The Mental Health Crisis Hidden Behind Your Grocery Store Vegetables

One of the nation's biggest industries is staffed by workers facing grueling conditions and sky-high depression rates.

By Twilight Greenaway
Working with patients who are thinking about suicide is a regular part of psychologist Javier Rosado’s job in Immokalee, Florida, America’s winter tomato capital.

In one case, Rosado recalled, a man came into a clinic after he and his family were robbed at gunpoint. The thieves had taken an entire trailer’s worth of recently harvested fruit, along with the trailer itself.

“That was a really hard hit for them and the laborer said he didn’t know how to keep going. He showed up feeling completely hopeless,” said Rosado, who works at a federally qualified migrant health center.

There has been a great deal of discussion in the media about farmers and mental health in the past few years, not least because of some misinterpreted statistics from the Centers for Disease Control and Prevention (CDC) that suggested suicide rates among farmers were five times those of the general population. Farmworkers, on the other hand, have largely flown under the radar.

When you’re buying vegetables from the grocery store, you’re probably not thinking about the people who picked them. Worker health is not on the label.

The vast majority of farmworkers — 78 percent according to reported estimates — are migrants. These are the men, women and children in some cases bringing us the food on our plates, completing the bulk of the grueling, thankless tasks on farms across the country.

But due to a variety of factors — from inadequate housing to wage theft and on-the-job harassment — this population is experiencing a mental health crisis, with high rates of anxiety and depression.

A study of 248 women in Latino farmworker families in North Carolina found that 31 percent of participants had significant symptoms of depression, three times the rate of depression among U.S. women generally. Another analysis of nearly 400 agricultural workers, also in North Carolina, found that 50 percent were at risk of alcohol misuse, 17 percent had substantial depressive symptoms and 9 percent had substantial anxiety.

A recent study in the same area showed that farmworkers were twice as likely to test positive for illicit drugs.
family,” said Brandon Foster, a psychologist with the Family HealthCare Network in Visalia, California — a nonprofit that started out helping farmworkers but now provides a wide range of services to anyone within the local community.

![Farmworkers in Huron, California, lay down irrigation pipes for the upcoming lettuce harvest.](image)

“Most rural, agricultural-based economic areas have a lot of poverty and for farmworkers it may go back generations,” Foster said. Tulare County, where he works, is one of the biggest farming counties in California and has a **24 percent poverty rate**. “That really wears on your sense of hope for the future,” he added.

Suicide rates may represent the most dreaded outcome, the National Farmers Union said in response to the latest CDC data, “but fall well short of painting a complete picture of behavioral health among farmers and farmworkers.”

When suicide does occur in farmworker communities, it takes a significant toll on the families of the victims. “It’s universally devastating within this community,” said Foster. “I don’t know that I’ve ever talked to somebody who said: ‘Yes this happened 15 years ago, we
did everything we could to help, and now we’re getting on with our lives.’ Instead, I see a lot of people who say, ‘We still can’t get past it, even years later.’”

Farm work itself rarely allows workers to have much of a life. “It’s not unusual for families to work all day [during the harvest], and that includes the kids who will get up at 3 a.m. or 4 a.m. along with mom and dad and go work in the fields until school starts and then go back to the fields after school. These are whole communities working 16-hour days during the harvest season,” Foster said.

Not having access to steady and stable housing is another major mental health barrier for farmworkers around the nation. The study of nearly 400 agricultural workers in North Carolina found that those sleeping five or more to a room or who had no bedroom storage were much more likely than average to experience high rates of depression.

The dangers of the job add to that risk; farmworkers surveyed in Nebraska who had experienced an occupational injury were more than seven times more likely to be depressed.
The current administration’s approach to immigration has also created an ongoing culture of fear among many farmworkers. Rosado, who is also a professor at the Florida State University College of Medicine, said this population is often cut off from much-needed community and support.

“We know that by the nature of their work [being in rural places], farmworkers are already isolated. But because of the uncertainty around legislation and policies, they become further isolated out of fear that they’re going to be discriminated against or deported. And that's true of both documented and undocumented workers who I treat,” said Rosado. As a result of the current political climate, he added, “We’re seeing a lot of clinically significant levels of anxiety and fear of separation from loved ones.”

For this reason, Virginia Ruiz, director of occupational and environmental health at Farmworker Justice, a national nonprofit that advocates for agricultural workers at the legal and policy levels, feels that mental health issues can’t be divorced from policy. “Fair immigration policy would involve access to better health care, and mental health is definitely
Clinics that integrate mental health services into primary care — like the ones Rosado and Foster both work in, and a handful of others across the U.S. — appear to be helping in many farmworker communities. In these settings, psychologists work in tandem with doctors to address their patients in an affordable, holistic way. Patients who don’t qualify for Medicare or state-level subsidized insurance pay according to a sliding scale that takes their incomes and family sizes into account.

Traditionally, a doctor might provide a patient with a mental health diagnosis and send them to a clinic across town where treatment may or may not be covered by their insurance. In that case, many people won’t make it to the appointment. “Instead,” Foster said, “the doctors can say, ‘I’ve got a colleague right here who can just come in and check in on you if you think it would be helpful.’”

The Family HealthCare Network also offers nutrition and job counseling and works closely with other organizations in the area to help farmworkers get access to things like affordable air conditioners during the sweltering Central Valley summers. “We’re doing all we can to clear a way so these folks can thrive as much as they’re able,” Foster said.

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Twilight Greenaway
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