

# SALUD MENTAL: Integrated Mental Health for MSAW

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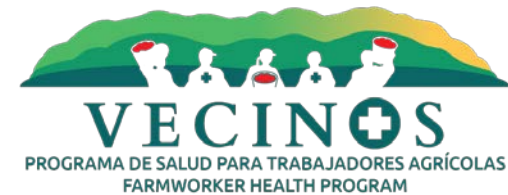


## VECINOS

PROGRAMA DE SALUD PARA TRABAJADORES AGRÍCOLAS  
FARMWORKER HEALTH PROGRAM

# OVERVIEW

- Every clinic and MSAW outreach model is different. Overview of Vecinos
- Transitioning to integrated care from primary care
- Mental health education – sources and creation
- Mental health delivery at Vecinos
- Sharing of your clinics' service models



# What are the barriers to providing mental health care to MSAW?

Cost

Time

Transportation

Language

Bilingual providers and provider capacity, time

Beliefs/cultural expectations

Stigma/machismo/masculinity

Not knowing where to go or services already provided

Not knowing the issues

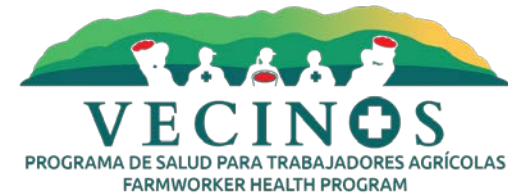
Resources

Denial



# WHAT'S THAT ON YOUR TABLE?

- Mental Health education module
- Planning and notes template
- Pens/paper for small group sharing
- Sign up sheet to receive slides and a PDF of the mental health education module



# VECINOS

- Began in 2001 as a program of the Jackson County Public Health Department
- 2004: Incorporated as an independent non-profit and sought funding from the NC Farmworker Health Program, which we still receive annually. Received mobile clinic from area rotary clubs
- Expansion to 6 western counties and seasonal farmworkers
- 2013: Administrative offices on Western Carolina University's campus
- 2017: Expanded to 8 western counties
- 2019: Behavioral health program, additional funding for more staff, new mobile clinic campaign to support BH on outreach, expansion to two additional communities
- Currently:
  - 4 full time employees – 2 outreach workers, 1 outreach coordinator
  - 11 contract NPs, RNs, MDs, LCSWs
  - MH program has many highly educated and specialized volunteers, like psychiatrists, psychologists, LCSWs, etc.



# 3-VISIT SERVICE MODEL

1. Outreach workers complete health assessments
2. Nursing and health education
3. Physicians and health education



The process is the same for clinic and outreach. At clinic, the 1<sup>st</sup> and 2<sup>nd</sup> visits are combined if possible.

The LCSW will visit the migrant camp at any point during these 3 visits. If an outreach worker identifies a need, the LCSW schedules a visit either separately or with a planned mobile clinic.



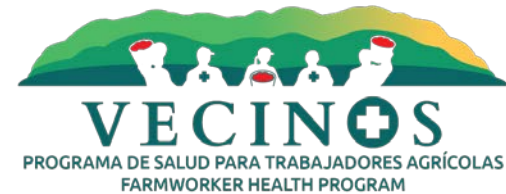


# WESTERN NORTH CAROLINA

- Rural, mountainous topography
- Lack of resources, especially in Spanish
- Over 4,500 square miles
- Mix of H2A, migrant, seasonal workers
- MH HPSA scores range 15-20
- 3 bilingual therapists in service region



# MENTAL HEALTH PROGRAM ESTABLISHMENT






# LITERATURE REVIEW

- Integrated health settings, such as medical homes with mental health services or behavioral health homes with general medical services, may improve treatment utilization and outcomes.
- General practitioners should link Mexican patients to affordable, culturally and linguistically appropriate mental health specialty services
- Providers with substantial knowledge of the cultural norms and immigration histories and patterns of each subgroup should tailor health assessment and education to the distinct experiences of patients.
  - Multi-dimensional Ecosystemic Comparative Approach (MECA)
- Most women felt comfortable with individual therapy rather than any other kind.
  - Group family therapy = least comfortable
  - Cognitive Behavioral Therapy or psychotherapy = most comfortable
  - PCP was preferred place to receive services
  - Need information and education on what a MH provider is and does

## Latinos Mental Health Treatment Disparities



- <1 in 11 with mental disorder contacts specialists
- <1 in 20 uses services from mental disorder specialists
- 20 Latino mental health professionals per 100,000 Latinos
- 36% with depression receive care

Data courtesy of the National Council of La Raza (2005)

# CULTURAL EXPECTATIONS

- What does mental health look like in our patients' cultures?
- How can we break down cultural barriers that keep patients from seeking services and leverage cultural norms to increase use of services?
  - Adult education
  - Incorporation of family and stressors



# WHAT DO OUR PATIENTS SAY?

When they tell you that *el norte* is beautiful and we go out to dances or to take a walk on Sundays, take a look. This is our Sundays for us, *los nortebños*.

...The reason is because I left to work here in the United States. She says now 'I don't want to be with you because you're so far away. It's not going to work.' And now, I'm sad.

They took my children away from me. It hasn't been 24 hours since I've had my c-section and they've taken them all from me.



# BACKGROUND

- Patients requested mental health services
- Lack of bilingual mental health services in area
- Outreach workers interpreting for English MH for 2 years (previously, 1 bilingual LCSW in the area)
- Community connections – Kenny/Marianne
- Internal clinical review for capacity
- Office of Rural Health Grant
- MH outreach assessment with migrant workers
- Program Coordinator
- MH Community Needs Assessment
- MH Advisory Council
- Implementation of services in clinic
- Currently moving towards offering services at outreach





# ADVISORY BOARD

After conducting literature review, we recognized the need for a new program service delivery design for our service population, consisting of program staff, subject experts, and other stakeholder organizations.

- Executive Director
- Medical Director
- Therapists
- LCSW Supervisor
- Clinical Psychologist
- Domestic Violence and Sexual Assault Alliance
- Interns

Seek guidance and partnership from El Futuro through participation in La Mesita, PCORI, and consultation



# PROGRAM FRAMEWORK

- Integrated healthcare model
  - Ensure communication between all members of the care team
- Migrant farmworkers
  - Address unique barriers to care
- Seasonal farmworkers
  - Mostly stable population with ongoing needs
- MH education
  - Specialized approach for effective education





# SCREENINGS, REFERRALS, ASSESSMENTS

## Screenings conducted during initial health assessment:

- AUDIT-C (Previously used CAGE-AID)
- PHQ-2
- RHS-15 (If PHQ-2 is positive)

If positive on any screening, automatic referral to LCSW. In clinic, LCSW always sees immediately for initial introduction. On outreach, the outreach worker will share information about the program and MH education, then come back with the LCSW.

## During every PCP and MH visit:

- Multi-dimensional Behavioral Health Screen

## MH Assessments:

- Biopsychosocial
- MECA



# Multi-dimensional Behavioral Health Screening

Multidimensional Behavioral Health Screen (beta 7)

Nombre: \_\_\_\_\_ Edad: \_\_\_\_\_ Género: \_\_\_\_\_ Fecha: \_\_\_\_\_

No se debe tardar demasiado tiempo con cada pregunta, pero hay que responder lo mas sinceramente y precisamente que se puede.	Definitivamente Falso	Un Poquito Falso	Un Poquito Cierto	Definitivamente Cierto
1. Tengo dolores.	0	1	2	3
2. Me siento inútil.	0	1	2	3
3. Hay poca alegría en mi vida.	0	1	2	3
4. Me preocupo mucho.	0	1	2	3
5. He pensado en suicidarme.	0	1	2	3
6. Tengo problemas en concentrarme.	0	1	2	3
7. Me aburro fácilmente.	0	1	2	3
8. Hago decisiones impulsivas a menudo.	0	1	2	3
9. A veces bebo demasiado alcohol.	0	1	2	3
	Definitivamente Falso	Un Poquito Falso	Un Poquito Cierto	Definitivamente Cierto
10. Me siento debil.	0	1	2	3
11. No estoy satisfecho con mi vida.	0	1	2	3
12. Tengo poca motivación.	0	1	2	3
13. Nerviosismo interfiere con mis actividades diarias.	0	1	2	3
14. He intentado suicidarme.	0	1	2	3
15. Me distraigo fácilmente.	0	1	2	3
16. Mis pensamientos vuelan por mi cabeza.	0	1	2	3
17. Rompo las reglas a menudo, da igual las consecuencias.	0	1	2	3
18. Actualmente uso drogas/alcohol.	0	1	2	3
	Definitivamente Falso	Un Poquito Falso	Un Poquito Cierto	Definitivamente Cierto
19. Me dan nauseas.	0	1	2	3
20. Generalmente me siento desanimado.	0	1	2	3
21. Suelo evadir situaciones sociales.	0	1	2	3
22. Me obsesiono con cosas que no puedo controlar.	0	1	2	3
23. Me quiero morir.	0	1	2	3
24. Se me olvidan las cosas.	0	1	2	3
25. Hago cosas peligrosas para sentir la adrenalina.	0	1	2	3
26. Actuo sin pensar.	0	1	2	3
27. He usado drogas/alcohol en el pasado.	0	1	2	3

