

BUILDING PARTNERSHIPS:
CONVERSATIONS WITH LATINA/O
MIGRANT WORKERS ABOUT MENTAL
HEALTH NEEDS AND COMMUNITY
STRENGTHS

UC DAVIS
CENTER FOR REDUCING HEALTH DISPARITIES

UCDAVIS
HEALTH SYSTEM



ACKNOWLEDGMENTS

This project conducted by the UC Davis Center for Reducing Health Disparities (CRHD) in collaboration with the California Department of Mental Health represents an effort to reach out, to engage, and collect community voices that have previously not been heard. Through this project, CRHD developed relationships with historically unserved and underserved communities, community-based agencies, and a group of dedicated and passionate community advocates who are serving and understand the needs of these communities. The willingness of these participants to share their perspective was based on the trust that was established and the belief that their message would be presented to mental health decision-makers. We are appreciative and grateful to the individuals and communities for sharing their time and wisdom and hope that they find their voices well represented in this report.

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COMMUNITY ENGAGEMENT WITH LATINA/O MIGRANT WORKERS

The UC Davis Center for Reducing Health Disparities (CRHD) works on building relationships with communities, conducting research, and working with policy makers to improve the health of underserved groups in California. In 2006, the CRHD launched a project to reach out to communities and find out more about their ideas on mental health, the kinds of mental health concerns they have in their communities, and the types of programs that might help prevent mental illness from developing.

This brief report presents results from our initial community engagement meetings with Latina/o migrant workers in California. Their voices provide first-hand descriptions of the needs of this community and their struggles and accomplishments as members of a community excluded from full participation in society. Their experiences and insight provide invaluable guidance for developing Prevention and Early Intervention (PEI) programs and improving mental health services for this community.

THE MENTAL HEALTH SERVICES ACT

In November 2004, California voters passed Proposition 63, which on January 1, 2005 became state law entitled the Mental Health Services Act (MHSA). The purpose of the MHSA is to provide increased funding to support mental health programs for children, youth, adults, older adults, and families, especially for persons from communities who were not served or not effectively served in the past.

The ultimate goal of the MHSA is to create in California a culturally competent mental health care system that addresses prevention of mental illness, provides early intervention services for those in need, uses state-of-the-art treatment to promote recovery and wellness for persons with mental illness, and eliminates disparities in mental health care across socioeconomic and racial/ethnic groups.

THE MHSA AND COMMUNITIES

The MHSA has created the expectation of a comprehensive planning process within the public mental health system that includes California's most vulnerable populations: the ethnically diverse; the Lesbian, Gay, Bisexual, Transgendered, and Questioning community; the poor; the uninsured; and the geographically isolated. Ethnic and minority communities, clients, family members, community-based agencies, providers, and other stakeholders in the mental health system are encouraged to become key partners in the decision-making process so that the mental health system is successfully transformed to better serve all persons and all communities in the state.

To build a foundation for ongoing outreach and engagement with historically underserved communities, we reached out to develop relationships with migrant workers, advocates, and community-based organizations. The findings in this report are a summary of information obtained through focus groups held with members of the migrant worker community, as well as interviews with professionals serving this community.



WHAT ARE THE LATINA/O MIGRANT WORKER COMMUNITY'S GREATEST CONCERNS ABOUT MENTAL HEALTH?

The most common mental health concerns described by migrant workers were depression, stress, drugs and alcohol, and domestic violence. Obtaining and maintaining employment, housing, and transportation, and the challenge to provide basic necessities for their families were mentioned as major stressors that lead to depression, anxiety, and drug and alcohol abuse. Illicit drugs taken on a job were sometimes used as a means to endure working long hours. Migrant agricultural workers also suggested that using drugs, alcohol, or food is a means of coping with the oppressive conditions that characterize their daily living.



Always stress and depression. Not knowing what will happen tomorrow. You never know if your car will start tomorrow, if the kids will go to school or anything like that....

Migrant Worker

We already worry [our families] by not sending them enough money or maybe because we don't send constant money ... because we don't work eight hours every day. ... In my case, in the last 15 days I have only worked one day. Where am I going to find money for the rent? ... I am who supports my family and if I get ill, who will do that?

Migrant Worker

I believe what is affecting us a lot is our [low] salaries. For that reason, people are suffering a lot of depression.

Migrant Worker

Where I live everyone suffers from domestic violence. ... The problem is not so much that we keep it quiet. ... If you don't give yourself the opportunity to speak and tell people or report it to the police, he will continue to do it always. A man that hits once or twice will continue to do so.

Migrant Worker

But you do not belong. You are not Mexican, you are not American. You are discriminated because of the first and you are discriminated because of the latter. If your opportunities are limited, you do not relate well to your parents. You do not fit with them, so you end being what? Someone who suddenly accepts you and is a gang, that is to make violence, takes drugs as an escape.

Community Leader

With men you see lots of alcohol Those who live in the "cañones," ... [it is] as if the only escape is the alcohol.

Community Leader

Heroin and crack are the most common. And now there are many adults using it. And I think it is to be strong in their work. ... There are men that come and offer you instead of a glass of water a cigar with crack or something like that, to be strong, to continue working.

