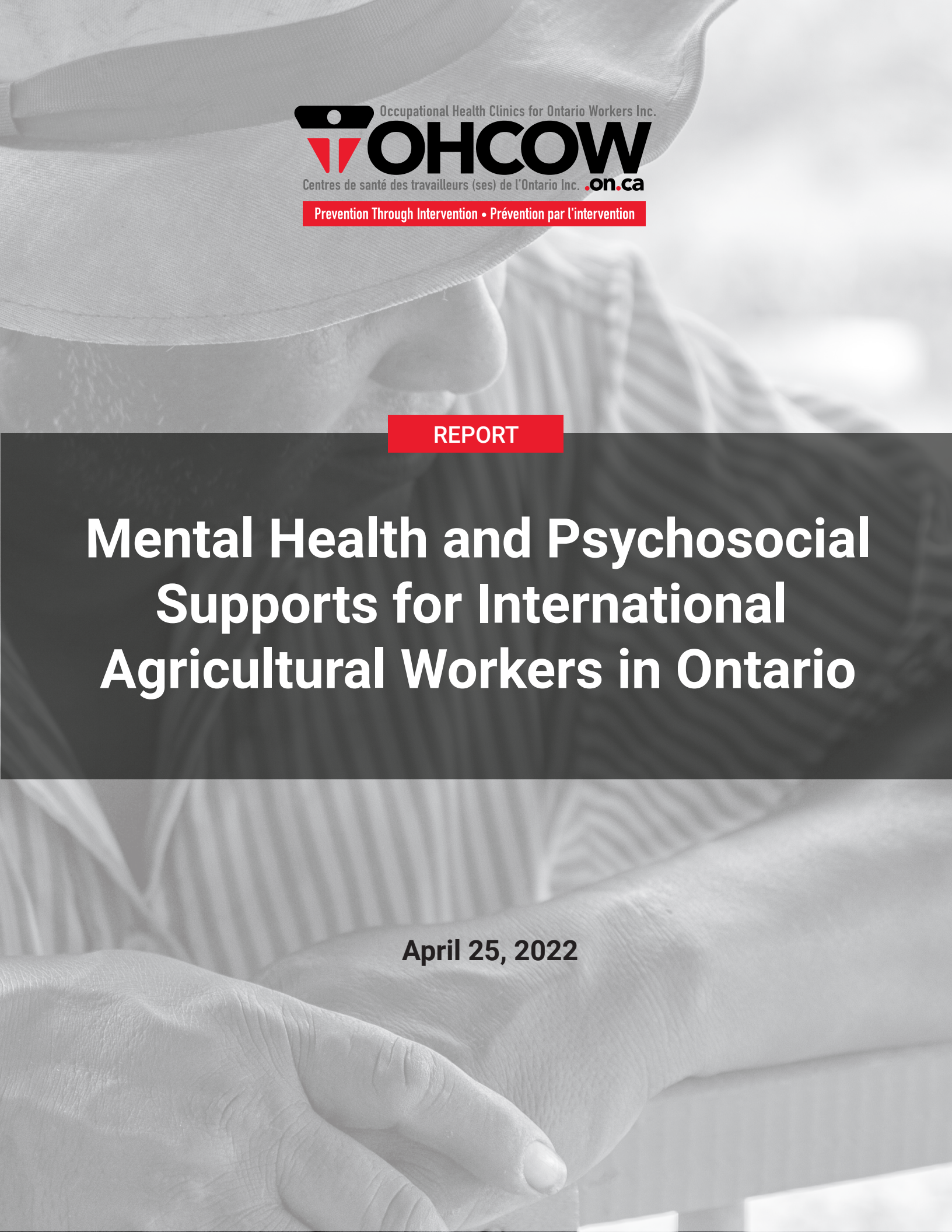

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REPORT

Mental Health and Psychosocial Supports for International Agricultural Workers in Ontario

April 25, 2022

Report prepared for:
The Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA)

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List of Acronyms

ACDR	AIDS Committee of Durham Region
CG	Community Group
CHC	Community Health Centre
CWOP	Caribbean Workers Outreach Program
ESDC	Employment and Social Development Canada
GRCHC	Grand River Community Health Centre
HSA	Health & Safety Association
IAVGO	Industrial Accident Victims Group of Ontario
IAW	International Agricultural Worker
J4MW	Justice for Migrant Workers
MFW	Migrant Farm Worker
MLTSD	Ministry of Labour, Training and Skills Development
MRN	Migrant Rights Network
MWAC	Migrant Workers Alliance for Change
MWCP	Migrant Worker Community Program
MWH-EWG	Migrant Worker Health Expert Working Group
NFU	National Farmers Union
NMWIG	Niagara Migrant Workers Interest Group
OFA	Ontario Federation of Agriculture
OFVGA	Ontario Fruit and Vegetable Growers' Association
OHCOW	Occupational Health Clinics for Ontario Workers
OHS	Occupational Health and Safety
OHSA	Occupational Health and Safety Act
OMAFRA	Ontario Ministry of Agriculture, Food and Rural Affairs
OWPVW	Open Work Permit for Vulnerable Workers
PR	Permanent Residency
SAWP	Seasonal Agricultural Workers Program
SDOH	Social Determinants of Health
TFWP	Temporary Foreign Worker Program
TNO	The Neighbourhood Organization
WeCHC	Windsor-Essex Community Health Centre
WHO	World Health Organization
WSPS	Workplace Safety & Prevention Services

Executive Summary of Findings & Recommendations

Project Description

This is a mixed- methods project that unfolded in multiple phases. The main goal of the project was to create an inventory of available mental health and psychosocial wellbeing supports and services available to Latinx and Caribbean International Agricultural Workers (IAWs) in Ontario, and to distribute findings to these workers as soon as possible. From there, the project sought to better understand key issues related to the mental health and psychosocial wellness of these workers , and conducted a scoping review of scientific literature; structured interviews with IAWs and other stakeholders, including community groups, employers, employers' associations, primary health care clinics, mental health organizations, mental health initiatives specializing in work with migrant communities, and legal clinics; individual and group consultations; and reviews of secondary sources from all the stakeholder groups. Based on findings from these activities the project identified current promising practices supporting the mental and psychosocial wellbeing of Ontario IAWs, important gaps requiring attention, and recommendations for needed work and intervention. This project was funded by the Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA), and took place from May 2021 to March 2022.

Theoretical Framing

This project was developed under two conceptual frameworks: Social Determinants of Health (SDOH) and Occupational Health and Safety (OHS). The concept of mental health in this project is adopted from that of the World Health Organization (WHO) and its conceptual SDOH framework. The SDOH are the social and economic conditions that shape the health status of people along their lifespan. The SDOH conceptual framework demonstrates the ways social, economic, and political factors such as income, immigration status, education, occupation, housing, gender, race, and ethnicity influence individual physical and mental health outcomes. The OHS framework is focused on the work environment and human activity in that context. Both frameworks emphasize prevention through the design and implementation of policies, strategies, and interventions at the socio-economic and workplace levels. Project members considered the SDOH when identifying resources that support and protect the mental health of IAWs, and when searching for services and supports that treat and manage poor mental health symptoms and distress.

Regional Resource Posters for IAWs

This project conducted resource and service scans across eight Ontario regions where international agricultural workers (IAWs) live and work. Initially, 89 organizations, services and supports were identified and included in eight regional resource posters developed for IAWs, English and Spanish versions. These posters were distributed to workers during the 2021 agricultural season. The project sought feedback on these posters consulting IAWs and additional stakeholders. As a result, updated posters were created with additional information, along with a ninth poster for an additional Ontario region. The final version of these posters can be accessed here, as well as 10 videos in both English and Spanish to support worker navigation through the poster information. These updated resources will be distributed to Ontario international agricultural workers during the 2022 season.

Although these posters were identified as useful by workers and stakeholders consulted, the services and supports they list can be understood as a snapshot of what is currently available, and issues related to the accessibility and appropriateness of some supports and services remain, with many lacking contextualization to the specific experiences and needs of Ontario IAWs. In various regions, supports and services for IAWs are scarce, or inaccessible, and the project found service gaps and reach limitations and challenges related to limited or precarious funding.

Additional Project Findings

Literature Review: A scoping literature review was conducted, focused on research from Canada, the United States, and other migrant worker 'host' countries, as well as from countries of worker origin. The objective was to learn more about migrant worker populations, and factors shown to affect their mental health and psychosocial wellbeing, as well as about services and interventions carried out to support and protect their mental health, and to provide care to those facing mental health challenges. 160 articles in English and 20 in Spanish were extracted and reviewed.

The most prominent topics identified in this literature were related to the work environment of these populations, as well as their experience as migrants in host countries and communities, and related OHS and mental health risk factors and interventions. Studies on mental health among migrant workers focused on depressive symptoms and sleep challenges. Other conditions identified as strongly influencing their mental health included housing, food insecurity, social isolation, discrimination and difficulties accessing medical and mental health care. Validated tools for evaluating demographic characteristics, health, and mental health were reported most frequently, but additional tools for assessing factors such as work context and general stressors were also identified in the literature.

Stakeholder Interviews: A total of 58 interviews were conducted as part of this project, including twenty-six (26) interviews with international agricultural workers from Mexico and Caribbean Countries, twenty (20) with community support groups, seven (7) with employers hiring IAWs, two (2) with employer associations, seven (7) with Ontario health centres, three (3) with mental health initiatives specializing in work with migrant communities, and four (4) with staff from Ontario legal clinics.