# MECA: Multidimensional Ecosystemic Comparative Approach

Transformations: Community and Change	<p><b><u>Migration and Acculturation</u></b></p> <ul style="list-style-type: none"> <li>• Type of migration (ex. Undocumented)</li> <li>• Composition of separations (ex. Father alone)</li> <li>• Trauma, pre- during and post-migration</li> <li>• Losses and gains</li> <li>• Uprooting of meaning (physical, social and cultural)</li> <li>• Transnationalism</li> <li>• Psychological or virtual family; those who stayed</li> <li>• Complex acculturation (ex. Alternation)</li> <li>• Spontaneous rituals</li> <li>• Second-generation transnational exposure</li> <li>• Adolescent-parent biculturalism</li> </ul>	Social Justice
	<p><b><u>Ecological Context</u></b></p> <ul style="list-style-type: none"> <li>• Poverty</li> <li>• Work/School</li> <li>• Neighborhood</li> <li>• Isolation</li> <li>• Ethnic Community</li> <li>• Virtual Community</li> <li>• Church and religion</li> <li>• Health and traditional healing</li> <li>• Racism and anti-immigrant reception</li> <li>• Gender and gender orientation discrimination</li> <li>• Contextual dangers (drugs, violence, gangs)</li> <li>• Contextual protections (language, social network)</li> </ul>	
	<p><b><u>Family Organization</u></b></p> <ul style="list-style-type: none"> <li>• Separations and reunifications</li> <li>• Long-distance connections</li> <li>• Other people in household</li> <li>• Kin care: transnational triangles</li> <li>• Remittances</li> <li>• Relational stresses             <ul style="list-style-type: none"> <li>◦ Gender evolutions</li> <li>◦ Polarization about migration</li> <li>◦ Boundary ambiguity</li> </ul> </li> </ul>	Cultural Diversity
<p><b><u>Family Life Cycle</u></b></p> <ul style="list-style-type: none"> <li>• Cultural Ideals</li> <li>• Meanings</li> <li>• Timings</li> <li>• Transitions</li> <li>• Rituals</li> <li>• Socio-centric and authoritative child-rearing practices</li> <li>• Developmental dilemmas (autonomy vs. family loyalty)</li> <li>• Suicide attempts and present-adolescent conflicts</li> <li>• Gender variance and family acceptance</li> <li>• Pileup of transitions</li> <li>• Absences at crucial life markers</li> </ul>		



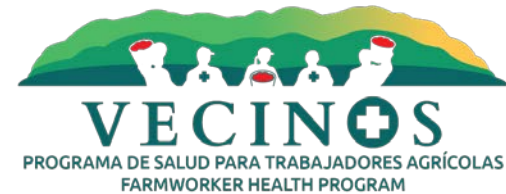
# PATIENT CARE

- Communication
  - Providers
  - LCSWs
  - Screening tools
  - Outreach workers/clinical staff
- Charting visit notes
- Tracking patient's progress-MBHS
- Policies and procedures
  - MH program manual
  - Consent forms
  - Release of information
  - Billing codes



# COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT

*“EI CUESTIONARIO”*







## Cuestionario del Programa de Salud Mental y Emocional

En un esfuerzo de brindarle un servicio más completo, Vecinos está desarrollando un programa enfocado en la salud mental y emocional. Antes de continuar con la implementación de dicho programa, nos gustaría incluirlo en el proceso, y saber qué es lo que piensa. Abajo verá un set de preguntas sobre qué es lo que usted, o un ser querido, necesita de Vecinos y cuáles serían sus preferencias si estuviera interesado en usar los servicios del nuevo programa de salud mental y emocional. No le aseguramos que todo lo que mencionamos abajo vaya a pasar, solo son ideas de lo que podríamos hacer con el programa. Sus respuestas solo serán vistas por los empleados de Vecinos y no serán compartidas con nadie más.

Conteste cada pregunta (señalando su preferencia o escribiendo su respuesta).

1. **Hombre/ Mujer**                      **Edad:** 18-40 41-60 61+

2. **¿Qué son dos cosas que sabe usted acerca de la salud mental?**

- a. \_\_\_\_\_  
b. \_\_\_\_\_

3. **¿Cómo se siente al utilizar los servicios médicos de Vecinos en general?**

1	2	3	4	5
Incomodo/a		Neutral/Sin opinión		Muy bien

4. **¿En los últimos 3 meses, usted ha:**

*Por favor marque todas las casillas que correspondan con su selección*

- Tenido problemas para dormir
- Estado preocupado sobre una relación con un ser querido
- Estado preocupado sobre una relación con un compañero de trabajo
- Sentido inseguridad o peligro en su casa o comunidad
- Tenido un buen apoyo emocional de sus familiares y amigos

5. **¿Qué tan probable es de que usted utilizaría los servicios del programa de salud mental?**

1	2	3	4	5
No es probable		Neutral/Sin opinión		Muy probable

6. **¿Qué tan probable es de que usted utilizaría los servicios del programa de salud mental si algún amigo o familiar lo/la pudiera acompañar?**

1	2	3	4	5
No es probable		Neutral/Sin opinión		Muy probable

**Por favor marque todas las casillas que correspondan con su selección:**



7. **¿Cuales servicios le interesarían más?**

- Grupos de apoyo (para platicar de temas de la salud mental y aprender a sobrellevarlos)
- Sesiones (terapias) individuales (platicar con un trabajador social de uno a uno)
- Educación escrita sobre la salud mental y emocional (folletos y hojas informativas)
- Presentaciones o lecturas sobre la salud mental (sesiones en grupo)
- Sesiones (terapias) familiares o de pareja (asistir con su familia o pareja)
- Actividades dinámicas enfocándose en la salud mental (juegos y actividades)
- Sus sugerencias: \_\_\_\_\_

**Si diéramos pláticas generales en la sala de espera, usted prefería:**

*La información personal de los pacientes no se discutiría en estas pláticas.*

- Pláticas individuales
- Pláticas en pequeños grupos
- Prefiero no tener ninguna plática en la sala de espera

8. **¿Qué tipo de información educativa le gustaría recibir?**

- Información general de salud mental
- Que es la salud mental
- Información sobre condiciones específicas de salud mental (depresión, ansiedad, luto/duelo, trastornos alimenticios, alcoholismo, tabaquismo)
- Información enfocada en qué hacer cuando se tienen ciertas condiciones de salud mental
- Técnicas de relajación

9. **¿Cómo le gustaría que le diéramos esta información?**

- Escrita (folletos, hojas informativas, panfletos, infografías)
- Oral (pláticas o presentaciones)
- En forma de videos, fotos, dibujos

10. **¿Qué tan seguido le gustaría que organizáramos los grupos de apoyo o presentaciones?**

- Todas las semanas
- Una vez al mes
- Dos veces al mes

11. **¿Se sentiría más a gusto si los grupos de apoyo fueran:**

- Solo de mujeres
- Solo de hombres
- Combinados (no tengo preferencia)

12. **A usted le interesaría:**

- ¿Participar en grupos de apoyo?
- ¿Participar en sesiones individuales?
- Si está interesado, escriba su nombre y teléfono: \_\_\_\_\_

# RESULTS

- Demographics:
  - N=46, Female: 7, Male: 35
  - Camps: 14, Clinic: 32
- Identified problem areas
  - 31% lack emotional support
- Preferred services and activities
  - General and specific mental health information
  - Group therapy
  - Education
  - Dynamic activities



### Demographics

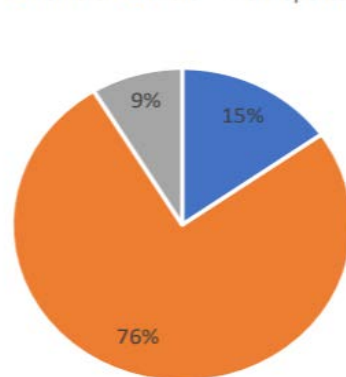
gender	Frequency	Percent	Cumulative Frequency	Cumulative Percent
F	7	15.22	7	15.22
M	35	76.09	42	91.30
U	4	8.70	46	100.00

Age Group	Frequency	Percent	Cumulative Frequency	Cumulative Percent
18-40	28	60.87	28	60.87
41-60	9	19.57	37	80.43
Not Reported	9	19.57	46	100.00

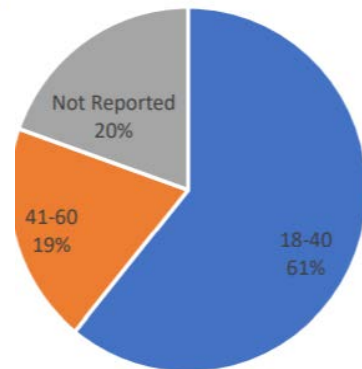
Settings	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Camp	14	30.43	14	30.43
Clinic	32	69.57	46	100.00

