Supporting mental and social well-being among agricultural workers

Athena Ramos, PhD, MBA, MS, CPM
Learning objectives

1. Discuss common mental health concerns and stressors among agricultural workers

2. Describe the Bienvenido (Welcome) program

3. Recognize the benefits and principles for utilizing a culturally responsive approach to addressing mental health concerns and stressors
Health

World Health Organization (WHO), 1948:

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

“La salud es un estado de completo bienestar físico, mental y social, y no solamente la ausencia de afecciones o enfermedades.”
Health

WHO Ottawa Charter for Health Promotion, 1986:

Health is a “resource which permits people to lead an individually, socially, and economically productive life…Health is a resource for everyday life, not the object of living.”
What is good mental health?
Multiple models of mental health

Jahoda (1958):
- Being realistic
- Self-acceptance
- Investment in living
- Independence
- Environmental mastery

Tengland (2001):
- Self-knowledge
- Flexibility
- Experience emotions
- Feel empathy
- Communication skills
- Ability to cooperate

Well-being

“Well-being integrates mental health (mind) and physical health (body) resulting in more holistic approaches to disease prevention and health promotion” (CDC, 2018).

“Providing economically for oneself and one’s family (and the social and political structures necessary to do so) and the freedom from harmful physical and psychological stress” (Meierotto, Mares, & Holmes, 2019).

Gallup-Sharecare Well-Being Index:
1. **Purpose:** Liking what you do each day and being motivated to achieve your goals
2. **Social:** Having supportive relationships and love in your life
3. **Financial:** Managing your economic life to reduce stress and increase security
4. **Community:** Liking where you live, feeling safe and having pride in your community
5. **Physical:** Having good health and enough energy to get things done daily

Social ecological model of migrant farmworker health

Behavioral health among agricultural workers

Depression, anxiety, and PTSD are prevalent but often untreated among agricultural workers in the U.S.

Several studies found that an estimated 20%-50% of Latino farmworkers have mental health concerns at some point during the agricultural season.

Alcohol use disorders are common, particularly among men.


*Modified from the National Hispanic & Latino MHTTC*
Anxiety

Although many studies focus on depression, there is much evidence that depression and anxiety often coexist.

Farmworkers who experience severe stress are also at risk for anxiety disorders.

- About 30% of farmworkers report symptoms of anxiety.
- “Acculturative stress, low self-esteem, ineffective social support, lack of control and choice in living a migrant farmworker lifestyle, low religiosity, and high education were significantly related to high anxiety.”


Modified from the National Hispanic & Latino MHTTC
Depression

Latino farmworkers are at high risk for developing depression and are unlikely to seek out mental health services due to a variety of structural, cultural, and social challenges.

Based on the National Agricultural Workers Survey, over 30% of migrant farmworkers displayed elevated depressive symptoms.

Depression is under-detected among agricultural workers, partly due to inadequate assessment by PCPs and general low use of healthcare services.

Harsh working conditions, immigration-related fears, perceived job insecurity, and discrimination are significantly associated with depressive symptoms.

- Georges et al. (2013). Depression, social factors, and farmworker health care utilization. *Journal of Rural Health, 29*(S1), S7-S16.

*Modified from the National Hispanic & Latino MHTTC*
Stress

STRESS = A physical and mental response to a situation, event, or feeling

- Stress can be positive or negative.
- Too much stress for long periods of time can lead to health problems like high blood pressure, diabetes, and mental health concerns like depression and anxiety.

Stress

Agricultural workers experience high rates of stress.

Common causes of stress include:

- Geographic, cultural, linguistic, and social isolation
- Migration trauma
- Acculturative stress
- Poor working conditions
- Marginalization, discrimination, racism, xenophobia
- Limited social mobility
- Poverty
- Separation from and/or poor family functioning
- Lack of social support(s)
Acculturative stress

Migration involves at least three forms of uprooting:
1. Physical
2. Social
3. Cultural

Stress is always involved in migration, but **CONTEXT** matters.

