including being far from family and friends 2) travel to the US and stress related to immigration status 3) Concern about being injured working on a dairy farm 4) Communication challenges including a lack of English skills 5) Having to work long hours or in bad weather

Meeting participants generally agreed with those topics as contributing to stress levels while here in Vermont. Additional topics mentioned by participants during the meeting included: Getting bad news including illness or death of a family member from far away and not being able to do anything, tension between financial commitment to the family which requires being able to work as many hours as possible and the need to care of one’s self, the newness of everything including the culture, language, and different systems, and a difference between original hopes of achieving certain goals within a specific time frame and the reality. Participants reported it was difficult to have time to take care of oneself, whether it be eating regular meals or going to the doctor. Employer/employee relations including power dynamics was also mentioned by several participants

The first half of the meeting focused on dairy worker safety. Though much of the conversation centered on safety training concerns, key topics, methods, and opportunities for improvement, participants confirmed that there are stressors related to fear of or actually getting injured at work. Some participants with experience on Milk with Dignity farms underscored improved communication and responses of employers to work injuries and other rights related issues. A lack of access to unbiased interpreters to enhance communication between employer and employees was identified- some felt interpreters deferred to farm owner or omitted content. Participants identified a gap in

how information/training around safety on farms is currently handled (informal training, guidance, and information passed on from co-workers who themselves are barely trained) and identified a need for safety training that is provided immediately upon hire by knowledgeable farm owners/managers/co-workers. Most commonly, participants had received safety related trainings in a group setting at different periods on a given farm, which, in some cases, was too late as injuries had already occurred or poor habits had formed. “This is a problem, we learn [about safety] as problems happen.” “There should be training for all new [workers], because what happens is a long time worker trains the new ones and the message gets lost. The important information gets lost when co-workers get trained by other co-workers.” Participants indicated that videos could work for some training topics while they had a preference for hands-on trainings for some topics (I.e. skid steer).

All three meetings included an icebreaker that entailed each participant sharing how they currently reduce stress. Activities mentioned more than once included: play or listen to music, watching videos or TV, exercise individually and play sports, thinking about or talking with family from back home, fishing, and working with cows. Those with cars were more likely to talk about playing group sports or engaging in off-farm activities.

Across all three meetings, when asked about how programs could better support stress reduction for farmworkers, there was significant interest in more opportunities to get off farm to learn about and engage in recreational opportunities, hobbies, new skills, self-care activities, and groups. After a short breathing exercise, participants were asked if they had been exposed to anything similar in the past and the majority said no. In the first of the three meetings, the idea of a regional wellness day emerged – ongoing and varied activities at a single location where farmworkers could show up according to their schedule and explore different self-care activities. This idea was introduced at subsequent meetings and participants generally thought a “Wellness Day” with varied activities would be very welcome by themselves and the community. Proponents of the idea highlighted that most farmworkers do the same thing every day and learning something new or engaging in a new activity could be beneficial and help reduce the stress of a monotonous laborious job. Participants indicated options need to be varied, as what might be of interest to one person could be an activity that creates stress for another (like cooking or yoga). Additionally, “one yoga class isn’t really sufficient, riding your bike once isn’t good enough; [it] needs to be more consistent.” In order for such a day to be successful, it would have to be in a place where farmworkers would feel comfortable, shared out across the community and address issues of transportation. Supporting workers in learning what is available in their community for activities could help them feel comfortable accessing community opportunities independently “Sometimes we just don’t have access to information about where we can go.”

Meeting participants shared that if they notice someone having a tough time, they try to connect to them and provide support. They “provide moral support and try to talk a bit to get them to smile but also give them space if they need it.” At the same time, they sometimes don’t know what to do and don’t know what community supports are available to offer to them. Most have access to phones but do not know what to search for to find services that have the language access options necessary to be able to communicate. Vices such as alcohol were mentioned as a particularly hard topic to navigate between workers because sometimes alcohol helps someone open up about what they are struggling with and in the moment, helps take their mind off problems they may be facing. There was acknowledgement that there is a line between alcohol use as a stress reliever and a contributor to more stress. In addition to a lack of knowledge about what options if any exist for mental health

supports, cost of care was identified as a barrier, as well as work schedules and a general lack of time to do anything other than work.

