

# Supporting mental and social well-being among agricultural workers

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# Learning objectives

1. Discuss common mental health concerns and stressors among agricultural workers
2. Describe the Bienvenido (Welcome) program
3. Recognize the benefits and principles for utilizing a culturally responsive approach to addressing mental health concerns and stressors



# Health

World Health Organization (WHO), 1948:

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

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



# Health

WHO Ottawa Charter for Health Promotion, 1986:

Health is a “resource which permits people to lead an individually, socially, and economically productive life...**Health is a resource for everyday life, not the object of living.**”



# What is good mental health?

# Multiple models of mental health



## Jahoda (1958):

- Being realistic
- Self-acceptance
- Investment in living
- Independence
- Environmental mastery

## Tengland (2001):

- Self-knowledge
- Flexibility
- Experience emotions
- Feel empathy
- Communication skills
- Ability to cooperate



# Well-being

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

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

## Gallup-Sharecare Well-Being Index:

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

- CDC. (2018). Well-being concepts. <https://www.cdc.gov/hrqol/wellbeing.htm>
- Meierotto, L., Mares, T., & Holmes, S. (2019). Introduction to the symposium: Bienestar – the well-being of Latinx farmworkers in a time of change. *Agriculture and Human Values*. DOI: 10.1007/s10460-019-09964-9
- Gallup. (2018). How does the Gallup-Sharecare Well-Being Index work? <https://news.gallup.com/poll/128186/gallup-healthways-index-work.aspx>

# Social ecological model of migrant farmworker health







Fresh Florida.

Packed Fresh Strawberries



Fresh Florida.

Packed Fresh Strawberries

Aérop  
NEW

ostale  
YORK 87



# Behavioral health among agricultural workers



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



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



Alcohol use disorders are common, particularly among men.

- Furgurson, K. F. & Quandt, S. A. (2020). Stress and distress: Mental health among Latinx farmworkers in the eastern United States. In T. A. Arcury & S. A. Quandt (Eds.), *Latinx farmworkers in the eastern United States* (pp. 83-106). Springer Nature.
- Limon, F.J., Lamson, A. Hodgson, J., Bowler, M.C., & Saeed, S. (2018). Latino farmworkers and under-detection of depression: A review of the literature. *Hispanic Journal of Behavioral Sciences*, 40(2), 210-226.
- Ramos, A.K., Trinidad, N., Correa, A., & Carlo, G. (2019). Correlates and predictors of alcohol consumption and negative consequences of alcohol use among Latino migrant farmworkers in Nebraska. *American Journal of Orthopsychiatry*, 89(5), 559-568.

# Anxiety



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

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

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



Hovey, J. D., & Magaña, C. G. (2002). Psychosocial predictors of anxiety among immigrant Mexican migrant farmworkers: implications for prevention and treatment. *Cultural Diversity & Ethnic Minority Psychology*, 8(3), 274–289.

*Modified from the National Hispanic & Latino MHTTC*



# Depression

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

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

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

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

- Georges et al. (2013). Depression, social factors, and farmworker health care utilization. *Journal of Rural Health*, 29(S1), S7-S16.
- Negi et al. (2020). Working under conditions of social vulnerability: Depression among Latina/o immigrant horse workers. *Cultural Diversity & Ethnic Minority Psychology*, 26(1), 54–60.
- Andrews et al. (2020). Combinatorial effects of discrimination, legal status fears, adverse childhood experiences, and harsh working conditions among Latino migrant farmworkers: Testing Learned Helplessness hypotheses. *Journal of Latinx Psychology*, 8(3), 179–201
- Vega et al. (2010). Addressing stigma of depression in Latino primary care patients. *General Hospital Psychiatry*, 32(2), 182-191.
- Alterman et al. (2018). Elevated depressive symptoms among hired crop workers in the United States: Variation by sociodemographic and employment characteristics. *Rural Mental Health*, 42(2), 67–68.

# Stress



Image source: <https://www.news-medical.net/health/Managing-and-Reducing-Stress.aspx>

## STRESS

=

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

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



# Stress

**Agricultural workers experience high rates of stress.**

Common causes of stress include:

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





# Acculturative stress

Migration involves at least three forms of uprooting:

1. Physical
2. Social
3. Cultural

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

Acculturation stress

=

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

Acculturation stress can result in:

- social maladjustment
- family dysfunction
- depression
- negative expectations
- self-derogation
- substance use
- suicidal ideation

- Bekteshi, V. & Kang, S. (2020). Contextualizing acculturative stress among Latino immigrants in the United States: A systematic review. *Ethnicity & Health*, 25(6), 897-914.
- Miller De Rutté, A. M., & Rubenstein, B. P. (2021). Acculturative stress and the effects on health and health behaviors in Hispanic immigrants: A systematic review. *Hispanic Journal of Behavioral Sciences*, 43(4), 433–455.



