Farmworkers and Mental Health

As is now known, mental health is an important component of an individual’s overall health. Poor mental health affects an individual’s productivity (such as at work or school), their hobbies and motivations, their ability to handle stress, and their overall contentment and ability to enjoy life. Because the farmworker population has a separate set of stressors, poor mental health can be especially difficult to identify, treat, and overcome. The following is a collection of recent facts and figures pertaining to the mental health of agricultural workers. The last section of the factsheet includes recommendations and advice for healthcare and service providers who work with this population.

General Information

- When talking about diagnosing, the main categories of mental health disorders include mood disorders, schizophrenia, anxiety disorders, eating disorders, attention deficit hyperactivity disorder, autism, and personality disorders.¹
- Anxiety disorders are the most commonly occurring as they affect 18 percent of the population.² They include the following:
  - Panic disorder;
  - Obsessive-compulsive disorder;
  - Post-traumatic stress disorder;
  - Generalized anxiety disorder;
  - Social phobia;
  - Agoraphobia; and
  - Specified phobias.³
- There are many factors that contribute to an individual’s mental health. According to the University of Maryland Medical Center, genes, biochemistry, environment, history, and psychological profile all contribute to anxiety disorders.⁴
- Each disorder is accompanied by its specific symptoms, but in general, warning signs and symptoms include social withdrawal, unusual drop in functioning like in school or work, difficulty with concentration, memory or logical thought, loss of initiative or desire, feeling “disconnected,” changes in sleep and appetite, and rapid shifts in feelings such as mood swings.⁵
- There are also traditional Mexican folk illnesses that are important to the understanding of mental health among this population. For example, susto is a condition that can include several symptoms including disturbed sleep, depression, gastro-intestinal issues, and listlessness that are brought on by a sudden frightful event.⁶ Nervios is a set of symptoms that can include worry, jumpiness, irritability, depression, agitation, and nervousness.⁷
  - One report on a study of farmworkers along the U.S.-Mexico border found that 41 percent of participant reported nervios, 37 percent reported depression and 17 percent reported latidos (or heart palpitations), which were attributed to anxiety.⁸

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Occurrence among the Population

- Compared to non-Hispanic Whites, Mexican Americans receive a lot less mental health treatment for their mental health issues. A 2008 national study found that 60 percent of Whites with depression received treatment, whereas only 36 percent of Hispanics did.
- One research study that was conducted included 146 Mexican Americans with depressive symptoms and offered 8 behavioral, problem-solving treatment sessions. The study suggests that this population is not receptive to traditional forms of therapy for mental health. The following were the conclusions published:
  - Previous studies found have found that Latinos with depressive disorders are less likely to find anti-depressants acceptable, and are also least likely to engage in psychotherapy;
  - After an initial evaluation, 29 patients declined treatment usually because of time conflicts and other conflicting commitments;
  - Sixty-two (62) patients agreed to treatment, but could not be contacted to schedule an appointment or did schedule but did not keep an appointment; and
  - Depressive symptom severity did decrease among those 24 individuals who attended at least 4 of the 8 sessions offered.
- A study conducted in North Carolina found a positive correlation between levels of daytime sleepiness and levels of depressive symptoms among farmworkers. Of the 300 farmworkers surveyed, 28 percent reported having elevated levels of depressive symptoms. The study also found that excessive daytime sleepiness and depressive symptoms increased with increasing age. These statistics are especially problematic and dangerous since agricultural work requires dangerous machinery and tools, toxic pesticides, and transferring heavy loads.