Feeling distant from family and underappreciated by family in their home country was raised several times. Reconciling work schedules with time differences and family schedule was stressful. When asked what farmers could do to relieve stress, one novel idea was for farmers to ask workers about those times they can connect with their family and see if scheduling so that those times are free is possible.

Stigma was mentioned as a concern when talking about the utilization of mental health care services. Some farmworkers are or would be concerned about how it would look to others if they sought out care and, in many cases, there isn't any privacy in employee housing for workers to talk by phone with someone about what is going on with them. "There is a lot of denial in terms of recognizing that something is wrong." Some "have closed mind to receive mental health help. And the services [offered] are sometimes difficult because they are online and there is no privacy in the house. It would be better in person, visiting, and having a conversation." Inconsistency across counties in terms of access to free services was also mentioned. The Open Door Clinic offers free care including mental health supports to farmworkers while in other parts of the state, farmworkers are connected to services through Bridges to Health that often have an associated cost.

Across the meetings, there was consensus that there is a need for access to clinical care sometimes and that farmworkers would be much more willing to accept services if the barriers listed previously were addressed and if clinicians were fluent in Spanish. "There is a big difference [if there is a cost to the service]. We have many financial commitments" and "when an interpreter is used, the message is lost. You think in a certain way and the interpreter interprets it differently." "When someone is suffering, they need to communicate [directly] with the other person. It can be very difficult to express yourself."

Peer-to-peer counseling and related training for community members was introduced as a potential model for increasing access to supports within the farmworker community. Across all three meetings, participants rapidly and emphatically expressed their doubts about the success of such a program. "Not everybody will be open or willing to admit to the fact that they're not doing well, they'd be worried about gossip, not being able to trust others to keep conversations confidential. It's better to get help from unknown third parties." "If I talk to people about this type of issue, I end up burdened with all the worry." Participants said they sometimes do not even want to share their struggles with family members for fear others on the farm, within Vermont and even back home in their countries of origin would learn about their personal problems. "We all live together on the farm and it is uncomfortable if everyone knows about your life. It is better not to talk about problems." "It is embarrassing if someone knows." "Rumors spread rapidly." "I would not talk about certain things with a co-worker for fear that they will tell others." There was a preference for connecting to Spanish speakers from outside of the farmworker community who should be recommended by other farmworkers or people whom farmworkers trust. "It can be an advantage hearing another opinion or different ideas." A handful of participants mentioned farm-based visits being an important element of reducing barriers including stigma "There are very few who are going to say that they need help." An emphasis was placed on the importance of trust, listening, and capacity of the Spanish speaker vs the person having a particular licensure or title.

Despite a lack of confidence by participants that a peer-to-peer model within the farmworker community would be beneficial, a number of participants across meetings indicated they would be interested in getting trained on how to identify and navigate mental health issues in support of family, friends, and community members.

### **Major takeaways**

#### **Farm safety training is a need in Vermont that is not met on most farms and lack of training can increase stress related to work injuries**

- Spanish-language farm training should be provided to new workers when they begin the job by knowledgeable farm employees or consultants
- Refresher or expanded trainings should be provided to longer-term workers
- Combination of “classroom” trainings and hands-on trainings is optimal
- Education on how to maintain physical well-being while working hard, repetitive jobs, such as yoga and stretching is likely to be well-received by workers

#### **Desire for more opportunities to learn about and explore (mental) health promotion activities**

- Increased access to information about free or low cost off farm opportunities
- On-farm opportunities for education about mental health
- Off-farm opportunities that ensure transportation and language barriers are addressed
- Individual and group learning both of interest
- Activities and events need to align with limited time off

#### **Identified need for Spanish speaking clinicians**

- Need to address stigma through farm based educational visits to increase awareness of potential benefits of counseling.
- Referral to services should come from trusted source
- Conversations or sessions, if virtual, need to ensure options for privacy
- If appointments are off-farm, need to ensure options for transportation
- More likely to utilize if free or low cost
- Much more likely to utilize if provider speaks Spanish

#### **Peer to peer model within farmworker community unlikely to succeed**

- Some interest in having nonclinical mental health supports through Spanish speakers who are not part of farmworker community
- Trust and confidentiality are key