Acculturation stress can result in:
- social maladjustment
- family dysfunction
- depression
- negative expectations
- self-derogation
- substance use
- suicidal ideation

Acculturation stress = Response to the tension that results between the norms, values, and beliefs of the culture of origin (native) and those of the new (host) culture


*Modified from the National Hispanic & Latino MHTTC*
Migrant farmworker stress & mental health

“Social isolation had the strongest potential effect on farmworker anxiety, whereas more stressful working conditions had the strongest potential effect on depressive symptoms (Hiott et al., 2008)

<p>| Table 4 |
| Factor-Based Correlations |</p>
<table>
<thead>
<tr>
<th>Factors</th>
<th>Economics</th>
<th>Immigration</th>
<th>Parenting and children</th>
<th>Social isolation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economics</td>
<td>.411**</td>
<td>.602**</td>
<td>.733**</td>
<td>.582**</td>
</tr>
<tr>
<td>Immigration</td>
<td>.482**</td>
<td>.542**</td>
<td>.234*</td>
<td>.132</td>
</tr>
<tr>
<td>Parenting and children</td>
<td>.779**</td>
<td>.321*</td>
<td>.532**</td>
<td>.301**</td>
</tr>
<tr>
<td>Social isolation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CESD-R-10</td>
<td>.482**</td>
<td>.234*</td>
<td>.321*</td>
<td>.532**</td>
</tr>
<tr>
<td>GAD</td>
<td>.390**</td>
<td>.179</td>
<td>.312**</td>
<td>.439**</td>
</tr>
<tr>
<td>Machismo</td>
<td>.333**</td>
<td>.308**</td>
<td>.280</td>
<td>.301**</td>
</tr>
<tr>
<td>ACEs</td>
<td>.390**</td>
<td>.179</td>
<td>.312**</td>
<td>.439**</td>
</tr>
<tr>
<td>Discrimination</td>
<td>.279**</td>
<td>.179*</td>
<td>.240</td>
<td>.217*</td>
</tr>
<tr>
<td>MEIM</td>
<td>-.046</td>
<td>-.017</td>
<td>-.001</td>
<td>.140</td>
</tr>
<tr>
<td>GSE-6</td>
<td>.111</td>
<td>.024</td>
<td>.174</td>
<td>.267*</td>
</tr>
<tr>
<td>Relationship status</td>
<td>.111</td>
<td>.123</td>
<td>.426**</td>
<td>-.003</td>
</tr>
</tbody>
</table>

Note. CESD-R-10 = center for epidemiologic studies depression; GAD = Generalized Anxiety Disorder Questionnaire; ACEs = adverse childhood events; MEIM = multiethnic identity measure; GSE-6 = general self-efficacy.

* p < .05. ** p < .01.

Haws et al. (2022):

Depression:
- Economics
- Immigration
- Parenting and children
- Social isolation

Anxiety:
- Economics
- Social isolation

## Behavioral health among farmworkers in the Midwest

<table>
<thead>
<tr>
<th>Study</th>
<th>Anxiety (GAD-7/PHQ-4)</th>
<th>Depression (CESD-10/PHQ-4)</th>
<th>Stress (MFWSI/PSS)</th>
<th>Hazardous Drinking (RAPS-4/AUDIT-C)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Migrant Farmworkers (2022) n=90</strong></td>
<td>8/90 (8.9)</td>
<td>6/90 (6.7)</td>
<td>22/86 (25.6)</td>
<td>19/89 (21.3)</td>
</tr>
<tr>
<td><strong>Cattle Feedyard Workers (2017-2020) n=243</strong></td>
<td>27/241 (11.2)</td>
<td>20/241 (8.3)</td>
<td>-</td>
<td>103/166 (62.0)</td>
</tr>
<tr>
<td><strong>Migrant Farmworkers (2016) n=241</strong></td>
<td>61/241 (25.3)</td>
<td>47/240 (19.6)</td>
<td>43/241 (17.8)</td>
<td>69/207 (33.3)</td>
</tr>
<tr>
<td><strong>Hog Confinement Workers (2015) n=40</strong></td>
<td>10/39 (25.6)</td>
<td>7/40 (17.5)</td>
<td>-</td>
<td>14/29 (48.3)</td>
</tr>
<tr>
<td><strong>Migrant Farmworkers (2013) n=200</strong></td>
<td>-</td>
<td>80/176 (45.5)</td>
<td>61/200 (30.5)</td>
<td>48/112 (42.9)</td>
</tr>
</tbody>
</table>

