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The Need for Mental Health Resources in Migrant Farm Working Families

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A Capstone Project for the Department of Human Development and Family Science

Introduction

The focus of my capstone project is on providing mental health resources for migrant workers and their families. Language barriers and cultural differences are a big obstacle for these parents. Because of this, it is hard for parents to seek help. Language barriers can make communicating one's struggles with healthcare providers difficult. These topics can be difficult for anyone to put into words, but it's especially challenging for those who may not speak the same language as the healthcare professional. Per my experience cultural and language barriers are a big obstacle these families face. This could be because they can often face discrimination, they are scared of there're legal status and they lack the support of their family. My main focus for this capstone is to provide services and support mental health within the immigrant community. There is a need for delivering mental health information and resources to migrant farmworkers and show them positive coping skills so they can better their mental health. To help inform migrant farm working families about mental health disorders and resources around their community that are free for everyone. Due to this I created a one hour workshop at a MSHS in Salinas, CA that caters to migrant seasonal farm worker families who have preschool age children.

Needs Statement

Little is known about the mental health issues that surround the farmworker Latino community. Although the community of migrant farm workers make up about 86% of the population in the United states the access to adequate healthcare is scarce. This can be for many reasons, but a common factor that I have come to find in many articles is the language barrier, fear of deportation and lack of knowledge of services contribute to the issue. It is essential to provide information about accessible mental health services to the Latino community, so they can better assist the emotional and mental needs of themselves and their children. A workshop that aims to help navigate community resources, mental health services and educational awareness is of key importance. The ultimate goal is to connect migrant farm workers to resources within their community and implement preventive measures for mental health, these are critical steps in addressing the challenges migrant farm working families are facing.

The Latino Migrant Farm working families that reside in the city of Salinas, Ca. Play a significant role in the agricultural industry of the state of California. The city thrives in its agricultural industry, with its worth of over 2 billion annually, it supplies a substantial portion of lettuce, artichoke and various other agricultural products to market both in the United States and beyond (City of Salinas, 2024). Regarding demographics, as of 2020 shows that Salinas has a diverse population, but its demographic is predominantly Hispanic, making up a significant part of its residents. With its language being 69.3% Spanish speaking and 37.7% foreign born. In 2020, the U.S census found that almost 40% of California's population are Hispanic and Latinos, making them the biggest group of the state. Majority of the Hispanic population in Salinas are

catholic. Because of Salinas diverse population, addressing the needs of its residents' issues related to mental healthcare, and the education behind it, requires a thoughtful and inclusive approach.

A migrant farmworker is someone who leaves their permanent home to find paid work in agriculture. They may also be called migratory agricultural workers or mobile workers. Seasonal farmworkers work temporarily on farms but don't move from their permanent homes (Migrant Clinicians Network, 2020). There are about 2.4 million hired farmworkers in the US, mainly in California, Texas, Oregon, Georgia and North Carolina, this is due to the large labor of crops that take place in these regions (Castillo et al., 2021) Farmworkers tend to be relatively young, between the ages of 22 to 31 years of age. They also have low levels of education, particularly those who are foreign-born. The typical median of education level is of sixth grade, compared to eleventh grade for U.S.-born workers. Some groups, like Latin American immigrants who speak indigenous languages, have even lower educational attainment, averaging only two years of schooling. Making it a big part of why migrant Latino's tend to do this type of work. Despite their vital role in agriculture, farmworkers earn low wages, with an average hourly wage of \$5.10 and a median annual income of \$7,500. Nearly half of all farmworkers live below the poverty line, and nearly half own no property other than their personal belongings. (The Latinization of U.S. Farm Labor, n.d.)