### Gender

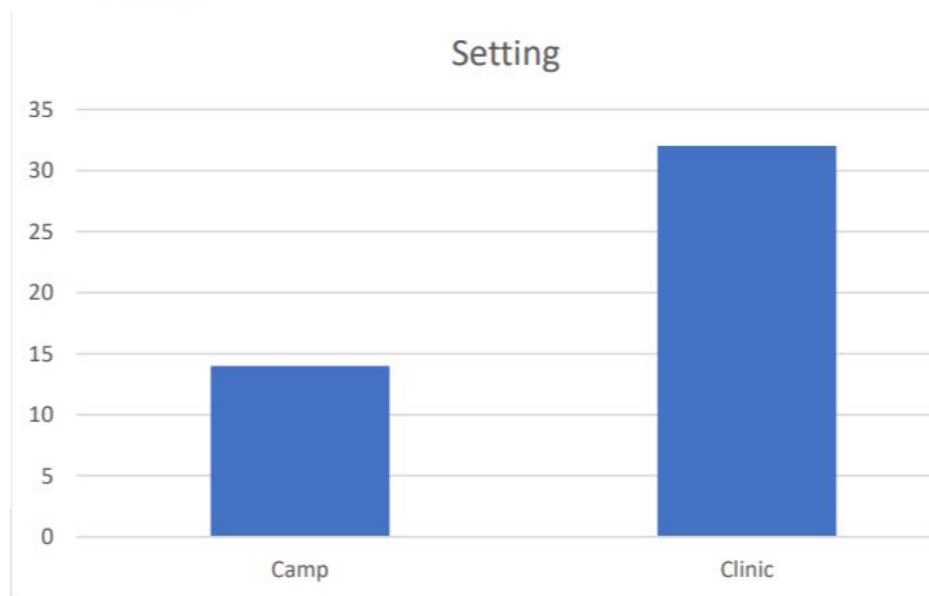
■ Female ■ Male ■ Unreported



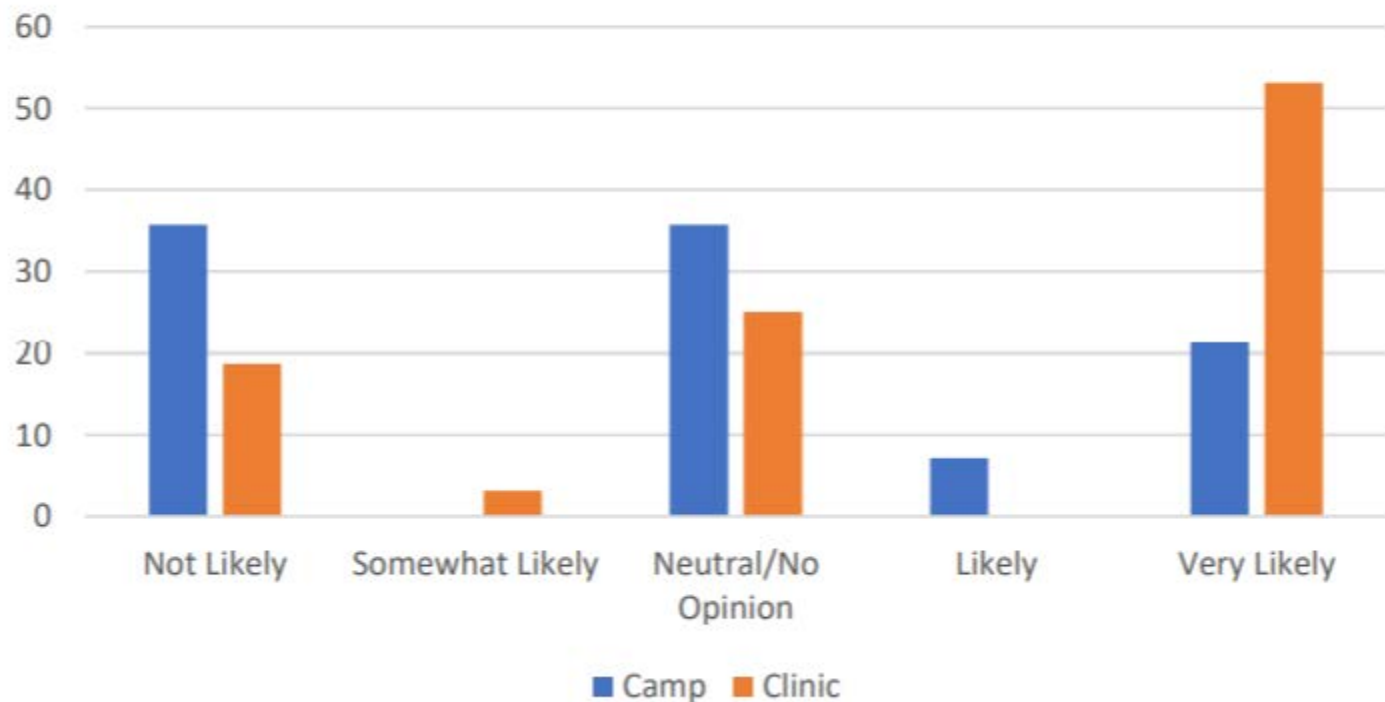
### Age Group



### Setting

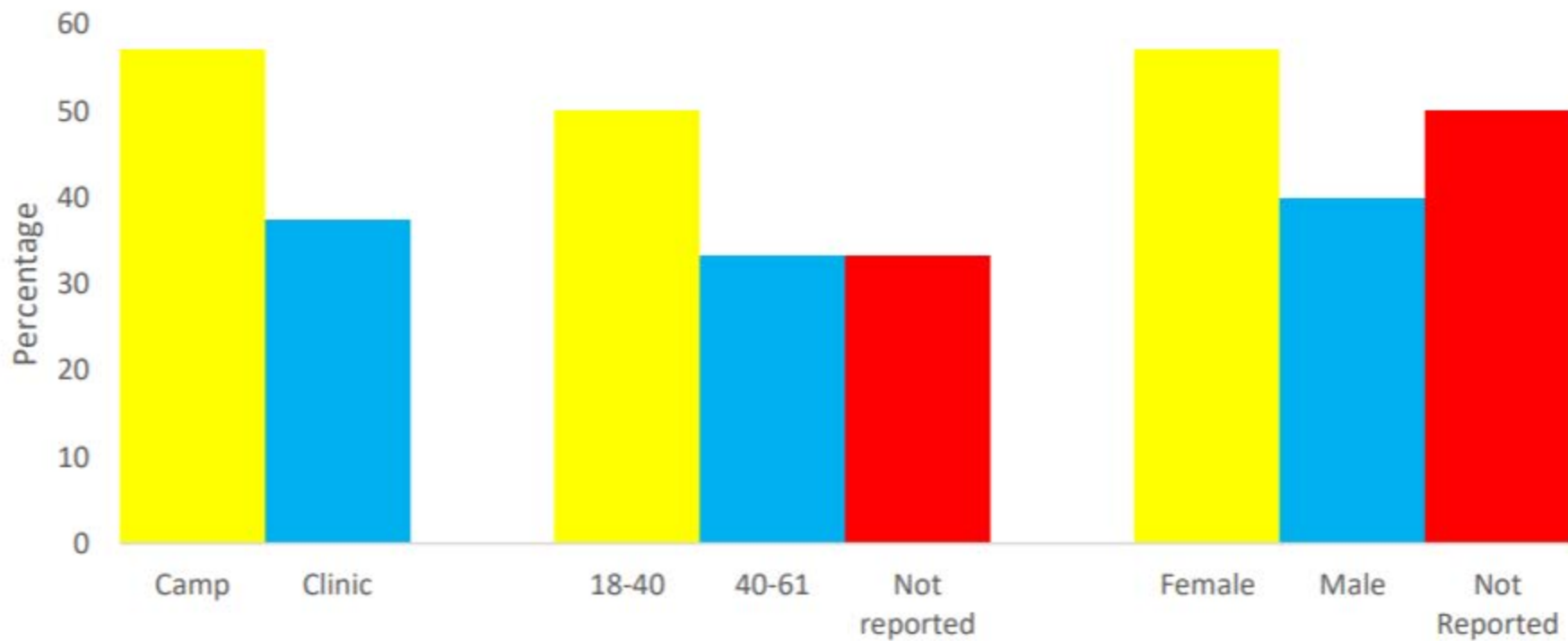


## Likelihood of Using MH Services by Setting



grptherapy	Frequency	Percent	Cumulative Frequency	Cumulative Percent
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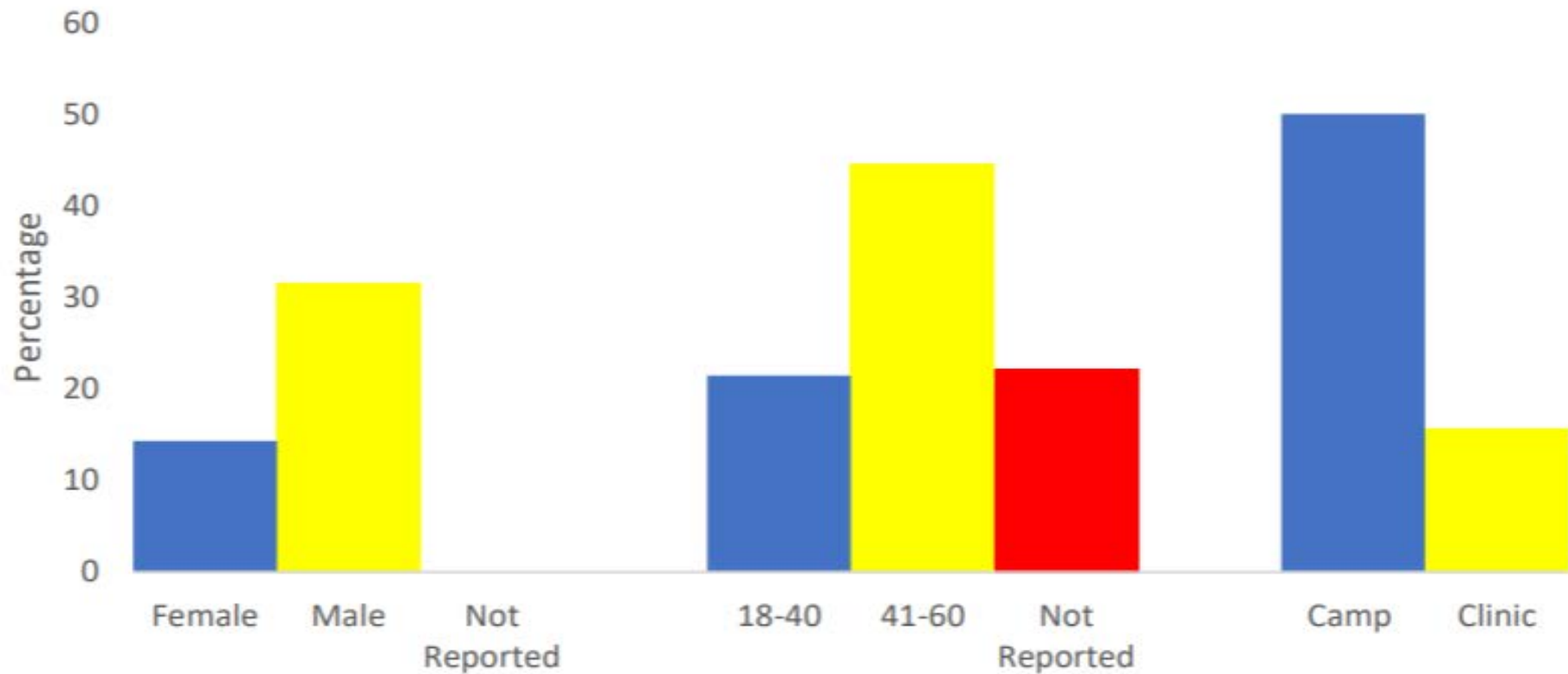
Percentage Interested in Group Therapy



<b>Total</b>	26	20	46
	56.52	43.48	100.00

			Cumulative	Cumulative
--	--	--	------------	------------

## Percentage Interested in Individual Therapy



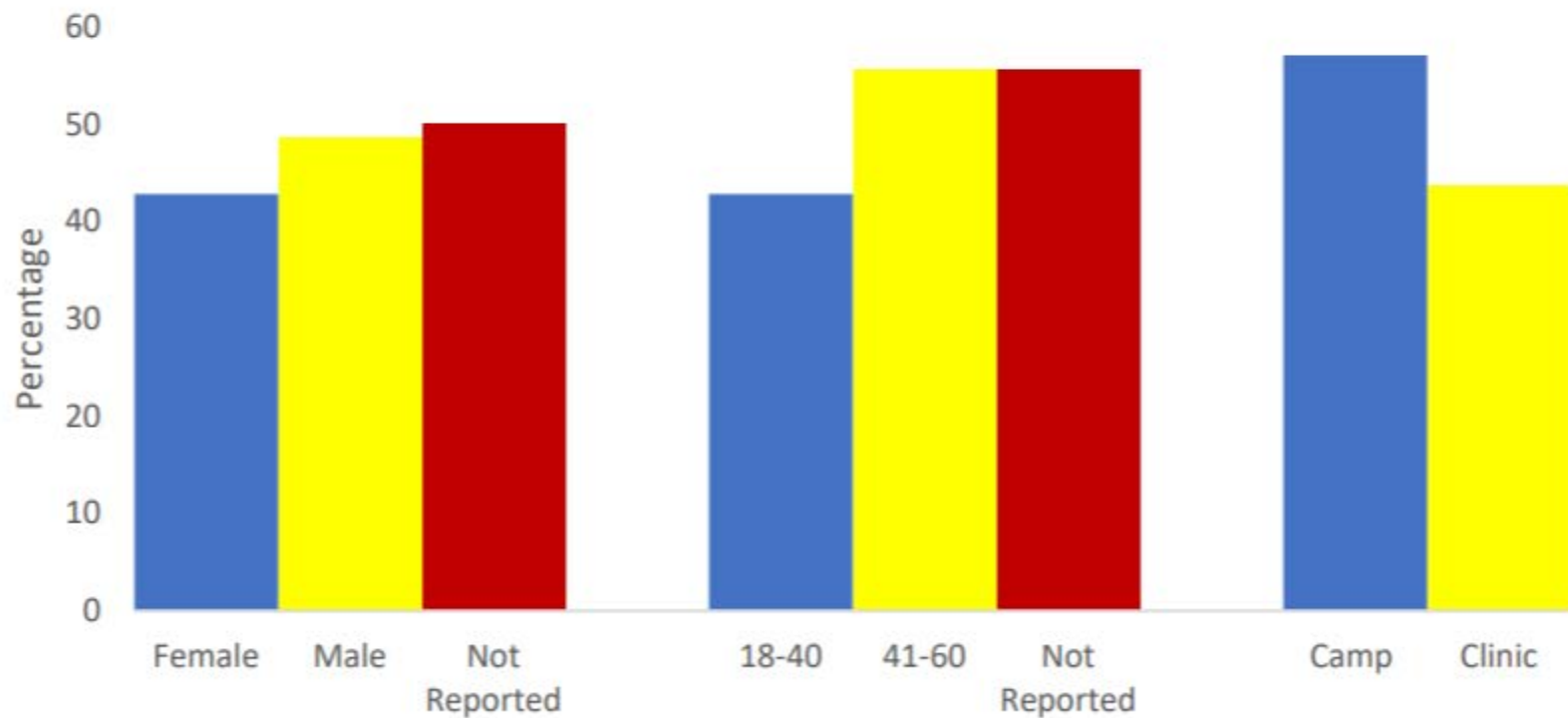
	73.91	26.09	100.00
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writtenmaterial	Frequency	Percent	Cumulative Frequency	Cumulative Percent
N	28	60.87	28	60.87
Y	18	39.13	46	100.00

Table of Settings by writtenmaterial			
Settings	writtenmaterial		
Frequency Percent Row Pct Col Pct	N	Y	Total
<b>Camp</b>	7 15.22 50.00 25.00	7 15.22 <b>50.00</b> 38.89	14 30.43
<b>Clin</b>	21 45.65 65.63 75.00	11 23.91 <b>34.38</b> 61.11	32 69.57
<b>Total</b>	28 60.87	18 39.13	46 100.00

## Interested in General MH Educational Information



# LIMITATIONS OF CUESTIONARIO

- Time frame of conducting cuestionario – spring
  - Related limitation of surveyed population – mostly seasonal workers in the clinic and a few H2A workers with 10-month visas
- Timely analysis of research