## Service provision: Right to health standard

<table>
<thead>
<tr>
<th>Element</th>
<th>Key questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AVAILABILITY</strong></td>
<td>- Are healthcare services sufficiently available?</td>
</tr>
<tr>
<td><strong>ACCESSIBILITY</strong></td>
<td>- Are facilities and services physically accessible? How long does it take to get to services? Are hours of service convenient for farmworkers? Is transportation assistance available?</td>
</tr>
<tr>
<td></td>
<td>- Are services affordable? Are fees assessed on sliding scale? Are free services or waivers available for farmworkers who cannot pay?</td>
</tr>
<tr>
<td></td>
<td>- Is appropriate health information available to farmworkers? Is the information in a format that is understandable? Are language access services available?</td>
</tr>
<tr>
<td></td>
<td>- Are services provided free from discrimination, both in policy and in practice? Are services available to all including undocumented farmworkers?</td>
</tr>
<tr>
<td><strong>ACCEPTABILITY</strong></td>
<td>- Are services provided in a respectful manner?</td>
</tr>
<tr>
<td></td>
<td>- Do services adhere to medical ethics?</td>
</tr>
<tr>
<td></td>
<td>- Are services culturally and linguistically appropriate?</td>
</tr>
<tr>
<td><strong>QUALITY</strong></td>
<td>- Are good quality services provided?</td>
</tr>
<tr>
<td></td>
<td>- Do providers have the appropriate skills to work with farmworkers?</td>
</tr>
<tr>
<td></td>
<td>- Are appropriate health monitoring and evaluation strategies in place?</td>
</tr>
</tbody>
</table>

HRSA mental health professional shortage areas

Nebraska behavioral health workforce dashboard. https://app1.unmc.edu/publichealth/bhecn/

88 of Nebraska’s 93 counties are designated mental health shortage areas by the U.S. Health Resources and Services Administration.
Farmworkers are often unaware of community resources

The majority of workers are unfamiliar with community resources that exist and have not used their services.

<table>
<thead>
<tr>
<th>Community Resources</th>
<th>Unaware of Any</th>
<th>Aware of at least 1</th>
<th>Have Participated In/With</th>
</tr>
</thead>
<tbody>
<tr>
<td>Churches</td>
<td>13 (32.5)</td>
<td>16 (40.0)</td>
<td>11 (27.5)</td>
</tr>
<tr>
<td>Community Organizations (e.g., food pantry or social services)</td>
<td>29 (74.4)</td>
<td>7 (17.9)</td>
<td>3 (7.7)</td>
</tr>
<tr>
<td>Cultural Grocery Store (e.g., Mexican grocery)</td>
<td>1 (2.5)</td>
<td>15 (37.5)</td>
<td>24 (60.0)</td>
</tr>
<tr>
<td>Organized Sports Teams</td>
<td>25 (62.5)</td>
<td>6 (15.0)</td>
<td>9 (22.5)</td>
</tr>
<tr>
<td>Adult Education Programs</td>
<td>27 (71.1)</td>
<td>10 (26.3)</td>
<td>1 (2.6)</td>
</tr>
<tr>
<td>Children's Schools</td>
<td>15 (37.5)</td>
<td>16 (40.0)</td>
<td>9 (22.5)</td>
</tr>
<tr>
<td>Activities for Youth</td>
<td>32 (82.1)</td>
<td>5 (12.8)</td>
<td>2 (5.1)</td>
</tr>
</tbody>
</table>

Nearly 85% of workers were not aware of any telephone hotlines to call for help with difficult life situations.
“Unrecognized and unmet behavioral health needs largely resulting from the trauma of migration, navigating a new community and the cultural stigma associated with seeking care for mental health issues have a significant negative impact.”

