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5-2015

## Salud Mental: A CBT Program for migrant and seasonal vineyard workers

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### Recommended Citation

Gardner, Susan, "Salud Mental: A CBT Program for migrant and seasonal vineyard workers" (2015). *Social Sciences Capstone Projects*. 35.

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## Salud Mental: A CBT Program for migrant and seasonal vineyard workers

### Abstract

Migrant and seasonal farmworkers (MSFWs) are at an elevated risk for developing mental illness or poor mental health due to their dangerous working conditions, their unique lifestyle, and lack of access to mental health care. As a result, one in five migrant farmworkers will experience one or more episodes of a psychiatric disorder in their lifetime (Grzywacz et al, 2008). *Salud Mental* aims to improve this problem for MSFWs working in Oregon vineyards by adding a mental health care component to an existing program known as ¡Salud! Services. *Salud Mental* consists of two main activities: cognitive behavioral therapy (CBT) weekly group sessions and CBT phone sessions, which have been shown to be effective in the MSFW community (Hovey, Hurtado, & Seligman, 2014; Dwight-Johnson, et al 2011). The program will also be culturally sensitive, because it is community-based and includes community health workers, which have been shown to be culturally appropriate to the MSFW community (Hovey et al, 2014; Añez, Silva, Paris, & Bedregal, 2008). Through these tailored activities, *Salud Mental* aims to improve the overall well-being and increase the utilization of mental health care services by MSFWs in Oregon.

### Document Type

Capstone Project

### Degree Name

Bachelor of Science

### Department

Sociology, Anthropology, Social Work and Public Health

### First Advisor

Moriah McSharry McGrath, MPH, PhD

### Subject Categories

Public Health | Social and Behavioral Sciences

### Comments

Honorable Mention, 2015 CommonKnowledge Senior Project Writing Award

## **Salud Mental: A CBT program for migrant and seasonal vineyard workers**

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April 20<sup>th</sup>, 2015

Migrant and seasonal farmworkers (MSFWs) are at an elevated risk for developing mental illness or poor mental health due to their dangerous working conditions, their unique lifestyle, and lack of access to mental health care. As a result, one in five migrant farmworkers will experience one or more episodes of a psychiatric disorder in their lifetime (Grzywacz et al, 2008). *Salud Mental* aims to improve this problem for MSFWs working in Oregon vineyards by adding a mental health care component to an existing program known as ¡Salud! Services. *Salud Mental* consists of two main activities: cognitive behavioral therapy (CBT) weekly group sessions and CBT phone sessions, which have been shown to be effective in the MSFW community (Hovey, Hurtado, & Seligman, 2014; Dwight-Johnson, et al 2011). The program will also be culturally sensitive, because it is community-based and includes community health workers, which have been shown to be culturally appropriate to the MSFW community (Hovey et al, 2014; Añez, Silva, Paris, & Bedregal, 2008). Through these tailored activities, *Salud Mental* aims to improve the overall well-being and increase the utilization of mental health care services by MSFWs in Oregon.

## Population Description

The population that Salud Mental intends to reach is migrant and seasonal farm workers (MSFWs), who are registered with *iSalud!* Services in Oregon. *iSalud!* Services is an organization located in Hillsboro, Oregon that has a mission to “provide access to healthcare services for Oregon’s seasonal vineyard workers and their families” (*iSalud!*, 2014).

In the United States today there are over three million MSFWs (National Center for Farmworker Health [NCFH], 2012). A seasonal farm worker is “an individual whose principal employment is in agriculture on a seasonal basis, who has been employed within the last twenty-four months” (Larson, 2013). A migrant farm worker only establishes a temporary abode for the purpose of their employment (Larson, 2013). Therefore, migrant farm workers move from city to city, while seasonal farm workers generally work in the same area off and on during different seasons of the year. Currently in the United States, approximately 42% of farm workers are migrant, while 58% are seasonal farm workers (NCFH, 2012). In Oregon, approximately 31% of workers are migrant and 69% are seasonal (Castillo, 2013). This means that Oregon has a greater percentage of workers who reside permanently in Oregon and work in the same area on and off during different seasons.