Interviews with Ontario IAWs identified numerous mental health challenges associated with working and living in Canada on temporary contracts, including various psychosocial challenges related to work environments, housing conditions, employment issues, financial concerns, physical health, COVID-19 related policies and procedures, concern for family back home, grief, job insecurity, fear of reprisal and repatriation, lack of access to health care and social services, barriers in accessing legal services, gaps in services available. Interviews with community support groups and other stakeholders found mental health challenges among IAWs and gaps in local services and resources for these workers across all regions of focus.

Recommendations

This report highlights examples of promising practices supporting IAWs across Ontario, followed by a discussion of gaps and limitations. The report concludes with recommendations aimed at various stakeholders. Responses to the social determinants of health faced by IAWs need to be central components of policies and practices that seek to improve primary, mental/ psychosocial, public, and occupational health outcomes for these workers in Ontario.

I. Scan and Inventory of Mental Health & Wellbeing Supports and Services for Ontario International Agricultural Workers

The principal activity of this project was to identify community supports and services available to Latinx and Caribbean IAWs in Ontario that are protective of their mental health and psychosocial wellbeing, that may help prevent and address factors that can put their mental health at risk, as well supports and services that can help individual workers facing mental health challenges.

A key priority of this project was to distribute information about these supports and services to Ontario IAWs as soon as possible, which informed the decision to lead with the scan and inventory activity. This priority was identified by the Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA), the project funder.

Although conducted prior to the project's literature review and more comprehensive analysis, the scan and inventory of existing services was nonetheless grounded in an understanding of the social determinants of mental health among IAWs, including both protective and risk factors for mental health, as well as the importance of social support and inclusion for the mental health of individuals and communities.

Regional Support & Service Scans

To select regions for the project's support and service scans, the project team reviewed data available on Ontario regions where IAWs are employed and identified areas with the highest numbers of workers, as well as regions with fewer numbers. Project team member connections to workers and stakeholders in particular regions contributed to considerations, specifically when selecting regions that host fewer numbers of IAWs.

In total, **eight (8) Ontario regions** were selected for the support and service scans. These included:

1. Bradford
2. Brantford/ Brant County
3. Durham Region
4. Haldimand-Norfolk
5. Hamilton/ Carlisle/ Lynden
6. Niagara Region
7. Sarnia-Lambton
8. Windsor-Essex

To support the regional scans, and capture key support and service information, an inventory template document was created. In recognition of barriers experienced by IAWs in accessing services, this template incorporated accessibility questions; including the language capacity of the service or support (can it address the language needs of IAWs? Which languages?), and hours of service or support operation (do they address IAWs' long work hours, beyond regular 9-5 service schedules?).

Consideration of the accessibility and appropriateness of supports and services was central to this activity, specifically in reference to Latinx and Caribbean IAWs. However, not all services included in the project's inventory are considered completely accessible to IAWs, as is discussed later in this report.

As noted, the initial scan was guided by an interest in identifying social supports and services for IAWs that promote and uphold mental health supportive factors that respond to mental health and psychosocial risk factors and hazards, and services and supports to help individual workers facing mental health challenges.

The eight provincial regions were distributed among project team members, who conducted the support and service scans. This consisted of:

- Internet-based research and review of secondary data related to services and supports for IAWs in Ontario
- Extensive engagement with known regional stakeholders and support and service providers to clarify information on known supports and services, and to identify information on and referral to others not previously known (snowball, or chain-referral sampling technique)

Project team members communicated directly with representative staff from all services and supports that were identified in their respective regions, to solicit their willingness to be included in the inventory, and to confirm the description and contact information they wanted to have listed. This ensured the information was correct, and it promoted buy-in and collaboration with local service providers and stakeholders. Connecting with service and support representatives was a lengthy process, and often entailed multiple email and phone conversations.

The regional scans and confirmation process culminated in the production of a **Preliminary Regional Service and Resource Inventory** that contains findings across the 8 Ontario regions of focus. In total, **89 organizations, services and supports** available to Ontario IAWs were identified. This Inventory was completed June 18, 2021.

Organizing Information for Distribution

Once the Preliminary Regional Service and Resource Inventory was complete, the information included was further organized in preparation for distribution to IAWs and other stakeholders working with them. First, the information and supports and services across all eight (8) provincial regions were organized into **3 categories**:

1. Community Connection and Support
2. Health Care Services
3. Getting Help for Stress and Worry

The titles of these categories were chosen to be accessible to IAWs, with consideration placed on clear and accessible wording, in both English and Spanish. In consultation with project team members, and in recognition of the need for culturally appropriate terminology, as well as the potential stigma around mental health and mental health services, particular attention was placed on wording for the third category to avoid negatively affecting worker engagement with these services and supports.

Community Connection and Support

Services and supports in this category include a wide range of community groups, faith-based organizations, and social service organizations. Among them are those that create opportunities for IAWs to socialize, connect to recreational and wellness activities, develop faith-based connections, and promote social inclusion. This category also includes organizations and services that support under-resourced IAWs, providing workers with hygiene products, clothing, food, and kitchen equipment, among other resources. Some organizations listed in this category provide IAWs with information on topics of interest, organize health and information fairs for workers, and help refer, connect, and guide workers through health care, legal and advocacy services, as well as government programs, policies, and reporting channels. Some have created community spaces and drop-in centres for IAWs, and although many of these spaces were closed during the COVID-19 pandemic, they offer an opportunity for workers to connect, socialize, and access in-person support in the community.

Health Care Services

Services in this category include specialized primary health care clinics providing outreach and services to IAWs, as well as other local primary health care services identified as accessible to this population. Also included are pharmacies identified as being able to provide guidance and support to IAWs, as are sexual health clinics providing outreach, support and services, and regional Health Units and Health Departments that provide information and public health services relevant to IAWs. The Telehealth Ontario number is included in this category as an option for IAWs to access medical advice and guidance over the phone.

Getting Help for Stress and Worry

Services and supports in this category include mental health and wellness organizations and initiatives that offer diverse programing, services, and support across topics like wellness, mindfulness, resilience, and meditation, as well as substance use challenges. Some of these groups offer referral support, counselling, or crisis response. Counselling services specialized in working with migrant communities are also included in this category.

To prepare the information for distribution to Latinx IAWs, these categories and all relevant information was translated into Spanish, including service and support organization names, when appropriate, as well as service and support descriptions.

Regional Resource Posters Version 1

To share the inventory information with IAWs, a poster format was selected. In collaboration with the project team, a graphic designer created a poster template that included visual representations of the three service and support categories developed, along with a descriptions of each category to support understanding among IAWs and other stakeholders of the types of services included.

The regional information was added to the final poster template to create **eight (8)** ***Mental Health and Psychosocial Supports for Ontario International Agricultural Workers Regional Resource Posters*** **(Version 1).** Both English and Spanish posters were created for each of the eight regions.

To facilitate distribution, the graphic designer created both a digital and print copy of each regional poster. The digital versions include active links to service and organization websites, and to social media pages. Considering print and digital formats, **32 posters were created in total.**

Many of the regional services and organizations included on each poster work with, or can support both Latinx and Caribbean workers, thus most were included on both language versions of the posters (English and Spanish). However, some organizations and services explicitly provide support to only one of these groups, therefore these were only included in their corresponding language versions.

The project team was interested in receiving feedback on the posters, and so the following statement was included at the bottom of all posters: "Did we miss something? Was this resource helpful? Let us know" (English and Spanish versions), accompanied by an OHCOW phone number and email.

Regional Resource Poster Distribution Phase 1: Digital Copy

The first round of regional posters was completed on June 30, 2021, and were shared electronically, via email, with the following stakeholders:

- 45 IAW support groups and service agencies across Ontario
- 10 IAW sending country consular and liaison services
- 2 agri-food sector associations

The distribution emails in which the posters were circulated asked recipients to inform the project team of any services that may have been missed and invited them to provide additional feedback on poster content and format.

Shortly after this first phase of distribution, the project team received feedback on the posters from 18 stakeholders, including requests for edits and additions to service and support information. The feedback received on the first round of distributed posters was reviewed and addressed, and updated versions of the posters were created.

Poster Distribution Phase 2: Digital Copy

A PDF document was created containing links to all eight regional resource posters version 1 in English and Spanish, both print and digital versions. This document was shared with the same distribution list as before. This distribution began on August 16, 2021.

During this period, stakeholders assisted in the dissemination of the poster links. For example, the Ontario Fruit and Vegetable Growers Association (OFVGA) included the poster PDF document on their Resources for Farm Workers webpage, under the section Health Care Resources, Mental Health and Psychosocial Supports. The Migrant Worker Community Program (MWCP), a Windsor-Essex based IAW

support organization, shared the regional poster on their Facebook page where they post information for IAWs.

On February 23 and 24, 2022, OHCOW rented an exhibitor table at the Ontario Fruit and Vegetable Convention (OFVC), an annual 2-day event that brings together horticultural crop producers, including those that hire IAWs. At this event, project team members shared information about this project, and shared a QR code that provided employers an opportunity to access the PDF document with links to all Version 1 posters through their phones.

