Population Portrait

Migrant Farmworkers
Recent Hispanic Immigrant Laborers
Other recent immigrants
Poor, young, unfamiliar with US health system
Unfamiliar with “mental health”, “behavioral health”
Collectivist horizontal culture v. individual vertical culture
(whose needs are met and how?)
Poll question

What percent of your practice is described as immigrant?

0-10%
11-30%
31-60%
over 60%
Migration and Mental Health

Increased schizophrenia in global studies of migration?
Increased environmental stressors and psychosis linked?
Decreased substance abuse in immigrants
Decreased anxiety and depression in Hispanic male migrants
Poll question

Are you primarily a:
- medical practice clinician
- behavioral health clinician
- clinical nurse
- administrator
Stages to Consider

- Premigration
- Migration
- Postmigration
Migration and Mental Illness

No easy algorithm

Personality, social supports, stressors, age, gender, self esteem, aspirations, poverty, identity all factor in at various levels

Consider explanatory model of illness

Cultural Bereavement

Loss of one’s culture and social structure
Grief process (can be good)
Grief associated with death compounded by cultural death
Abnormal when live in past, disturbed sleep, supernatural visits, obligations to deceased, pain, intrusive thoughts, anger and anxiety that overwhelms
Migration and Suicide

Increase in substance abuse in migrating Mexican Americans
Increased social stressors with migration for migrant and those left behind
Risk for suicide higher among US born Mexican Americans than Mexican born
Risk for suicide higher for those who immigrate before age 12

LAMHA Study

Caregivers and adolescents studied
High rates of discrimination
Depression: 5% males, 10% females
Suicidal ideation: 4% males, 11% females
PTSD: 10% males, 8% females
Anxiety: 28% males, 31% females
Overall still thought migration was positive
Caregivers with more stress than adolescents

• www.cpc.unc.edu/projects/lamha
Susto and Nervios

Relationship to depression and anxiety
Acute versus chronic
Nervios more strongly associated with ill health
15% prevalence in general Mexican population
Higher female:male
Farmworker Study in Oregon

Coraje, susto and nervios
32% of 179 FW with at least one
No difference between indigenous and Mexican rates
PHQ-9 scores correlated with coraje and nervios
Anhedonia, depressed mood, low energy, concentration difficulty associated
Sleep difficulty associated only with coraje
Legal stress associated with coraje

Azucar and Nervios

Diabetes and depression often go together

*Nervios* can also have *ataques* and this is distinct from just depressive symptoms

Beware labeling of psychosis if person sees or hears something that is “not there”. May be part of a spiritual understanding of life and quite appropriate in context of culture.
Non-Western Thought

Asian holistic mind-body paradigm
Somatization common in Latino and Asian
Feng shui and harmony
Metaphysical causes and remedies
Privacy, stigma, shame
Clinician as expert, not as “talk partner”
Poll question

How well does your integrated behavioral health model incorporate cultural issues into the care model?

1. Very well—we have models to share with you
2. OK, are making some adjustments based on culture
3. Not much, but we do have language services
4. Need a lot of help here
Violence

Intimate Partner Violence
Migration Violence
Workplace Violence
Intimate Partner Violence

All women with about 12% incidence in past year
85% victims are women
23.6% women and 11% of men have had IPV at some point in their lives (CDC 2005)
33-50% concomitant child abuse
Increases stroke risk 80%
Increases CVD, asthma risk
AMA recommends routine screening of all women, acute as well as prev. visits
Immigrant and Migrant IPV

Honor killings
Trafficking arrangements
Co-occurring trauma of migration
Distrust of systems
LEP barrier
Pre-migration violence is often present
Rapes in Haitian earthquake aftermath
Migration Violence

Estimate 60% women are sexually assaulted who arrive undocumented
Almost 10,000 migrants kidnapped in 6 month period in Mexico (2009)
72 Central American migrants massacred at TX border for not paying kidnapper (2010)
Trafficking and robbery, assault common
Workplace Violence

7% of migrants in an El Paso study (2010)
Associated with alcohol use at worksite
Meatpacking in Iowa: sexual harassment, intimidation, degradation after arrest of 389 workers in 2008
80% female FW in CA reported sexual harassment at work (2010)
Fear reporting and fear police
Core Competencies for Violence Prevention

Describe injury and violence as social/public health issue
Understand data use in prevention
Design and implement activities
Evaluate activities
Build and manage a program
Disseminate information appropriately
Stimulate change through policy, enforcement, advocacy and education
Maintain and develop professional competency
Be competent in a particular topic
Practice Models in Migrant Settings
Greene County Community Health Services

Rural NC
Migrant and settled Hispanic population
East Carolina Univ doctoral program in Medical Behavioral therapy partnership
Both separate appts and quick screenings and consults
Individual sessions at this point
Integrated into all sites with all staff education ongoing
Hombres Unidos

Facilitated discussion groups with men
Self-reflection assisted behavior change in community
Five weekly 2 hour sessions
Certificate at completion
Maestro/a de Emotiva Salud

Men and women referred by primary care provider to Behavioral Health Specialist
Depression, stress, anger, nervios, sadness
8-10 week evening sessions, free of charge
Came up with name as a group, less stigma
Gender separate, some childcare
Celebrated with diploma, name badge, privileges in future trainings, rose, CEO present at ceremony
Poll question

How many of you use alternative therapies in your behavioral health integration?

1. Massage
2. Acupuncture
3. Combination of alternative therapies
4. No alternative therapies
Migration Plans

Assist with plans for emergencies
Assist with alternate shelter options
Assist with identification of stable address/contact info
Assist with safety plan
Assist with family cohesiveness
Resources

www.migrantclinician.org

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