MSFWs are primarily Hispanic; nearly 83% of all farm workers identified themselves as Hispanic (NCFH, 2012). They are primarily foreign born, usually migrating to the United States from Mexico (Grzywacz et al, 2008). The population of farm workers is male dominated in the United States; 79% of workers are male and only 21% are female (US Department of Labor, 2005). As well, the majority of workers are younger because it is a demanding and hazardous field of work. The average age for working in this field is 33 (US Department of Labor, 2005). Lastly, this population has little formal education and they are primarily limited in English proficiency (Grzywacz et al, 2008).

There are many different parts of the United States where MSFWs can find work and the agricultural work they do is varied according to the location where they work. Specifically, in the state of Oregon, there has been an increasing amount of MSFWs in recent decades. According to the Oregon 2013 Enumeration Study, there were 90,289 MSFWs in Oregon (Larson, 2013). A large percentage of this population works in vineyards or around the production of grapes, because this is one of Oregon’s primary agricultural focuses (L. Garside, personal communication, June 20th).

## Statement of Need

*Salud Mental* will address mental health care in MSFWs. Mental health is defined as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (Centers for Disease Control and Prevention [CDC], 2014). Some of the primary categories of mental health are: mood disorders, schizophrenia, anxiety disorders, and personality disorders (NCFH, 2013). Depression and anxiety are the two most prevalent mental health disorders in MSFWs (NCFH, 2013). In addition, MSFWs are at an elevated risk for developing mental health illness or poor mental health due to their dangerous working conditions, their unique lifestyle, and a lack of access to mental health care.

MSFWs are at an increased risk for developing poor mental health, largely because of the hazardous nature of the work they do. “Farm work is one of the most dangerous occupations” (Grzywacz et al, 2008). These hazardous and strenuous working environments and conditions “pose significant risks to farmworker mental health” (Hiott, Grzywacz, Davis, Quandt, & Arcury, 2008). Therefore, the demanding nature of the work they do increase their risk of developing mental illness.

MSFWs unique lifestyle often requires leaving their family and home, in order to immigrate to a new country for the purpose of employment. Immigration greatly increases their risk of developing mental illness. This is largely because of the stresses of immigration and acculturation (American Psychiatric Association [APA], 2014). Migration “involves the disruption of attachment to supportive networks, the loss of identity, the adoption of a new ‘minority status,’ and the requirement to at least partially adapt to different cultural norms” (Finch, Frank, & Vega, 2004). Therefore, this lifestyle that requires leaving sources of social support, increases the likelihood of developing poor mental health.

In addition, MSFWs experience barriers that decrease their access to mental health services. The most common barrier that MSFWs face regarding mental health services is lack of health insurance (Guarnaccia, Martinez, & Acosta, 2005). The majority of MSFWs lack health insurance because they are primarily undocumented, thus ineligible for Medicaid and their employers don’t offer employer-based health insurance (Gunsalus, 2013). As well, most MSFWs earn less than \$6,000 per year, and cannot afford to buy private insurance (Hovey & Magana, 2002). Therefore, this prevents MSFWs from accessing mental health care because they do not have the adequate financial resources to pay for it. Another barrier experienced by MSFWs are language barriers. Language barriers decrease MSFWs access to mental health, because MSFWs primarily speak Spanish and are not adequately able to communicate with mental health professionals (Finch et al, 2004). Lastly, they face a cultural barrier, because there is a culturally centered stigma of mental illness (Guarnaccia et al, 2005). This meaning that Latino MSFWs primarily do not utilize mental health care because there is a large culturally centered stigma against the use of mental health in the Latino population.

Public health attention is needed in the area of MSFWs mental health promotion, because one in every five MSFWs will experience an episode of one or more psychiatric disorders in their lifetime (Grzywacz et al, 2008). As well, there are “few prevention and treatment options available for migrant farm workers who experience psychological problems” (Hovey & Magana, 2002). Therefore, *Salud Mental* aims to bridge this gap by improving access to mental health care and increasing the overall well-being of MSFWs in Oregon.

## Review of Interventions

There is an abundance of interventions and studies that target improving the access towards mental healthcare in different communities and groups. However, there are few interventions or studies that directly address improving the mental health care for MSFWs. Therefore, this review will examine different types of interventions and emphasize the important aspects of these interventions, in order to design an intervention that directly aims to increase the usage of mental health care by Latino MSFWs in Oregon. Specifically, this review will examine the three key topics of: cultural sensitivity, community based interventions, and cognitive behavioral therapy because they have all been found to be successful in the MSFW community.