# Migrant farmworker stress & mental health

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

**Table 4**  
*Factor-Based Correlations*

Factors	Economics	Immigration	Parenting and children	Social isolation
Economics				
Immigration	.411**			
Parenting and children	.602**	.482**		
Social isolation	.733**	.542**	.779**	
CESD-R-10	.582**	.234*	.321*	.532**
GAD	.482**	.132	.157	.301**
<i>Machismo</i>	.333**	.308**	.312**	.439**
ACEs	.390**	.179	.280	.217*
Discrimination	.279**	.179*	.240	.215*
MEIM	-.046	-.017	-.001	.140
GSE-6	.111	.024	.174	.267*
Relationship status	.111	.123	-.426**	-.003

*Note.* CESD-R-10 = center for epidemiologic studies depression; GAD = Generalized Anxiety Disorder Questionnaire; ACEs = adverse childhood events; MEIM = multiethnic identity measure; GSE-6 = general self-efficacy.  
\*  $p < .05$ . \*\*  $p < .01$ .

Haws et al. (2022):

Depression:

- Economics
- Immigration
- Parenting and children
- Social isolation

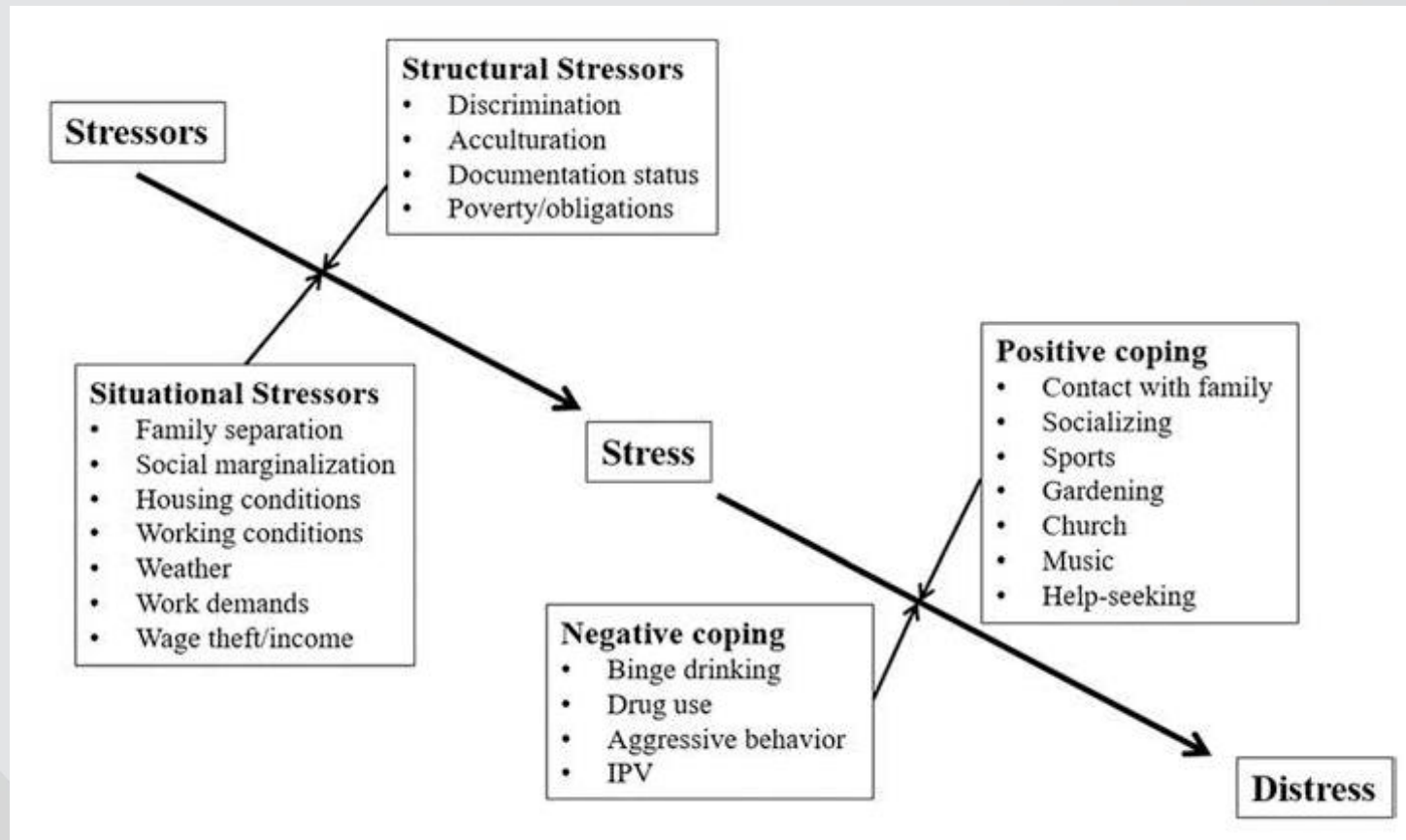
Anxiety:

- Economics
- Social isolation

- Hiott, A.E., Grzywacz, J.G., Davis, S.W., Arcury, T.A., & Quandt, S.A. (2008). Migrant farmworker stress: Mental health implications. *Journal of Rural Health, 24*(1), 32–39.
- Haws et al. (2022). Refining the Migrant Farmworker Stress Inventory among Latino migrant farmworkers in rural Nebraska. *Journal of Rural Mental Health, 46*(2), 100–116.



