

Reflections on Working with Rural Migrant School Children and Their Families

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Abstract: The aim of this paper is to relay the reflections of my experience as a Latinx school social worker and about my work with children and families identifying as rural and migrant. A de-identified real-life mental health crisis case scenario is provided. The case scenario contains the voices of a child and a parent living in a rural migrant camp. The content of the voices was paraphrased from the school social workers' post-crisis contact with a high school student and her mother. Professional first-person content is the voice of the social worker, Rosario. The case vignette is followed by a combination of the social worker's observations and information drawn from the professional literature about challenges and opportunities for rural schools to provide culturally sensitive practices for migrant children and families. Specific practice recommendations are offered for working with rural, migrant youth, particularly pertaining to child mental health per the case scenario.

Keywords: rural, migrant, children, families, cultural competency, schools

Purpose

The purpose of this article is to share a social worker's reflection on working in a rural public school with the migrant and rural Latinx community. A variety of recommendations based on experiences and observations, as well as information drawn from professional literature and a student's and mother's personal experience, will be provided. Spreading awareness about mental health to migrant families in rural areas is challenging but necessary in order to continue to improve outcomes for Latinx youth and families.

Background

I (Rosario) have worked in a moderate sized rural public school in Michigan for about eight years. This school is surrounded by many beautiful fruit farms, the pride and joy of the community. The agriculture of the small town attracts a large number of migrant workers and their families. These families are generally housed in the migrant camps owned by the farm owners, or growers. The migrant families typically are monolingual; the school-aged children, however, speak English and Spanish. They attend the public school. Some of the families stay year-round; others make the annual long trip between Michigan and Florida. Among the families, there are many unheard stories of pain, crisis, poverty, and mental health challenges that need to be heard. The children are in our schools and part of our community. They need to be served. I provide an illustration of what I have learned about useful actions to address known practice gaps, e.g., building trust with migrant children and families and providing culturally sensitive educational services.

I write this paper under the guidance of co-author Dr. Riebschleger, considering her work developing and implementing a school-based mental health literacy curriculum for a small

group. Her 30-plus years of experience and interest in youth mental health with rural youth has heavily influenced my desire to incorporate migrant youth, recognizing the disparities of mental health education within migrant communities. Together we have revised her small group youth mental health literacy program and modified it with the goal of being embedded in a health class to increase its breadth and impact. The curriculum was implemented at the school this past spring, and we are in the process of analyzing the data. Our experiences and passions have brought us together to continue the critical work of educating youth about mental health and its impact, ultimately with the desire to decrease youth suicide.

Crisis Case Description

I had the privilege of interviewing one of the students at my building and her mother, whose experience created a greater personal awareness for my role. I learned the importance of sharing my experiences with the mental health needs of school children living in rural migrant communities. I learned how a deficit in establishing a relationship with a migrant family could lead to tragedy.

The student shares her story:

I clearly remember the day that everything started. That day the doctor told my mom that I had gained weight. When I heard that, it really had an impact on me. I thought about that comment for days. At that time I had a bike and every day after dinner I would go out and ride it, but not because I wanted to, my purpose was to burn what I had just eaten. The appointment happened during the summer, two weeks away from starting school. Once I started school I immediately signed up for gym class instead of art. The worst part of it was that I either had no lunch at all or just a small salad. I remember that this girl I sat with at lunchtime asked me if I was on a diet, and I felt really embarrassed because I knew I had an eating disorder but didn't want to admit it. Honestly, I never did. Now that I have a very different mentality I regret doing all the stupid things I did, but at the same time, I know God wanted that to happen. I strongly believe that everything happens for a reason. I feel like I had one of the biggest life lessons of my life already.

As time went on, I became lighter and lighter. Obviously not eating and over-exercising would cause that. I became more obsessed with eating the least I could, I remember that for breakfast I would "eat" granola with yogurt. I would open a yogurt and spread some around my bowl so it looked like I ate yogurt. Then I would spread granola around the yogurt and it would look really believable. At that time, my mom believed I actually had breakfast. That went on and on. Problems began to happen because I ate as minimally as I could. Since I am Hispanic, tortillas are a compliment for every meal. They (my parents) would always fight with me and pressure me to eat at least three tortillas. Anxiety got to a boiling point and stress accumulated and for my 12-year-old self, there was no solution to get rid of all of it.