#### **Interest in learning skills around identifying signs of mental health struggles and supporting community members who may be struggling with mental health.**

- Need to provide guidance to farmworkers about available mental health services and how to access them so they feel better able to suggest utilization of mental health services

**ASSESSMENT OF ACCESS TO, UTILIZATION OF, AND UNMET NEEDS SURROUNDING MENTAL HEALTH AND RELATED SUPPORT SERVICES FOR MIGRANT FARMWORKERS**

**Executive Summary: Findings, Recommendations, and Estimated Annual Costs**

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December 2023*

**MAJOR FINDINGS**

**Work place conditions, compounded by social and structural determinants, cause migrant farmworker stress while also limiting opportunities to maintain positive mental health and wellbeing.**

Workplace safety concerns, long hours with not enough time to sleep, working in bad weather, and fear of losing their job create a stressful working environment for migrant farm workers who frequently live where they work. They live in geographically, linguistically, and culturally isolated places across the state and have limited opportunities to leave the farm due to work schedules, transportation barriers and, for dairy workers in northern Vermont, fear of encountering border patrol. The impetus to come to Vermont is connected to political, economic, social and environmental conditions in their countries of origins and most often they are leaving close family and friends behind in hopes of being able provide financial stability that would otherwise be unattainable. Being far from family and friends is a top stressor as is the fear of losing the ability to support family who have come to rely on them due to deportation for undocumented farmworkers and for seasonal farmworkers, the fear of not being offered a job the following year.

**Jamaican farmworkers are underserved across the mental health continuum.**

Though Jamaican workers have helped to sustain Vermont's fruit and vegetable farms for decades, few organizations provide services tailored to their unique circumstances and needs. There is limited research and programmatic data related to the mental health of seasonal farmworkers in Vermont who come through the H2A visa program. Even though they benefit from legal status, they face many of the same barriers as Latino workers seeking to access off farm services and activities. These include limited transportation, cost, limited awareness of services, and lack of culturally aware staff. Survey data and the focus group data indicate there is interest in access both to mental health support services and off-farm recreational activities.

**Availability of, access to, and utilization of mental health promotion activities and counseling services tailored to migrant farmworkers has been inconsistent due to reliance on grant funding, raising issues for sustainability and reliable, trustworthy patient care.**

Over the last decade, there have been an assortment of grant funded, time bound mental health initiatives that addressed mental health needs among migrant farmworkers across the mental health continuum. The list includes Mental Health First Aid training for farmworker outreach staff, clinical

mental health counseling services in Spanish, a Screening, Brief Intervention, Referral and Treatment (SBIRT) pilot, on farm and virtual mental health and wellbeing promotion activities, and COVID Support VT mental health outreach and multilingual resource development. Additionally, there have been tools made available to outreach staff in Vermont such as El Viaje Mas Caro booklets and an accompanying training, playlists of short self-care activities in Spanish and English that can be done at home, and mental health lessons for migrant youth working on their own on farms. These initiatives and resources, regardless of farmworker engagement and interest, have largely not been sustained beyond the grant funding due to limited capacity among farmworker serving organizations. With each short-term grant funded project, farmworkers face a lack of predictability about the availability of needed services and soft funded programs experience staff turnover, which in turn negates years of work to build trusting relationships within the farmworker community in addition to eroding ability to form long-term community-based partnerships.

**There are extremely limited accessible and sustained options for mental health services for migrant farmworkers within the health care system in Vermont.**

Community Health Centers (FQHCs), Free Clinics, and Designated Mental Health Agencies (DAs) are service providers that often are a free or low-cost option for uninsured, lower income adults. All offer some mental health services. These safety net clinics and Designated Agencies have the potential, and often desire, to meet the needs of migrant farmworkers but currently are unable to sufficiently do so. Constraints within Designated Agencies to meet the needs of migrant farmworkers include staffing, funding, inability to provide transportation, lack of bilingual/bicultural staff and limited experience serving the population in either an outpatient or outreach capacity. Within the 16 safety net health care organizations in Vermont (free clinics and FQHCs), only the Open Door Clinic and Little Rivers have any outreach and engagement strategies to reach migrant farmworkers. As with the Designated Agencies, most safety net organizations in Vermont do not comprehensively address issues of outreach, cost, transportation, and access to bilingual/bicultural providers; four elements identified by farmworkers and farmworkers serving organizations as essential to create accessible mental health care services so that they are well utilized.