# Conceptual model of stress process for farmworkers



# Behavioral health among farmworkers in the Midwest



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

Ramos, A.K. (2019). The ghosts in our fields: Migrant farmworker health in Nebraska. In K. Dombrowski & K. Gocchi Carrasco (Eds.), Reducing health disparities: Updates from the field (pp. 57-80). Lincoln, NE: UNL Minority Health Disparities Initiative.

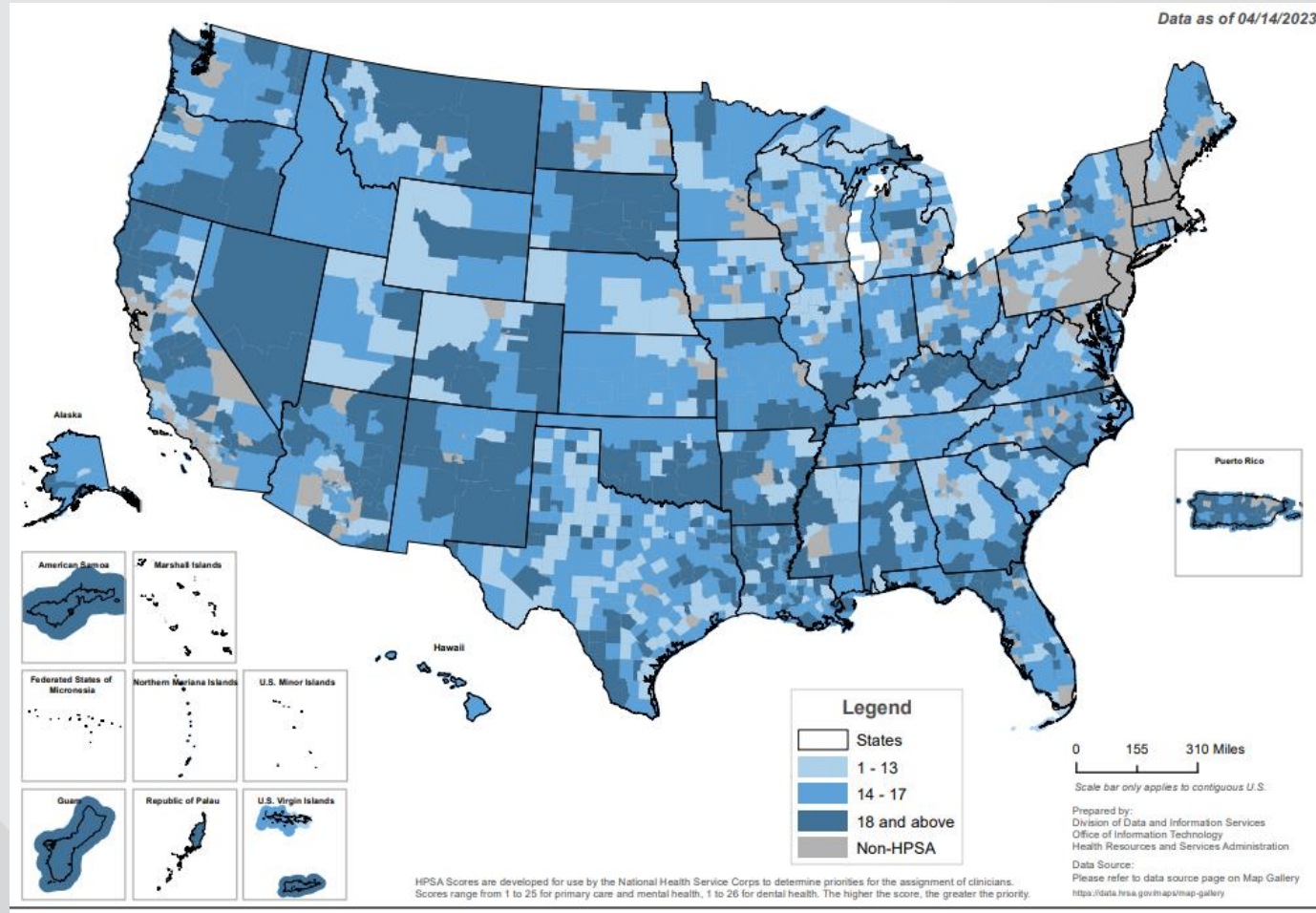
# Service provision: Right to health standard



Element	Key questions
<b>AVAILABILITY</b>	<ul style="list-style-type: none"> <li>• Are healthcare services sufficiently available?</li> </ul>
<b>ACCESSIBILITY</b>  Includes four elements: <ol style="list-style-type: none"> <li>1. Physical accessibility</li> <li>2. Economic accessibility</li> <li>3. Information accessibility</li> <li>4. Non-discrimination</li> </ol>	<ul style="list-style-type: none"> <li>• Are facilities and services physically accessible? How long does it take to get to services? Are hours of service convenient for farmworkers? Is transportation assistance available?</li> <li>• Are services affordable? Are fees assessed on sliding scale? Are free services or waivers available for farmworkers who cannot pay?</li> <li>• Is appropriate health information available to farmworkers? Is the information in a format that is understandable? Are language access services available?</li> <li>• Are services provided free from discrimination, both in policy and in practice? Are services available to all including undocumented farmworkers?</li> </ul>
<b>ACCEPTABILITY</b>	<ul style="list-style-type: none"> <li>• Are services provided in a respectful manner?</li> <li>• Do services adhere to medical ethics?</li> <li>• Are services culturally and linguistically appropriate?</li> </ul>
<b>QUALITY</b>	<ul style="list-style-type: none"> <li>• Are good quality services provided?</li> <li>• Do providers have the appropriate skills to work with farmworkers?</li> <li>• Are appropriate health monitoring and evaluation strategies in place?</li> </ul>