The links included in the poster PDF document were created using the program bit.ly, which can report the number of clicks to each poster link. As of March 8, 2022, **clicks across all Version 1 posters totaled 528.**

Regional Poster	Reported through bit.ly			
	English (Digital) Clicks	Spanish (Digital) Clicks	English (Print) Clicks	Spanish (Print) Clicks
Bradford	83	32	22	15
Brantford-Brant County	31	11	8	4
Durham Region	36	12	10	7
Haldimand-Norfolk	26	10	6	3
Hamilton-Carlisle-Lynden	15	3	5	3
Niagara Region	32	13	8	7
Sarnia-Lambton	14	5	3	4
Windsor-Essex	50	25	14	11
			TOTAL	528

Poster Distribution Phase 3: Print Copy

In total, 200 English and 200 Spanish copies of each of the eight (8) regional posters were printed by the project. The project's own distribution of printed posters occurred late in the 2021 season and faced challenges due to factors related to the COVID-19 pandemic, including limited opportunities to travel and engage with IAWs and other stakeholders in person, and an inability to coordinate the mailing of printed posters within the timeline available.

Some of the stakeholders who received the digital poster downloaded and printed posters themselves and shared them directly with workers in their local networks, although the exact number is hard to track. For example, the Durham Region Health Department notified the project team that they were delivering printed copies of the Durham Region Poster (Version 1) to all IAW farm-housing

accommodations in their region, as part of their worker pre-arrival housing inspections. A primary health care clinic seeing IAWs also identified that they had printed their regional poster and provided it to a local church to distribute to IAWs along with food deliveries.

Beginning in the fall of 2021, during a period of improved COVID-19 infection rates across Ontario, a variety of outdoor community events for IAWs were hosted in several regions and some IAW drop-in spaces were re-opened. Project team member distributed printed copies of the project posters directly to IAWs as part of four community outreach activities. These included:

- **The Festival of Guest Nations**, Leamington, Ontario. On September 12, 2021, the Migrant worker Community Program (MWCP) organized this event, and project team members distributed the Windsor-Essex poster (Spanish version) directly to 100 Latinx IAWs.

- **Outreach trip #1**, Bradford, Ontario. On September 17, 2021, in collaboration with the community groups Unknown Neighbours, Project El Sembrador, and the York Region Community Legal Clinic, project team members set up a table outside of a Mexican food store in downtown Bradford and distributed the Bradford poster (Spanish version) to 60 Latinx IAWs. The owner of the Mexican food store also posted a copy of the Bradford poster (Spanish version) in the store window.

- **Outreach trip #2,** Haldimand-Norfolk County, Ontario. On October 1, 2021, project members set up a table outside of the Centre for Migrant Worker Solidarity in downtown Simcoe, and the Haldimand-Norfolk County poster was distributed to 50 Latinx and 21 Caribbean IAWs. Both English and Spanish versions of this poster were put up inside the centre. The remaining Haldimand-Norfolk County printed posters were provided to the centre staff, who volunteered to distribute them to more workers.

- **Outreach trip #3**, Bradford, Ontario. On October 8, 2021, project team members once again collaborated with Unknown Neighbours, Project El Sembrador, and the York Region Community Legal Clinic to distribute the Bradford poster (Spanish version) to 50 more Latinx IAWs.

During this period of distribution, printed posters in both English and Spanish were dropped off to community support groups in additional regions, including:

- *The Niagara Migrant Worker Interest Group (NMWIG),* Niagara Region Posters
- *The Caribbean Worker Outreach Program (CWOP),* Niagara Region Posters
- *The Durham Region Migrant Worker Solidarity Program,* Durham Region Posters

Unfortunately, pandemic-related challenges meant that not all Version 1 printed posters were distributed. Specifically, challenges were experienced in the distribution of posters to the regions of Brantford-Brant County, Hamilton-Carlisle-Lynden, and Sarnia-Lambton due to an inability to confirm poster drop-offs with local stakeholders during the project timeline.

Feedback on Regional Resource Posters Version 1

To further evaluate and improve the content and accessibility of the project's regional resource posters for IAWs, the project sought various opportunities to collect feedback on these resources. Specifically, the project team was interested in better understanding the support needs of IAWs, as well as effective resource formats and distribution strategies, to improve information sharing with these workers.

In addition to the early feedback provided by the 18 stakeholders mentioned, questions about these posters were included as part of project interviews conducted with Ontario IAWs, as well as with key stakeholder groups. Although more detailed discussions of the project's structured interviews, including methodology, and key findings, are included later on in this report, interview findings related to the project's regional resource posters are discussed here.

Poster Feedback from Interviews with International Agricultural Workers (IAWs)

In total, fifteen (15) Latinx IAWs and eleven (11) IAWS from Caribbean countries were interviewed by this project, all of whom identified working in Ontario agriculture.

Prior to being interviewed, workers were sent language-appropriate digital versions of the resource posters. In cases where workers were unable to view the posters beforehand, the posters were described in detail by the interviewer prior to asking related questions.

Project members explained the three categories of services and supports listed on the posters to workers interviewed, and the types of services and supports included under each. Workers were asked whether they thought information about these services and supports was useful to them or their co-workers. Responses from IAWs are summarized as follows:

Q 18.1 Useful to you or your co-workers: *Information about Community Support Groups and Services*

Answer:	Yes	Somewhat	No	Missing	Total
Frequency (n):	24	0	0	2	26

Q 18.2 Useful to you or your co-workers: *Information about Health Care services available*

Answer:	Yes	Somewhat	No	Missing	Total
Frequency (n):	18	5	0	3	26

Q 18.3 Useful to you or your co-workers: *Information about Services and Supports to help with Stress and Worry*

Answer:	Yes	Somewhat	No	Missing	Total
Frequency (n):	23	0	1	2	26

IAW Feedback on Community Support Groups and Services

Project members asked IAWs to expand on their answers. In relation to whether information about *Community Support Groups and Services* is useful, **14 responses were provided** by IAWs**.** Responses provided in Spanish were translated into English.

All responses from IAWs regarding *Community Support Groups and Services* were organized into 4 themes:

1. Benefit of being informed about community supports in case need arises

- 5 responses in total
- 1 response mentioned benefit of being informed about these supports in case of illness

Sample responses:

"Personally, I think that any helpful information is useful for us. Since in certain cases or in need of help we would already be informed of where or with whom to go."

"Yes, it would be quite helpful. Since in case of getting sick one would know where to go or get a type of support or guidance."

"In times of need or trouble it is important to know with whom, and how to address these concerns."

2. Benefit of being informed, to increase independence in seeking support

- 5 responses in total
- 4 responses specifically mentioned benefit of being informed to not depend solely on their employer
- 1 response mentioned in case of illness

Sample responses:

"We can become more independent in finding support and helping ourselves."

"It is good to receive this information to know what types of support or who can help us if we need it and not only depend on or be at the expense of the employer."

"Because if you don't have that information and if you get sick and the boss doesn't help, you don't know where to go or how to get health care."

3. Need for information due to current lack of knowledge and information not being shared with workers

- 3 responses total

Sample response:

"This information is very helpful, since when we get here, we don't know anything, and the farm becomes our little world. Knowing about organizations is important to help us know and learn more in general. In reality, there is not much dissemination of these services or organizations among the farm workers. I think that you, the organizations that are offering these supports and services, should work more in that area."

4. Benefit of being informed about these services, based on experience of receiving support

- 1 response total

Sample response:

"If it wasn't for them [community support group], I would not be alive."

IAW Feedback on Health Care Services

In relation to information about *Health Care Services*, **17 responses were provided** by IAWs. Responses provided in Spanish were translated into English. These responses were organized into **7 themes**:

1. Benefit of being informed, to be more independent in seeking health care

- 5 responses in total
- 2 responses specifically mentioned benefit of being informed to not depend solely on the employer
- 2 responses specifically mentioned not receiving support from employer to access health care services
- 1 response specifically mentioned concern with lack of privacy to seek a doctor and having to go through 'intermediaries'
- 1 response specifically mentioned not receiving support from employer on emotional or mental health

Sample responses:

"Of course, yes, since on many occasions it happens that we do not have support from our employers in relation to our health and in this way, we would have direct access without depending on the employer."

"It would be good to know about health services since there are co-workers who, out of shame, grief or because they don't want their employer to find out about their health situation, don't go to the doctor and put up with their symptoms and ailments. Although we have insurance that covers many things, sometimes we don't use it and mainly because we don't have privacy to go to the doctor and if we do go, there are usually intermediaries."

"For the same reason I said before, it is not good to just depend on the employer."

"Yes, of course this information would be helpful. I experienced a situation last year on a farm where I had a colleague who drank a little but not that much and they fired him because of it. So, I think that sometimes this information is important either for oneself or to help a co-worker, since we do not have this type of support from the employer. Especially in what is the emotional part or mental health."

2. Responses recognizing support from employer to access health care when needed

- 3 responses

Sample responses:

"On the farm where I work, we have the support of the bosses. If we need to go to the doctor, they take us."

"We always have the full support of our employer and if we need it, he takes us to the doctor."

3. Benefit of being informed about health care services in case need arises

- 3 responses

Sample responses:

"Yes, of course, knowing which are the health clinics and the doctors that we can contact in our area is good."

"Gives us an idea of where to find things and make life easier for us."

4. Need for information based on recognition of current lack of knowledge

- 2 responses

Sample response:

"It is important because sometimes due to lack of knowledge or information, we do not access services since we do not know of their existence."