Furthermore, the stress of adapting to new social norms can be challenging, especially when individuals bring different cultural backgrounds and languages. Immigrant adults often face significant difficulties in learning a new language, despite having more developed brains

than children. This challenge is highlighted by (Steber et al.,2021), who emphasize the complexity of the endeavor. However, strategies such as statistical learning, as outlined by (Rossi.,2021), can aid in the process by helping individuals grasp language patterns and structures. Recognizing and addressing these challenges is essential for supporting the mental well-being of immigrant families as they navigate linguistic and cultural adjustments. An extra challenge that migrant farmworkers face is the fear of deportation. A study conducted stated that farmworker residents often face additional stressors, one of those is the fear of driving which could potentially lead to detention or deportation (Lanville et al., 2020). These chronic stressors impact individuals' mental health but also add extra stress to the individual's family. The constant fear and uncertainties surrounding immigration status can lead to an increase in anxiety, depression, isolation and an increase in domestic violence. (Lanville et al.,2020).

According to recent statistics, a significant portion of Latino adults, approximately 31 percent, reported experiencing frequent anxiety symptoms, while 26 percent reported frequent depressive symptoms (Garcini et al., 2021). This highlights a concerning trend where mental health issues are prevalent within the Latino community. Moreover, research indicates that immigrants face higher rates of mental health problems compared to native-born Americans (Giammusso et al., 2018). One contributing factor to these disparities is the low level of educational attainment among immigrant parents. For instance, approximately 25% of children in low-income families, totaling almost 7.2 million, have parents with less than a high school diploma (Douglas, 2007). This lack of education not only limits access to resources but also renders individuals more vulnerable to racism and discrimination (Sullivan & Rehm, 2005).

Cultural beliefs also play a vital role in many Latino communities, mental health is often seen as a taboo topic. People are hesitant to talk about it openly due to the stigma surrounding mental health issues. This stigma stems from cultural beliefs that attribute mental health problems to religious or supernatural causes, making it difficult for individuals to seek help or discuss their struggles. Expressing feelings or symptoms related to mental health is often perceived as a sign of weakness in Latino communities. As a result, many people keep their struggles private, fearing judgment or being labeled negatively by others. This reluctance to discuss mental health issues can prevent individuals, especially immigrant parents, from seeking the support they need. These Latino parents often judge or don't encourage their own children to seek help and make them feel ashamed for it. (NAMI, 2022)

Children of Latino migrant farmworkers face numerous challenges due to the constant relocation of their families. This frequent moving makes it difficult for them to adjust to school work and access adequate healthcare. The seasonal nature of their parents' work also disrupts their education significantly. Many farmworker children are forced to attend multiple schools across different countries throughout the year, leading to instability and inconsistency in their education. As a result, their chances of graduating from high school plummet to just 10%. This perpetuates a troubling cycle where these children continue to lag behind in their education, ultimately contributing to the cycle of poverty and ensuring another generation of farmworkers. Addressing this systemic issue requires urgent reforms in housing policies and the provision of educational support for farmworker families (Get Informed, 2014).

Additionally, the children of migrant farm working families often provide financial and

emotional support to their parents. They also act as cultural and language mediators for their families' survival. Due to the parents having made immense sacrifices, expect their children to succeed, adding pressure on them to improve their families' lives. These children, with their multifaceted identity as caretakers and children, face increased anxiety, stress, and depression compared to their parents. The prevalence of psychological distress among them is nearly double that of their immigrant parents. These challenges vary by ethnicity, gender, race, financial status, and legal status, with children of color experiencing higher rates of mental health issues. Latinx immigrant children face significantly higher rates of depression, anxiety, and post-traumatic stress disorder compared to their white European immigrant counterparts (Todd & Martin, 2020).

In continuation to the mental health issues that children of immigrants' face, just like their parents are cultural barriers that hinder them from accessing necessary mental health support. Many communities lack awareness about affordable mental healthcare options. Additionally, children of immigrants may have misconceptions about mental health care, face stigma for seeking help, and struggle to understand available resources. Cultural norms of privacy, self-reliance, and preference for non-Western medicine, along with discomfort with American healthcare, may deter some immigrants from seeking care. Furthermore, some children of immigrants may believe that their mental health needs are insignificant compared to their parents' experiences, leading them to avoid seeking help until they are in crisis. Despite their responsibilities in caring for their parents, children of immigrants often do not seek professional mental health care to manage their stress. They may delay seeking help until their mental health issues become severe, making treatment more complicated. Addressing these cultural barriers and encouraging early intervention for mental health issues among children of immigrants is

crucial to ensuring their well-being.