Community Leader

Now food is an escape for people, big. There is a lot of obesity because of that. The stress leads you to be eating. And now I would tell you, maybe it is not drugs, but you see complete families fat. But it is the stress they have.

Community Leader



Because they are coming from very small counties where community is one. And here they are totally isolated. ... They only want to work and survive. ... They have a lot of mistrust and they are not sure if someone will truly help them. They think that someone could even harm them.

Community Leader

Because of the way the law treats you, you cannot be comfortable because you cannot go about normally as any other person because you are fearful of immigration.

Migrant Worker

Their legal status—that defines many things. ... [Whether] a person has papers to work or not makes a huge difference in your daily life.

Community Leader

And things as simple as to go shopping for water because where they stay there is none. They have to drive along ways different from the highway so they will not be stopped by the Border Patrol. Can you imagine that each time you need to buy milk you have to think about it twice? Oh, you do not have a car. Therefore, you have to wait until a neighbor gives you a ride. To go driving for 45 minutes along a hidden way so you can buy something, and this is day after day.

Community Leader

Several complete families live in one trailer where they have minimum access to water. Therefore to wash, take baths, do laundry—simple things that for any person living in the US is part of their comfort zone—the migrant can't have. Therefore, it is a great stress on the children and on their parents that their children can be discriminated because of body odor because they can't take showers.

Community Leader



WHAT CONDITIONS AFFECT MENTAL HEALTH IN THE COMMUNITY?

Migrant workers identified social and economic factors as major causes of mental illness in their communities, including (1) oppressive social conditions such as discrimination, racism, lack of power, and isolation and vulnerability due to uncertain legal status; (2) economic and physical living conditions; and (3) separation from family members in their home countries.

Migrant agricultural workers described their experiences of racism and violence, and their inability to fully participate in economic, social, political, and cultural life in the US. Many participants had been harassed and threatened about their documentation status. They described their frustration at having no recourse to defend themselves. Some participants reported that the fear of deportation and harassment is so intense that they try to hide themselves and lead an underground existence whenever possible.

For the migrant workers in our focus groups, poverty was a constant source of anxiety and stress. Despite working long hours under harsh conditions, many do not earn a living wage and the struggle to support themselves and their families is overwhelming. Many agricultural workers live in substandard housing conditions, some with no access to running water, or in geographically isolated areas where access to grocery stores, laundry facilities, and recreation for their children is extremely limited. The restriction in recreational activities leads to a sense of desperation in parents who have no resources to provide their children with healthy activities.

Coping with harsh living conditions is particularly difficult for migrant workers who are isolated from supportive family and friends. For many, the separation from family causes a deep sense of loneliness and isolation. Not only do they suffer from the separation from family, they also experience anxiety over the well-being of family members in their home countries.



WHAT ARE THE CHALLENGES FOR THE COMMUNITY IN RECEIVING SERVICES?

For the migrant workers who participated in our focus groups, trouble accessing needed care was a prominent theme. Many participants said that services to address their needs simply do not exist. For those participants who were aware of available programs, there were numerous obstacles to accessing these services.

For many migrant workers, the cost of treatment and medications, doctor visits, and hospitalization was a barrier to accessing health and mental health services. Not only did participants feel that they could not afford to pay for services, they often lacked the time to attend appointments given the competing demands of caring for children and sustaining employment. Geographic isolation and lack of transportation further limited their access to systems of care. Many undocumented workers feared that seeking mental health services would cause them to get fired from their jobs or would result in detection by immigration officials followed by deportation. Those who were able to access services expressed frustration interacting with a health care system that was perceived as unfriendly, impersonal, not culturally or linguistically appropriate, and insensitive.

Latina/o agricultural workers felt that receiving mental health care was often perceived as a sign of weakness or a suggestion that one is “crazy.” They suggested that people in their communities are reluctant to seek care for mental illness because of the way that others in their family or community might view them.

When they go to the clinic, they are asked about their residence, and I understand that is a requirement but people do not want to answer all of those questions.

Community Leader

English is spoken at the clinics and we don't know since we don't speak it. We cannot tell them.

Migrant Worker

More than 20,000 agricultural workers are estimated to reside in San Diego County and many of these have low educational attainment which can at times cause language difficulties. When I mention language, I am not only speaking of individuals who don't speak English well, but individuals who don't speak well or don't speak Spanish due to speaking other native tongues of Mexico or other countries.

Community Leader

It is expensive to go to a psychiatrist or psychologist. I do not know, but I have that idea. And I am an educated person and I have that perception that only a person with large resources or extreme need go to a psychologist.

Community Leader

You don't have a way to go out. You don't have a car. You have nothing. You feel desperate because there is no way to get to town. ... If you get sick or you need something all that you can do is squeeze your hands together because there is no way of getting out.

Migrant Worker

But transportation is terrible ... Terrible that many communities with which I work do not have resources to have their own vehicle, cannot get a driving license. And the services of public transportation [are terrible]. ... If you do not have access to services, how can they be preventive?