- Pilot format informed changes for 2<sup>nd</sup> version of cuestionario, but affected the data analysis
- As we were conducting the cuestionario, we realized an existing need for MH education and services, so changed our approach to administering the survey



# MENTAL HEALTH EDUCATION MATERIALS

## Factors to consider

- English as a secondary language
- Indigenous language as first language; Spanish as a secondary language
- Reading and writing levels
- Experiences with mental health
- Needs for mental health services
- Distance from family/support systems

## Our Approach

- Translate English documents
- Concise sentences
- Picture based

## Resources

- [www.journeyworks.com](http://www.journeyworks.com)
- [www.samhsa.gov](http://www.samhsa.gov)
- Program Coordinator - translation



# PERFORMANCE MEASURES

- Evaluation of the qualitative review of community needs assessment
- Quantitative review of regular behavioral health screenings
- Quantitative data on patient encounters, discuss case studies

Encounters from January 1-September 11:

- Mental health counseling: 90
- Mental health education: 585
- Common diagnosis: 34% Post Traumatic Stress Disorder

Average Patient visits: 2.87 (1-18 visits per patient)

31 patients have received consistent mental health counseling

One-question patient satisfaction survey:

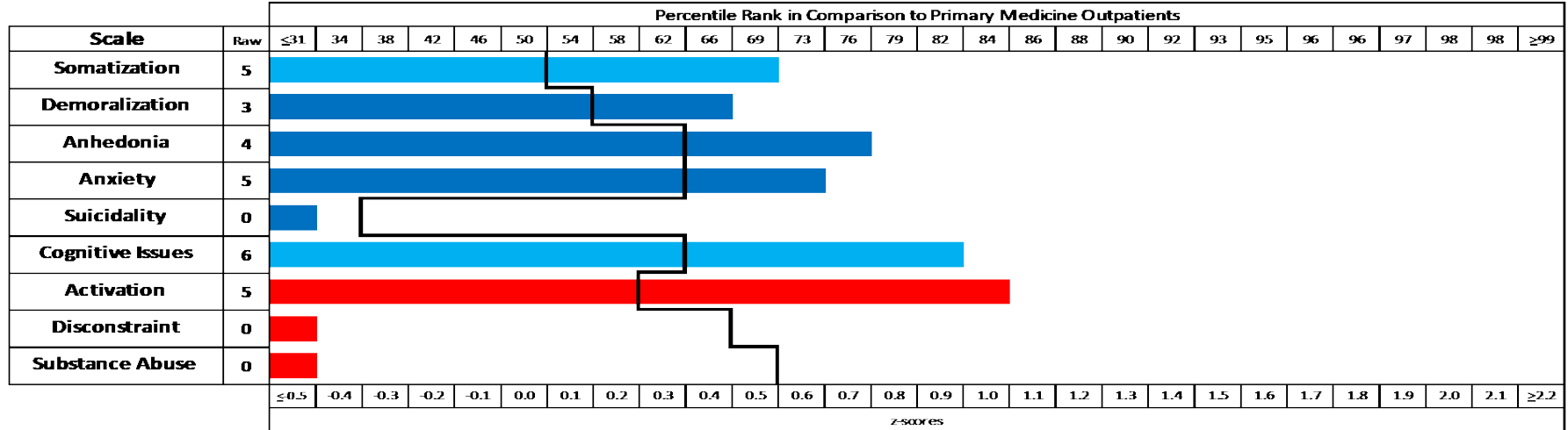
1. Would you recommend this service to a family or friend?