### Cultural Sensitivity and Cultural Values within Latino Community

*Salud Mental* will be culturally sensitive for the Latino community through the use Latino tailored aspects and values of the program. In order to be culturally sensitive towards the Latino population in Oregon programs need tailored to the Spanish language, since this is the primary language in the Latino community. As well, all program materials provided should be tailored for persons of low literacy; because low literacy is highly prevalent in this community and literacy tailored materials help to improve effectiveness of interventions targeting this population (Ockene et al, 2012). The proposed program will also be culturally sensitive by incorporating some of the daily Latino cultural values into the intervention. The Latino community has identified the following values as significant in everyday life: *personalismo* (preference for relationships with individuals, rather than with institutions), *respeto* (respect), and *confianza* (trust and intimacy) (Añez et al, 2008). It has been shown that if we incorporate these values into services targeting the mental health of the Latino community, it can increase the effectiveness of the strategies and help to decrease the stigma associated with mental health (Añez, Paris, Bedregal, Davidson, & Grilo, 2005; Hovey et al, 2014). For example, *confianza* or trust from mental health care providers is needed in order to improve the effectiveness of mental health interventions in the Latino population. Incorporating these culturally tailored aspects and three cultural values into the *Salud Mental* program will ensure that the program is culturally sensitive for the Latino community.

### Community-Based Interventions

*Salud Mental* will be a community-based intervention because community-based interventions have been shown to be successful for Latino MSFWs (Hovey et al, 2014; Martin et al, 2005). According to clinical psychologist, Ruth Zúñiga, community-based health interventions are the most successful form of intervention within the Latino MSFW community because they incorporate the cultural value of *personalismo* (personal communication, 10-10-2014). Community-based interventions are rooted within the community that they address. As well, they target groups of persons, rather than specific individuals. A study done on diabetes in the Latino community by Ockene et al was a community-based intervention, because they collaborated with the local community during the design and intervention implementation process and they held group sessions as part of the intervention (2012). They noted their study was successful because of its community-based nature (Ockene et al 2012). An important component of community-based interventions are *promotoras* or community health workers (CHWs)

(Hovey et al, 2014; Martin et al 2005; Kataoka et al, 2003; Ockene, et al). *Promotoras* are members of the community who are trained in community health education and promotion (Hovey et al, 2014). They are commonly used in community-based interventions because of their “familiarity and understanding of particular community- and culturally-based issues” (Hovey et al, 2014). *Promotoras* help to reach members of the community, increase knowledge, and change self-perceptions (Martin et al, 2005). A mental health intervention targeting MSFW women done by Hovey et al used *promotoras* who were current or former migrant workers themselves (2014). Hovey et al identified that the use of *promotoras* in their intervention “helped establish alliances and decrease stigma,” and they acted as role models for the participants (Hovey et al, 2014). Thus, it is important to tailor the *Salud Mental* program to be community-based to improve effectiveness within the MSFW community.

### **Cognitive Behavioral Therapy Approach to Mental Health**

*Salud Mental* will use cognitive behavioral therapy (CBT) because this form of treatment is effective for MSFWs (Hovey et al, 2014). CBT is a form of treatment that focuses on changing beliefs by helping to access the cognitions, reevaluate them, and change the way they are perceived (González-Prendes, Hindo & Pardo, 2011). Thus, CBT works by having patients and mental health providers actively work together to become more aware of their negative thoughts and beliefs, and to reevaluate these negative feelings to improve their overall mental health (National Alliance on Mental Illness [NAMI, 2015]. CBT is common form of treatment used for Latinos, because of its “problem-solving approach that fits well with traditional expectations of immediate symptom relief and guidance; and its didactic style that helps to quickly orient clients to treatment and helps to demystify therapy, thus alleviating stigma” (Hovey et al, 2014). An intervention done by Hovey et al shows that CBT is specifically effective at improving mental health in MSFWs (2014). Their study examined the effectiveness of a six-week long CBT-based support group for female MSFWs with elevated levels of depression. Each week they discussed a different topic, these topics included: stress, anxiety, depression, self-esteem, empowerment, domestic violence, and traumatic experiences (Hovey et al, 2014). They determined that the CBT-based support group was an effective short-term intervention for improving the overall mental health of the female MSFW participants. *Salud Mental* will be largely based on the findings from the study done by Hovey et al (2014).