All of these components pose a significant challenge for immigrant parents as well as their children to seek mental health services. Many Latinos may not be aware of the available resources or may struggle to access them due to language differences. This further limits their ability to seek help and access necessary support systems. Overall, the reluctance to discuss mental health openly, combined with cultural and linguistic barriers, can prevent immigrant parents in Latino communities from accessing the resources and support they need to address their mental health concerns. Efforts to promote cultural competence and awareness of mental health services are essential to address these challenges and ensure that immigrant parents receive the support they need for their mental well-being (NAMI, 2022).

Lastly, In order for migrant farm working families to become knowledgeable about what resources are available around their communities and nearby cities they relocate when the season is over they need to know how they can access them without fear of deportation and the language barriers, farm working immigrant parents will benefit from the mental health workshop that address mental health issues that can be expressed and define available resources in their community to support them. Subtopics introduced to parents are areas of development for Parents will learn about the resources available in their community and surrounding areas they relocate to because of their agricultural jobs. As well as giving parents positive coping skills to deal with daily stressor and manage their mental health. Mental health is a vital aspect of overall well-being, but it is often neglected among migrant communities due to various stressors such as daily work pressures, anxiety about immigration status, and cultural stigma surrounding mental

health issues. Educating parents about mental health resources in their community can alleviate some of these pressures. By becoming aware of the symptoms of mental health issues like stress, anxiety, and depression, parents can seek help early, which is essential for preventing these conditions from worsening.

Mental health awareness is an essential topic that requires more advocacy, particularly for immigrant populations who often lack linguistic and financial resources. Educating migrant farm working families about the available mental health resources can help mitigate the mental health issues they face due to daily stress, anxiety, and depression. Workshops tailored to these families' specific needs can provide valuable insights and practical support, ensuring they can access the help they need without fear or linguistic barriers. Addressing these issues proactively can prevent mental health problems from becoming severe, ultimately improving the overall health and well-being of migrant communities. By implementing these workshops, we can ensure that immigrant parents gain more insights into mental health, recognize early symptoms, and access adequate help and support. This approach is essential for fostering a healthier, more resilient migrant community.

Theory

The main theory guiding my capstone project is Bronfenbrenner's ecological systems theory. This theory helps us understand how people interact with the different parts of their environment (Crawford,2020). There are four main levels in this theory. Through studying these levels, researchers aim to see how individuals are influenced by the world around them. Bronfenbrenner's theory talks about four systems: the microsystem, mesosystem, exosystem, and

macrosystem. The microsystem is the first level and it talks about direct interactions with close people like parents, friends, and teachers. The microsystem is an important part of a child's development, this means not only does the environment influence the individual, but the individual also influences their environment. Changes or dynamics within the microsystem have an immediate and profound impact on an individual's development. Positive relationships and supportive environments in the microsystem contribute to healthy development, while negative interactions or environments can hinder growth (Bronfenbrenner, 1986). The mesosystem is the second level in the framework, which encompasses the interactions between various microsystems in an individual's life. The mesosystem is essentially a system of microsystems, representing the interconnections between different aspects of a person's immediate environment (Bronfenbrenner, 1979). The exosystem is the third level, encompassing the broader social systems that do not directly involve the individual but still influence their development. This can include the parent or caregivers. If the working conditions and policies of a parent's workplace are too demanding and depending on the type of work the parents have it can affect the parent's stress levels, availability, and the overall family environment (Bronfenbrenner, 1979). Lastly, the macrosystem focuses on big-picture things like culture and wealth.

