

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

- Bhugra and Jones. “Migration and Mental Illness.” *APT* 2001, 7:216-223.



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
 - Borges, et al. “Immigration and Suicidal Behavior Among Mexicans and Mexican Americans.” *AJPH*, 2009, 99:4.



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

- Donlan. “Coraje, Nervios, and Susto: Culture-Bound Syndromes and Depression Among Mexican Migrants” (Society for Social Work and Research 15th Annual Conference, Jan. 2011)



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

- Songer, et al. “Core Competencies for Violence and Injury Prevention.” *AJPH* 2009, 99:4.



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

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