- National Advisory Council on Migrant Health, 2019
Prevention spectrum

**Mental health education** = Creating awareness so that individuals voluntarily modify their health behaviors to bring them into harmony with their environment

May include behaviors such as:
- Stress management
- Relaxation and adequate sleep
- Effective communication
- Anger management
- Anxiety reduction
- Health promotion (i.e., physical activity, healthy eating, etc.)
- Time management
- Recreation and leisure time
- Adequate work-performance

**Mental health promotion** = Developing policies, regulations, and environments that support such behaviors

Culturally responsive programs

1. **Cultural awareness and beliefs**: Sensitive to values and biases and how these may influence perceptions, problem identification and resolve, and the relationship.

2. **Cultural knowledge**: Knowledge of the client’s culture, worldview, and expectations for treatment.

3. **Cultural skills**: Ability to intervene in a manner that is culturally sensitive and relevant.

Best practices for serving Latino communities

- Promote wellness
- Reduce stigma associated with mental health
- Build community capacity
- Outreach and education strategies
- Peer-to-peer strategies
- Family-based psychoeducational curricula
- Co-locate services

4 Cs

Convivencia

- “Expresses the dynamic and interactive concept of living harmoniously in human groups”

- “The art of living together”

- “Active sharing of space and time, complemented with intentions, actions, and forms of interpersonal interaction that produce and affect the collective climate of relationships and the affective and emotional well-being of individuals”

Conexión (Connection)

“Prescribing social interactions and encouraging friendships has the potential to have a healing effect...Social connection should be viewed and treated as a vital sign.”

• Existence of relationships
• A feeling that results from actual or perceived support or inclusion

• Face-to-face connection
• Rapport and trust

Conversation and dialogue are important tools for working with collectivistic cultures.

- *Dialogue* (constructive dialogue)
- *Testimonio* (sharing personal experiences)
- Popular education techniques

Recognizes and fosters community cultural wealth and resiliency through different forms of “capital”:

1. Aspirational
2. Linguistic
3. Familial
4. Social
5. Navigational
Confianza (Trust+)

Trust, responsibility, and mutual respect

“Confianza is a necessity for any personal relationship that includes meaningful interaction…Confianza provides a comfortable, safe space, where the person can be himself or herself…A relationship with confianza …involves an informal way of relating that enables the formation of a special bond and opens the possibility for sharing feelings and concerns at a deep level. Such a relationship also carries the understanding that the information being shared must be kept confidential.”

Overview: Bienvenido program

Educational, strengths-based curriculum on emotional well-being, adjustment, and integration

Overall goal: To help participants attain a higher quality of life and develop strengths to reduce emotional risks and behaviors associated with poor mental health

Vision (Knowing)
Virtues (Being)
Vocation (Doing)
## Overview:
Bienvenido program

<table>
<thead>
<tr>
<th>Lesson #</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Describe what is good emotional health</td>
</tr>
<tr>
<td>2</td>
<td>Understand positive personal qualities and set goals</td>
</tr>
<tr>
<td>3</td>
<td>Understand anger, causes of anger, and physical changes associated with anger in the body</td>
</tr>
<tr>
<td>4</td>
<td>Recognize different communication styles and how to express oneself in a positive manner</td>
</tr>
<tr>
<td>5</td>
<td>Understand how fun contributes to good emotional health</td>
</tr>
<tr>
<td>6</td>
<td>Describe risk and protective factors and identify supports within the community</td>
</tr>
<tr>
<td>7</td>
<td>Discuss the process of acculturation</td>
</tr>
<tr>
<td>8</td>
<td>Discuss how to promote positive emotional health within the family</td>
</tr>
<tr>
<td>9</td>
<td>Reflect on the use of alcohol, tobacco, and other drugs within the context of acculturation</td>
</tr>
</tbody>
</table>
Group-based process

Groups can:
• Increase the capacity to recognize, anticipate, and cope with situations
• Instill hope
• Create a shared common experience
• Provide mutual support
• Help individuals develop insights through relationships (i.e., interpersonal learning)
• Build a sense of belonging

Group-based processes can be effective, even in the short-term (2-3 months).