For this topic, I will focus on two levels of Bronfenbrenner's theory: the mesosystem and the exosystem. Both of these levels significantly impact the development of parents and children. An adult's development is greatly influenced by their relationships with the world around them. For instance, when parents lack access to mental health support, it directly affects their children's well-being through what's known as the exosystem (Bronfenbrenner, 1979). Conversely, when parents have the right tools and language to discuss mental health, they can engage with

community resources, benefiting their children. Human interaction plays a crucial role in shaping cognitive development for everyone (Bronfenbrenner, 1986).

The ecological systems theory, which focuses on how individuals interact with their environment, is particularly relevant to immigrant parents. This theory applies to people of all ages because our environment impacts us throughout our lives (Bronfenbrenner, 1992). For instance, my study involves adults in middle and late adulthood, so it's essential for immigrant parents to learn about the resources available in their community to support themselves and their families. However, because they're new to the area, identifying these resources can be challenging (Paquette & Ryan, 2001). This group might face cognitive development issues, especially if they're dealing with mental health challenges due to immigrating to a new country (Berk, 2000).

Consideration of Diversity

The workshop specifically targeted migrant farm working families. All participants were parents of children who attend the Migrant Seasonal Head Start program in Salinas, CA. The age range of the parents varied from 25 to 40 years. All parents who attended the workshop were from Mexico, with half of the participants being from Oaxaca. These participants primarily speak Mixteco as their first language and Spanish as their second language.

The English comprehension of all participants was nonexistent. Additionally, all participants were undocumented. This subgroup belongs to the working class, as the specific

center only serves families who work in agriculture and migrate when the crop season is over. Of the 12 participants, only three had a high school level education, while the other nine had only a grade school level education. By focusing on this demographic, the workshop aimed to address the unique needs and challenges faced by this community, particularly in terms of accessing mental health resources and overcoming language barriers.

As of 2021, Salinas has a population of 163,004. Of this population, 79.8% are Hispanic, 15.5% are White, and 7.19% are multiracial (Data USA, n.d.). By examining these demographics, we can assume that the population of migrant farm working families in Salinas is predominantly Hispanic, aligning with the city's overall demographic composition. This insight underscores the relevance of targeting mental health workshops specifically for this community, given their significant representation in the population. The workshop I presented was conducted in Spanish, with terminology explained in words that the participants could understand and relate to. For example, I used terms like "nervios" and "estrés" to describe feelings of anxiety. This approach helped participants better understand the concepts, as these terms are commonly used in their everyday language. By using familiar terminology and then further explaining the correct words to use, the participants were able to grasp the mental health concepts more effectively. This method bridged the language gap and made the information more accessible and relevant to the attendees.

Learning Outcomes

Through this informative workshop participants will be able to do the following that will help them better understand their mental health, positive coping skills and where to access free

mental health resources around their community:

1. Parents will be able to understand the different types of mental disorders.
2. Parents will be able to understand how to use a coping skill for positive mental health.
3. Parents will gain the knowledge of free resources around the community.

Methods

Location and Participants

The workshop took place at a Migrant Seasonal Head Start in Salinas, CA, and was attended by parents whose children are enrolled in the program. All attendees were migrant seasonal workers with undocumented legal status. The group comprised 12 participants, including 8 women and 4 men, aged between 25 and 40. The parents were of Mexican origin, with half hailing from Oaxaca and the remainder from Michoacan and Puebla. The presentation was conducted in Spanish, as all participants were fluent Spanish speakers. Sharing similar values, customs, and belief systems in their approach to parenting, the workshop included both mothers and fathers to address the impact of mental health across all genders.