5. Importance of health services having interpretation support

- 2 responses

Sample responses:

"Recently I was diagnosed with vertigo and fortunately I got the assistance from interpreters, otherwise I would have had no idea of what they were saying. They [interpreters] gave me the information."

"From the services on the poster, hopefully they work, and they speak Spanish."

6. Interest in identifying health care services that do not require OHIP

- 1 response

Sample response:

"Doesn't tell me if there are services available without my health card. I know someone who doesn't have one."

7. Negative experience with health service, and not being able to connect to alternatives

- 1 response

Sample response:

"A girl named Karen charged me $50 per consultation and I had to go ten times. I had to do that because I called the hospital and they never answered."

IAW Feedback on Help for Stress and Worry

In relation to information about *Help for Stress and Worry***, 5 responses were provided** by IAWs. Responses provided in Spanish were translated into English. These responses were organized into 4 themes:

1. Experience with mental health services and support

- 2 responses in total
- 1 response mentioned positive experience with mental health service listed on project poster
- 1 response mentioned wife being a psychologist

Sample response:

"I have connected to 'Te Escucho' [counselling support initiative for Latinx workers]. Having this kind of service helped me a lot. We tend to feel alone but when there's someone to give you advice or assistance, it helps a lot."

2. Experience receiving mental health phone number from employer but not being able to connect to the service

- 1 response

Sample response:

"I also know a co-worker who contacted the mental health help numbers our employer gave us but was never able to reach anyone."

3. Receiving support from a friend

- 1 response

Sample response:

"I only speak to [friend's name] for guidance."

4. Response identifying interest in immigration information

- 1 response

Sample response:

"I would like more information on immigration."

IAW Feedback on Additional Information to Add

During the interview, IAWs were asked about other information they thought should be included on the posters that would be useful to them or their co-workers:

Q 18.2 Is there any other information you think we should include on the poster that would be useful to you and/or your co-worker?

Answer:	Yes	No	Missing	Total
Frequency (n):	12	4	10	26

Workers were asked to identify additional information they would find useful on the posters and could provide multiple responses. In total, **38 responses were provided,** and 35 were organized into the following **22 topics**:

Additional Resource Topics (Frequency n)

1.	Information about Rights in Canada (4)	12.	More information about mental health supports (1)
2.	Accessing Permanent Residency (3)	13.	Help to manage stress (1)
3.	Information about Benefits (3)	14.	Healthy coexistence with coworkers (1)
4.	Legal Support (2)	15.	Individual counseling support (1)
5.	Who to talk to when problems arise (2)	16.	Supports for exercising Rights (1)
6.	Family counseling (2)	17.	Information for, and that reflects Black/ Caribbean workers (1)
7.	Support to file taxes (2)	18.	Health and Safety Information (1)
8.	Information about COWAN health insurance coverage (2)	19.	Information about Health Services (1)
9.	English classes (2)	20.	A number to call in worker language to report housing conditions (1)
10.	Numbers and addresses of places that can help in locating poster services (1)	21.	Information about discounts that are made to worker payroll (1)
11.	General number to support identifying what kind of help is needed (1)	22.	Information about minimum wage (1)

Although not included in the responses categorized in the above table, two (2) IAW respondents expressed an interest in having information shared with employers, but they also expressed a need to create more awareness and sensitization among employers of the need for this type of support:

- "The employers need to know that it is better to prevent than to cure."
- "It would be good that organizations approached employers to make them more aware and to make them know that we are human".

Furthermore, one (1) response by a worker not included in the categorization identified the need to make it clear whether the organizations and supports mentioned on the posters were confidential.

IAW Feedback on Information Format and Distribution

IAWs interviewed were asked about preferred resource formats, and the best ways to distribute this information to be sure it reaches them and their coworkers (Q 18.7). Workers could provide multiple responses.

In total, **24 responses were provided,** some containing multiple suggestions. In total, **27 suggestions regarding resource format** were collected and organized into **8 categories**:

Preferred Resource Format	Frequency (n)
1. Video	9
2. Audio messages	7
3. Posters	5
4. Printed Flyers	2
5. On a webpage containing all relevant information	1
6. Something to click on and takes you to information where you can get help	1
7. In a format with the information made more clear	1
8. Presentation	1

From the IAWs interviewed, **28 distribution strategy suggestions** were collected, and organized into **14 categories**:

Distribution Strategy Suggestions	Frequency (n)
1. Send through WhatsApp phone application	12
2. Email	3
3. Put poster up in worker bunkhouses	2
4. Send to cellphones	1

5. Post on social media	1
6. Post on Facebook	1
7. Send through Facebook messenger	1
8. Create Facebook group for workers where information can be shared	1
9. Share on a webpage that all workers would know about	1
10. Distribute printed flyers to each worker	1
11. Deliver newsletter or informational flyer to each worker bunkhouse	1
12. Put poster up in local Mexican stores	1
13. Put posters up in local money sending stores	1
14. Send posters out through the community	1

Many IAWs identified a preference to receive information and communicate through WhatsApp. Among the 12 suggestions regarding the sharing of information through the WhatsApp application:

- Six (6) responses identified the need to ensure that the information or resource sent is compatible with the app, to ensure the resource can be opened
- One (1) worker clearly identified not being able to open the project posters sent to him on WhatsApp
- Three (3) workers alluded to difficulty opening the posters on WhatsApp
- Two (2) workers identified concern with using cellular data to access resources through WhatsApp, and (1) of these workers, identified having to travel to a local Tim Horton's to access the internet.

Poster Feedback from Interviews with Additional Stakeholders

Questions about these posters were also included as part of project interviews with stakeholders who work with IAWs in the eight Ontario regions of focus. These stakeholders are listed in the table below.

Stakeholders Interviewed	Frequency (n)
Ontario IAW Community Support Groups and Service Organizations	20
Ontario Primary Health Centres seeing IAWs	7
Ontario employers hiring IAWs	7
Ontario Legal Clinic representatives supporting IAWs	4
Mental Health Support Initiatives specializing in work with migrant communities	3
Employer Associations	2
Canadian Mental Health Association (CMHA) Branch	1

Although additional findings from these interviews will be reviewed in the interview section of this report, the following includes findings related to the project's resource posters. Findings have been organized into key themes:

1. Lack of Awareness of Project Posters

Through interviews with additional stakeholders, a lack of awareness of project posters was identified, reflecting the aforementioned project distribution challenges and shortfalls. The responses are summarized as follows:

Q 13. None of the seven (7) employers interviewed by the project were aware of the posters prior to the interview:

Answer:	Yes	No	Missing	Total
Frequency (n):	0	7	0	7

Q 24. Of the seven (7) Ontario primary health centres interviewed, three (3) were not aware of the posters prior to the interview, and one (1) additional clinic was unsure of whether they had seen the posters:

Answer:	Yes	No	Unsure	Missing	Total
Frequency (n):	2	3	1	1	7

Q 39. Of the four (4) legal clinics interviewed, three (3) were not aware of the posters prior to the interview:

Answer:	Yes	No	Missing	Total
Frequency (n):	1	3	0	4

Of the 20 Ontario community support groups and service organizations interviewed, two (2) identified not seeing the posters prior to the interview.

These findings represent project poster distribution shortfalls, as during the 2021 season, these stakeholders could have helped distribute the posters to Ontario international agricultural workers.

2. Stakeholder Recognition of Project Posters as Useful

Q 26. Eleven (11) Ontario community support groups and service organizations identified posters being useful, and four (4) identified posters being somewhat useful:

Answer:	Yes	Somewhat	No	Missing	Total
Frequency (n):	11	4	1	4	20

Sample responses:

"Yes, I saw them, and they are helpful."
"I think it is very useful and I think OHCOW did an excellent job"

The (2) Ontario primary health centres who were aware of the posters prior to the interviews, identified that they found the posters useful. One representative stated,

"It is a fantastic tool that is very accurate."

Q 42. After reviewing the posters, (3) Ontario legal clinic representatives interviewed identified the posters as being useful:

Answer:	Yes	No	Missing	Total
Frequency (n):	3	0	1	4

Sample responses:

"I think it [poster] is great and I like how the information is laid out".
"I think it is great that it [poster] has contact information for various groups."

All (3) mental health support initiatives specialized in work with migrant communities also identified the posters and the information shared as being useful:

Answer:	Yes	No	Missing	Total
Frequency (n):	3	0	0	3

Sample response:

"Giving people this information is important."

The (1) Canadian Mental Health Association (CMHA) branch representative interviewed, also identified the posters as being useful, stating that this was especially the case since the information was in worker languages. This representative also stated that she found the visuals on the posters appealing.

3. Stakeholder Poster Use & Distribution

During interviews, stakeholders were asked to share information regarding their use and distribution of the regional resource posters. The following examples were identified:

Stakeholder	Feedback
Ontario Community Support Group	"A worker got in touch with me because he saw my number on the poster and I was able to put him in touch with a [health] clinic."

Ontario Primary Health Centre	Printed and provided regional posters to a local church to distribute to IAWs along with food deliveries.
Ontario Primary Health Centre	Identified an interest in putting regional poster up during their IAW health clinics.
Canadian Mental Health Association (CMHA) branch representative	Printed and provided regional posters to IAWs during an outreach visit to a farm and identified being appreciative that the posters are in Spanish.
Mental health support initiative specialized in work with migrant communities	Identified sharing posters with IAWs through WhatsApp.

