WHAT RESEARCHERS KNOW ABOUT

MENTAL HEALTH ISSUES IN AGRICULTURAL, RURAL, AND VULNERABLE COMMUNITIES

The Southeastern Coastal Center for Agricultural Health and Safety (SCCAHS) brought together scientists from the University of Florida, University of Nebraska Kearney, University of Georgia, Louisiana State University, University of Maryland and University of South Carolina for the 2019 State of the Science Meeting. The SCCAHS addresses stress and resilience among agricultural workers in vulnerable rural communities in Florida, Georgia, Alabama, Mississippi, South Carolina, North Carolina, Puerto Rico, and the Virgin Islands.

MENTAL HEALTH ISSUES

The Southeastern Coastal Center for Agricultural Health and Safety (SCCAHS) recently brought together a slate of esteemed speakers and researchers to addresses stress and resilience among agricultural workers in vulnerable rural communities. The purpose of this State of the Science meeting was to 1) identify the mental health issues that farmworkers, farm operators, farm owners and others in these communities face: 2) address the social, environmental and cultural challenges that impact mental health in rural communities; and 3) understand the inequities in farmworker, fishery and forestry community mental health, and how researchers can work to close these gaps, and enhance individual, family, and community-level capacity and resilience. Agriculture plays a major role in the economy of the Southeast, contributing nearly 51.8 million acres of dedicated farm land. In their 2003 study, Diala and Muntaner found that more rural men reported having mood and anxiety disorders than urban men, and concluded that this could be a result of flagging rural economies and increased financial stress.



LATINO FARMWORKERS FACE UNIQUE MENTAL HEALTH STRESSORS INCLUDING:

1 RACISM

2 EXPLOITATION

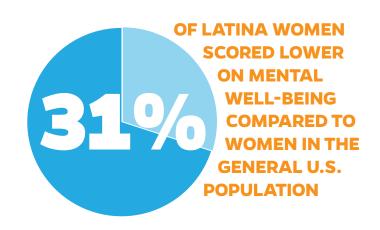
3 LEVEL OF EDUCATION

4 LACK OF HEALTH SERVICES

5 LACK OF INFORMATION/RESOURCES

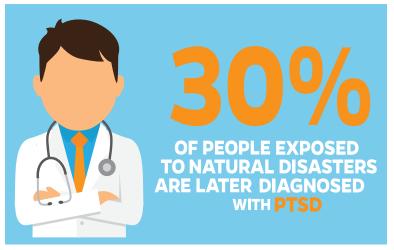
6 ABSENCE OF CULTURAL EXCHANGES

Latinos make up the largest population of rural minorities in the U.S. and face unique mental health stressors. These stressors include racism, exploitation in the work environment, level of continuing education, lack of health services information and resources, and absence of cultural communication exchanges among communities. Latino women in particular are especially vulnerable to social isolation: 30 percent had higher scores on social isolation, and 31 percent had lower scores on mental well-being compared to women in the general U.S. population.



SUICIDE IS THE TENTH LEADING CAUSE OF DEATH IN THE U.S.

Suicide is the tenth leading cause of death in the United States, and often relates back to causes such as relationships, substance abuse, physical health, job, money, legal, or housing stress. Research shows that suicide rates are higher in rural areas versus urban areas, with those in the farming, fishing and forestry occupation having the third highest suicide rate of any occupation. Over 20 million people in the U.S. suffered from a substance use disorder (SUD) in 2016 (Chasek, 2019). Fifteen percent of these



people had an issue with alcohol, and 7.4% had issues with illicit drugs, including marijuana, prescription pain relievers and cocaine. Of adults aged 18-25 years, 15.5% need treatment for SUD, but only 1.8% of them received it (Chasek, 2019).

RECOMMENDATIONS

Given the rural state of the SCCAHS region, several actions need to be taken in order to combat the presence of mental health illnesses in rural communities. One of the biggest barriers to treating mental health illnesses is the stigma that is built up around them. Stigma must be reduced to allow individuals to feel more comfortable discussing their mental health so that they can be connected with healthcare professionals and resources.

Stigma can be reduced by offering mental health counseling and support in non-traditional settings and providing training for mental health first aid (Wennerstrom & Smithwick, 2019). Mental health care professionals should partner with trusted community members (i.e. church leaders, primary healthcare providers) to better serve communities and gain their trust. Workshops and training related to mental health should be facilitated by community leaders to fit this need.

Additionally, it is imperative that rural is redefined and that a one-size-fits all approach is avoided. Research shows that individual-based rurality allows researchers to identify individuals within certain communities that experience higher levels of social isolation and mental stress and allows researchers to

therefore develop more targeted interventions to reach these individuals (Stacciarini, 2019). To effectively address mental health issues, action must be taken to collect more data on mental health stressors and patients in rural areas, address misconceptions, and acquire funding for training, services and additional support in rural areas.



TRUSTED PARTNERSHIPS WITH LOCALLY KNOWN, TRUSTED COMMUNITY MEMBERS CAN INCREASE ACCESS TO MENTAL HEALTH SERVICES

The information in this issue guide was adapted from the following journal article:

Lundy, L., Aenlle, J., Telg, R.W., Irani, T., Lindsey, A., Mcleod-Morin, A., Kandzer, M., Stokes, P. (2020). An Introduction to Utilizing Community Leaders to Expand Resiliency Efforts Following a Disaster.