# HRSA mental health professional shortage areas

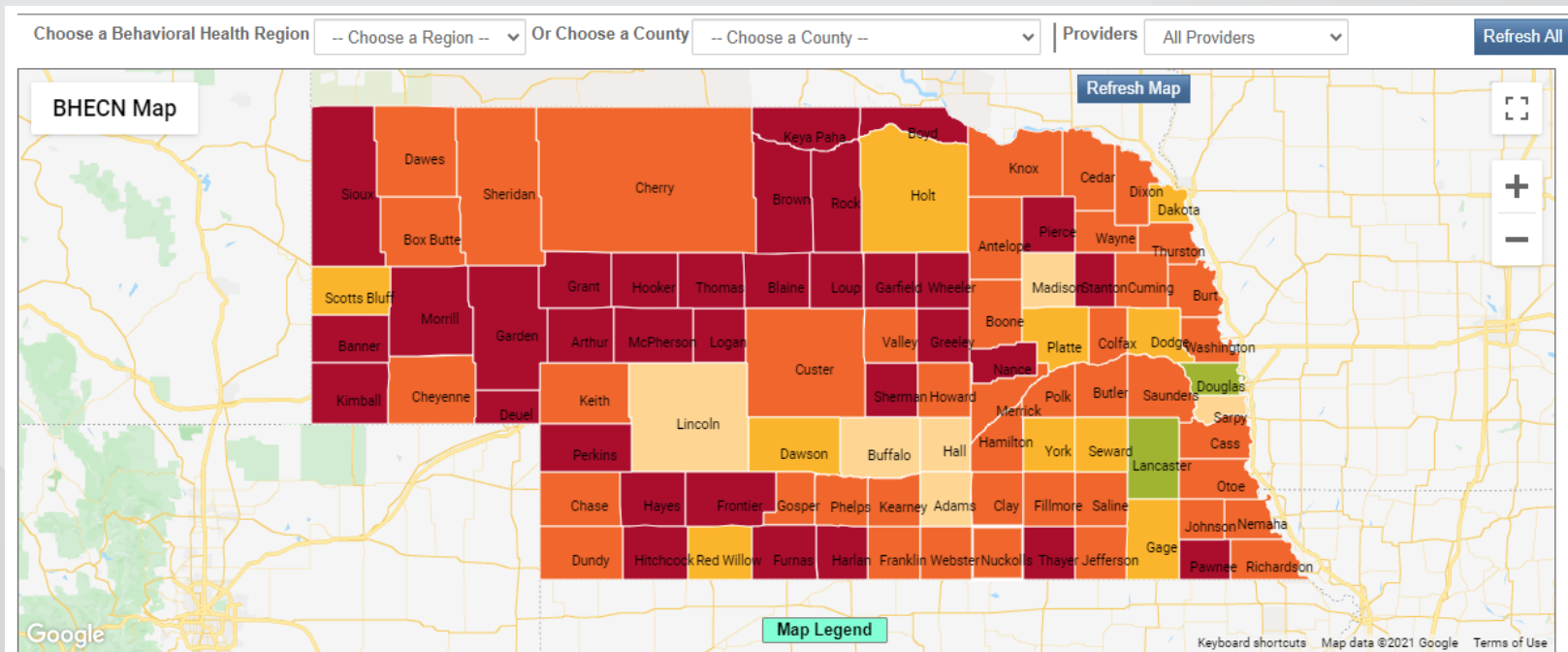


Health Resources and Services Administration. (2023). *Health professional shortage area – mental health*. <https://data.hrsa.gov/ExportedMaps/MapGallery/HPSAMH.pdf>

# Nebraska behavioral health workforce



88 of Nebraska's 93 counties are designated mental health shortage areas by the U.S. Health Resources and Services Administration



# Farmworkers are often unaware of community resources



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

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

Nearly 85% of workers were not aware of any telephone hotlines to call for help with difficult life situations.



“Unrecognized and unmet behavioral health needs largely resulting from the trauma of migration, navigating a new community and the cultural stigma associated with seeking care for mental health issues have a significant negative impact.”

*- National Advisory Council on Migrant Health, 2019*



AERO  
POS  
TALE  
NY-C

HONOR





# Prevention spectrum

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

May include behaviors such as:

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

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



# Culturally responsive programs

1. **Cultural awareness and beliefs:** Sensitive to values and biases and how these may influence perceptions, problem identification and resolve, and the relationship.
2. **Cultural knowledge:** Knowledge of the client's culture, worldview, and expectations for treatment.
3. **Cultural skills:** Ability to intervene in a manner that is culturally sensitive and relevant.

