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A Mixed-Methods Explanatory Study Exploring Access to Mental Health Services among School Age Children of Farmworkers

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Abstract: The purpose of this study was to explore access to mental health services among school age children (5–12 years old) of farmworkers using a sequential explanatory mixed methods design. This study aimed to obtain a deeper understanding of farmworkers' knowledge, beliefs, and awareness of mental health services as it pertains to their school aged children. The current study accessed farmworkers with children. The researcher utilized anonymous surveys with 30 farmworkers and then conducted in-depth interviews with 5 farmworkers upon completing the anonymous survey. Findings suggested that farmworker parents may have minimal understanding about mental health, and view this experience as something negative and unfortunate. Findings also suggest that farmworkers are open to seeking and receiving services for their school age children.

Key words: school age, barriers, expectations, beliefs, knowledge, mental health, farmworker children

1. Introduction

The impetus of this study was to explore access to mental health services among school age children (K-6th grade) of farmworkers. It explored how the status of farmworker parents may affect the likelihood that their children would access mental health services. The current study accessed farmworkers in the Ventura County region of Southern California in the United States; that have children between the ages 5 to 12. To understand why this research was necessary, it is vital to explore the perceptions and interactions between minority groups and in particular the farmworker population as it relates to the mental healthcare sector. Creswell (2013) states that research "should contain an action agenda for reform that may change the lives of participants; the institutions in which they live and work; or even the researchers' lives", and this is accomplished using a transformative framework (p. 26). This study sought to explore the phenomenon of mental health amongst school age children of farmworkers, and how this marginalized group can become empowered to petition a change that will enable their access to mental health services.

1.1 Access to Health Care among Minorities

With the gap between the rich and the poor steadily increasing, and the number of uninsured individuals being primarily those in minority groups, it is important to look at the trends in access to health care among minority groups (Andrulis, 2000). Ayala et al. (2011) investigated the interaction between Latino farmworkers and the healthcare system; they gathered information that supports the idea that Latino immigrants fail to access the

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healthcare system at larger proportions than any other demographic group, other than the homeless (p. 1). According to the National Center for Farmworker Health Inc. (NCFH), a study surveyed 300 farmworkers, and of those, 28 percent reported elevated levels of depressive symptoms (p. 2); in addition, another research study conducted by Alegria et al. (2008) suggests that for 60 percent of Whites with depression receiving treatment, only about 36 percent of Hispanics will seek treatment (pp. 1266–1267). Given that approximately 75% of the farmworker population is Hispanic, there is reason to believe that farmworkers are not accessing mental health services (United States Department of Labor, 2010). In addition, according to the 2015 National Healthcare Quality and Disparities Report suggest that 8.8%, 13.5%, and 26.1% of Whites, Blacks, and Hispanics respectively were uninsured (Agency for Healthcare Research and Quality, 2015). Furthermore, the estimated unauthorized immigrants reached 4.8 million during the 2000 Census (Holmes, 2012, p. 873); therefore, there are valid concerns with the health literacy becoming a challenge (Andrulis, 2000, p. 859); in addition to the continued health disparities among minority groups. Often, minority groups are excluded from government funded health care programs even when they meet poverty line requirements, simply for being unauthorized (Holmes, 2012, p. 874). Consequences for being uninsured include: 1) limited consistency with care, especially in children; 2) increase in rates of postponed care and lack of follow through with recommendations for medication; and 3) less likelihood for preventative check-ups which positively impacts hospitalizations (Andrulis, 2000, p. 859).

A main source of frustration in the health care field is the interaction between health care professionals and members of distinct minority groups. For example, Holmes (2012) describes a perspective where health care professionals use to practice an approach interpreted by the question “What is the matter with you?” and since then have made efforts to embrace a different approach best understood through the question “Where does it hurt?” (p. 874). This shift suggests that health care professionals must look at individuals through a lens that includes the individual’s own beliefs about sickness in order to foster a safe relationship and one where the individual is the expert in their own health needs. In addition, other efforts are focused around increasing culturally competent professionals as well as the emergence of community-based clinics to increase outreach efforts and thus health care utilization among communities of color (Andrulis, 2000). With evident disparities in general health for minority groups, mental health is also a point of interest and concern for professionals and researchers alike.