Mental Health Risk Factors

- There are several underlying factors that contribute to the poor mental health of farmworkers. Some of them are factors that are internally associated with the nature of agricultural work and the requirements of the lifestyle, such as frequent mobility, long work hours, limited or nonexistent benefits. Others are caused more from internal variables that plague the farmworker population, such as differences in culture, language, and lack of familiarity with the U.S. health care system.
- One study published in 2008 reported on which determinants inherit to farmwork and the farmworker lifestyle resulted in poor mental health by using signs of anxiety and depression as measures. The following conclusions were observed:
  - Five domains of stress were noted: legality and logistics, social isolation, work conditions, family and substance abuse by others,
  - Social isolation was the strongest contributor to anxiety, and
  - Stressful working conditions had the strongest effect on depression.
- A qualitative study published in 2008 examined the factors that contribute to depression among 38 adult Mexican immigrant men. This is a good proxy for the population as a 2009 national update on agricultural workers by the Department of Labor found that 68% of farmworkers were born in Mexico. When interviewed for the causes of depression, the following responses, all related to the immigrant experience, were noted:
  - Separation from loved ones and/or family,
  - Discrimination and harassment in the community
  - Long hours and multiple jobs,
  - Not having a job or receiving bad pay,
  - Social isolation, and
• A change in drug or alcohol use. 19

As far as remedies for depression, the men reported the following:
• Drinking and taking drugs to reduce symptoms,
• Seeking professional help, without the use of medications,
• Increased and encouraged community socializing, and
• Reuniting with family. 20

• A National Agricultural Worker’s Study report presented that in 2009, 68 percent of farmworkers were born in Mexico and that 15 percent are either indigenous Mexicans or Central Americans. 21 Another study found that in some regions of California, as much as 46 percent of farmworkers were indigenous Mexicans. 22 This is important as there are implications to those cultural/linguistic differences between indigenous and non-indigenous (or mestizo) Mexican farmworkers. For example, depressive syndromes are more prevalent among indigenous Mexican farmworkers than those who are non-indigenous and Spanish literacy contributed to a decreased likelihood in having a depressive syndrome. 23

• Although poor mental health is regarded as a stigma, it seems to be especially apparent within the Latino culture. Latina women, for example, are more likely than White or Black women to endorse feeling embarrassed about discussing personal issues, fearing what others may think, or believing family members may think they are crazy. 24

Substance Abuse
• Migration from Mexico to the United States has been linked to substance use and abuse. One research study interviewed 5826 individuals in Mexico. 25 Respondents who migrated to the United States or who had family who migrated to the United States were more likely to:
  • Use alcohol, marijuana, cocaine, and other illicit drugs at least once in their lifetime;
  • Develop a substance use disorder; and
  • Have a current (within the last 12 months) substance use disorder. 26

• One study conducted in North Carolina that interviewed 125 male migrant farmworkers reported that 30 percent had a positive screen for alcohol dependence. 27

• A study conducted among agricultural workers concluded that the frequency of substance abuse, in this case crack-cocaine, alcohol and marijuana, was not necessarily tied to ethnicity but rather related to the type of crop work that the worker conducted as some crop’s work and harvest is much more stressful and demanding than others. 28

Advice and Recommendations for Healthcare or Service Providers
• A study which gathered the input of 15 researchers who each have a background in the research of treatment and services for the Hispanic population published that Latinos/Hispanics are discouraged from seeking mental health treatment due to the cultural insensitivity, stereotyping, and unacknowledged racism they have experienced with health care providers in the past. 29

• Studies have found that there are traditional values in the Latino culture that contribute to the under-use of mental health services. Some of these values include respect, familism and allocentrism which are built around the premise of courtesy, reliance on family members as opposed to those who are non-family, and an emphasis on family goals as opposed to those of an individual. 30 Fatalism is another important component in Latino culture, and it is the idea that problems such as those related to health are beyond an individual’s control. 31

• It is important for health or other service providers to be knowledgeable on how elements that are intrinsic to the population such as folk illness, 32 traditional cultural values, 33 and the immigrant experience 34 contribute to agricultural workers’ poor mental health and work
against treatment-seeking behavior.

- One report concluded that identifying the different factors that contribute to farmworker stress can aid in the designing of programs and practices that help manage or even prevent those mental health issues that plague this population.\(^{35}\) One idea is to organize a social network within the farmworker community that will support an interactive and positive outlet such as a sporting event.\(^{36}\)

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2 Ibid.

3 Ibid.


13 Ibid.

14 Ibid.

15 Ibid.


17 Lackey, Gerald. “*Feeling Blue*” in Spanish: A Qualitative Inquiry of Depression among Mexican
Immigrants, Social Science & Medicine, Vol. 67, 2008.


20 Ibid.


26 Ibid.


31 Ibid.


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