# Role of facilitator

<table>
<thead>
<tr>
<th><strong>Director</strong></th>
<th><strong>Conductor</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriptive</td>
<td>Interactional process</td>
</tr>
<tr>
<td>Structured goals</td>
<td>Guided reflection</td>
</tr>
<tr>
<td>Directed interventions</td>
<td>Focus on relationships</td>
</tr>
<tr>
<td>Leader is “central” and in charge</td>
<td>Group is the agent of change</td>
</tr>
</tbody>
</table>

Bienvenido: A culturally responsive program

Intervention elements are responsive to Latino cultural norms:

- Program designed to be conducted in Spanish (not translated into Spanish) through face-to-face interactions
- Addresses migration-related stressors, potential coping mechanisms, and community resources
- Intervention conducted at housing site (reduces fear of using public services, challenges with transportation, potential negative community experiences)
- Use of *charlas* and *platicas*, rather than didactic procedures
- Inclusion of strategies to promote social support, group belonging, and cultural values such as *personalismo*, *familismo*, and *colectivismo*

Implementation

Condensed curriculum from 9 sessions into 5 sessions across 2-3 weeks

- Facilitated in July-September 2022 outside farmworker housing sites and at a park
- Brought a meal or refreshments for each session
- Sessions lasted approximately 1.5-2 hours after work
- Conducted in Spanish
- Provided $60 cash to individuals who completed the program (i.e., attended 4 of 5 sessions)

Had 90 participants start the program; 72 complete the program (~80% retention)
### Participant characteristics (n=90)

<table>
<thead>
<tr>
<th>Variable</th>
<th>N (%)</th>
<th>M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>89 (98.9)</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>1 (1.1)</td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td>37.7 (13.6)</td>
</tr>
<tr>
<td><strong>Years worked in agriculture</strong></td>
<td></td>
<td>15.0 (10.9)</td>
</tr>
<tr>
<td><strong>H-2A worker</strong></td>
<td>65 (72.2)</td>
<td></td>
</tr>
<tr>
<td><strong>Country of origin</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mexico</td>
<td>86 (97.7)</td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td>2 (2.3)</td>
<td></td>
</tr>
<tr>
<td><strong>Relationship status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married/partnered</td>
<td>62 (69.7)</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>21 (23.6)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>6 (6.7)</td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>4 (4.4)</td>
<td></td>
</tr>
<tr>
<td>Elementary</td>
<td>15 (16.7)</td>
<td></td>
</tr>
<tr>
<td>Middle school</td>
<td>30 (33.3)</td>
<td></td>
</tr>
<tr>
<td>High school</td>
<td>31 (34.4)</td>
<td></td>
</tr>
<tr>
<td>Technical school, some college, or University</td>
<td>10 (11.1)</td>
<td></td>
</tr>
<tr>
<td><strong>Limited English proficient</strong></td>
<td>74 (93.7)</td>
<td></td>
</tr>
</tbody>
</table>
Results: Coping

*Significant positive change in reporting use of problem-focused coping strategies.*

<table>
<thead>
<tr>
<th>Coping strategy</th>
<th>Pre-program M (SD)</th>
<th>Post-program M (SD)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active coping</td>
<td>6.24 (1.82)</td>
<td>6.91 (1.58)</td>
<td>.005</td>
</tr>
<tr>
<td>Positive reframing</td>
<td>6.24 (1.86)</td>
<td>6.93 (1.43)</td>
<td>.004</td>
</tr>
</tbody>
</table>
Results: Substance use

Significant positive change in substance use knowledge.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pre-program N (%)</th>
<th>Post-program N (%)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumption of alcohol and tobacco can increase levels of stress in the body.</td>
<td>72 (80.9)</td>
<td>65 (92.9)</td>
<td>.039</td>
</tr>
</tbody>
</table>

Hazardous drinking decreased but not significantly.

Very few (only 3 people) reported using drugs that were not required for medical use (i.e., recreational drug use).
## Results: Help seeking