Procedures and Materials

The workshop, lasting approximately one hour, was tailored specifically for migrant parents and conducted entirely in Spanish. Details of the PowerPoint presentation can be found in Appendix A. This approach was chosen because the migrant farm working parents whose children attend this Head Start program often relocate to different cities after the crop season. First, I began with

an ice breaker and a brief introduction to the workshop, followed by a PowerPoint presentation about mental health's importance. Therefore the PowerPoint content was divided into three sections. The first section was about mental health and understanding what are some risks and triggers. I followed this with a discussion of mental health symptoms, such as anxiety and depression. The second topic talked about how to maintain good mental health and activities that can be done to support mental illness. Last, I provided resources in the community which supports mental health. The resources provided were selected to be accessible in the areas where these families commonly move and accept Medicaid. Additionally, these resources ensure confidentiality, which helps families feel more comfortable seeking assistance despite their legal status. Since all parents speak Spanish, I translated the entire PowerPoint presentation into Spanish to support those parents whose English is less advanced than the other parents.

During each section of the workshop, I provided parents with opportunities to discuss among themselves the symptoms they had experienced and whether these could be related to anxiety or depression. They also shared positive coping strategies they had used and discussed how they might apply the new strategies they learned. Lastly, parents were given a worksheet listing community resources they could access for further support.

Results

The workshop included an explanation of different types of mental disorders to enhance parents' understanding. For the assessment, parents were given a worksheet listing various mental disorders along with their symptoms. They were asked to circle three symptoms they could relate to or recognize. The goal was for parents to connect these symptoms to the

appropriate disorder, thereby achieving the learning outcome of understanding different mental health conditions. Parents were allotted 8-10 minutes to complete this task. Of the 12 participants, 5 successfully completed the task and demonstrated a clear understanding, 3 required assistance with the terminology, and 4 needed additional time to finish. This exercise not only helped in identifying symptoms but also facilitated discussions on personal experiences and coping strategies. Unfortunately this learning outcome was not met. For the second learning outcome parents will be able to understand how to use a coping skill for positive mental health. This included a discussion on positive mental health and healthy coping strategies for daily stressors. For the assessment, parents were asked to write down 3-5 positive coping skills they had learned for maintaining good mental health. The goal was for parents to understand and apply these coping skills to manage their mental health effectively. They were given 8-10 minutes to complete this task. All 12 parents successfully wrote down at least three techniques they could use when feeling anxious, overwhelmed, or depressed. This exercise reinforced their ability to utilize new coping strategies in their daily lives. This learning outcome was fully met. Lastly, for the third learning outcome parents will gain the knowledge of free resources around the community. The workshop addressed the obstacles migrant families face when trying to access mental health resources and introduced free resources available in their community. During the assessment, parents were provided with a worksheet featuring pictures of various resources along with descriptions of the services they offer. Parents were asked to circle three new resources they were interested in learning more about and identify three resources they were previously unaware of. As a result, all 12 parents became more aware of the mental health services available to them in the community. This exercise aimed to equip parents with valuable

information and enhance their ability to access necessary mental health support. This learning outcome was fully met.

Discussion

Successes

The workshop was a success, despite one out of the three learning outcomes not being fully met. The high level of interest from parents in the resources provided and their requests for more information was a significant achievement. Additionally, I was pleased to see the parents engaging interactively with one another, discussing their daily stressors and sharing positive coping skills. This peer interaction fostered a supportive community environment and allowed participants to learn from each other's experiences, further enhancing the workshop's impact. Overall, the workshop effectively increased awareness of available mental health resources and promoted positive mental health practices among the attendees.

Challenges

One challenge was the amount of time given to present this workshop. The terminology needs to be furthered to explain and the time restraint was making it difficult. Mexican parents primarily revolved around cultural stigma and language barriers. During the presentation, parents raised numerous questions regarding specific issues related to symptoms of anxiety and depression outlined in the needs statement. For instance, when discussing these symptoms, many parents mentioned associating them

with nervousness, unrelated to mental health, as per cultural norms in their home country. This lack of awareness stems from cultural stigmas and limited cultural competencies in identifying symptoms of anxiety and depression. However, through the presentation, many parents expressed a deeper understanding of these symptoms and their connection to mental health.