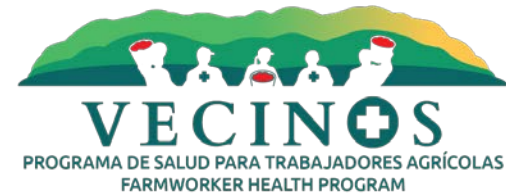
# MBHS

## Multidimensional Behavioral Health Screen 1.0

Patient Name/ID: Sra. K Age: 29 Sex: F Date: 2/27/19

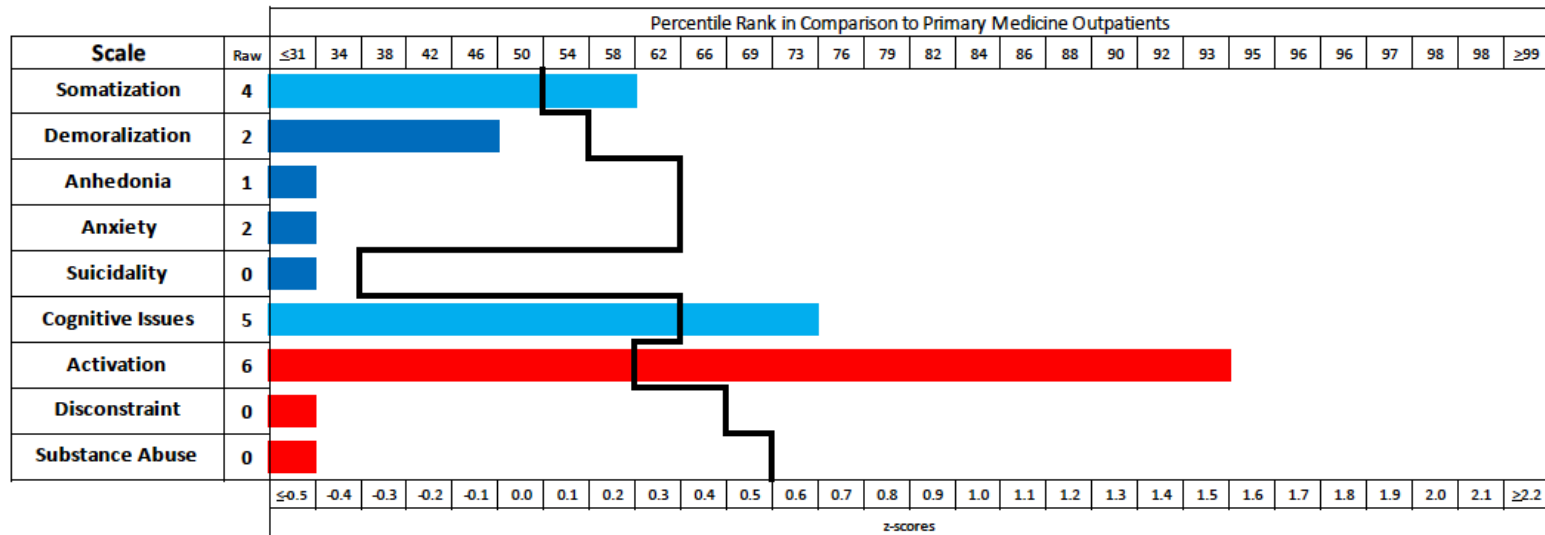


- \*\* Graphed bars display patient's elevation on dimension relative to a large sample of primary medicine outpatients.
- \*\* Stair-step dark line is "prediction line": scores above this line suggest clinical-level elevation on the measured dimension.

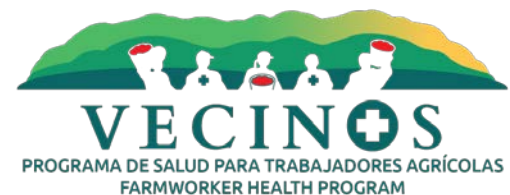
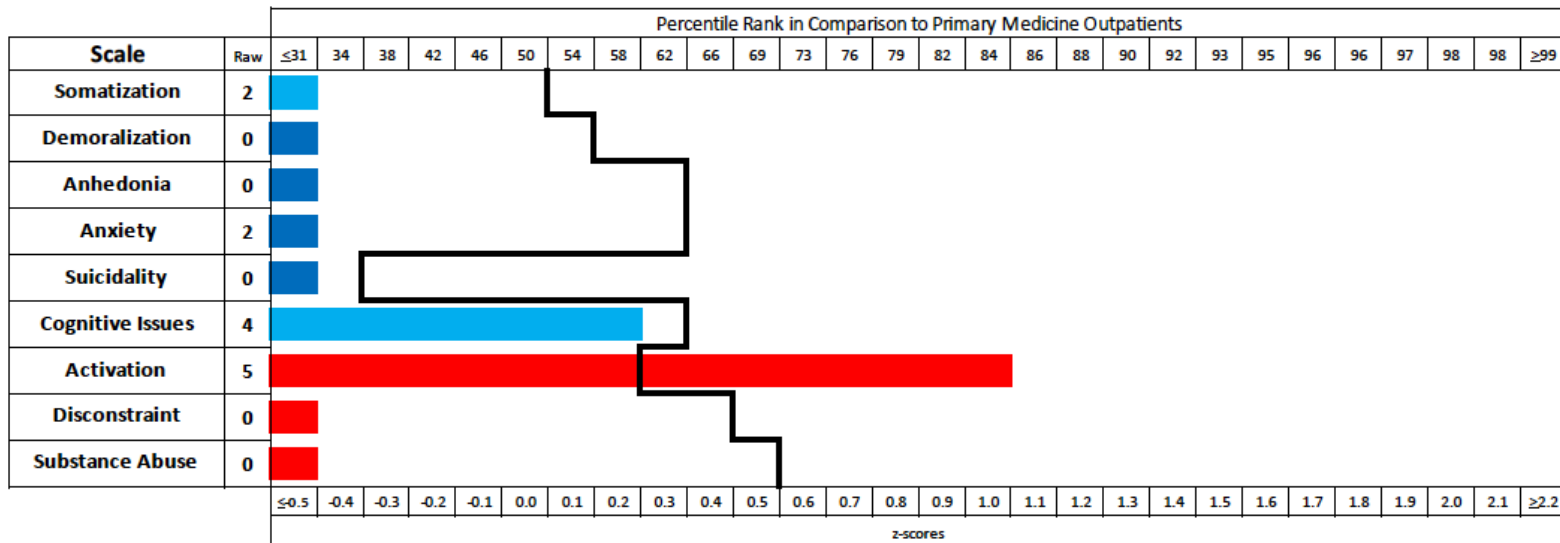




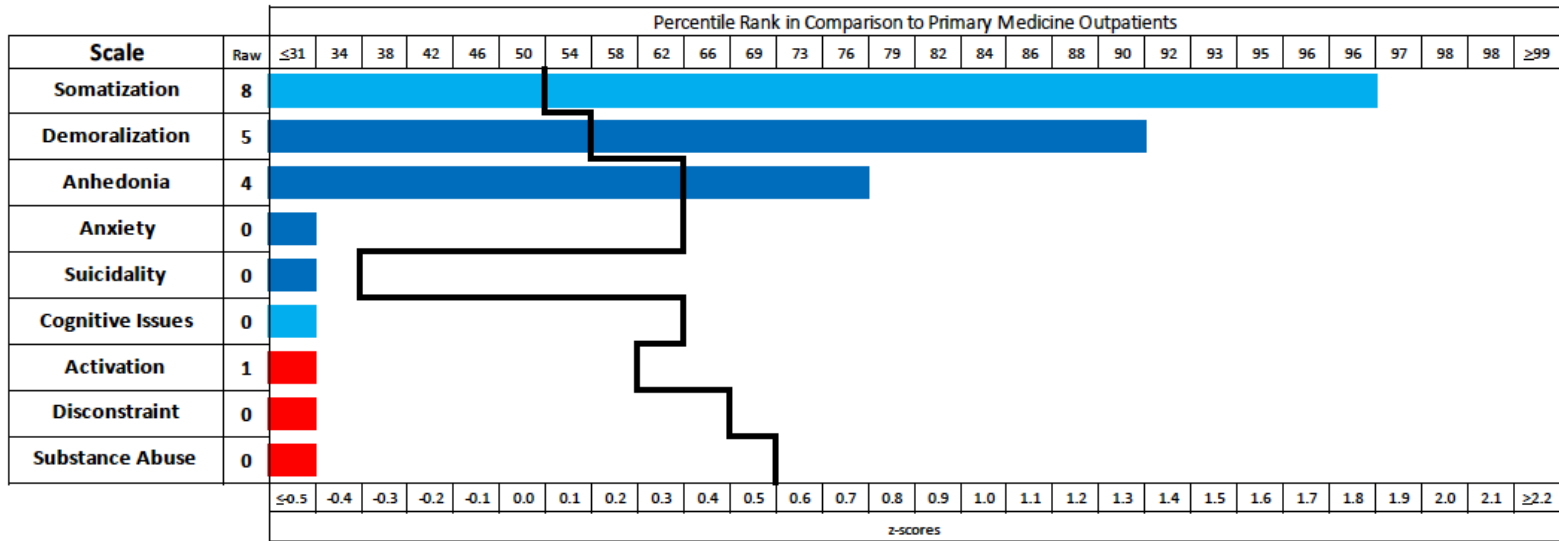
Patient Name/ID: Sra. K Age: 29 Sex: F Date: 3/13/19