One evening, I really felt like that night was the night I wanted to commit suicide. I prepared myself before going to bed. I got a glass of water and a bottle of sleeping pills that belonged to my mom. That night I took them. I wondered why I didn't pass out and then I decided to just fall

asleep. That is the last I remember. I usually wake up at 5:30, and my mom came in and told me to wake up because I needed to go to school. I told her I wanted to go to the store and she noticed I was shaking and felt my heart beating really fast and she became very scared. She went to tell my dad, they called 911 and a few minutes later they were at my house. I remember two seconds after [getting] into the ambulance and I saw the KFC guy (a hallucination). After that, I woke up and I was in the hospital. I woke up feeling bummed that I didn't die, but then I said "Oh well. I guess I'm going to have to keep going." They brought in mashed potatoes after I asked for something to eat. The doctors talked to my parents and said that I probably would wake up but not be the same. I'd be a vegetable, have some cognitive disabilities, or not wake up at all. They were surprised I woke up. I'm glad I did. I was in the hospital for two more days and then I went to a nearby psychiatric hospital and I attended a day program for three weeks. I participated in groups, and individual counseling saw a psychiatrist and was treated for an eating disorder. They prescribed meds (antidepressants). After the program, I went back to school and finished out the year. During the summer my parents talked about going to Mexico. I went to a therapist across town for a short time. She did not speak Spanish or specialize in eating disorders. It was at least a 50-minute drive each way. I know it was hard for my parents to take me but they did it anyway. I went back to school for 7th grade and I was doing well and felt like it was a normal life again although I wasn't allowed to participate in gym class. We left for Mexico in November and I was a little sad. The first day was normal, and I was able to discover new things and meet with my grandparents. After a week, reality hit me. I didn't like it. There was no wireless or cell phone signal. Besides veggies, fruits, and meats, there were no other foods and everything else was inaccessible. I did not want to stay and begged my father to bring me back to the U.S. He promised he would when he could.

It is important to note when my background was shared with the mother and the student, there was a notable sigh of relief. Both the mother and the student thanked me for being willing to listen to their story because they said, "We just don't want this to happen to other people."

I interviewed her mother in Spanish, and this was her account of the incident:

That day was like any other day and I went to her room, and I called her to wake her up for school. When she didn't respond, then I went in again. And I saw her eyes—I grabbed her and her eyes were rolling back and she was limp. I yelled for my husband to call 911, all the while praying for her not to die. When I lifted her I saw the pill bottle. I kept asking her, "What did you do daughter? What did you do?" The ambulance arrived and they asked what she had taken and how much and I was not able to tell them, I just gave them the pill bottle. When we arrived at the hospital, they were able to tell us that she took 28 sleeping pills. She was in the ICU connected to a lot of machines. The doctor told us it was not likely that she would make it, and if she did, she would be a vegetable. Fortunately, after a couple of days, she woke up and looked at us. I began crying and hugging her. I had no idea she was feeling that way, and no one else did either. I didn't know what to do or how to get her help. After she was out of the hospital, she began an eating disorder day program at a nearby psychiatric hospital for three weeks and then we took her to a therapist across town. The therapist could not speak with us because she did not speak Spanish. We did not know what to do and had no one to talk to. She still seemed like she was struggling; she didn't seem happy, so my husband thought about moving to Mexico to

change her environment. In November, we left for Mexico. We lived with my parents in the country in Mexico. My husband had to go back to the US to work and send money. When we were in Mexico, she began going to a school but could not make any friends because they all thought she felt like she was better than them for being American. I decided to put her in a different school and that was better but she still was not happy. She continued to beg me to go back to the United States. It was not easy because neither my husband nor I had documents to go back to the States. After three years we are back and she seems to be doing better.