Although a small cohort, interviews with seven (7) Ontario employers who hire IAWs support the value of project posters and other similar resources at the workplace level.

Q 10. Employers interviewed were asked whether in the case of an international worker they hire facing mental health challenges they would feel confident in being able to help:

Answer:	Yes	Somewhat	No	Missing	Total
Frequency (n):	2	5	0	0	7

Q 11. Employers were asked whether they are aware of support services that they could connect workers to:

Answer:	Yes	No	Missing	Total
Frequency (n):	5	2	0	7

Q 12. Employers were asked whether they would benefit from more information on how to support the mental health of the international workers they hire, including more information on services and supports available:

Answer:	Yes	No	Missing	Total
Frequency (n):	7	0	0	7

Q 14. Employers were informed that regional resource posters were put together that included information on mental health supports and services available to IAWs, and they were asked whether they thought this information would be useful to them and their employees:

Answer:	Yes	No	Missing	Total
Frequency (n):	7	0	0	7

Q 39. Representatives of two (2) agricultural employer association were asked whether they thought the posters were useful for Ontario international agricultural workers. Both answered 'yes':

Answer:	Yes	No	Missing	Total
Frequency (n):	2	0	0	2

4. Helping Inform and Connect IAWs in Ontario to Supports & Services

During interviews, multiple stakeholders recognised the potential for the project posters to help inform IAWs in Ontario of services and supports available to them:

One (1) community support group noted:

> "Many workers are unaware of the services in our regions, and so this kind of resource is good."

A representative of an employer association also identified the value of connecting workers to in-person support:

> "We are supportive of the posters. IAWs have provided feedback into our own recent project that they value in-person support. So, we see value in providing IAWs with access to local resources that can provide direct one-on-one support."

A representative of a mental health support initiatives specialized in work with migrant communities, stated:

> "It helps because it is like a directory; it lets people know more about the services in their area."

5. Providing 'New' Information & Supporting Referrals

Four (4) Ontario community support groups and service organizations identified that the posters were useful to community groups and organizations to help refer IAWs to other services and supports.

One organization stated:

> "Even for organizations it is useful because we do not know all the groups or services in the regions we work".

Another community support group noted:

> "They are especially good for volunteers, so they can direct workers as needed."

Of the 20 community support groups and services organizations interviewed, 13 identified that their regional poster included information on supports and services they were not previously aware of.

Q 27. As a local community group, did you find NEW INFORMATION on this poster that you did not know? Any groups or services that you did not know of?

Answer:	Yes	No	Missing	Total
Frequency (n):	13	2	5	20

Community groups were invited to identify services and supports they were not previously aware of (Q27.2). Thirteen responses were provided and grouped by service category as follows:

"New" Information by Service Category	Frequency (n)
Responses identifying mental health organizations or services not previously known	7
Responses identifying multiple supports and services not previously known across more than one poster category	3
Responses identifying health care services not previously known	2
Response identifying community support organization not previously known	1

All three (3) mental health support initiatives interviewed for this project provide phone-based support to Ontario IAWs from outside of the province, one from British Columbia, and two from Mexico. As a result, they were all unaware of many of the organizations listed on the project posters

Q 59. As a mental health organization, did you find new information on this poster that you did not know? Any groups or services that you did not know of?

Answer:	Yes	No	Missing	Total
Frequency (n):	3	0	0	3

One of these initiatives reported they now provide the posters to Ontario IAWs with whom they connect.

Poster Limitations and Shortfalls

Through interviews with stakeholders, project team members identified several limitations and shortfalls regarding the regional resource posters.

Accessibility of Poster Format

Of the twenty stakeholders interviewed, three (3) Ontario community support groups and service organizations reported that the posters were not accessible to workers with literacy challenges. One noted:

> "For some workers who may not be able to read, it will not be helpful. But for those who can read, it will be helpful."

Another community support group stated:

> "It might not be very useful for workers because there is a lot of information and from our experience; we have seen that many workers tend not to read a lot."

Similarly, three (3) staff members from the Ontario legal clinics expressed concerns about the format and accessibility of the project posters. One (1) also noted that the format was not accessible to workers with literacy challenges. One (1) representative expressed concern about the digital format of the posters not being accessible to workers who do not have access to technology (e.g., cell phones or computers), or access to the internet, or who face challenges with digital resource navigation.

Ensuring Contact Numbers Lead to Accessible and Effective Support

During interviews, one (1) representative from an Ontario primary health centre clinic noted that staff tried calling some of the numbers identified on the Spanish poster, and that they were answered in English. They noted that this should be further reviewed, and that additional guidance should be included on the poster to support Spanish-speaking IAWs knowing what to expect when calling these numbers.

A representative of one Ontario legal clinic interviewed identified the importance of ensuring contacts provided for services lead to someone who understands the experiences and needs of IAWs:

> "For example, for Brantford it says call 211, but there is no guarantee the person who answers that call is familiarized with MFW [migrant farm worker] issues. Make sure there is someone sensitive and knowledgeable of the situation of these workers."

Ensuring Resources Actually get to Workers

During interviews, multiple stakeholders expressed concern that the posters may not reach IAWs.

One (1) community support group who responded 'somewhat' when asked whether they thought project posters were useful, noted:

> "They are useful if they are put in places where workers will see them."

Another community support group spoke about the challenges of reaching the large numbers of workers:

> "What I do is pass them on to workers on my WhatsApp, but again that is only to a few, compared to the hundreds out there."

Similarly, (1) Ontario primary health centre interviewed, who had identified being unsure of having seen the project posters, questioned whether the posters were circulating in their region to a substantial degree.

Additions and Recommendations to Improve Project Posters

The stakeholders that provide services to IAWs in Ontario (i.e., community support groups, Ontario health centres and legal clinics, and mental health organizations and support initiatives) were asked about additional information they thought should be included on the posters that they believe would be useful to IAWs in Ontario. Suggestions are reported as follows:

Recommendations for Additional Information	Frequency (n)
Additions or edits to service and support information already listed on posters	2
Legal information and contact, including provincial 1-800 number that connects to closest Ontario community legal clinic	2
Information and support for substance use problems	2
Information and support for gambling problems	1
Information and support related to worker isolation	1
Local mental health services identified as missing from regional poster	1
Information and supports responding to financial challenges	1
WSIB information and contact number for workplace injury and illness	1
Information regarding walk-in clinics available in the various regions	1
Information regarding health insurance for Mexican workers	1
Information regarding workshops available for workers	1
Inclusion of service hours on the posters	1
Information on whether workers can leave a voice message to receive a call back from the service or support provider	1

Design and Formatting

As part of stakeholder interviews, additional recommendations were provided on the layout and design of the posters. These included:

Recommendations for Poster Design and Formatting	Frequency (n)
Make information more visual, illustrative, and colourful	2
Make information more descriptive regarding the services offered	1
Simplify information and text	1
Make information more didactic (designed or intended to teach)	1
Reconsider red colour used for mental health services category	1
Reconsider photo of a family on Spanish version poster	1

Poster Distribution

During interviews, stakeholders were asked to provide additional recommendations on distribution strategies and considerations regarding the sharing this information with IAWs. Suggestions are reported as follows:

Recommendations for Poster Distribution	Frequency (n)
Increase distribution to workers electronically	1
Share information through phone apps, to promote review and access to services privately and anonymously	1
Post at worker bunkhouses	1
Distribute through IAW trusted sources	1

Stakeholders also provided additional recommendations and considerations that identify themes and topics important to discussion that will follow in other sections of this report.

Two (2) stakeholders identified important considerations around cultural understanding, as well as racial group representation, as it relates to providing support to IAWs in Ontario.

One (1) representative from the mental health support initiatives Fundación Origen, which works exclusively with Latinx migrant communities, suggested creating and connecting Latinx workers to a website that explains 'what mental health is', or what constitutes a mental health situation, in accessible language. This representative of this initiative noted:

> "Workers from Latin America talk about emotional health. Mental health is a stigmatised phrase, which implies craziness and madness. 'Nervioso' is used to explain, "we are stressed". A

> website to explain what kinds of scenarios need help from mental health professionals would be very helpful. When workers need mental health support, they often try and find information online."

A staff member from one (1) of the community support groups raised the topic of the need for services tailored for Black, Caribbean workers, and the issue of representation among those providing these services. This staff member stated:

> "I have been looking for other services that work with Caribbean workers. Providing support for Caribbean workers and not seeing anybody that looks like myself in these meetings [provincial network meetings] says a lot. There is a lack of representation."

Mirroring findings from interviews with IAWs, one (1) Ontario legal clinic identified the issue of workers being able to access services without depending on their employers for referral:

> "Some services rely on employers to facilitate referrals, so they are not always useful. I am not sure. I have concerns about how some organizations provide services to MFWs [migrant farm workers]."

Furthermore, one (1) Ontario legal clinic identified that some faith-based groups who organize community events for IAWs will not allow legal clinics on their premises, noting that they believe it is because employers attend their faith-based services, and may see legal clinics as a threat.

In discussion of project poster content, a CMHA branch staff member interviewed, questioned whether mental health resources for farmers/ employers could be paired with worker resources, and delivered to workplaces together.

Regional Resource Posters Version 2: Updating Project Posters for the 2022 Season

After distributing the posters (Version 1), soliciting IAW and stakeholder feedback, and completing the additional project activities that will be discussed in following sections of this report, the project team decided to conclude the project with updating and revising the project posters to distribute to Ontario IAWs during the 2022 agricultural season.