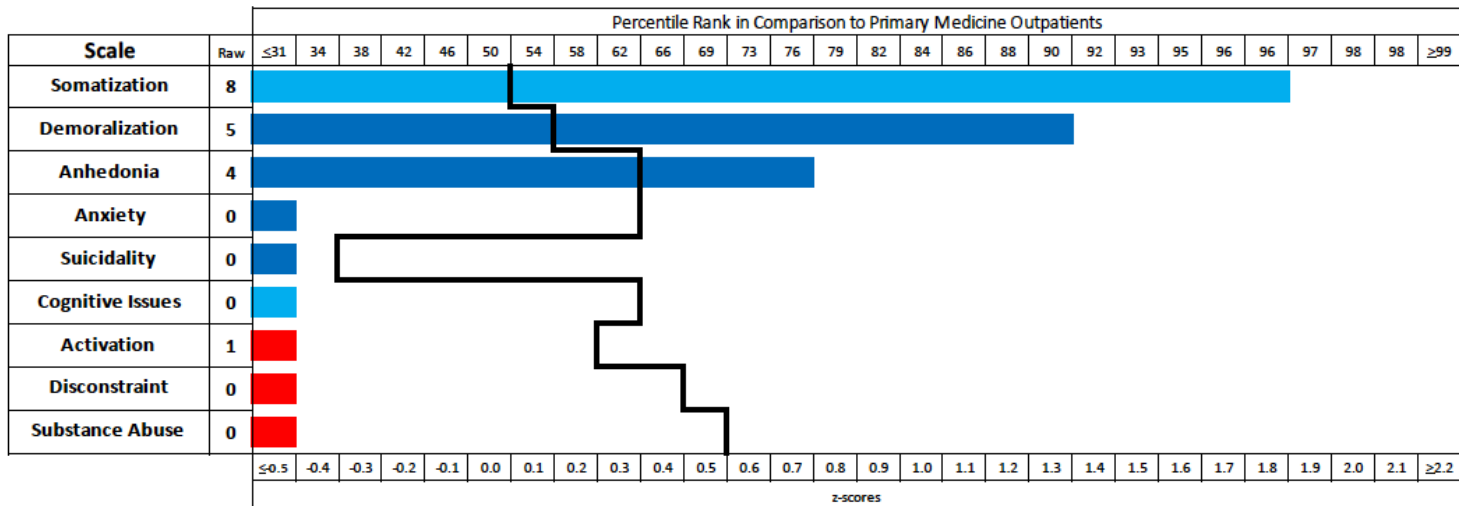
Patient Name/ID: Sra. K Age: 29 Sex: F Date: 4/3/19



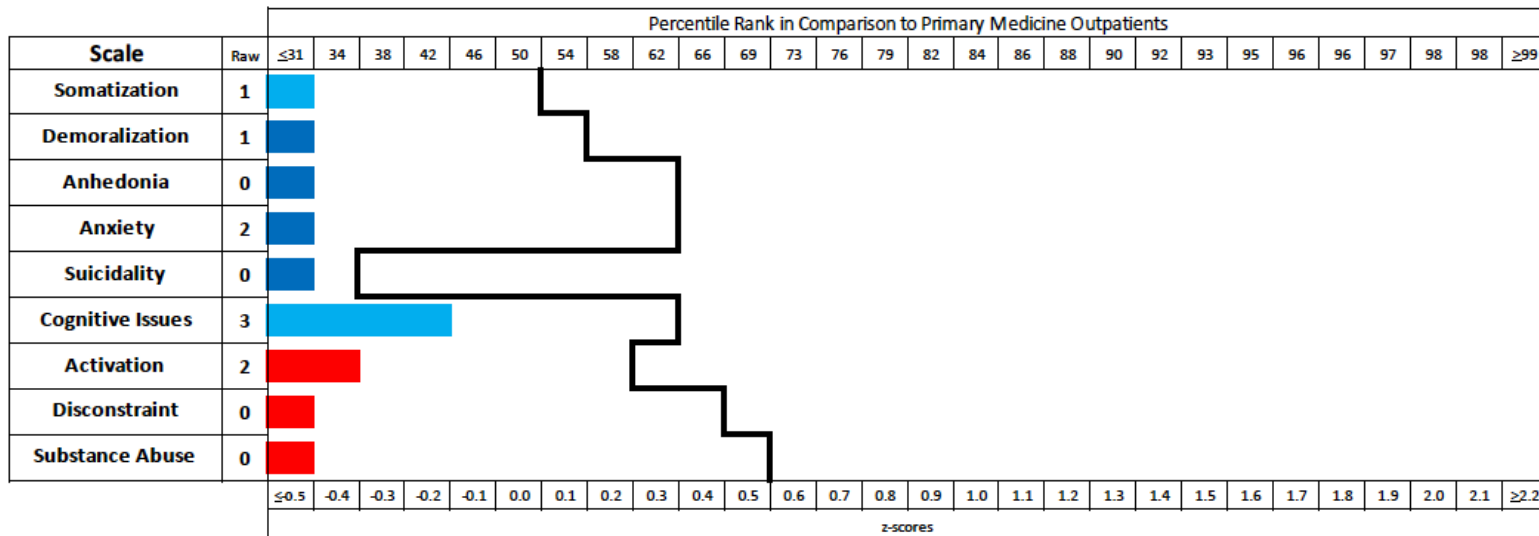
Patient Name/ID: Sra. K Age: 29 Sex: F Date: 5/1/19



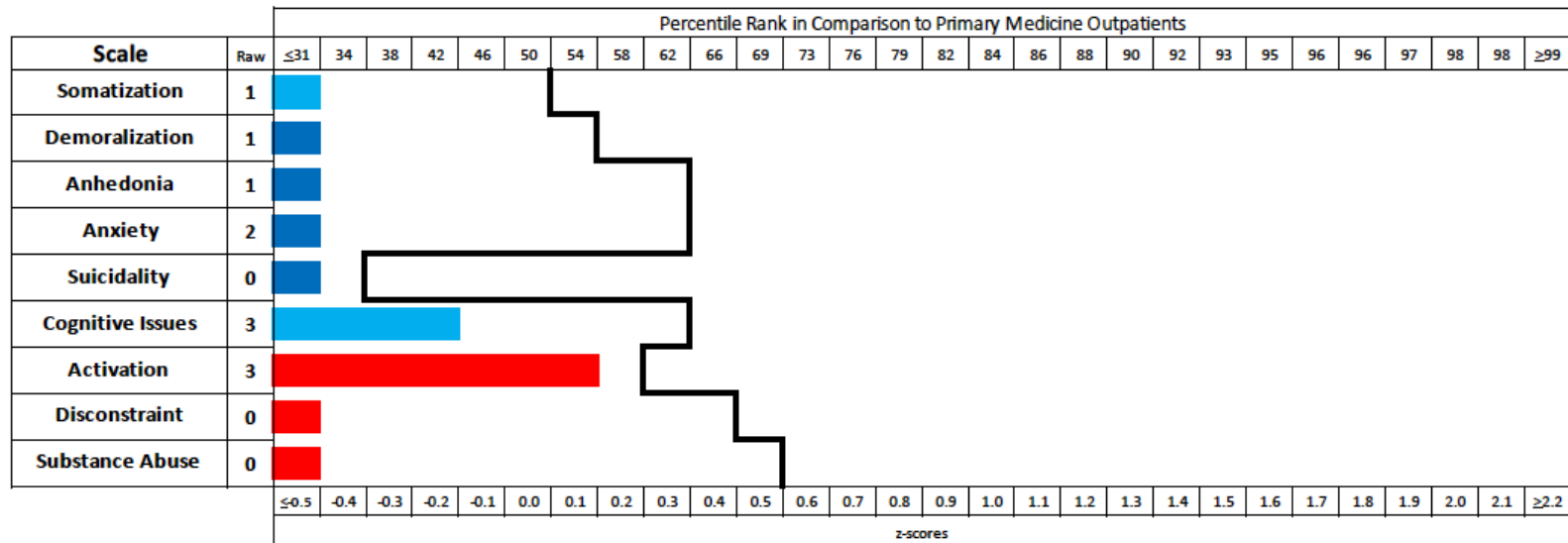
Patient Name/ID: Sra. K Age: 29 Sex: F Date: 5/8/19