Community Leader

There is a taboo to ask for help. ... "I am not crazy," they used to tell me. Is not that you are crazy. ... It is that the neurosis of every day life makes us stressed out.

Community Leader





We developed a manual of mental health for the immigrant. ... With this manual developed three years ago, promotoras have been trained on both sides of the border in Mexico and California to have a common ground to talk. It does not pretend to [make them] psychologists, only to give tools so they can talk about mental health with the community.

Community Leader

We organized different kinds of events, especially health fairs. Training where we facilitate services, information on health to the Latino community, especially the most vulnerable in San Diego.

Community Leader

When training is done, a list is provided with the services that are available in the community. So if people involved in the promotoras while talking about mental health see that someone needs immediate help, they know where to refer them to.

Community Leader

But we have to try to push ourselves and say you can. Never tell someone that they are too dumb. As Mexicans we have to say that we can. Never say that you can't.

Migrant Worker

WHAT ARE THE COMMUNITY'S STRENGTHS AND ASSETS?

Sources of support included a system of trained community outreach workers, informal support networks, and existing health services for migrant workers. The migrant worker community is composed of hard-working and self-sacrificing individuals who have great inner strength to endure troubles and great determination to improve their condition.



WAYS TO PREVENT MENTAL ILLNESS

When asked about programs to prevent mental illness, migrant workers recommended the following types of programs:

- Education/awareness campaigns to inform the community about mental health issues and ways to access treatment.
- School and after-school programs to engage youth in healthy activities.
- Spaces for recreation to facilitate play and development in children, to decrease isolation through interaction with neighbors, and to build a sense of community.
- English-language programs to increase community members' ability to access services, to advocate for their needs and those of their children, and to obtain employment.
- Culturally and linguistically appropriate mental health services provided by therapists who understand the needs and living conditions that affect this community.
- Increased accessibility of mental health programs through flexibility in hours of operation, increased transportation, and affordable services.



The services should have flexibility according to the reality of the people. ... What the clinic offers, the hours of services from Monday through Friday from 8 to 5. ... Those are the hours people are working. There are people who definitely cannot miss work. They cannot have the luxury to loose one hour of salary because they live with the minimum to survive.

Community Leader

A start would be to do something like the mobile clinic. ... I have told people about the program that I am going to and they have taken it as a joke. But I am very thankful for the programs because they have benefited me and I have sought help for emotional problems from my home.

Migrant Worker

I would like a program that taught us English. English classes in the evenings after work because when you leave work is when you begin to worry.

Migrant Worker

To develop culturally appropriate material, not only in Spanish, but at a level that people can understand. ... If we talk specifically on the subject of health in general, many times people do not get ideas on prevention because they don't know where to look for that support and they wait until it is too late.

Community Leader

Sometimes what they want is to have access to a space for entertainment. And the creation of those spaces began with soccer competitions and of "convivios," as they call them Therefore, there are very small interventions to provide them with spaces for recreation.

Community Leader

Prevention is linked to what education is. It is to know the risks that your actions have. What implications your everyday actions have on your life, on your health, in your environment.

Community Leader

We have to work a lot on prevention. Provide them with a purpose in life to these young people. And, it is also to look for alternatives, outside your school life and family. We need offer opportunities to socialize, practice sports.

Community Leader



BUILDING PARTNERSHIPS: NEXT STEPS

The UC Davis CRHD embarked on the Building Partnerships project to provide a way for the voices of our communities to be heard by policymakers. It was our intent to gather these voices in a way that honors the stories of suffering and pain and the cultural values, beliefs, and practices that form the rich fabric of our many diverse communities.

We hope that the stories shared by community members will have a lasting impact on mental health care in California. In this project, we have:

- Worked with policy makers at state and county levels, informing them of the results of our project and advocating for changes in policy that address the needs of underserved communities.
- Worked with many of the communities who participated in this project to facilitate their involvement in county and state level decision-making processes.
- Collaborated with communities to identify opportunities to build, develop, and obtain funding for programs that stem directly from needs identified in our project.
- Developed a guide to the community engagement process that can be used by county mental health agencies, with this project as an example to be followed.

Moving forward, the CRHD plans to continue this work, connecting communities with county and state mental health policy processes to increase their voice and presence in decision making, policy development, and implementation.

We welcome greater involvement of the Latina/o migrant community in our work, and encourage you to contact us with your feedback and ideas, and to let us tell you about additional steps that can be taken to increase your community's role in the future development of California's mental health care systems.



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The UC Davis Center for Reducing Health Disparities takes a multidisciplinary, collaborative approach to address inequities in health access and quality of care. We focus particularly on reaching out to unserved and underserved populations in California and beyond. Medical researchers, clinicians, social scientists, community providers, community-based organizations, and community members work together to design and implement our community engaged research and community outreach and engagement activities.

In 2006, the CRHD launched a project to reach out to historically unserved or underserved communities and find out more about their ideas on mental health, the kinds of mental health concerns they have in their communities, and the types of programs that might help prevent mental illness from developing.

This brief report presents results from our initial conversations with the Latina/o Migrant Worker community in California.

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