1.2 Access to Mental Health Services among Minorities Groups

To better understand the concept of disparities with minorities and mental health, the Agency for Healthcare Research and Quality (AHRQ) refers to disparities as any difference between populations with no adjustment for underlying needs for care; whereas the Institute of Medicine (IOM) reports a disparity being a difference in health care quality that is not related to a difference in need or patient preferences (McGuire et al., 2008). The inference then is that a disparity can be attributed to any of a patient’s identity markers, their insurance coverage or lack thereof, a professional’s personal bias, and other influences from policy, to society, and an individual’s community. Several research studies have aimed to examine what leads to mental health care service disparities among minority groups. McGuire et al. (2008) suggest that all subgroups of minorities report lower rates of lifetime mental disorders compared to white Americans. However, it is believed that there is no significant difference between the prevalence of mental health problems between minority groups and their White counterparts, but that they suffer from mental health illnesses at a similar rate (Mcguire et al., 2008; U.S. Department of Health and Human Services, 2001). However, reporting of symptoms may be jeopardized based on an individual’s ethnicity, race, or culture which may also affect the delivery of services from mental health care professionals due to the

variation in presentation of symptoms and how current professionals are trained to detect possible disorders (McGuire et al., 2008; Alegria et al., 2008). In addition, research conducted by Alegria et al. (2008) suggests that for 60 percent of Whites with depression receiving treatment, only about 36 percent of Hispanics will actually seek treatment; meaning that not only are mental health symptoms underreported amongst minority groups, but there is also a prevalence in lack of access to mental health services. Hochhausen Le and Perry (2011) conducted a chart review of community-based mental health service utilization among low-income Latina women and found that only about one-third of Latinas referred to mental health services obtained them, and that case management services increased the likelihood for women to initiate and continue receiving services.

Barriers to services are related to under detection of depression, fear of losing pay from work, the stigma around mental health, previous experience of mistreatment from mental health professionals, a mistrust of healthcare professionals, the failure for minority groups to recognize depression, a limited workforce and funding that results in inadequate service, undocumented status, limited education and English-speaking skills, mixed beliefs about health in comparison to the United States, and transportation (Hoerster et al., 2011; Newton, 2015; Carvajal et al., 2014).

In addition to disparities, there are differences in beliefs about mental health among communities of color. For example, Vera and Conner (2007) conducted a narrative inquiry qualitative investigation to obtain a better understanding of what Latina mother's think of mental health. From the interviews, Vera et al. (2007) could determine that mental health to Latina women meant being stable, happy, having harmonious relationships, fostering interdependence, and that parents were to teach their children how to be healthy. These findings suggest that by identifying that a child has a mental health need, that the parent did not fulfill their obligations of teaching their children how to be healthy. Also, it was found that Latina mothers believed environmental influences, financial resources, neighborhood factors, community-sponsored program, and a general mistrust from perceived community dangers that promote mental health (Vera et al., 2007). Furthermore, when asked what threatens mental health, Latina mothers reported "divorce, drugs, conflict, neglect, illness, and abuse" are stressors that can trigger mental health problems in addition to lack of resources and negative community influences (Vera et al., 2007, p. 237). Latina women believe acceptable ways of managing ones' mental health are through "consulting with trusted individuals, such as family, friends, clergy, or peers in the community," and later accepted that counselors, social workers, and psychologist were okay to talk to if they had a positive reputation with the community (Vera et al., 2007, p. 238). The theme of trust and parental obligations to determine the mental health well-being of children was recurrent in this research. Cultural factors were also important determinants in when, how, and with whom parents reach out for support with mental health needs. The prominence of disparities in mental health services amongst minority groups is a concern for social workers as it emphasizes concerns with ensuring that environmental justice communities are receiving the services and care they deserve to maintain the dignity and worth of these communities. The uphill battle becomes steeper as researchers begin to break down the list of barriers with minority subgroups.

1.3 Farmworkers as a Subgroup

Farmworkers can comprise an estimated 5 million of the U.S. Population at any point (Hovey & Magana, 2002, p. 493); and about 700,000 of the population in California (Ayala et al., 2011, p. 8). Figures range depending on the growing season of fruits and vegetables. Farmworkers are a unique subgroup of minorities because their work profile requires them to migrate from town to town, they are often found to be undocumented,

and their country of origin includes diverse religious and cultural values to that of the mainstream culture in the United States. Many farmworkers are Mexican born and raised (Ayala et al., 2011; Carvajal et al., 2014; Grzywacz et al., 2009; Hovey et al., 2002; Grzywacz et al., 2010). The median family income for farmworker families is approximately $7,500 per year, leaving these families with no choice but to live in substandard situations such as converted garages, sheds, or employer-provided housing (Ayala et al., 2011; Connor et al., 2010). Like previous studies, farmworkers are faced with limited health coverage due to undocumented status, language and cultural barriers, de-regulation of work conditions, exposure to harmful chemicals, increased risk for health conditions like obesity, high cholesterol, high blood pressure, dental problems, substance abuse, pesticide poisoning, diabetes, tuberculosis, and mental health problems (Ayala et al., 2011). Fatality rates amongst farmworkers is five times that of other workers (Holmes, 2012).