# Best practices for serving Latino communities



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



4 Cs



# Convivencia



- “Expresses the dynamic and interactive concept of living harmoniously in human groups”
- “The art of living together”
- “Active sharing of space and time, complemented with intentions, actions, and forms of interpersonal interaction that produce and affect the collective climate of relationships and the affective and emotional well-being of individuals”



# Conexión (Connection)



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

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



- Face-to-face connection
- Rapport and trust



- Cohen, A. & Caxaj, C.S. (2022) A Lifeline in troubled waters: A support intervention for migrant farm workers. *International Migration*, 00, 1– 16.
- Holt-Lunstad, J., Robles, T. F., & Sbarra, D. A. (2017). Advancing social connection as a public health priority in the United States. *The American Psychologist*, 72(6), 517–530.
- Martino, J., Pegg, J., & Frates, E. P. (2015). The Connection Prescription: Using the Power of Social Interactions and the Deep Desire for Connectedness to Empower Health and Wellness. *American Journal of Lifestyle Medicine*, 11(6), 466–475.

# Conversación (Conversation)



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

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



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

1. Aspirational
2. Linguistic
3. Familial
4. Social
5. Navigational



# Confianza (Trust+)

## Trust, responsibility, and mutual respect

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





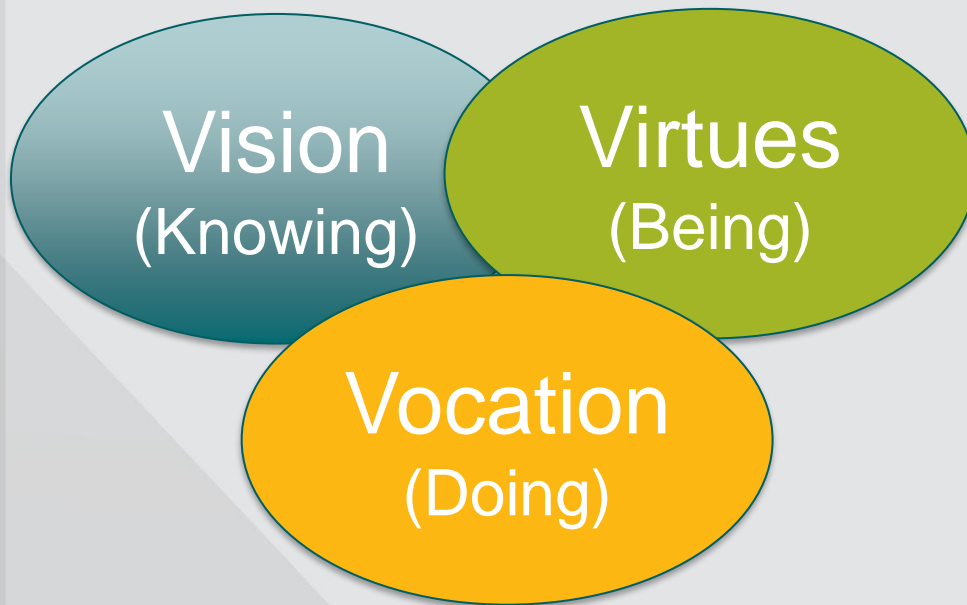
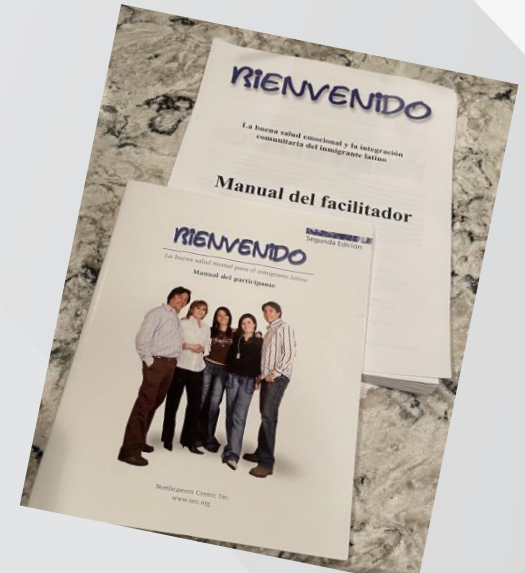




# Overview: Bienvenido program

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

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



## Nuestra visión

### Centrarse (visión)

- Estar consciente de los pensamientos y sentimientos respecto al ajuste a la vida en este país
- Reconocer que las experiencias de vida tienen mucho que ver con el presente
- Reconocer que necesitamos reflexionar y hablar abiertamente con otros sobre el proceso de adaptación a un nuevo país

### Explorar (virtudes)

- Adquirir nuevos conocimientos
- Relacionarnos con diferentes grupos comunitarios e individuos
- Aprender cómo aumentar nuestras oportunidades en la comunidad

### Responder (vocación)

- Ayudar al participante a poner en acción lo aprendido
- Identificar los lugares en la comunidad donde el participante puede practicar lo aprendido
- Presentar pasos prácticos para mejorar el bienestar emocional



# Overview: Bienvenido program

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



# Group-based process

Groups can:

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

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



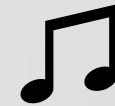
# Role of facilitator

## Director



- Prescriptive
- Structured goals
- Directed interventions
- Leader is “central” and in charge

## Conductor



- Interactional process
- Guided reflection
- Focus on relationships
- Group is the agent of change





# Bienvenido: A culturally responsive program

Intervention elements are responsive to Latino cultural norms:

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

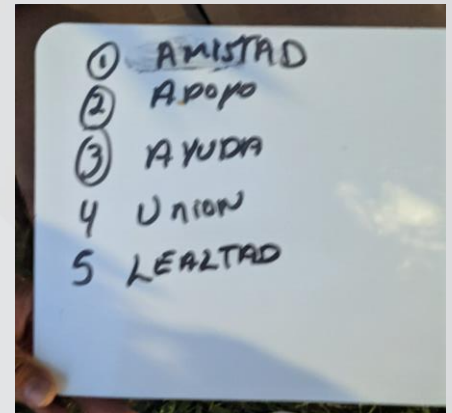


# Implementation

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

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

Had 90 participants start the program; 72 complete the program ( $\approx$  80% retention)



# Participant characteristics (n=90)



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













# Results: Coping

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

Coping strategy	Pre-program M (SD)	Post-program M (SD)	<i>p</i>
Active coping	6.24 (1.82)	6.91 (1.58)	.005
Positive reframing	6.24 (1.86)	6.93 (1.43)	.004





# Results: Substance use

*Significant positive change in substance use knowledge.*

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

Hazardous drinking decreased but not significantly.

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



# Results: Help seeking

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

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



# Preliminary 2022 results

Participants provided feedback on program:

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



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

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

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



# Preliminary 2022 results



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

10:29 PM

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

10:55 PM

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

8:39 PM

Espero que el próximo año nos volvamos a ver saludos

8:39 PM







# Implications

- Stress and emotional health are critical issues to address; particularly in the Latino immigrant farmworker community.
- *Convivencia, conexión, and conversación* are important elements to build *confianza* and foster cultural bridges to address mental health and stress concerns among this worker population.
- Programs should be culturally-responsive, relevant, and linguistically appropriate. These types of programs may assist workers in understanding more about emotional well-being, engage in positive coping and help seeking behaviors, and enhance relationships among workers.
- Partnerships with farmworker-serving organizations are vital to being able to provide services and resources that align with assets and needs of the farmworker population.

# Facilitator training



2022

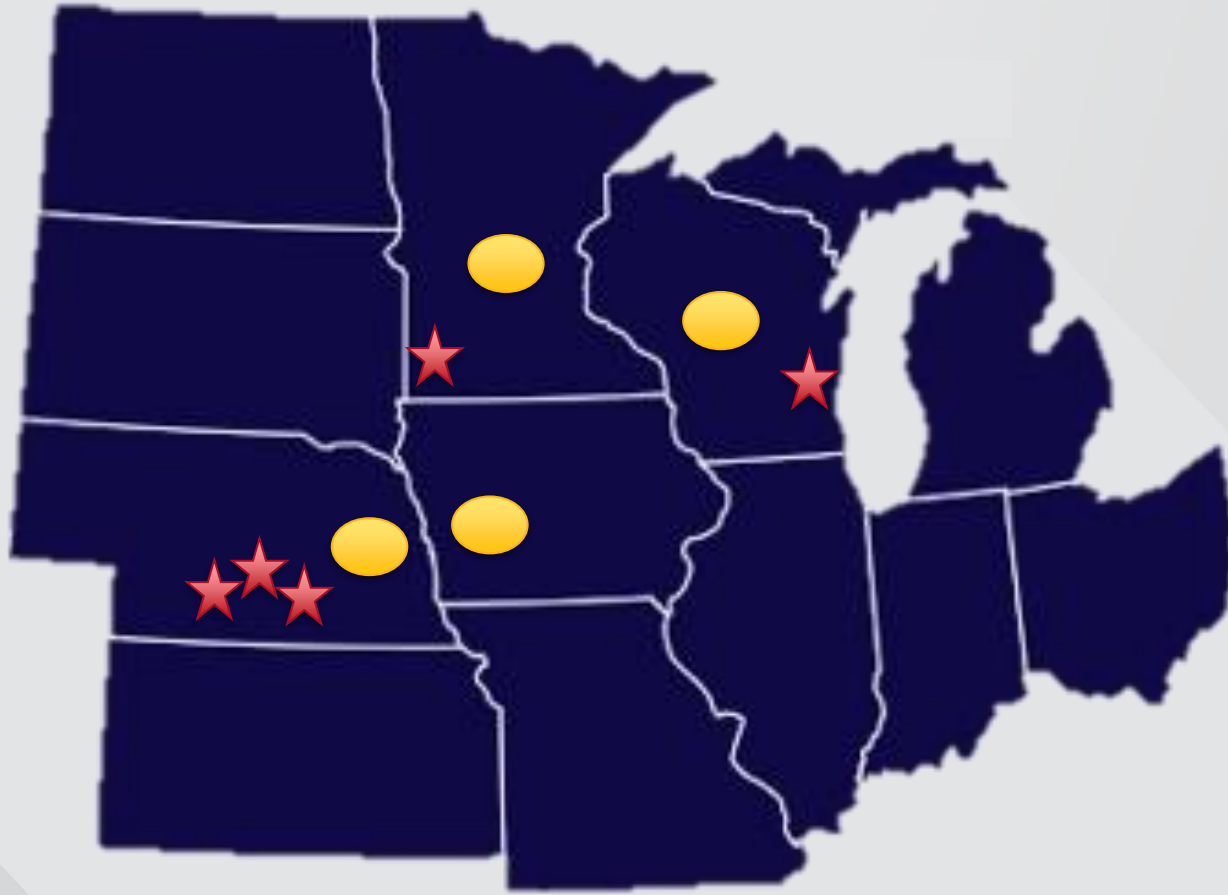


2023





# North Central region





# Resources

**University of Nebraska Medical Center**

**¿Qué es el estrés?**  
El estrés es una respuesta física y mental frente a una situación, evento o sentimiento.  
El estar bajo estrés por mucho tiempo puede causar enfermedades como presión alta, diabetes, y enfermedades mentales como depresión y ansiedad.