Future Directions

Mental health is a crucial topic that often doesn't receive enough attention. However, thanks to this workshop, I've observed a notable increase in referrals for parents in need of mental health services. Recognizing the impact and demand for such support, I am motivated to expand this workshop into a comprehensive five-part presentation series. By offering it year-round, we can provide ongoing assistance and education to parents in our community, ensuring they have access to the resources and support they need to prioritize their mental well-being. This extended format will allow for a more in-depth exploration of various mental health topics, empowering parents to better understand and manage their mental health throughout the year.

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Appendix A

Workshop Presentation

 <p style="text-align: center;">MENTAL HEALTH RESOURCES FOR FARMWORKING FAMILIES.</p> <p style="text-align: center;">BY: JULIANA GARCIA WORKSHOP PARENTS HDFS MAJOR</p>	<p style="text-align: center;">BACKGROUND</p> <ul style="list-style-type: none"> • Migrants seasonal HeadStart program For children in Salinas. Their parents Families who are migrant seasonal workers and that work mostly in agriculture. • Break the stigma related accessing mental health care. Through bringing awareness and connecting migrant families to resources. 	 <p style="text-align: center;">WHAT IS MENTAL DISORDER?</p> <ul style="list-style-type: none"> • WHEN A PERSONS THINKING, FEELINGS, OR ACTIONS ARE SERIOUSLY AFFECTED. THIS CAN MAKE LIFE DIFFICULT AND CAUSE A LOT OF STRESS. • THERE ARE LOTS OF DIFFERENT TYPES OF MENTAL DISORDERS.
 <p style="text-align: center;">RISK FACTORS AND TRIGGERS</p> <ul style="list-style-type: none"> • Work Environment <ul style="list-style-type: none"> ◦ variable employment and income ◦ Long working hours ◦ hazardous conditions • Fear and trauma <ul style="list-style-type: none"> ◦ living without a license ◦ Fear of deportation • Stressful Events <ul style="list-style-type: none"> ◦ sexual harassment in the farm industry 	<p style="text-align: center;">LEARN THE SIGNS</p> <ul style="list-style-type: none"> • Depressed <ul style="list-style-type: none"> ◦ There are subtle signs or gradual changes in the way that someone typically behaves. He or she may behave in ways that don't seem to fit the person's values, or the person may just seem different. • Anxiety <ul style="list-style-type: none"> ◦ You may notice the person has more frequent problems controlling his or her temper and seems irritable or unable to calm down. • Alcoholism <ul style="list-style-type: none"> ◦ Someone who used to be socially engaged may pull away from family and friends and stop taking part in activities he or she used to enjoy. Screen areas with the person you start taking to meals to work or school. • Drug Self-Care <ul style="list-style-type: none"> ◦ They may notice a change in the person's level of personal care or as a sign of poor judgment on his or her part. 	 <p style="text-align: center;">HOW MANY LATINOS SUFFER FROM METAL ILLNESS?</p> <ul style="list-style-type: none"> • Nearly 22% of Hispanic and Latino Americans reported having a mental illness, compared to 21% of non-Hispanic Whites. • Only 30% of Hispanic and Latino Americans received mental health services compared to non-Hispanic Whites (22%). • Latinos receive less the highest rates of postpartum depression, bereavement, childhood abuse, neglect and child abuse, and chronic financial pressures limit their access to mental health care.
 <p style="text-align: center;">WHY IS IT HARD TO ASK OR LOOK FOR HEALTH?</p> <ul style="list-style-type: none"> • The lack of resources around their community can be difficult to find, even if it was easy to access people may not have insurance or money to pay for medication or therapy. • Mental health providers may misunderstand Hispanic patients due to cultural differences or lack of cultural competence. Which make it hard for Latinos who are reluctant to discuss mental health openly. 	<p style="text-align: center;">WHERE CAN I GO FOR HELP IN MY COMMUNITY?</p>  <ul style="list-style-type: none"> • Preventing alcohol and drug addiction by offering education, prevention, treatment and recovery to individuals and families regardless of income level. • Self-Referral and they offered counseling for Families including those who have suffered mental health trauma due to deportation and family separation. • Ongoing and pre-natal services, free for migrant Farmworker Families, they offer mental health services, workshops to empower parents involvement in their children's lives and Financial literacy programs. 	<p style="text-align: center;">Together we can make a difference</p>  <p style="text-align: center;">Thank You!</p>