Attitudes related to health care in the United States is impacted by traditional health care in rural parts of farmworkers' native countries where there was minimal laboratory testing, short waits to see a doctor, there was no paperwork to complete, or medical records to keep track of, and medication seemed to be fast-acting (Ayala et al., 2011). Now, farmworkers are faced with structural barriers to care related to lack of insurance, knowledge of how to use and obtain coverage, lack of knowledge and communication skills to obtain care, limited services in the community to seek care, inflexible work schedules, fear of losing employment, fear of immigration officials being present at healthcare facilities, and low education level (Hoerster et al., 2001; Newton, 2016; Carvajal et al., 2014; Connor et al., 2010; Grzywacz, 2009). An ethnographic and interview research conducted by Holmes (2012) suggests that farmworkers receive inadequate care due to clinics being non-profits with unreliable sources, physicians and nurses that experience compassion fatigue due to performing duties not related to their job description (p. 876). Farmworkers are also encountered with cultural barriers such as fear of medical health systems they are unfamiliar with, cultural discrepancies between professionals and patients in language spoken like incorrect translation of assessment tools where farmworkers interpret medical terms differently (Grzywacz et al., 2009; Grzywacz, 2010,) or interpretation of religion's influence on farmworker's reluctance to seek medical help (Holmes, 2012), the concept that farmworkers may feel an added stressor to maintain their traditional customs from their home country while at the same time adopt the norms and customs of mainstream society (Hovey et al., 2002), and health belief of farmworker mothers including respect, convenience of putting their children's health first before their own, and the inability to provide feedback on the appropriateness of the care they receive (Newton, 2015).

Unfortunately, the barriers mentioned are severely challenging the mental health of farmworkers. It is estimated that approximately 20% of farmworkers in California meet clinical criterion for one or more lifetime psychiatric disorders (Grzywacz, 2010). Factors contributing to this rate include farmworkers that are separated from family members for prolonged periods of time (Grzywacz, 2006), high levels of acculturative stress (Hovey, 2002), geographic isolation due to location of agricultural housing (Connor et al., 2010), limited time for recreation (Ayala et al., 2011), and the influence of policy, environmental, and intrapersonal factors on behavior (Hoerster et al., 2011) such as laws that criminalize undocumented status, neighborhoods where a lot of police involvement takes place, and feelings of inferiority or like one does not belong. An intricate aspect about working with farmworkers and mental health is that often the barriers to accessing services are also the triggers to mental health needs (Ayala et al., 2011). For example, a farmworker can be living in the United States without authorization, and it is this undocumented status that would prohibit them from receiving any health care benefits. It is also this undocumented status that impacts their level of anxiety through the fear of deportation and unjust

treatment from authorities, to the point where it is now impacting their social and occupational functioning. It appears farmworkers continue to experience unaddressed health and mental healthcare needs; like other minority groups, but with an added component of discrimination, fear of deportation, abusive work conditions, and unique cultural and religious customs. It is important to address concerns children of farmworkers face with access to health and mental healthcare services.

1.4 School Age Children of Farmworkers as a Vulnerable Population

Discrepancies in quality of and access to healthcare services are amply reported for adult minority groups; however, there is still scarce literature on the access to health and mental health care services for children in minority groups. Weather, Minkovitz, O'Campo, & Diener-West (2004) assessed the correlates of unmet medical needs for migrant children and found that of 300 children, 73% did not have insurance, 34% reported never having a well-child examination, 79% reported never having a dental examination, and 53% reported having an unmet medical need over the last year (p. 278). Barriers associated with unmet medical needs were lack of transportation, lack of knowledge regarding where to obtain services, difficulty with leaving work so their children could receive medical care, and fear from parents of losing their job if they took time off from work (Weather et al., 2004). Children of farmworker are often subject to perform the harsh labor of agricultural work as noted by Maxwell (2010) who states that the United States is not protecting hundreds of thousands of children who work in agriculture (p. 1). The Fair Labor Standards Act states that 12-year old children can work in commercial farms with written consent from their parents, with no limitation on hours worked outside of school hours (United States Department of Labor, 2016).