*Significant changes in reported in seeking help from specific sources*

<table>
<thead>
<tr>
<th>Source</th>
<th>Pre-program n (%)</th>
<th>Post-program n (%)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner*</td>
<td>63 (70.0)</td>
<td>59 (81.9)</td>
<td>.039</td>
</tr>
<tr>
<td>Friend*</td>
<td>38 (42.2)</td>
<td>39 (54.2)</td>
<td>.027</td>
</tr>
<tr>
<td>Parent*</td>
<td>60 (66.7)</td>
<td>59 (81.9)</td>
<td>.003</td>
</tr>
<tr>
<td>Other family member</td>
<td>39 (43.3)</td>
<td>37 (51.4)</td>
<td>.108</td>
</tr>
<tr>
<td>Mental health professional*</td>
<td>18 (20.0)</td>
<td>22 (30.6)</td>
<td>.049</td>
</tr>
<tr>
<td>Telephone helpline</td>
<td>6 (6.7)</td>
<td>4 (5.6)</td>
<td>1.000</td>
</tr>
<tr>
<td>Healthcare provider*</td>
<td>20 (22.2)</td>
<td>27 (37.5)</td>
<td>.031</td>
</tr>
<tr>
<td>Religious leader</td>
<td>4 (4.4)</td>
<td>10 (13.7)</td>
<td>.065</td>
</tr>
<tr>
<td>Coworker/supervisor</td>
<td>19 (21.1)</td>
<td>17 (23.6)</td>
<td>.267</td>
</tr>
<tr>
<td>Other</td>
<td>2 (2.2)</td>
<td>2 (2.8)</td>
<td>1.000</td>
</tr>
<tr>
<td>Will not seek help</td>
<td>2 (2.2)</td>
<td>1 (1.4)</td>
<td>1.000</td>
</tr>
</tbody>
</table>
Preliminary 2022 results

Participants provided feedback on program:

- Liked: Conversation topics, ability to share experiences, friendliness of facilitators, food, and time to relax
- Disliked: Program was too short and ended quickly
- Most important: *Convivir* with coworkers, strategies for dealing with problems, communication, respect, managing anger, substance use, and mental health

“I liked the conversation and the way we were able to *convivir* with our coworkers.”

“You made me feel happy, in harmony, and recognize the value of *convivencia* with my coworkers and with the Bienvenido team.”

“It has made me think in another way. It has made me express myself in another way with friends and family.”
Preliminary 2022 results

Gracias Athena y a su equipo de trabajo por su proyecto que realizaron en nosotros y que realicen muchos más en hora buena, le deseo un buen inicio de semana

Muchas gracias Athena
La verdad me encantaron mucho sus platicas
Siguanle hechando ganas👋🏻😊
Muchas gracias por el tiempo que nos dedicaron
Y en especial gracias por venir a compartir su tiempo con nosotros
Ojalá en un futuro los volvamos a ver

Gracias a ustedes por habernos ayudado a ver las cosas desde otro punto de vista cuidense

Espero que el próximo año nos volvamos a ver saludos
Implications

• Stress and emotional health are critical issues to address; particularly in the Latino immigrant farmworker community.

• *Convivencia, conexión, and conversación* are important elements to build *confianza* and foster cultural bridges to address mental health and stress concerns among this worker population.

• Programs should be culturally-responsive, relevant, and linguistically appropriate. These types of programs may assist workers in understanding more about emotional well-being, engage in positive coping and help seeking behaviors, and enhance relationships among workers.

• Partnerships with farmworker-serving organizations are vital to being able to provide services and resources that align with assets and needs of the farmworker population.
Facilitator training
North Central region
Resources

Request a training:
• Mental Health First Aid
• Youth Mental Health First Aid
• QPR (suicide prevention)

https://www.unmc.edu/publichealth/cscash/feedyard-workforce/training-contact-form.html

Farm stress resources:
https://farmstress.org/

• 2-1-1: Helpline
• 9-8-8: Suicide & Crisis Lifeline
• 1-866-783-2645 (1-866-Su Familia): National Hispanic Family Health Helpline
Multilingual behavioral health resources

Multilingual Mental/Behavioral Health Care Provider List

Select/tick the filters below and click outside of the filter box to load the list.
To remove filters click on 'Reset' on top right.

Or type a language below
Contains ▼ Enter a value

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https://tinyurl.com/MidwestMHresources
Welcoming matters

Welcoming communities accept and integrate newcomers, provide opportunities for all to participate and feel a sense of belonging, and are places where everyone has an opportunity to thrive. They are communities that work together, cooperate, and listen to members. Welcoming communities are places where newcomers are greeted and included as neighbors. They are places where each person is valued and shares in both the responsibilities and benefits of being part of the community.
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Questions & conversation

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