*Salud Mental* will incorporate the use of phone-based CBT, because it has been found to be effective for reaching rural populations (Dwight-Johnson et al, 2011). Phone-based CBT is used to target rural populations through CBT counseling services administered by a provider over the telephone (Mohr, Hart, & Marmar, 2006). Telephonic CBT is a way to treat “moderate to severe depression in patients from rural primary care settings where specialized mental health care is scarce” (Mohr et al, 2006). One pilot study found that Latino MSFWs who utilized phone-based CBT resulted in lowered levels of depression (Dwight-Johnson et al, 2011). As well they discovered that “Latino patients in this sample expressed satisfaction with telephone therapy” (Dwight-Johnson et al, 2011). In addition, Latino’s who utilize phone-based CBT are more likely to continue utilizing this form of treatment over in-person therapy (Mohr et al, 2012). Therefore, phone CBT is effective for MSFWs and can improve retention in rural population.

## Program Activities

*Salud Mental* is the mental health care extension to the current *¡Salud!* Services program. *¡Salud!* Services is a non-profit associated with Tuality Community Hospital that offers medical, dental, and vision care to migrant and seasonal vineyard workers in Oregon. The aim of *Salud Mental* is to increase utilization of mental health care by the Latino migrant and seasonal vineyard workers in Oregon through a program that is culturally sensitive, community-based, and uses CBT group sessions and CBT telephone counseling.

*Salud Mental* will begin by hiring eight bilingual *promotoras* to be the community mental health care workers (CHWs) of the program. There will be one CHW in each of the eight counties served by *¡Salud!* Services: Washington, Clackamas, Multnomah, Yamhill, Marion, Polk, Benton, and Lane. All CHWs will be trained on the two primary activities of the program: the CBT group sessions and the CBT phone-based counseling sessions. The workers will also be thoroughly trained on CBT mental health promotion and cultural competency within the Latino community. The CHWs will help ensure cultural sensitivity through cultural values of: *personalismo*, *respeto*, and *confianza*. In addition, they will help to decrease the stigma of mental illness through the establishment of trusting alliances with the MSFWs (Hovey et al, 2014).

The CBT group sessions are weekly cognitive behavioral therapy community meetings run by the CHWs. These sessions will occur in all eight counties by the end of the second year of the program. The group sessions will emphasize a different topic each week and will cover topics such as: stress, anxiety, domestic violence, stigma of mental health care, healthy relationships, and traumatic experiences. The group atmosphere of these sessions is important, because interventions targeting groups of people rather than individuals are more successful in the Latino community (R. Zuñiga, personal communication, 10-10-2014). These sessions will take place in Spanish and will be located at a community location in the designated county, such as a community center or school. In addition, transportation will be provided to and from these group sessions to increase participation. As well, the group sessions will incorporate the Latino cultural values of *personalismo*, *respeto*, and *confianza* through the building of a trusting relationship with CHWs and in the group setting design.

The second activity will require that one of the CHWs will be available twenty-four hours a day via telephone for individual CBT counseling sessions. The available worker will rotate everyday through the eight trained CHWs. This activity will allow rural migrant and seasonal vineyard workers to easily access a trained mental health care worker at any time of the day and in any location. It will also help to improve the retention of participants involved in the program. In addition, the CHWs will be available in-person for individual CBT sessions by appointment only, in case participants would rather be face-to-face with the CHW. The participant can either choose to have their phone therapy sessions and or in-person sessions in either Spanish or English depending on their proficiency and preference.

The participants for both activities must be registered members of *¡Salud!* Services! and ideally identify as having a mental illness or poor mental health. The requirement of having poor mental health or a mental illness is not required for participation, but those that identify with this will experience the greatest benefit from participation. Participants can be either male or female, however they must be at least eighteen years or older and speak either Spanish or English. The participants for



both activities will be recruited through the promotion of the program during the *iSalud!* Services wellness clinics and through the distribution of information about the program at the *iSalud!* Services office in Hillsboro, OR and in local community health centers. The goal will be to have at least five participants at each weekly session and at least ten people accessing the phone counseling sessions or in-person CBT sessions weekly.