With the unmet medical needs, labor hardships, and concerns with parent's own medical and mental health problems, it is no surprise that children of farmworkers have their own propensities to mental health needs; however, literature in this area is limited. Approximately 1 in 8 children have experienced a form of emotional or behavioral problem in the United States (Mental Health, United States, 2010, p. 6). Furthermore, of children that received specialty mental health treatment in 2009, 12.8% were White, 12.2% were African American, and 10.2% were Hispanic (Mental Health, United States, 2010, p. 37). Cook, Barry, & Busch (2012) used longitudinal data collected between 2002 and 2007 to determine disparity trends in children's mental health care services and found that Latino children, compared with Whites, were less likely to report excellent mental health and that Latino children were only 4.3 percent likely compared to 10.1 percent of Whites and 5.3 percent of African -Americans to initiate care (pp. 139–140).

Gonzalez (2005) provides an overview of barriers to mental health care among children of color; and states that there is a need to support children of color living in poverty, increase culturally competent mental health services, eliminate the stigmatization of mental health needs, and increase political advocacy for life-sustaining and life-enhancing community programs. Reasons to believe this approach may work is the prevalence of community violence in the neighborhoods in which many children of farmworkers live, and the need to address legislation that continues to marginalize groups based on their undocumented status. Though efforts such as community-based mental health services have been made to alleviate barriers to services for children of color, this tactic is not fruitful for the migrant farmworkers that are still working long hours and moving from town to town from one day to the next with no time to request a transfer in a child's mental health chart to the new community clinic for a smooth transition and continuum of care.

Given that children of farmworker parents are exposed to poverty, they are prone to higher levels of depression, anxiety, social withdrawal, peer conflict, and aggression; therefore, efforts to target mental health needs among children of farmworkers should work on reducing exposure to poverty (Gonzalez, 2005; Power, 2010). While mental health professionals are working on addressing the cultural needs of the ever-changing population in the United States, it is important to consider what those receiving the services think they will benefit from the most. It is understood from previous literature discussed, that farmworkers have difficulties with understanding how to navigate the health care system for their own health needs. Furthermore, certain cultural, religious, and political fears come into play, reducing the likelihood that farmworkers will feel safe accessing services. Many children of farmworkers were born and raised in the United States; however, outreach efforts from community-based mental health clinics may not be accurately implementing knowledge into practice to engage farmworkers and consequently their children. Wenz-Grozz et al. (2012) suggests hiring consumers to increase experiential knowledge where families will feel welcomed and accepted by members that have already lived through the process of obtaining mental health care services for their children (p. 546). This strategy has been implemented in Wraparound-like programs; however, there is no program design to reach out to the farmworker population in this way.

As social workers, there are guiding principles that encourage the use of service, social justice human relationships, maintaining the dignity and worth of a person, and always acting with integrity and competence to avoid a disservice (Code of Ethics of National Association of Social Workers, 2008). This research study had three objectives: a). to explore what the current level of understanding of mental health services for school age children of farmworkers was; b). to illustrate farmworker parent's beliefs of mental health services for their children; and c). what their expectations are with the purpose of aiding social workers in guiding the practice to this marginalized group. Furthermore, the overarching objective is to bring into perspective the ongoing discrepancies in access to mental health services to explore how agencies and schools can create sustainable accommodations for farmworker parents and so farmworker parents feel empowered to advocate for their children's needs.

2. Method

2.1 Participants

A total of 30 farmworker parents participated in the study. The study population included men (n = 11) and women (n = 16) between the age of 26 and 52. Participants have all been living in the United States for more than 10 years and had between one and nine children. All farmworkers that responded to the ethnicity question reported being of Hispanic decent, and were currently living in Ventura County. All participants spoke Spanish. Religion, sexual orientation, and marital status was not a factor in the eligibility for participation. One method of recruitment was through snowball sampling. In addition, the researcher distributed flyers at the farmworkers' work sites.

2.2 Research Tools.

The 17-item anonymous survey asked for demographics and attitudes towards mental health services. The survey was written by this researcher based on the literature. Upon conducting a critical thematic analysis of the themes generated in the surveys, this researcher produced questions for in-depth interviews to further explore farmworkers beliefs of mental health services as it applies to their school age children.

2.3 Research Design.

This study used a sequential explanatory mixed-methods design. First, an anonymous survey was conducted. Then, themes were identified utilizing critical thematic analysis to support with the completion of in-depth interviews (Creswell, 2013).