As will be discussed, the short timeline to update the posters resulted in an inability to address many of the poster limitations identified in interviews with IAWs and additional stakeholders, nor include all additions recommended. However, feedback that was not addressed will inform future work on these and other resources beyond this project's end-date.

Although video and audio formats were preferred by the IAWs interviewed, the poster format was maintained as part of the update, as time did not allow for a complete redevelopment of these resources. Reviewing a large amount of information varying by regions via video or audio formats raised concern over resources being overwhelming or too long. Although solutions were considered by the

project team, it was determined they were not possible within the remaining project timeline. However, five (5) videos for IAWs (English and Spanish) were created as poster guides, to support worker review of the information.

On January 20, 2022, an email was sent to all the support and service providers included on the Version 1 regional resources posters inviting them to make any edits or additions to their descriptions or contact information. Recipients were asked to submit any changes by January 27, 2022, after which the remaining information was assumed to be correct.

The project team received eight (8) requests for updates and edits from service and support groups and organizations. After the requests for edits were addressed, they were incorporated into the corresponding regional poster templates by the graphic designer.

New - Prince Edward County and Belleville Poster

As part of the Version 2 poster updates, a ninth regional poster was created for the Prince Edward County and Belleville area. The decision to create this regional resource poster resulted from discussions with multiple stakeholders who identified that IAWs are employed in that region, but that local services and supports for these workers are currently limited.

The creation of the Prince Edward County and Belleville regional poster was intended to be a first step toward engaging with local support and service providers, while offering some additional provincial resources to workers in the region through the posters. The creation of these posters followed the same methodology previously described (i.e., local support and service providers were consulted). Both English and Spanish versions of this poster were created.

Two New Categories of Information

In addition to the eight (8) requests for updates and edits to poster content, another eight (8) additional services and supports were included across all regional posters. Seven (7) of these new services and supports were included under **2 new categories** on all Version 2 posters:

1. Workplace Health and Safety Support
2. Reporting Situations of Abuse or Emergency

Workplace Health and Safety Support

This category includes contact information for OHCOW's Agricultural Worker Program, as well as a link to Workplace Safety & Prevention Services' (WSPS) *Agriculture & Horticulture Safety Centre* webpage. Each offers occupational health and safety prevention-based information, as well as can provide guidance and support on various workplace hazards, including workplace psychosocial factors and mental health. This category also includes the phone numbers for the Ontario Ministry of Labour, Training and Skills Development (MLTSD)'s, Occupational Health and Safety and Employment Standards call centres, as part of providing the opportunity for IAWs to ask questions or report concerns. On the digital poster version, two links to MLTSD informational resources on these two topics are included in

English and Spanish. Under this category, information about the Workplace Safety and Insurance Board (WSIB) was included, as was the WSIB contact number. On the digital poster versions, links to WSIB informational videos (English and Spanish) are included.

The decision to add a *Workplace Health and Safety Support* category was prioritized in recognition of occupational health and safety (OHS) concerns identified by Ontario IAWs and by organizations working with them, and recognizing the mental health and psychosocial challenges related to injury or illness, and the impact of workplace psychosocial hazards on the mental health of these workers.

In accordance with their mandates, the organizations and services included under this category can provide prevention-based information, training and guidance related to agricultural workplace hazards. They can also provide reporting, investigation, and enforcement support, as well as services and compensation support in the case of workplace injury or illness.

Both OHCOW and WSPS have ongoing projects focused on workplace mental health and psychosocial wellbeing, and therefore opportunities exist for these organizations to provide mental health-related support to IAWs and to the workplaces where they are employed.

Information and contact numbers for these organizations were included on project posters to increase awareness of these supports and reporting mechanisms among IAWs across Ontario. However, this project recognises that the inclusion of this information does not ensure that IAWs will be able to access or effectively navigate these supports, procedures and systems, nor does it address concern for possible worker reprisals, and therefore may not result in resolution of their OHS concerns. Critical structural barriers affect the occupational health and safety of IAWs in Ontario, as will be further discussed in the following sections of this report.

Reporting Situations of Abuse or Emergency

This category includes ESDC/ Service Canada's Temporary Foreign Worker telephone tip line, offered by the Federal Government as a channel to report situations of concern or abuse affecting TFWs, the Canadian Human Trafficking toll-free hotline, and 911 for police, fire or ambulance.

Similarly, this project recognises that providing IAWs with this contact information will not necessarily result in accessible connection, effective navigation, or resolution of their concerns or situations. A recent 2021 report by the Auditor General of Canada identified failures in Employment and Social Development Canada (ESDC)'s TFW related inspection regime. Focussed on the health and safety of temporary foreign workers in agriculture during the COVID-19 pandemic, the report recommends that ESDC re-examine its inspection system, including the assignment of inspections, inspector training, and quality control assurances.

The lack of confidence IAWs have in accessing mechanisms to report workplace abuse is influenced by structural barriers and power imbalances and will be discussed in the following sections of this report. However, this information is included on project posters to increase awareness of these services among IAWs. Ensuring the accessibility and effectiveness of these services is central.

Legal Clinic Support

During interviews with stakeholders, many identified legal clinic support as important for IAWs. Therefore, the Legal Aid Ontario toll-free number that connects callers to their closest community legal clinic was included in the *Community Connection and Support* category across all regional posters. Through the process of stakeholder consultations, project members identified that many Ontario legal clinics are sharing best practices in working with IAWs.

As part of the new poster reformatting for Version 2, the graphic designer created two visual representations for the new categories. The updated version 2 posters were distributed electronically via an updated PDF document to the stakeholder distribution list used in the previous distributions. Electronic distribution started on March 24, 2022, and will continue through the 2022 season. In addition, copies of all nine (9) updated regional posters were printed, with attention placed on a better understanding of the project's current distribution capacity across particular regions. During the 2022 agricultural season, the Version 2 printed posters will be distributed to IAWs and regional stakeholders at in-person community events being organized for IAWs in various regions.

Updated Version 2 Posters can be accessed here
Poster Guide Videos can be accessed here in English and Spanish

Ongoing Challenges & Priorities

Reaching Ontario IAWs

As noted, the reach of the project Version 1 posters was limited in some regions. Continued work is needed to identify and develop channels and strategies to share information and resources effectively with IAWs across Ontario.

Lack of Supports & Services

As part of this project's regional resource and service scans, gaps in services and supports available to IAWs in Ontario were identified across various regions and service categories. Although some of these gaps may be the result of shortfalls in the project's regional scans (e.g., missed services or supports present in some communities), the level of consultation that was involved does suggest gaps, and a lack of clarity around some services.

As will be discussed further in this report, Ontario primary health centres providing outreach and accessible services to IAWs are making important inroads in various regions. However, primary health care does not seem to be accessible to the majority of IAWs in Ontario (Hennebry, McLaughlin, & Preibisch, 2015). In multiple regions, our project could not identify clear or accessible points of access to health care services for IAWs. Although this would benefit from a focused health system review and analysis, the findings of this project are concerning.

Agricultural work is among the three most hazardous jobs, along with mining and construction (ILO), and it is associated with a high prevalence of health issues. Project interviews with IAWs identified a clear concern among workers of getting sick or injured while in Ontario. The lack of access to primary health care services also represents a lost opportunity for IAWs to access mental health-related information or support from primary health care staff, as well as referral to additional mental health professionals and specialized services if needed.

As will be discussed further, a gap in services specifically working with and representative of Black, Afro-Caribbean IAWs, was also identified across several regions

Accessibility and Effectiveness of Supports & Services

Although the project was able to connect with most of the service and support organizations included on the regional posters, and an inquiry into the accessibility of services was part of this engagement, the accessibility of various services and supports remains unclear, and requires a more in-depth review and response.

During interviews, many support and service providers identified challenges related to follow-up and case management, as well as numerous communication and service navigation barriers experienced by IAWs that require attention. The accessibility of more complicated services and support systems require further reviewed and attention, to ensure IAWs are receiving comprehensive and effective care and support.

Furthermore, it is important to ensure that the individuals who responds to IAWs seeking support are knowledgeable and sensitive to the experiences of this population, as this impacts the effectiveness of the support or service offered. Where useful, orientation related to the provision of support or services to IAWs should be developed and offered to regional service and support providers.

The project's regional scans identified important collaborations between Ontario mental health organizations and culturally informed community support groups. In the broader context, most local mental health services and supports identified have yet to account for the experiences of IAWs in their information and support, both in terms of factors like work, housing, and immigration status, as well as to cultural understandings and issues of representation that are important to these communities.

This project identified examples of mental health support initiatives that have experience working with, and providing services to IAW communities in Ontario. Collaboration between these initiatives and other Ontario mental health organizations should be prioritized. Furthermore, as will be discussed, organizations like TAIBU Community Health Centre, the Black Physicians Association of Ontario, and Black Scientists' Task Force on Vaccine Equity are leading important work around the primary, public and mental health of Black communities. During the 2021 season, these groups provided support to Ontario Caribbean IAWs. Collaboration and leadership from these organizations should be supported to improve outcomes for Black/ Caribbean IAWs.

Limited Resources among some Supports & Services for IAWs

Amidst government policy and practice inefficiencies and failures community support groups and health care organizations have served as key safety nets for IAWs in Ontario for many years prior to the COVID-19 pandemic. This project recognizes their important contribution to responding to the needs of IAWs, including during the COVID-19 pandemic. However, findings from this project suggest that the resources of some of these groups and organizations to support IAWs in their regions is limited.