A combination of professional literature information and my reflections on this case follow. They include rural school challenges and opportunities to provide culturally sensitive practice to migrant youth and families. Recommendations for specific practice actions are offered.

Challenges

Rural schools have a difficult task in addressing student mental health concerns as a whole because rurality alone has an impact on the mental health of a family. According to Harvey and Clark (2020): “Not only did students residing in rural areas have higher rates of mental health disorders than their metropolitan peers, but that the percentage of rural students with anxiety was 7.9%, compared to the metropolitan figure of 6.3” (p. 1). There is a feeling of “keeping everything in the family.” This is compounded for the rural migrant families. There are incredible amounts of fear as it relates to agencies and sharing information due to concerns of deportation. Culturally, there is also a stigma surrounding mental health and parents are especially reluctant to share information with schools until a crisis takes place. In almost every scenario with a rural migrant family, I find myself saying, “I wish I had known sooner.” Hauenstein et al. (2007) find:

While each rural community is unique, common barriers include distance and topographical challenges, insufficient population base to support services, population instability, limited ... training and isolation of rural providers, rural culture including attitudes such as individualism, and the lack of anonymity afforded rural citizens who seek mental health care and stigma. (p. 255)

School social workers have a difficult job in rural communities having to play many roles, but showing cultural sensitivity in order to build trust is more important than ever before.

Language Barriers

Finding resources for families that have been born in the United States and speak English is a challenge. Finding resources for families that are undocumented, and only Spanish speaking, is especially difficult due to a variety of factors including cultural differences, mental health stigma, limited transportation, no health insurance, spoken language barriers, and an overall lack of trust. It is often up to the public school to establish a relationship with the family in order for the family to feel like they can trust the school and follow through with the school’s recommendations, especially in the area of mental health. If there are any individuals that speak Spanish working at the school, this is very helpful. It helps begin the process of forming a

relationship with the school and speeds up the process of building trust. Even so, I have often found it difficult for migrant families to accept mental health referrals. Typically, this is due to the lack of education they may have surrounding mental health, as well as a limited/new relationship with the school.

A study conducted by Hovey and Magana (2002) to assess mental health needs among Mexican farm workers and their families revealed significant levels of depression and anxiety. They found this was mostly attributed to reported family dysfunction, ineffective social support, limited confidence, lack of agreement with the decision to migrate, and increased levels of acculturative stress. There are many areas discussed in the study above regarding mental health needs where the school can come alongside of the families, specifically in social support. One way is by asking the right questions at the time of enrollment and creating a structure for follow up from a district social worker. Technology is another avenue to help with communication with Spanish speaking families because emails, texts, etc. can be translated to Spanish. There are many opportunities to grow connections with rural migrant Spanish speaking families, however the intentionality on the school's part is imperative. Unfortunately, providing mental health support is an entirely different level of trust because it relates to an overall lack of education and brings thoughts of weakness on behalf of the family.

Cultural Stigma Around Mental Health

One way to combat mental health challenges with the Latinx community is to first understand and respect the cultural differences in order to strive for cultural competence. Some examples of rural migrant cultural behaviors include frequent social gatherings, elaborate meals, music, and impromptu visits with friends and family. Family is always a priority; they are valued and protected. Generally speaking, mental health is taboo, and the behaviors related to mental health are often written off as "laziness" or an excuse to avoid something. Overall, there is a lack of education surrounding mental health among rural migrant Latinx families because it is often looked at as a sign of weakness. This goes against the *machista* or macho mindset of many rural migrant men. The challenge is to improve mental health alongside education, despite the language and cultural barriers that surface. Schools are naturally a bridge and can be a way for mental health education to be delivered and received. In my experience, the students often come with mental health concerns and with further conversation, their parents are also found to be living with undiagnosed mental health conditions that they might not recognize. Maintaining secrecy can allow parents to feel like they are taking care of things for their family themselves. Sharing mental health concerns can mean parents feel like they are not doing their job. This can be a very difficult thing for them to process.