2.4 Procedure

Researchers recruited the 30 farmworkers by handing out flyers at the end of their work day near their work site, and other public places that farmworkers frequent. The researchers conducted anonymous surveys with 30 farmworkers for quantitative data to explore three themes related to farmworkers and their school age children: 1) knowledge of mental health and services; 2) beliefs about mental health and services; and 3) likelihood to receive mental health services. The researchers informed voluntary participants that the anonymous survey contained 17 questions and would take approximately 5–10 minutes to complete. Participants had the option of completing the anonymous survey on site, or scheduling a preferred place, day, and time for accommodation purposes. The researcher scheduled follow-up interviews with five participants that volunteered to participate in the in-depth interviews that aimed to further comprehend farmworker parent's views of mental health services as they relate to their children using three themes: 1) understanding; 2) beliefs; and 3) expectations. The interviews were scheduled on a day, time, and place that worked best for participants. The researcher analyzed the data collected from the anonymous surveys. The researcher then generated follow-up questions to better understand the themes that arose from the anonymous surveys. Researcher analyzed the data collected from the in-depth interviews.

To analyze the data collected from the survey, the numerical data was interpreted using mean (μ) and standard deviation (SD). In addition, the *Pearson Correlation Coefficient* (r) was used to determine the extent to which participant's knowledge and beliefs of mental health services related to the likelihood of farmworker parents accessing mental health services, in particular for their children. Lastly, upon completion of in-depth interviews, researcher made use of thematic analysis to interpret the content of answers to pre-selected questions utilizing critical thematic analysis and inductive logic (Creswell, 2013).

This study was approved by the Institutional Review Board at California State University, Northridge.

3. Results

Mental health variables used were knowledge of mental health services, beliefs on mental health, and likelihood to access mental health services. A 17-item survey was used to assess variables. Six questions focused on assessing the farmworker's knowledge of mental health services in Ventura County where participants were asked to respond 1 = disagree/no, 2 = don't know, and 3 = agree/yes. Questions were related to where they thought they could receive mental health services, who they could talk to about mental health, if they knew what mental health is, as well as how to navigate the system. The maximum point possible for this variable was 18; 1–6 signified low knowledge, 7–12 signified average knowledge, and 13–18 signified high knowledge. Out of n = 30 participants, zero percent, 66.7%, and 33.3% reported low, average, and high knowledge respectively. Six questions focused on assessing the farmworker's beliefs of mental health services where participants were asked to respond 1 = disagree/no, 2 = don't know, and 3 = agree/yes. Questions were related to whether participants believed mental health was real, if their community would support their child receiving services, and if they would trust the mental health system. The maximum points possible for this variable was 18; 1–6 signified negative beliefs, 7–12 signified neutral beliefs, and 13–18 signified positive beliefs. Out of n = 30 participants,

zero percent, 3.3%, and 96.7% reported negative, neutral, and positive beliefs respectively. Seven questions focused on assessing the farmworker's likelihood to access mental health services where participants were asked to respond 1 = disagree/no, 2 = don't know, and 3 = agree/yes. Questions were related to whether participants would ask for help, accept help, attend workshops, and if they think their children would be open to the services. The maximum points possible for this variable was 21; 1–7 signified low likelihood, 8–14 signified average likelihood, and 15–21 signified high likelihood of accessing mental health services. Out of n = 30 participants, 100% scored high in likelihood to access mental health services if they, a family member, or a child of theirs needed it.

Furthermore, analyses focused on the extent to which knowledge and beliefs of mental health services amongst farmworker parents positively influenced their response to likelihood of seeking mental health services for their children if needed. For this, a Pearson's Correlation Coefficient was used to assess the relationships between knowledge and beliefs of mental health services in Ventura County and the likelihood to access mental health services if needed. There was no correlation between knowledge of mental health services in Ventura County and likelihood to access mental health services [r = 0.131, n = 30, p = 0.490] (see Table 1). A second Pearson's Correlation Coefficient analysis was conducted to assess the relationship between beliefs of mental health services and the likelihood to access mental health services if need be. There was no correlation between the two variables [r = 0.061, n = 30, p = 0.750] (see Table 2).

Table 1 Correlation Scores of Knowledge and Likelihood Variables

		knowledge	likelihood
knowledge	Pearson Correlation	1	.131
	Sig. (2-tailed)		.490
	N	30	30
likelihood	Pearson Correlation	.131	1
	Sig. (2-tailed)	.490	
	N	30	30

Table 2 Correlation Scores of Beliefs and Likelihood Variables

		beliefs	likelihood
beliefs	Pearson Correlation	1	.061
	Sig. (2-tailed)		.750
	N	30	30
likelihood	Pearson Correlation	.061	1
	Sig. (2-tailed)	.750	
	N	30	30

Participants were also asked to identify one to three obstacles related to accessing mental health services for their children as well as one to three reasons why they would seek mental health services for their children. Figure 1 represents obstacles that were mentioned, and Table 3 lists reasons mentioned.