**Migrant farmworkers who have utilized mental health counseling services in the past three years were primarily referred through interactions with people within trusted organizations that engage in outreach with the community rather than through standardized screenings.**

As noted previously, only two health clinics across the state engage in any type of outreach with migrant farmworkers; a key component to breaking down barriers to serve migrant farmworkers. Though mental health screenings have identified a number of individuals who could benefit from clinical services, most farmworkers who have engaged in mental health counseling did so because of conversations with trusted members of farmworker serving organizations including the Open Door Clinic, UVM Migrant Health Programs, UVM Migrant Education Program and the advocacy organization Migrant Justice,. Farmworkers who participated in focus groups this year, highlighted the importance of having the support of trusted outreach staff who maintain confidentiality to confide in, receive support from, and to connect farmworkers community members to needed mental health services.

**Migrant farmworkers and their family members will utilize mental health counseling services if they are free, provided by Spanish speakers and transportation issues are addressed.**

Spanish speaking farmworkers who participated in the 2023 focus groups voiced a need for clinical care while highlighting the increased likelihood of mental health services utilization if services are available with a Spanish speaking clinician and are low cost. 2022 service provider meeting participants highlighted transportation as one of many significant barriers to farmworkers accessing services. Other barriers identified included a lack of bilingual and/or bicultural outreach staff among community-based health and wellbeing organizations and lack of culturally and linguistically adequate programming that can address barriers to services and the intersection of alcohol use and dependence.

When a few hours a week of free (grant funded) telemental health counseling was offered to farmworkers in Spanish in 2021, the number of unique individuals who connected with clinical mental health services increased by 171% with a 283% increase in number of visits per patient. The following year, when an additional bilingual/bicultural counselor was hired through grant funds with more telehealth capacity, the number of unique individuals increased by an additional 74% with another 125% increase in number of visits per patient. Despite the demonstrated demand for clinical service provided by Spanish speaking counselors, grant funding earmarked for mental health counseling for farmworkers reduced significantly in September. The number of farmworkers accessing services has declined as a result.

**There is a need for mental health counseling for children and youth by Spanish speaking counselors who understand the complexities of the migrant experience.**

The numbers of migrant farmworker children and young farmworkers have increased significantly in the past few years. The vast majority have experienced family separation and challenging journeys by land across one or more borders. They are living in rural Vermont where there are few to no other peers their age who look like them, speak their language or understand their cultural background. Many are covered by the Immigrant Health Insurance Plan, an insurance that does not cover services at Designated Mental Health Agencies. Beyond that financial barrier, there are no Spanish speaking clinicians who serve children within the DA system.

**Migrant farmworkers are interested in opportunities to engage in on-farm and community-based education and activities that can contribute to positive mental health at an individual and community level.**

When barriers are addressed, farmworkers have participated in programming that promotes positive mental health such as support groups and virtual and in-person wellbeing activities. They have expressed a strong desire for more opportunities. Seventy three percent of 96 respondents in a recent UVM survey indicated they were interested in learning about personal practices to manage and reduce stress. Farmworker focus group participants this year responded positively to ideas of regional wellness days that would offer an opportunity to explore a range of wellbeing activities while simultaneously offering a social experience. While there was a strong concurrence that a peer counseling model utilizing farmworker community members would not be successful, there was

interest in training to be better able to respond to mental health needs of fellow community members.

## **RECOMMENDATIONS**

### **Support national and state level policies, initiatives, and programs that improve workplace conditions for migrant farmworkers.**

- Support comprehensive immigration reform that provides legal status to migrant farmworkers across the agricultural industry.
- Initiate a process that invites participation from farmworkers, farmers, advocates and service providers to develop and implement Vermont-scale farm workplace standards that address farm safety, health, housing and work environment.
- Increase oversight of workers' compensation utilization to ensure access to health care services, coverage of medical expenses and compensation for work time missed.
- Promote comprehensive farm safety training and access to Personal Protective Equipment for new employees as well as ongoing refreshers and expanded training for all employees.
- Support worker housing improvement initiatives.
- Support access to workplace English classes.