Concerns About Deportation by ICE

There are migrant families that stay year-round. These families are not documented; however, the parents stay and work locally so their children have more opportunities than they did. Undocumented individuals are very afraid of giving out their information to anyone for fear of ICE coming and taking them for deportation. This creates a lack of trust with all or most entities, demanding even more sensitivity when working with students relating to mental health due to

the information required for services. Unfortunately, this is affecting much more than a fear to receive mental health support. There is research that suggests deportation concerns are associated with increasing dropout rates and lower school achievement rates in Latinx students. According to Kirksey and Sattin-Bajaj (2021), immigration arrests are happening, and they are having lasting effects on Latinx students. There is an established correlation between absenteeism and negative short- and long-term outcomes for young people (Kirksey & Sattin-Bajaj, 2021): This can lead to youth outcomes of lower academic performance, increased risk of dropping out of school, greater engagement in risky behavior, and less pro-social behavior, along with lower rates of political engagement and more reported economic hardships. These create greater challenges in trying to ensure support for students of immigrant and Latinx origin. There are realistic fears associated with ICE and deportation. When professionals do not have education and knowledge about the realities of what rural migrant families potentially face, it is difficult for the professionals to understand the resistance they may encounter from rural migrant families.

The Grand Challenge: Lack of Trust

Finding a way to connect with the family to begin to build trust is always going to be step one and the grand challenge. There is a lot of distrust in Latinx communities when working with the American systems. The language barrier is difficult, and often the children are asked to translate for their parents and therefore many things are lost in translation. Using trained adult translators as much as possible removes the pressure from the students and protects the privacy of the parents. School professionals need to learn the strengths of rural migrant children and families. This could mean doing some research about rural migrant families as a group and learning about the migrant children and families connected with the school. This may help both the professionals and the families to be more comfortable because there would likely be more professional awareness and understanding about rural migrant culture. In addition, professionals should research the country where the family came from and their food, traditions, and music, etc. This may give rural migrant children and families the sense that the professional values them and their culture; family members may have more reason to share their story. Even attempting to speak Spanish allows children and families to feel more comfortable and there is so much appreciation even if the Spanish is not perfect. This can even be a professional responsibility. For example, the National Association of Social Workers (2017) *Code of Ethics* has ethical standard 1.05: Cultural Competence. It provides clear guidance that when working with individuals with differing cultural backgrounds, one should demonstrate knowledge of the culture which may be enhanced by engaging in professional education and research. The *Code of Ethics* provides direction, but there is little to no accountability when it comes to cultural competence. For example, the student received services for an eating disorder at the psychiatric hospital but very little was communicated to the family. The therapist she was referred to did not speak Spanish or specialize in eating disorders. This describes a lack of accessibility or a lack of accountability or both. Some of the things that professionals need to know that aren't always put in books or talked about in higher education classes are certain cultural norms that come with each culture. For example, the Latinx community members often offers drinks or snacks to guests even when the family has minimal food. They still offer what they have and saying no can be perceived as impolite.

Social workers and other professionals can further their understanding of rural migrant families by engaging in research; attending festivals, religious gatherings, and/or sporting events; and connecting with a Latinx family to learn a little bit more of the culture and perspectives. It is important to have a glimpse into the lives of the rural migrant families for them to be willing to share their lives. Using the school as base to begin the relationship and incorporating some cultural events within the school day provides a stronger foundation and natural connections.

Opportunities

School-based professionals working in a rural community often have close connections with professionals working in health and human services agencies. They have opportunities to collaborate with these agencies and the migrant community to better serve migrant children and families.

Engagement and Outreach

There are some ways to improve a rural school's relationship and engagement with migrant children and families. This engagement may increase the chance that the rural migrant children and their families would speak to professionals about mental health concerns. In turn, it is possible that the children would access mental health services earlier before they get to the point of suicidal behavior. This could mean improved mental health among the migrant students and their families.