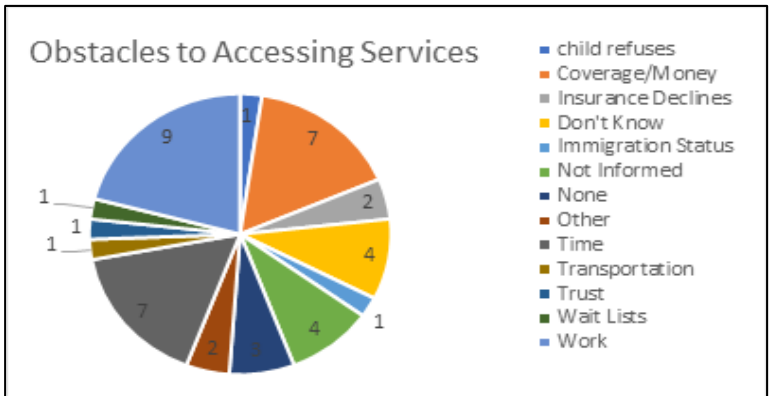

Figure 1 Obstacles Related to Receiving Mental Health Services for Children

Table 3 Reasons Why Farmworker Parents Would Seek Mental Health Services

Category	N	Sum
Any Reason	1	4.00
Don't Know	1	2.00
None	1	1.00
Preventative	1	5.00
Observing Signs/Symptoms	1	19.00
To Learn More	1	2.00

After running the Pearson's Correlation Coefficient between knowledge of mental health services, beliefs on mental health, and likelihood to access mental health services and finding no significant correlations, the researcher then followed up with five in-depth interviews to explore three priori themes that were selected based on categorical questions from the anonymous surveys: *understanding of mental health, beliefs about mental health and services,* and *expectations about receiving mental health services.* Three participants elected to not be recorded, and instead notes were taken when responding to the pre-selected questions. Two transcriptions were also analyzed. All interviews were facilitated in Spanish, and results are reported as translations into English. From the five interviews, 83 significant statements were identified and clustered under the three priori themes. See Table 4 for a display of emergent themes based on their priori cluster.

3.1 Priori Theme 1: Understanding of Mental Health

Given that many of the participants scored average on the knowledge of mental health services category in the anonymous surveys, it was important to further evaluate the level of understanding farmworkers have about mental health services through an open-ended question. Three emergent themes arose: a) change in an individual's behavior; b) individuals needing more support; and c) mental health is an abstract topic. Answers from participants that suggested change in behavior as a level of understanding of mental health problems was associated with memory loss, acting like a child, resistance to help from others, efforts to escape reality, isolating, experiencing intrusive thoughts, and overeating. Furthermore, a couple participants gave examples of conversations with peers where a person who witnesses an accident and experiences flashbacks and fears related to that accident as their level of understanding of what mental health is. Two other participants described mental health as experiencing feelings such as depressed, anxiety, and anger. The second emergent theme based on farmworkers level of understanding about mental health was that an indicator of mental health needs is evident in

the level of support that an individual may need to carry out tasks and other activities of daily living. Participants described this as "needing special treatment", or "needs help from family members or someone that is prepared to help". Lastly, all five participants reported an interest in learning more about mental health as it was an abstract topic that has many different significances. One participant reported that he does not really understand mental health. Other participants stated it would be helpful to have more information, as well as narrow down the diverse ways of defining this experience.

3.2 Priori Theme 2: Beliefs about Mental Health and Services

Most farmworkers scored high on their beliefs of mental health, meaning that they had positive views about the experience of mental health and services. Given the literature on Latino/a barriers to mental health services often being associated with cultural beliefs, it was interesting to arrive at this finding, and so it became important to obtain clarification through detail narratives about thoughts of mental health and then receiving services. This process helped clarify the positive beliefs farmworkers have about mental health and services. Statements were categorized under three emergent themes: a) negative thoughts about mental health symptoms; b) positive thoughts about receiving services; and c) self-blame for mental health problems in children. One participant described the gossip that goes on about an individual as the following:

> It's like, I like gossip, but at the same time I do not. At times, we begin talking about people that drinks a lot, uses drugs, and they say he/she is a drug addict. Really, I don't know how other people that knew this young woman [that would cut and try to kill herself] would talk about her, actually they would say that they try to help her, but she did not want to accept the help.