Patient Name/ID: Sra. K Age: 29 Sex: F Date: 5/15/19

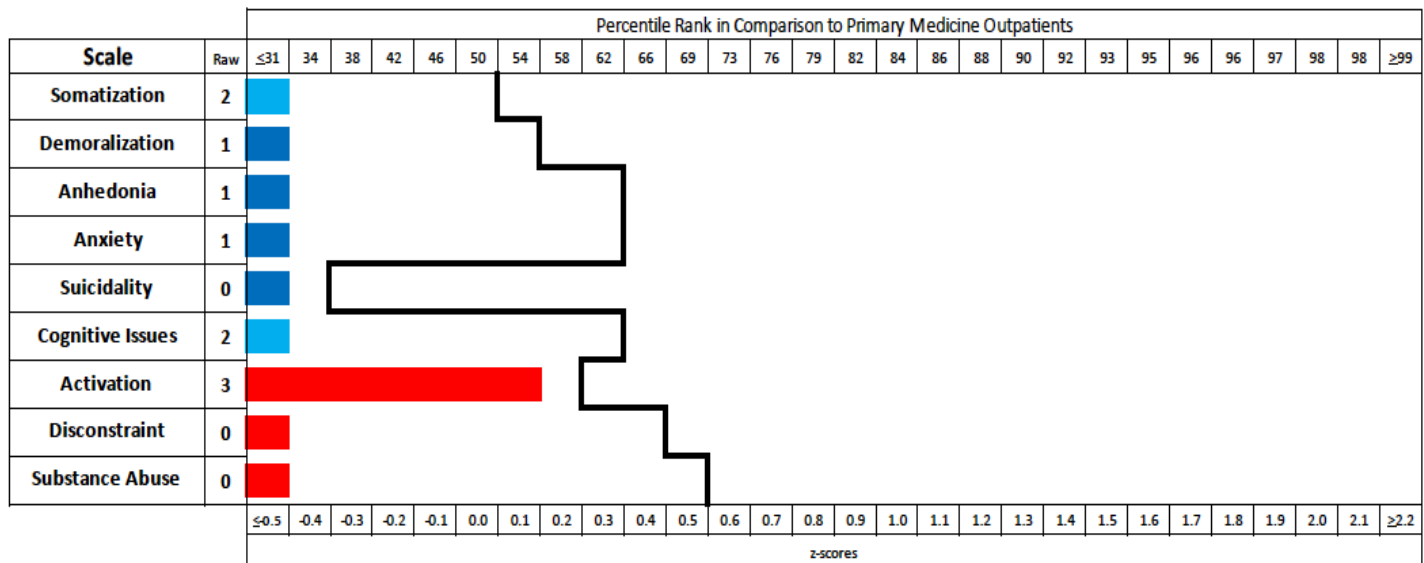


Patient Name/ID: Sra. K Age: 29 Sex: F Date: 5/29/19

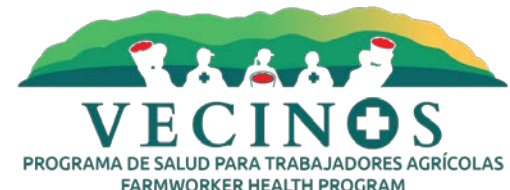
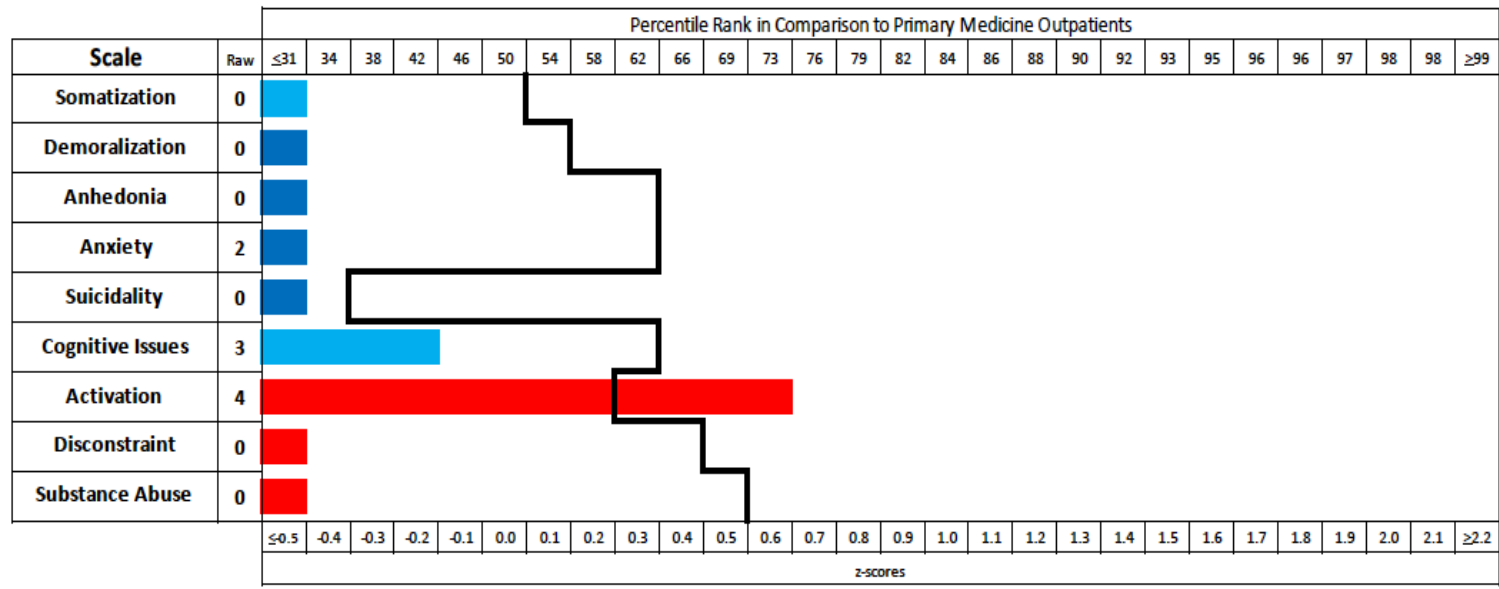




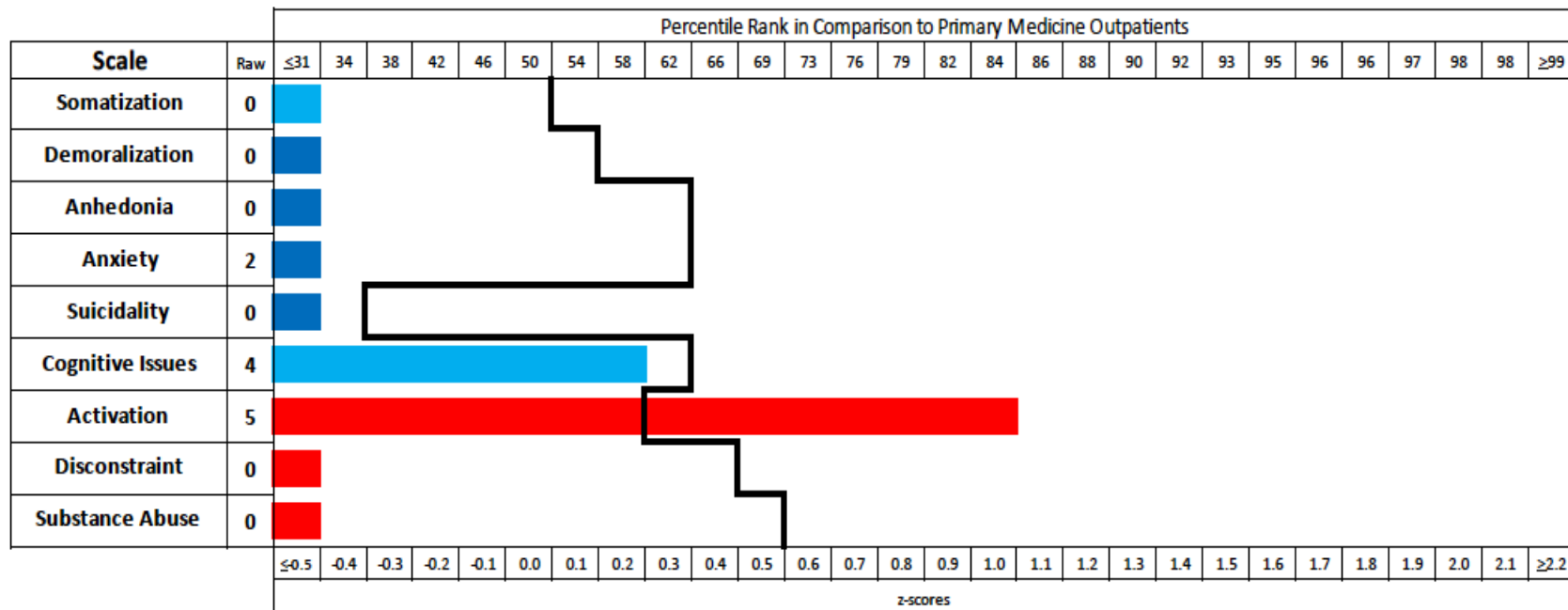
Patient Name/ID: Sra. K Age: 29 Sex: F Date: 6/12/19