**¿Qué puede causar estrés?**

- ✓ Estar lejos de su familia y amigos
- ✓ Trabajar muchas horas y no tener tiempo para relajarse
- ✓ Trabajar bajo presión para completar las tareas del trabajo
- ✓ Condiciones de clima extremas (ej. calor, frío, inundaciones, incendios forestales)
- ✓ Relaciones con compañeros, supervisores, o jefes
- ✓ Preocupación de perder su trabajo
- ✓ Preocupaciones de inmigración
- ✓ No poder comunicarse en su idioma
- ✓ Sentirse solo
- ✓ No tener suficiente dinero o comida
- ✓ No saber cómo encontrar apoyo o recursos

**¿Cómo se presenta el estrés?**  
No todos reaccionamos de la misma manera cuando estamos estresados. Puede ver cambios o señales en su cuerpo o en la forma en que piensa, se siente o actúa.

<p><b>EN EL CUERPO:</b></p> <ul style="list-style-type: none"> <li>➢ Cambiarlo</li> <li>➢ Dormir mal</li> <li>➢ Dolor de cuerpo o rigidez</li> <li>➢ Aumento de los latidos del corazón o palpitaciones</li> <li>➢ Cambios de apetito y peso</li> <li>➢ Problemas del estómago y digestivos</li> <li>➢ Rechinir los dientes o tensión de la mandíbula</li> <li>➢ Sudor</li> <li>➢ Mala higiene</li> </ul>	<p><b>EN LA MENTE Y LAS EMOCIONES:</b></p> <ul style="list-style-type: none"> <li>➢ Preocuparse demasiado o de muchas cosas a la vez</li> <li>➢ Tener dificultad en tomar decisiones</li> <li>➢ Perder el interés en cosas que le gustan</li> <li>➢ Mala concentración</li> <li>➢ Sentirse triste, ansioso, o enojado</li> <li>➢ Retirarse de la gente y actividades</li> <li>➢ Tener pensamientos de suicidio</li> <li>➢ Aumento de consumo de alcohol, tabaco o uso de otras drogas</li> </ul>
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**AgHealth Central States**  
**North Central Farm and Ranch Stress Assistance Center**

**¿Qué puede hacer para manejar el estrés?**

**PARA USTED:**

- 1 Reconozca cómo se siente. ¿Se siente enojado? ¿Triste? ¿Sin esperanza? Pídale a un nombre a sus emociones le ayudará a darse cuenta qué rol lo que necesita y le ayudará a tener más control sobre sus sentimientos.
- 2 Pláquele con alguien! Comparta sus pensamientos, sentimientos, o problemas con alguien de confianza. Compartir como se siente puede ayudarlo a empacar la conversación y traerle un poco de alivio.
- 3 Comuníquese con un proveedor de atención médica. Los profesionales de la salud están ahí para ayudarlo en el caso de que lo necesite, y juntos, pueden crear un plan para ayudarlo a manejar el estrés.
- 4 Haga lo que le gusta hacer. Si tiene alguna actividad que disfruta hacer, dede tiempo en la semana para hacerla.
- 5 Intente cambiar la manera en la que piensa las cosas. Vea sus retos como oportunidades. Mirando su problema con una nueva perspectiva le puede ayudar a sentirse en control y encontrar una solución.
- 6 Concéntrese en sus éxitos, en lo que ha logrado y dívide se encuentra ahora. Intente no pensar en lo que no ha logrado, ¡está bien sentirse orgulloso de usted mismo!

**PARA AYUDAR A ALGUIEN MÁS:**

- 1 Escuche. A veces necesitamos a alguien que escuche en lugar de dar consejos. No juzgue. No todas las personas manifiestan el estrés de la misma manera y sus reacciones pueden ser diferentes. Asegúrate que usted está ahí para escuchar y ayudar.
- 2 Si observa algún cambio en la forma normal de actuar de las personas o en sus actitudes o emociones, puede ser una señal de estrés. Dales saber que usted se ha dado cuenta del cambio y que está ahí en el caso de que necesiten ayuda.
- 3 Analice a que hablen con alguien de confianza o con un profesional de la salud mental. A veces la gente prefiere hablar de sus problemas con alguien que no conoce.