Project findings identified staff and funding limitations that reduce the ability of some support groups and organizations to reach and support IAWs at the scale that they are present in their communities. Findings identified limitations in this area among community support groups, service organizations and primary health centres working with Ontario IAWs.

A focused service need assessments should be conducted in each region where IAWs are employed and live, and provincial and federal funding should be allocated to ensure local service capacity and outreach to respond to the needs of these communities across social, primary, mental/ psychosocial, public, and occupational health needs.

Services & Supports and Structural Change

As will be discussed in following sections of this report, attention placed on the availability of supports and services, although valuable, cannot be divorced from continued recognition, understanding and work to address the various structural factors that cause harm to individuals and communities. In the context of IAWs in Ontario, it is essential to understand the ways poverty, immigration status, work and housing conditions, racism and discrimination are all intersecting determinants of ill health and harm affecting these workers. A response to these social determinants needs to be incorporated into policies and practices that seek to improved primary, mental/ psychosocial, public and occupational health outcomes for IAW communities in Ontario.

Section II: Literature Review

As part of this project, an extensive review of relevant scientific literature was conducted. In total, after methodological exclusions, a final 160 English language, and 20 Spanish language peer reviewed articles were reviewed and reported on (N=160 and N=20).

Literature Review Objective

The objective of the project's literature review was to examine research from Canada, the United States and other migrant worker 'host' countries, as well as from countries of worker origin, and learn more about migrant worker populations, and factors shown to affect their mental health and psychosocial wellbeing. It also aimed to review interventions outlined in this literature seeking to support and provide care to migrant workers facing mental health challenges from various therapeutic modalities. Additionally, this literature review sought information on workplace stress and mental health, psychosocial factors, and related workplace interventions, including during the COVID-19 pandemic, in agricultural and comparable industries.

Search Methods

A structured search was conducted to identify research in English and Spanish on the topics mentioned. For the English search, three electronic databases were used: Scopus, APA PsycInfo/Psychiatry Online and Web of Science. These databases were selected since they offer multidisciplinary literature, primarily provide access to high quality peer reviewed articles, and include literature from across the globe. The following keywords were utilized,

agricultural worker, farm worker, migrant worker, international worker, migrant farm worker, migrant agricultural worker, international farm worker, international agriculture worker, seasonal agricultural worker, seasonal agricultural worker program, temporary foreign worker program, guest worker, guest worker program, h2-a, agriculture, farming, food production, agri-food, social determinants of mental health, stress, psychosocial, mental health, depress*, suicide, anxiety, mental wellbeing, wellness, injury,isolation,tension, vulnerability, unsafe, distress, powerlessness, emotional health, abuse, food insecurity, racism,burnout, idioms of distress, strain, Caribbean, Latin*,Thai*, Filipino,Philippines, Mexic*,Guatemala*, Jamaica*, St.Lucia*, Trinidad*,Tobago, Barbad*, Dominican, International, St.Vincent,America, United States, Canada, Ontario, Anguilla, Antigua, Barbuda, Montserrat, St.Kitts, Nevis, recommendations, interventions, programs, assistance, initiatives, response, support, multi-sectoral, counselling, talk therapy, peer support, farm, agricultural worksite, mushroom farm, greenhouse and nursery*.

These were chosen based on the nuances and specifications of the objective of this review. These keywords and synonyms were searched using Boolean logic, which is a form of algebra centered around three simple words known as Boolean Operators: "OR," "AND," and "NOT". Results of the search were downloaded into Rayyan, a reference manager, to organize the results of our search and remove duplicates. For the Spanish search the databases previously selected did not work because the keywords were repeatedly identified as misspelt. The alternative was to conduct a federated search, in the University of Ottawa library catalogue, which can be described as a layer on top of all its electronic resources, databases and individual resources included. Through this larger coverage, we were assured to pick up Spanish language resources in databases that were not searched individually.

Selection Criteria

The papers selected for this review include those that were originally in English, Spanish, French or English translated, with international agriculture workers as their target populations. Literature that was accessible and had quantifiable measures of psychosocial factors were included in this review. Studies excluded from this review targeted populations differing from international agriculture workers, and those solely focused on the biomedical aspects of mental health. Upon imposing these criteria, a total of 1305 English papers and 403 Spanish papers were selected for further review.

Title and Abstract Review

For this process, the project team used the blind system in Rayyan for two raters to determine which papers would be included in the full-text review phase of our literature review. After imposing the above-mentioned inclusion and exclusion criteria, we determined 220 and 27 of the English and Spanish literature, respectively, were appropriate and selected for further review.

Data Extraction

A data gathering form was created for the extraction of information from the selected papers. We extracted the following information from the reviewed literature: title, authors, year study conducted, language, country/city, objective, study design, study population ethnicity, occupation and gender, sample size, topic, methods, predictors and/or exposures, mental health outcome/issue, mental health measure used (assessment tools or scales used to measure etc.), focus of analysis, key findings, recommendations/conclusion, study limitations, and valuable quotes. The papers were divided amongst the project team, and upon further imposing exclusion criteria, a total of 160 English and 20 Spanish papers were selected through this process and included in the final literature review.

Data Translation

There was not an overall analysis of the literature review but punctual translation of the most relevant findings and recommendations from the extracted data as well as an inventory of the tools reported for evaluating mental health and wellbeing symptoms and psychosocial stressors. The findings from this review provide an understanding of workplace factors and life stressors that can cause, contribute to, or worsen mental distress, and affect the physical and mental health of workers, as well as those factors playing a protective role. Furthermore, findings inform considerations on tools and resources with the aim to provide possible avenues to address psychosocial hazards in the context of Ontario IAWs. This literature review findings also help inform recommendations from a workplace health and safety lens, recognizing the impact work has on the experience of these workers.

Key Findings

The findings for this summary are based on results of the most relevant literature from the literature review (N=82). The papers included are from the following countries: Australia (n=1), Thailand (n=1), not stated (n=2), Canada (n=12), and the United States (n=66). In referencing the workers of interest and relevance to this project, terminology ranges and includes the use of terms such as migrant, seasonal, temporary foreign, as well as international agricultural workers. The varied use of terminology is

reflected in the following review of literature findings. Key findings have been organized into **12 categories** and summarized.

1. Physical Health and Occupational Health and Safety Risk Factors

The employment of migrant agricultural workers requires working in hazardous conditions that can contribute to poor physical and mental health outcomes (Fleming, Villa-Torres, Nguyen et al., 2012; Taboada, Richards, & Barrington, 2017). Using emergency department data, a study in North Carolina found that rates of fatal and non-fatal workplace injuries are significantly higher among farm workers than comparable industries (Allen, Kearney, & Higgins, 2015). McLaughlin, Hennebry & Haines (2014) provide a thorough review of occupational health and safety research in the context of migrant farm workers labouring in Canada and suggest that illness and injury rates among these workers is high as well as underreported. Referencing studies with both Mexican and Jamaican migrant farm workers (Binford et al., 2004; Russell, 2003), they note injury and illness rates of about 25%, as well as reports of long-term disability among workers as a result of illness or injury experienced while labouring in Canada (McLaughlin, Hennebry & Haines, 2014).

In a study of Latino farmworkers in North Carolina, 61% of workers reported working more than 40 hours/week and 70% had experienced 21 days of outside work where the heat index was at least 30℃ (91℉) (Sandberg et al., 2016). Another study reported migrant farm workers working long days often in excess of 80 hours a week (Sexsmith, 2016). Canadian research has also identified migrant agricultural workers labouring extensive hours, with reports of few rest breaks (Hennebry et al. 2012; McLaughlin 2009; McLaughlin, Hennebry & Haines 2014; Russell 2003). Although workers report valuing hours for financial gain, long hours can lead to daytime sleepiness, significantly higher risk of occupational injury, as well as increased risk of depression (Sexsmith, 2016).

Research identifies musculoskeletal injuries as among the most common injuries reported among farm workers, followed by injuries to the skin and chemical exposure (Anthony et al., 2010). In a cross-sectional survey of 300 Latino migrant farmworkers' conducted in North Carolina at least 40% of workers had elevated musculoskeletal discomfort, and 5% had worked at least 1 day while injured or sick (Arcury et al., 2012). Another study with 319 Latina workers in western North Carolina, found that 60% of them reported musculoskeletal symptoms, and that greater job demands (heavy load, awkward posture, greater psychological demand) were associated with more musculoskeletal as well as depressive symptoms (Arcury et al., 2014). Through clinical experience with Ontario migrant agricultural workers, the Occupational Health Clinics for Ontario Workers (OHCOW) reported that 35% of visits by these workers were for musculoskeletal problems relating to their work, with ocular issues (13% of visits) and skin issues (6%) also presenting as common concerns (Pysklywec et al., 2011).