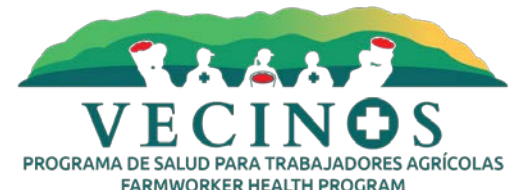
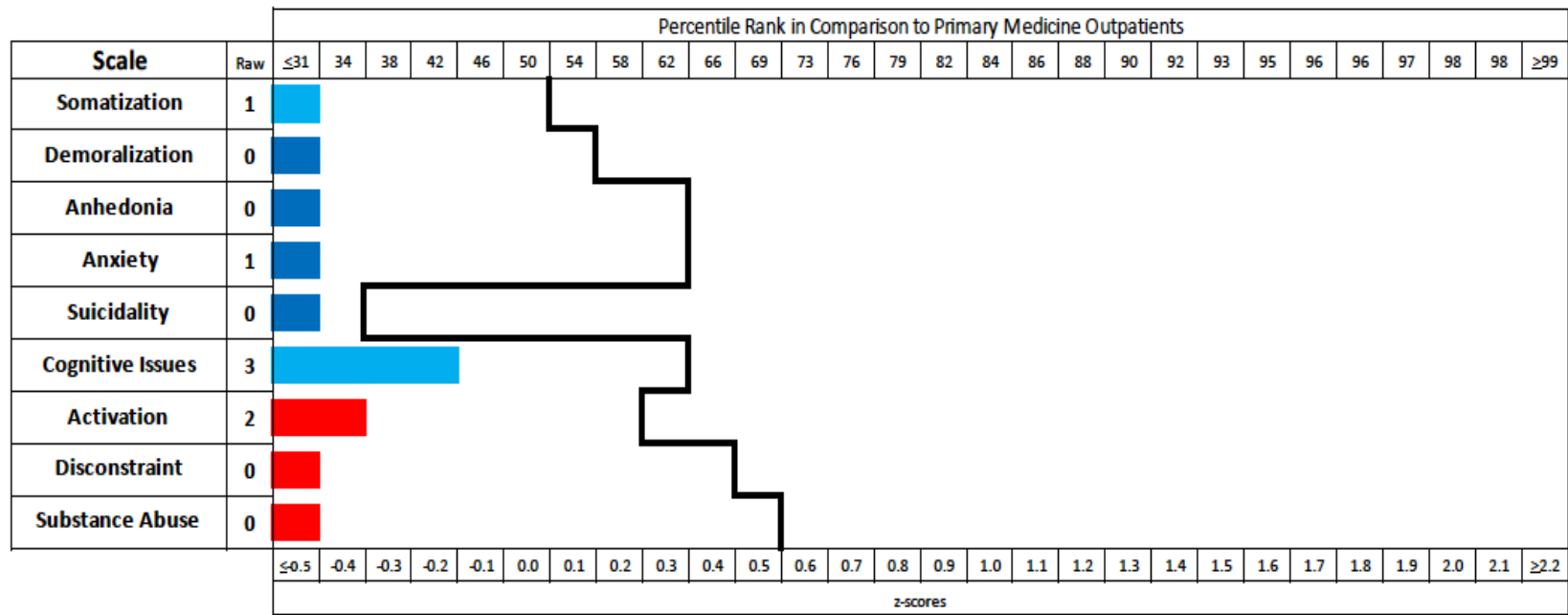
Patient Name/ID: Sra. K Age: 29 Sex: F Date: 7/10/19



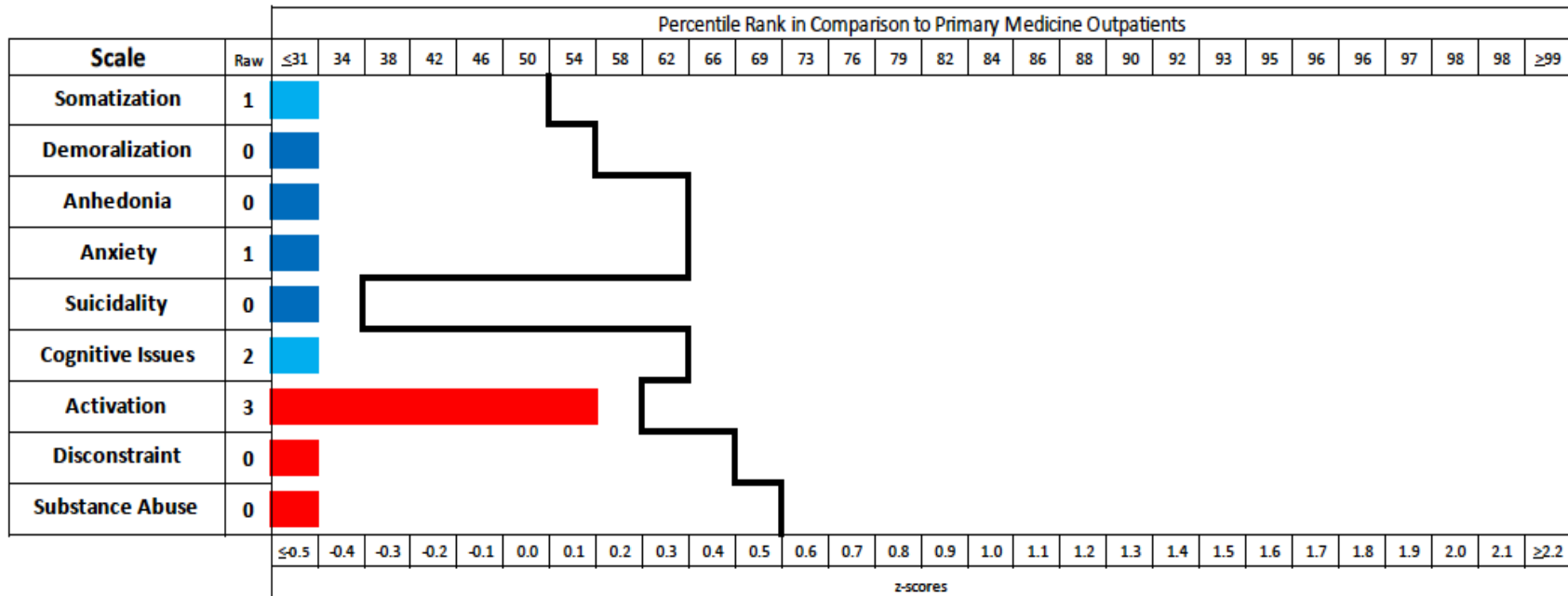
Patient Name/ID: Sra. K Age: 29 Sex: F Date: 7/17/19



Patient Name/ID: Sra. K Age: 29 Sex: F Date: 7/23/19

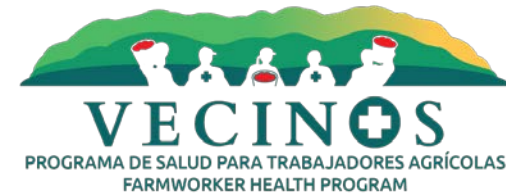


Patient Name/ID: Sra. K Age: 29 Sex: F Date: 9/8/19



# ROOM FOR IMPROVEMENT

- Mobile clinic/serving migrants
- Referrals to appropriate in-patient services
  - Are there even existing appropriate services in our region??
- Support groups
  - In clinic and during outreach
- Patient Centered Outcomes Research Institute research and interventions
- Fragmented institutional approach to mental health care, nonprofit partnerships, funding, etc.
- Continually advocating for more bilingual therapists. Offering internships and volunteer opportunities, consultation with MSW and Psychology departments and MAHEC, advocating for bilingual providers at FQHCs





# REVIEW

- Unique factors to consider when establishing an integrated health care program for MSAW
  - Connections, Collaborations, Advisors
  - Meet the clients where they are
  - Health education
- Guidelines for implementing mental health
  - Performance measures that can be used when measuring programmatic results education for MSAW



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# SHARING

Group A: No current mental health program

Group B: Making strides towards a mental health program

Group C: Have a functioning mental health program

15 minutes: Share with your table.

Ideas for conversation:

1. What ideas will you bring home from today's presentation?
2. What is your clinic doing or thinking of doing to address MH needs?
3. What successes and non-successes have you had?

15 minutes:

Each small group shares highlights from your conversation with the whole group



# Sharing your ideas:

Services in the clinic vs camp.  
Individuals not following through with services  
Peer support  
Educate outreach workers  
Creating conflict in the camp  
Share their experience with somebody

- Clinic vs Mobile Clinic
- Confidentiality during mobile unit.
- Offer other services at the same time.
- Find providers
- Pipeline of providers
- Connect and advocate at University
- No Program
- How to implement
- Connect with MSW program
- Dedicated Mental Health Program coordinator

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