Appendix B

Resource Handout

recurso en la comunidad

01



Preventing alcohol and drug addiction by offering education, prevention, treatment and recovery to individuals and families regardless of income level. We will inspire our participants and our community to value an alcohol-free and drug-free life
Phone: 852.753.5144 ext. 2



02



In close partnership with public mental health, education, child welfare, and juvenile probation agencies, other service providers, and consumer organizations, Seneca provides a wide range of strengths-based and outcomes-oriented mental

03



California Department of Food and Agriculture

Lastly a website that provides resources for farmworkers in California. This website also has free events in Spanish for the farmworker community that talk about different topics from mental health to healthy eating



04



In close partnership with public mental health, education, child welfare, and juvenile probation agencies, other service providers, and consumer organizations, Seneca provides a wide range of strengths-based and outcomes-oriented mental

Appendix C

Capstone Festival Presentation

 <h3>The Importance of Mental Health in Migrant Families</h3> <p>Presented by Juliana Garcia Human Development and Family Science</p>	<h3>INTRODUCTION</h3> <p>The reason I chose this topic is to shed light on the challenges immigrant parents as well as their children face when seeking mental health services. Many Latinos may not be aware of the available resources that are available to them and struggle to access them due to language and cultural differences. This further limits their ability to seek help and access necessary support. Through this workshop I want parents to leave with the tools needed to support themselves and their children.</p>	<h3>NEED STATEMENT</h3> <ul style="list-style-type: none"> Mental health providers may misunderstand Hispanic patients due to cultural differences or lack of cultural competence. Which make it hard for Latinos to discuss mental health issues openly. 35% of Hispanic adults with mental illness receive treatment each year compared to the U.S. average of 46.2% Approximately 75% of California's farmworkers are undocumented. Over half of Hispanic young adults ages 18-25 with serious mental illness might not get treatment. This puts them at a greater risk for more severe and long-lasting mental health problems. Around 30% of households with farmworker income fall below the poverty line, and 73% earn less than the average Californian.
<h3>BRONFENBRENNER'S ECOLOGICAL SYSTEMS THEORY</h3> <ul style="list-style-type: none"> The Microsystem The Mesosystem The Exosystem The Macrosystem  <p>Each representing different levels of environmental influences on an individual's growth and behavior.</p>	<h3>EXOSYSTEM VS MICROSYSTEM</h3> <div style="display: flex;"> <div style="flex: 1;"> <h4>THE EXOSYSTEM</h4> <ul style="list-style-type: none"> If parents' mental health struggles affect their ability to work or engage with support networks, it can create additional stressors for the family. Access to resources, such as mental health services and community programs, represents an important aspect of the broader environment that impacts family well-being. Availability and accessibility of these resources can significantly influence a family's ability to address mental health challenges effectively. </div> <div style="flex: 1;"> <h4>THE MICROSYSTEM</h4> <ul style="list-style-type: none"> The microsystem is the first level in Bronfenbrenner's theory and includes people that directly interact with the child. When parents struggle with mental health, it directly affects the child's immediate environment, leading to emotional stress, instability, and inconsistent parenting practices. </div> </div>	<h3>LEARNING OUTCOMES</h3> <p>I created a one-hour workshop for parents at a Migrant seasonal head start</p> <ul style="list-style-type: none"> Parents will be able to understand the different types of mental disorders. Parents will be able to understand how to use a coping skill for positive mental health. Parents will gain the knowledge of free resources around the community.