The program will begin slowly by first training the CHWs, then by implementing the program in one county and monitoring its success for six months. After this six-month trial period, *Salud Mental* will be fully implemented in all seven other counties by the end of the second year of the program. In addition, there will be an evaluation aspect to the program to view the effects of the intervention. All participants will be given a pre-participation survey that asks about their current state of mental health and knowledge of the benefits of mental health. The participants will also be given a yearly survey to determine their overall state of well-being and mental health. As well, the yearly survey will ask about how culturally sensitive they feel the program is and if they feel their stigma of mental health care has decreased from participation in the program. In addition, retention of participant's involvement in the program will be monitored by the CHWs.

Overall, *Salud Mental* will result in an increased understanding and knowledge on the benefits of mental health care, through the exposure to various techniques and topics during the weekly group sessions and phone-based sessions. In addition, there will be increase in utilization of mental health care within MSFWs in Oregon due to the increased knowledge of the benefits. As well, this will decrease the stigma of mental health care in this population because it will become more familiar within the population and more participants will speak highly of it and refer others to the program. Most importantly, *Salud Mental* will result in a greater overall well-being among its participants now that they are accessing culturally tailored mental health care.

### **Objectives:**

- Within the first month, train eight community mental health care workers.
- By the end of the first year, a community health worker will be made available to all participants via telephone twenty-four hours a day.
- By the end of the first year, at least 50% of participants will report experiencing a greater overall personal well-being.
- By the end of the second year, weekly cognitive based therapy group sessions will take place in all counties served by *iSalud!* Services.
- By the end of the third year, the program will retain at least 10% of participants either by phone or in-person.
- By the end of the third year, at least 40% of participants will report a decreased stigma of mental health care in their community.

Logic Model

| Inputs  | Activities   | Outputs   | Short-term Outcomes   | Long-term Outcomes  | Impact   |
|---|--|---|---|---|--|
| <ul style="list-style-type: none"> <li>▪ Build upon partnership between <i>¡Salud!</i> Services, the vineyards they serve, and the community health workers</li> <li>▪ 8 bilingual community mental health workers newly hired</li> <li>▪ Curriculum plan for all group sessions</li> <li>▪ Trained community health workers</li> <li>▪ Funds: provided through grants and fundraising</li> </ul> | <ul style="list-style-type: none"> <li>▪ Weekly CBT group sessions in all counties served by <i>Salud</i></li> <li>▪ CBT phone sessions</li> <li>▪ Set time and location for group sessions in all counties served by <i>¡Salud!</i> Services</li> <li>▪ Ongoing promotion of mental health program to MSFWs through <i>Salud's</i> wellness clinics</li> <li>▪ CBT counseling sessions by appointment</li> <li>▪ Distribute information about program at community health centers</li> <li>▪ Training of the CHWs</li> <li>▪ Transportation to and from group sessions</li> </ul> | <ul style="list-style-type: none"> <li>▪ CBT offered to all <i>¡Salud!</i> Services patients</li> <li>▪ 8 trained community mental health workers</li> <li>▪ Relationships formed between community workers and patients</li> </ul> | <ul style="list-style-type: none"> <li>▪ 80% of workers receiving education outreach have an increase in knowledge on the benefits of mental health care</li> <li>▪ 60% of participants report that the program is culturally and linguistically sensitive</li> <li>▪ Increased utilization of phone mental health services by 25%</li> <li>▪ Increased communication between CHWs and participants through phone CBT services</li> <li>▪ Have a minimum of 5 attendees at each group session and 10 participants accessing phone CBT weekly</li> </ul> | <ul style="list-style-type: none"> <li>▪ 30% increase in MSFWs accessing mental health</li> <li>▪ 50% of participants report a greater overall well-being</li> <li>▪ Participants promoting mental health among Latino community</li> <li>▪ Retention of at least 10% of participants from program either by phone or in-person</li> <li>▪ At least 40% of participants will report a decrease in the stigma of mental health care</li> </ul> | <ul style="list-style-type: none"> <li>▪ To increase the mental health and utilization of mental health care amongst Latino migrant and seasonal vineyard workers in Oregon</li> </ul> |

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