**Recursos**

**LÍNEA NACIONAL DE PREVENCIÓN DEL SUICIDIO Y CRISIS:**  
De apoyo gratuito y confidencial a personas en crisis o que necesitan ayuda y ofrece recursos para usted a sus amigos.  
24 horas al día, los 7 días de la semana.  
• Llame al 1-800-428-3464  
• <https://988lifeline.org/help-yourself/en-espanol/>

**LÍNEA DIRECTA DE SOLICITA LEGAL:**  
Ofrece acceso a asistencia legal y financiera, ayuda en el caso de desastres y apoyo emocional, incluyendo cupones sin costo para obtener servicios de salud mental confidenciales.  
• Llame al 1-900-468-0258  
• [www.farmhelpline.com](http://www.farmhelpline.com)

**EL CENTRO NACIONAL PARA LA SALUD DEL TRABAJADOR AGRICOLA:**  
Proporciona información, asesoramiento, y referencias a servicios de atención médica y de apoyo y puede ayudar con recursos financieros y/o interpretación.  
• Llame al 1-800-377-9928  
• WhatsApp: 1-227-454-5121

**ENCUENTRE RECURSOS EN SU ESTADO:**  
• Llame al 211  
• [www.farmstress.org](http://www.farmstress.org)

**AgHealth Central States**  
**Nebraska Medical Center**

Este recurso está financiado por el Centro de Asistencia de Salud de Emergencia y Recursos del Centro Médico y Recursos del Departamento de Salud de Asistencia de Estrés para Granjeros y Recursos del Departamento de Agricultura de los Estados Unidos bajo el acuerdo ACCO-2020-20700.

## Request a training:

- Mental Health First Aid
- Youth Mental Health First Aid
- QPR (suicide prevention)

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

## Farm stress resources:

<https://farmstress.org/>

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

# Multilingual behavioral health resources



## Multilingual Mental/Behavioral Health Care Provider List

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

State ▼

Specialty ▼

Language spoken ▼

Or type a language below

Contains ▼

Name ▼	Licen...	Organization	Specialty	Language 1	Language 2	Langu...	Phone	Address
1. Zeba Sami, MD	MD	Aurora Family S...	Psychiatry	Hindi	Urdu		262-780-1001	910 Elm Grov...
2. Zakaria Siddiqui	MD	Methodist Jenni...	Psychiatry	Hindi			712-396-6044	933 East Pier...
3. Yvonne Nobles	PhD	Hamm Memorial...	Psychologist	Spanish			651-224-0614	408 Saint Pet...
4. Yukari Matsu...	LIMHP	BAART Commu...	Licensed Mental ...	Japanese			(402) 341-6220	1941 S 42ND...
5. Youssef Benh...	QMHP	Community Beh...	Qualified Mental ...	Arabic			216-831-1494	3690 Orange ...
6. Yeshim Oz	LMHP	Yeshim Oz MA ...	Licensed Mental ...	Turkish			(402) 699-2578	11725 Arbor ST
7. Yelena Boris...	MD	Northwestern M...	Psychiatry	Russian			312-695-5060	676 N St Clai...
8. Yazmin Fuent...	MD	Prevea Clinic Be...	Psychiatry	Spanish			920-272-1200	3860 Monroe ...
9. Yasmin Asvat	PhD	Rush University	Psychology	Spanish			312- 942-5375	1725 West H...
1... Yamileth Oba...	LCSW		Licensed Clinical...	Spanish			630-597-3854	526 Crescent...
1... Yajuan Leonard	APRN	Richard Young ...	Psychiatry	Chinese			(308) 865-2249	1755 Prairie ...
1... Yadira Garcia	LCSW	Mount Sinai Hos...	Licensed Clinical...	Spanish			7732574750	1500 S Fairfi...
1... Xiomara Clan...	LCSW	Family Service a...	Licensed Clinical...	Spanish			708-656-6430	5341 West C...

1 - 100 / 556 < >

<https://tinyurl.com/MidwestMHresources>



# Welcoming matters



Cherry by artist, Narsiso Martínez (2020) on display at the National Portrait Gallery

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



# Acknowledgements

**Special thanks to our partners: Nebraska Migrant Education Program, Proteus, and Legal Aid of Nebraska.**

We acknowledge the valuable contributions of research team members:

- Rishad Ahmed, UNMC Center for Reducing Health Disparities
- Dr. Trey Andrews, University of Nebraska-Lincoln
- Dr. Casper Bendixsen, National Farm Medicine Center
- Dr. Gustavo Carlo, University of California-Irvine
- Marcela Carvajal-Suarez, UNMC Center for Reducing Health Disparities
- Antonia Correa, Retired
- Axel Fuentes, Rural Community Workers Alliance
- Rodrigo Gamboa, Independent Contractor
- Dr. Kathleen Grant, Retired
- Dr. Ryan Klataske, Kansas State University
- Dr. Meredith McGinley, University of Wisconsin-Parkside
- Dr. Sahitya Maiya, University of Utah
- Roy Rivera, Volunteer
- Dr. Sheri Rowland, UNMC College of Nursing
- Maria Jose Sanchez Roman, UNMC Center for Reducing Health Disparities
- Jose N. Sanchez Sedano, Volunteer
- Priscila Soto Prado, UNMC Center for Reducing Health Disparities
- Natalia Trinidad, UNMC Center for Reducing Health Disparities



Funding provided by Central States Center for Agricultural Safety & Health, NIOSH U54 OH010162 and USDA NIFA 2020-70028-32728.



**North Central  
Farm and Ranch  
Stress Assistance Center**



# Questions & conversation

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