The participant describes how someone displaying behaviors significantly associated with mental health is viewed negatively, yet the community still makes efforts to offer said individual help. Another individual expressed feeling sad thinking about one of his children having a mental health problem, but that ultimately, he would do what is necessary to support his children. He said:

> Well, I would feel sad, but I would try to support [my children] so that they do not feel bad and give them the help. But personally, I would feel bad. I would feel bad because it would limit the things they could do like play sports, and they would not become independent.

Furthermore, it was confirmed by all five participants that the community of farmworkers may be quick to judge others that are experiencing possible mental health challenges, and yet the same community would be understanding and supportive of that person receiving services. One participant said, "It would be a major help" for her if her son received mental health services if needed, especially considering that she is a single mother with many other responsibilities. Another participant also reported that it would be a significant help and that the community would be supportive enough to learn English if necessary. When asked specifically about her thoughts about conversations amongst farmworkers when referring to mental health and what it would mean for her to receive services for her children, the participant responded:

> I think they are not very good. I feel as though we lack communication. Sometimes we become too elated. If I say "no" and another person says "yes" we are not sound in mental health if we get upset and cannot come to an agreement. Because the other person wants to do what they say, and I want to do what I say. And maybe we do need something to learn more about what mental health is. For me, [if my child was receiving services] it would mean something that would help my child, me, and my entire family. I would see it like something positive.

All five participants viewed receiving mental health services as something positive, as it would provide their children with the help they need.

However, a third emergent theme that arose was related to farmworker parents blaming themselves when children are faced with mental health problems. They also blamed other parents of children who display symptoms of a possible mental health diagnoses. All five participants expressed their responsibility to seek help for their children, if needed. On the topic of one daughter being in distress over bullying at school a participant shared that he would talk to his daughter and bring it up to the teachers' attention as well as look for help elsewhere so that it is addressed. Another participant shared his efforts to reach out to family friends for support when his daughter was experiencing truancy and drug problems. A participant shared her thoughts about how school personnel may address behaviors with children at school:

> I think they only discipline students by taking them to the principal's office, but they also have so many students and school personnel are there to focus on education. I imagine they tell the students that it is not okay what they are doing [bullying], but maybe they do not explain it well enough, or I do not know but I think that this should be addressed at home.

Another participant expressed feeling guilty over not feeling confident enough to bring up behavioral concerns with the child's teacher. A participant stated, "The blame is on the parents for not enrolling their children in school", as he referred to immigrant farmworkers that put their children to work in the fields, instead of enrolling them in school. Lastly, a participant reported feeling helpless at times when her son is having an angry outburst and she does not know how to help him de-escalate. Though farmworker parents interviewed did not go into detail about reasons why they are to blame for their children's possible mental health problems, they ascertained their responsibility as parents to seek help if needed and council their children as much as possible.

3.3 Priori Theme 3: Expectations about Receiving Mental Health Services

Lastly, since 100% of the participants scored high in likelihood to seek mental health services, it was important to explore then what would be a barrier for them and/or what would facilitate the process for them to seek services. Four emergent themes arose: a) recommendations/accommodations list; b) advocacy for needs; and c) a larger school effort. Farmworkers made recommendations and asked for certain accommodations to facilitate the likelihood to seek mental health services for their children: a) reduce the use of repetitive exams; b) increase concrete exercises that target the problem behaviors/symptoms; c) modify the use of exploratory questions such as professionals guiding clients to the answers they are looking for; d) increase empathy, attentiveness to the needs of the family, and validation; e) provide more psychoeducation on symptoms and use of medication; f) increase open communication on treatment process and prognosis; g) keep the professionals sex the same as that of the child; h) increase the language competency amongst professionals; i) provide more flexible dates and times for sessions such as after 6:00 PM and on Saturday's and Sunday's; and j) increase access to educational information about mental health in children. Participants reported that they appreciate when professionals take the time to get to know the family, and do not rush through sessions to get to the next client. One farmworker parent that had received mental health services expressed frustration with not fully understanding the procedure of repetitive exams and other therapeutic techniques. Ultimately, the farmworker parents interviewed stated they were open to having their children receive services if they were during times where the parents would not be burdened to take time off work.

This led to the second emergent theme that emphasized the parent's interest in advocating for their children's

needs and wanting to help their children in any way possible. One parent described her struggles as a single mother and efforts to provide support to her only child:

> At times, I lay with my son and I begin to ask him how his day went at school. He is still young, but I try to teach him how to express himself, and if he is having any problems at school with other students. I try to advise him like if someone hurts him, to not hurt them back and instead I tell him to tell his teacher. But if there was someone else that could support with having conversations with him and getting information from him, information that for whatever reason he may not want to share with me, that would be a lot of help.