<h3>METHODS FOR DELIVERING THE PROJECT</h3> <div style="display: flex;"> <div style="flex: 1;"> <h4>Location</h4> <ul style="list-style-type: none"> San Jerardo MSIS in Salinas, CA The presentation was delivered in Spanish, catering to the parents who attended. All of whom were migrant seasonal farmworkers. </div> <div style="flex: 1;"> <h4>Participants</h4> <ul style="list-style-type: none"> 12 adults 8 women & 4 men Ages from 25-40 Migrant seasonal farmworkers Undocumented </div> </div>	<h3>METHODS</h3> <div style="display: flex;"> <div style="flex: 1;"> <h4>Part 1</h4> <ul style="list-style-type: none"> Explanation of different types of mental disorders. Assessment: Parents were given a worksheet with different types of mental disorders and their symptoms. They circled three they could relate to or recognize. </div> <div style="flex: 1;"> <h4>Part 2</h4> <ul style="list-style-type: none"> Discussion on positive mental health and healthy coping strategies for daily stressors. Assessment: Parents wrote down 3-5 positive coping skills for mental health. </div> <div style="flex: 1;"> <h4>Part 3</h4> <ul style="list-style-type: none"> Obstacles migrant families face when trying to access mental health resources. Introduction of free resources in their community. Assessment: parents needed to circle 3 new resources they would like more information on. </div> </div>	<h3>ASSESSMENT RESULTS LO-1</h3> <p>Parents will be able to understand the different types of mental disorders.</p> <ul style="list-style-type: none"> Assessment - The parent was given 8-10 minutes to complete this assessment. Goal - Was for parents to circle 3 symptoms they could relate to and connect them to the disorder. Conclusion - Outcome was not met. Results <ul style="list-style-type: none"> 5 out of 12 completed and understood the task completely 3 out of 12 needed help understanding the terminology 4 out of 12 parents needed more time
<h3>ASSESSMENT RESULTS LO-2</h3> <p>Parents will be able to understand how to use a coping skill for positive mental health.</p> <ul style="list-style-type: none"> Assessment - Parents were given 8-10 minutes to write down 3 coping techniques they learned. Goal - Parents need to write down 3-5 positive coping skills for positive mental health. Conclusion - outcome was fully met. Results - 12 out of 12 parents were able to write down 3 techniques they could use when feeling anxious, overwhelmed or depressed. 	<h3>ASSESSMENT RESULTS LO-3</h3> <p>Parents will gain the knowledge of free resources around the community.</p> <ul style="list-style-type: none"> Goal - Parents needed to identify 3 new resources they previously weren't aware of. Assessment - Parents were given a worksheet with picture of the resource as well as what they agencies had to offer. Conclusion - Outcome was fully met. Outcome - 12 out of 12 parents becoming more aware of the mental health services available to them around the community. 	<h3>DISCUSSION</h3> <div style="display: flex;"> <div style="flex: 1;"> <h4>Success</h4> <ul style="list-style-type: none"> Despite not fully meeting one of my learning outcomes, the presentation was successful. Measured success by the number of parents who approached me after the presentation, requesting referrals to two of the agencies. Parents were interactive and expressed interest in learning more about mental health. </div> <div style="flex: 1;"> <h4>Limitations</h4> <ul style="list-style-type: none"> Timing - The presentation occurred early in the season, ending the number of parents in attendance. Time Constraints - Exploring mental health comprehensively within the time given was challenging. Complexity of Jargon - Mental health is broad and requires detailed explanation, especially in terminology understandable to Latino parents. </div> </div>
<h3>FUTURE DIRECTIONS</h3> <ul style="list-style-type: none"> I would make it into a 5-part workshop. Make this presentation later on in the season so more parents can attend. Yearly workshop because this specific center gets new parents each year. Simplify the terminology so everyone that is present can understand. 		