Another way to build trust with rural migrant families is to build a system that fosters regular outreach to children and families. This could mean delivering needed resources for the children and families, such as food, hygiene products, and clothes. Professionals can attend Latinx community events or even plan cultural events at the school. This sends a message that the school values their migrant community, and it is also an opportunity to find cultural guides to begin to form relationships with. Finding individuals that have an "in" with the migrant community and forming a relationship with them also provides a starting point to build trust.

Removing the Language Barrier

First and foremost, it is critical to engage in removing the language barrier and establishing a point of contact for the family for any questions or concerns they may have for their students. This will likely create a more positive relationship, and parents may feel validated and part of the school community. In addition, rural school professionals need to ensure that all communication from the school (oral and written) is received by migrant children and families in Spanish.

FERPA Policy Confidentiality

Oftentimes, undocumented families are concerned about getting involved in community events and volunteer opportunities due to their status in the country. It is important to communicate the Family Educational Rights and Privacy Act (FERPA), and our responsibility as a school to keep

that information confidential. This can help alleviate some rural migrant fears or concerns of deportation. This could even encourage migrant families to be more engaged in their student's learning, which is also a component of improving children's mental health.

Mental Health Education

It is important to create psychoeducational groups for migrant students with the goal to increase their education surrounding mental health; this has the added advantage of increasing students' peer networks and feelings of inclusion. Finally, parent education curriculum in Spanish posted to social media by the school creates the opportunity for parents to *attend* and learn about mental health and other important topics related to their students' education without feeling singled out or afraid of their status. At the end of each post, the names and contacts of the individuals at the schools available to work with the families should be listed, including those that speak Spanish in order for the parents to have someone to reach out to.

Cross-System Collaboration

Professionals can help build a school and community that collaborate with rural migrant families in order to provide a stronger mental health system of care (Macklem, 2014); this is difficult but not impossible. When migrant students have support, feel cared about, and experience a sense of belonging, they will return to the community and participate by giving back.

The Rest of the Story

I was not involved with the student in the crisis case vignette prior to or during the incident although I wish I had been. I became involved recently after they returned from Mexico. When her mother re-enrolled her in school, the student shared her story with the secretary who speaks Spanish, and the secretary contacted me at the high school so I could provide extra support with the student's transition. However, in both accounts, there were no previous mentions of the daughter or mother speaking with the school counselor or contacting the school with questions or concerns. There was no evidence of the school recognizing concerns in the student. I find this is a common theme, and I believe that this suicide attempt tragedy could have been prevented. This situation has forced me to think about ways our school community and I could prevent situations like this in the future with our migrant families.

Mental health resources are limited in small towns. However, over the years rural schools have evolved to be community bridges, e.g., connecting networks and working in collaboration with other agencies to help meet the needs of students and their families (Shaklee et al., 2015). Although many schools have been intentional in this respect over the past couple of years, there are ways we can improve to be more intentional with our migrant families. The student I interviewed shared her feelings of loneliness and being an outsider, not knowing how to handle what she was dealing with emotionally, and not feeling comfortable enough to share it with anyone. Her mother had no idea what her daughter had been dealing with, let alone the knowledge to identify the warning signs early on. Her mother did not have anyone she felt comfortable asking about her daughter's situation. She was unable to communicate with the

therapist to learn about strategies to support her daughter at home. Although not the case for many, fortunately this student is doing well. She has adapted to life back in the United States. Currently she is employed, attaining high grades in her classes, and receiving continued support for her mental health.

Summary

Rural public schools have the opportunity to improve engagement with migrant families to try to enhance overall migrant student mental health. Just a few refinements in the approach schools and professionals take could change the fate of many. There is a need for more research on rural migrant families and mental health. There is a need for rural migrant resources to be more accessible and for professionals to engage in more cultural sensitivity with rural migrant people. This will require rural school commitment to migrant student mental health, both inside the schools and in collaboration with community agencies. The students and their families are a part of our schools and our communities. Perhaps it is even possible that this investment by rural schools and community agencies would subsequently provide a society that values and build on inter-cultural strengths. At the very least, it could have made a big difference to one very real high school student and her family described herein. And there are so many more to serve.

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