Another professor reported feeling empowered with requesting a change in counselor if he felt the one assigned to work with his daughter was not helping. Another participant shared about what she would do if her son was in need:

> I would look for help, maybe in community centers. I would take action and find the help my son needs. This help would be for my son to be able to express himself and share what he has going on inside.

Again, farmworker parents are open to the idea of their children receiving mental health services, if needed. However, it appears as though some barriers to access have not been successfully addressed.

Lastly, a third emergent goal related to farmworker parents expectations if they were to receive mental health services is related to wanting an increased effort from schools to provide services or refer parents to agencies that can meet their children's needs. One participant described his concerns with the afterschool program his children attend as the following:

> Many times, children stay in afterschool programs. I do not know if this is the same kind of work, but when the children are not behaving it would be good if their received counseling there. They look after a lot of children, and sometimes let them do what they want, and that is how problems start sometimes. If there were more programs at school that would give the children more positive work and structure, that would be good.

Another participant stated it would be a promising idea for schools to offer interactive classes to learn about emotions and other mental health related topics, as well as bullying. This participant went on to acknowledge that the school system is trying to increase this awareness; however, the efforts need to be on a larger scale.

Table 4 Priori and Emergent Themes from In-depth Interviews

Priori Themes	Emergent Themes
Understanding of mental health	a) change in an individual's behavior b) individuals needing more support c) mental health is an abstract topic
Beliefs about mental health and services	a) negative thoughts about mental health symptoms b) positive thoughts about receiving services c) self-blame for mental health problems in children
Expectations about receiving mental health services	a) recommendations/accommodations list b) advocacy for needs c) a larger school effort

4. Discussion

Given that the social work profession strives to provide services to those in need, mental health agencies need to continue their outreach efforts to reduce the mental health literacy gap, and increase their visibility in the community so that farmworkers know exactly where to go when/if their school age child requires mental health assistance and services outside of school. The standard hours of operation for community clinics is a challenge of

the past that continues to linger in the present, even with the presence of community-based interventions. Research has reported time and time again that the farmworker population does not access services at the same rate of other groups, even with the rate of need being comparable; only about one-third of Latina women referred to mental health services will follow through with services, and those that jointly receive case management services are more likely to continue with services (Hochhausen et al., 2011). Structural barriers such as lack of insurance, knowledge of how to use and obtain coverage, limited communication skills due to low academic attainment, limited services in the community to seek care, inflexible work schedules, fear of losing employment, and fear of immigration officials being present at healthcare facilities continue (Hoerster et al., 2001; Newton, 2016; Carvajal et al., 2014; Connor et al., 2010; Grzywacz, 2009).

The research indicated that regardless of the level of knowledge, farmworkers parents are willing to seek mental health services for their school age children. In addition, farmworker parents admit to the negative stigma of mental health in their community, aside from their self-reported limited understanding on the topic; however, they also reported a positive outlook on being possible recipients of mental health services for their children. Implications for practitioners are to increase advocacy for more funding to increase educational efforts, disbursement of information, and increase the cultural capacity of professionals. Participants made reasonable recommendations to help mental health agencies further adapt services to meet the needs of such a vulnerable population. In conducting the anonymous surveys, a local farm owner reported that he would be open to local mental health agencies coming to the fields and providing information to the farmworkers, if the farmworkers are unable to attend workshops and other events that are held during typical agricultural work hours.

A limitation to this study was in relation to the current political climate on immigration. As the recruitment process ensued, many farmworkers admitted to fears about participating in any type of project for fear of being detained by immigration officials that were highly present and visible in the community during the time that this research took place. This speaks to the ongoing structural barriers farmworkers face. Due to this, the small sample size in the anonymous surveys derived from a small community in Ventura County, California is a limitation of this study in addition to their only being five participants who agreed to in-depth interviews. A larger sample size throughout regions with a high volume of farmworker parents can be carried out to increase the generalizability of this study's findings. The anonymous surveys and interview questions were generated by the researcher team, and their reliability has not been evaluated. Furthermore, the validity of the participant's responses to the survey questions was not analyzed. Future research can further explore the self-blame many farmworker parents face when confronted with the thought of having one of their school age children experience mental health challenges; this could provide implications as to alternative ways professionals can approach farmworker parents while validating their experience of shame and guilt.

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