### **Stabilize funding for farmworker health outreach programs across the state increasing capacity to respond to physical, mental, and social health needs across the continuum.**

- Increase and fully fund the required number of outreach staff within existing health-focused farmworker serving organizations to ensure capacity to attend to the wide range of physical, mental, and social needs across all corners of the state. Ensure positions include tailored outreach to Jamaican farmworkers. Existing farmworker serving organizations with a health focus include the Open Door Clinic, Migrant Health Programs of UVM Extension, and Little Rivers Health Care.
- Offer training for outreach staff across farmworker serving organizations and farmworkers on how to recognize and respond to mental health needs of community members.
- Incorporate on-farm mental health education to increase awareness of the importance of attending to mental and social health while also working to reduce stigma.
- Organize regional mental health promotion events in collaboration with community-based organizations that have expertise in mental health and wellbeing programming. Ensure identified barriers to participation such as transportation, cost, and language access are addressed.
- Offer on-farm and/or online trainings in stress management techniques.
- Create and maintain an up-to-date, accessible list of farmworker serving organizations that includes scope of work, contact information, and referral process.
- Develop professional development/learning opportunities for farm owners, service providers, including school counselors, to learn more about the migrant farmworker population, mental health challenges and how to address systemic and individual barriers to care.

**Fund a statewide telemental health model to improve and sustain access to clinical mental health services that address barriers to care and that meets the linguistic and cultural needs of farmworkers for short term and long-term needs and crisis response.**

- Identify and fund a statewide health entity that has the interest, commitment, capacity and experience to oversee the program. Potential organizations include Vermont Care Programs and Invest EAP.
- Hire part time clinicians who speak Spanish, and ideally Patois, who have an understanding of the migrant experience, the flexibility to serve workers outside of traditional business hours and who can serve children/youth. If bilingual/bicultural clinicians are embedded within a Designated Agency, ensure they can serve migrant workers regardless of where they live in Vermont. Should be able to accept Medicaid and IHIP insurances.
- Ensure low barriers to access services. Low barriers include free services, an online platform to connect to services, no email required, minimal registration requirements, and no required screenings until a relationship has been established.
- Provide headsets and phone stands to patients as needed for those who have access to Wi-Fi and want to participate from home but live in homes with limited privacy.
- Partner with farmworker serving organizations, local health organizations and community-based organizations to identify free and private off-farm locations to participate in telehealth, with coordinated transportation if needed.
- Partner with the Vermont Migrant Education Program and schools to support access to counseling during the school day from a private location.

**Support health care policies that can contribute to increased access to low-cost mental health services.**

- Support policy changes to make licensure for mental health clinicians and provision of services across state and country borders easier to increase availability of bilingual and bicultural providers.
- Support policy changes to the Vermont Immigrant Health Insurance Plan to cover mental health services provided by Designated Mental Health Agencies.

**Annual Programming Costs to Respond to Assessment Recommendations**

<b>Telemental Health Program</b>		
Spanish speaking Adult Mental Health Clinician	20 clinical hours per week plus 4 hours of admin/coordination time @ \$150/hour	\$187,200
Spanish speaking child/youth clinician	6 hours per week plus 1 hour of coordination time @ \$150/hour	\$54,600
Clinician with understanding of/connection to Jamaicans	4 hours per week plus 1 hour of coordination time @ \$150/hour	\$39,000
Headsets and phone stands	50 of each	\$1,750
Transportation	40 appointments	\$4000
<b>TOTAL</b>		<b>\$280,800</b>

<b>Farmworker Health Outreach – Addressing Physical, Mental, &amp; Social Needs</b>		
Spanish Speaking Community Health Workers	Equivalent of 4 FTE full time, year round	\$312,000
H2A focused Community Health Workers	Equivalent of 1.33 FTE (10-month position plus 6-month position)	\$103,740
Community Health Worker Program Coordinator	.7 FTE	\$68,796
Phones	Cell phones	\$5,880
Mileage/Transportation		\$34,200
Supplies	Health outreach supplies, printing, postage	\$14,000
Training/PD		\$20,000
<i>Direct total</i>		<i>\$558,616</i>
Indirect (estimate)		\$117,309
<b>TOTAL</b>		<b>\$675,925</b>

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