2. Workplace Health and Safety

North American studies suggest that IAW recognize the importance of health and safety, but are challenged to address concerns. For example, one study noted that IAWs recognized the need for safety equipment to perform their jobs with less risk of injury, but reported feeling that they could not ask for equipment or speak up for their safety for fear of retaliation (Fleming et al., 2017). In a US study IAWs reported poor workplace safety and low workplace safety climates (Sandberg et al., 2016). A study of survey results from nearly 600 migrant farm workers in Ontario, Canada, found that there was extensive exposure to occupational hazards, with a majority of workers reporting minimal knowledge of

occupational risks and health and safety-related information or training (Hennebry et al., 2012). A study focused on 300 Jamaican migrant workers in Canada found that 88% of the sample reported working with pesticides and machinery, while less than a quarter identified receiving adequate training (Russel, 2003). Furthermore, a British Columbia-based study examining the health and safety issues faced by migrant farmworkers in that province reported a significant proportion of workers receiving inadequate workplace health and safety training (Otero & Preibisch, 2010). Additionally, this study found that workplace health and safety was undermined by poorly maintained farm equipment, deficient hygiene and sanitation conditions, and lack of personal protective equipment available to workers (Otero & Preibisch, 2010).

The strong pressure experienced by migrant workers to maintain employment, leading to precarious work conditions and exploitation is discussed in the literature (Hennebry, McLaughlin, & Preibisch, 2015; Robillard et al., 2018). Studies report that even when injured workers are reluctant to report, or visit medical clinics, often due to local clinics only being open during work hours, and workers reporting being concerned missing work, or reporting health issues, could lead to dismissal (Horton, & Stewart, 2012). In the Canadian study of 600 migrant farm workers in Ontario, despite a majority (52.4%) of migrant farm workers attributing their health problems to their work, very few had accessed the workplace compensation system in Ontario (Workplace Safety Insurance Board, WSIB) (Hennebry et al., 2012).

3. Stress

Common stressors reported by migrant farm workers in the literature relate to the physical exertion required for farm work, unpredictable housing associated with migrant work, difficulty with working conditions, finding a job and concern with unemployment, acculturative stress, and stress related to additional life challenges (Kanamori et al., 2020; Arcury, & Quandt, 2007; Ramos et al., 2015; Crain et al., 2012). A study with Latino immigrant dairy workers in Vermont applied a Stress Inventory tool and found stress levels among these workers in the upper range (Baker et al., 2021). A Southern California study reported as much as 38% of migrant workers experiencing high levels of stress (Bauer, & Kantayya, 2010). In a study of Latinx immigrant farmworkers in Oregon, high stress was found to be associated with poor working conditions, chronic pain, financial strain, and experiencing cultural barriers (Linville et al., 2020). In a study of 30 Mexican seasonal farm workers in southern Ontario, the combination of fear, feeling trapped, and giving in to circumstances was identified as particularly conducive to the negative experience of ‘nervios’ or distress among these workers (England, Mysyk, & Gallegos, 2007).

5. Depressive Symptoms and Anxiety

Research suggests that mental health challenges are common among migrant or international agricultural worker populations, with research from the US reporting between 20-52% of farmworkers meeting guidelines for depression (Arcury, & Quandt, 2007; Hill, Williams, & Ornelas, 2019; Alderete et al., 1999; Crain et al., 2011), and a further 16-40% reporting symptoms consistent with mild to severe anxiety (Hovey, & Magana, 2002; Hill, Williams, & Ornelas, 2019; Crain et al., 2011). Some findings suggest that younger migrant farmworkers are particularly at-risk for developing symptoms of depression or anxiety (Bauer, & Kantayya, 2010). One study conducted with Latino farmworkers in inland Southern California’s eastern Coachella Valley, found that following arrival in the US, migrant farmworkers aged 18-35 from Mexico had significantly higher risk of developing depression or anxiety than non-migrant counterparts (Bauer, & Kantayya, 2010).

In a 2010 study of changes in depressive symptoms among a sample of 288 Latino farm workers in North Carolina, researchers identified that although there was substantial variation, depressive symptoms generally followed a U-shaped distribution across the agricultural season, with depressive symptoms highest in the beginning of the season, steadily declining mid-season, until rising again during later months (Grzywacz et al., 2011). This study notes that this U-shaped pattern is compelling, and comparing demographic characteristics among workers, it suggests that a risk of depressive symptoms may be most common among unmarried and unaccompanied workers. These researchers note the elevated levels of depressive symptoms at the beginning of the season may reflect the emotional difficulty associated with leaving family and friends behind to seek agricultural work in the U.S (Grzywacz et al., 2011). Researchers further suggest that the initial increase could also reflect the initial stress of migration, disorientation from physical relocation, starting a new job, and possible acculturative stressors, and that the upturn in symptoms at the end of the season, after the low middle dip, may reflect the anticipation of homeward migration or it could reflect the cumulative burden of the season (Grzywacz et al., 2011). These findings provide important considerations on risk factors and potential depressive symptoms among IAWs in Ontario, who most commonly travel unaccompanied.

6. Sleep Challenges

Canadian and American studies have found that poor sleep quality and sleep disorders are associated with increased risk of job injury and multiple mental and physical health problems, including musculoskeletal pain, depression, and anxiety (Kling, McLeod & Moehoorn 2010; Sandberg et al., 2012; Sandberg et al., 2014). In a study among Latino farmworkers in North Carolina, those who reported poor sleep quality had significantly worse self-rated health (Sandberg et al., 2014). This study identified that access to air conditioning was significantly and positively associated with good sleep quality among Latino farm workers (Sandberg et al., 2014).

7. Housing Conditions

Feelings of depression and other mental health disorders are associated with the built environment. Poor housing conditions, including over crowding, have been shown to contribute to issues such as overstimulation, causing withdrawal and feelings of depression or anxiety, especially among workers residing in non-traditional housing situations (Mora et al., 2016; Grzywacz et al., 2011). One study identified that migrant farmworkers residing in crowded housing conditions experience higher depression and anxiety scores than migrant farmworkers in houses with less than five people per room (Mora et al., 2016; Grzywacz et al., 2011). Additional studies note that precarious and temporary housing situations can contribute to depression (Hill, Williams, & Ornelas, 2019).

8. Acculturative Stress

As migrant farmworkers leave behind their families and cultural familiarities, they may be particularly at risk to feelings of acculturative stress. Evidence suggests an association between acculturation and an increased risk of psychiatric disorders, including depression and anxiety disorders, leading to the risk of mental health deterioration the longer the migrant worker is away in the host country (Alderete et al., 2000; Hovey, & Magana, 2002; Finch, Frank, & Vega, 2004). Notably, acculturative stress is related to feelings of low self-esteem, poor social support, lack of control, low self-rated health, and lower language skills (Hovey, & Magana, 2002; Finch, Frank, & Vega, 2004).

Among migrating populations, individuals who come from countries with a history of political violence may have had traumatic experiences (Fortuna et al., 2008). Studies suggest the benefit of systematic screening for trauma and related psychiatric disorders among these populations (Kaitman et al., 2014).

9. Discrimination

Studies reviewed discussed the connection between discrimination and racism and depression and poor mental health among migrant workers (Alderete et al., 1999; Ramos et al., 2015; Hill, Williams, & Ornelas, 2019; Roblyer et al., 2016). Some studies have found that perceived racial and ethnic discrimination contributes to depressive symptoms (Roblyer et al., 2016; Alderete et al., 1999), while others did not find this relationship (Terrazas, & McCormick, 2018). Nonetheless, the impact of discrimination and racism on the lives of migrant worker populations is important to recognize, as researchers discuss how structural racism and anti-immigration policies contribute to poor working and living conditions, and poor health outcomes among these communities (Holmes, 2006).

10. Substance Use

According to the literature reviewed, migrant farmworkers are at particular risk of substance use disorders, including alcohol dependence. In a sample of migrant farmworkers in New Orleans, nearly 12% of respondents met criteria for alcohol dependence (Arcury et al., 2016). In another study, depression symptomatology was significantly associated with alcohol dependence (Kissinger et al., 2014). Studies note that stress associated with farm work and exposure to traumatic events and political violence may contribute to substance abuse among Latinx farmworkers (Fortuna, Porche, & Algeria, 2008; Alvarez et al., 2011). Additional risk factors may include workers documentation status, as one study identified a higher risk of binge drinking and drugs use issues among undocumented workers interviewed (Villarejo et al., 2010). A study with 23 Mexican migrants in an agricultural worker community in California, identified that occupational vulnerability is a key factor that encourages self-medication among these workers, noting that the most commonly reported reasons for self-medication was to not miss work (Horton, & Stewart, 2012). Difficulty accessing health care was another reported reason for self-medication among agricultural workers in the study (Horton, & Stewart, 2012).

11. Health Care Service Utilization

Various studies recognized ongoing barriers experienced by migrant or international agricultural workers in accessing health care services. Barriers identified included those related to language challenges, cultural differences, limited time off work, poor access to transportation, the cost of transportation, a lack of available health care services, barriers related to low educational attainment, including literacy challenges, fear of dismissal, fear of government officials, financial strain, and a lack of health insurance coverage, and precarious immigration status (Arcury, & Quandt, 2007; Cole e al., 2019 ; Smith et al., 2021; Herbst, & Gonzalez-Guarda, 2018; Hull et al., 2017; Kaltman, Pauk, & Alter, 2011). Canadian research with IAWs recognizes exposure to long hours and dangerous and strenuous work tasks, but notes that the employment and immigration vulnerability of these workers results in them not reporting issues or seeking care for injuries (Hennebry, McLaughlin, & Preibisch, 2015). Another Canadian study noted that often, supervisor or work place management staff serve as translators for IAW seeking health care services, and that this can cause delays and complications for workers receiving

proper care (Colindres, Cohen, & Caxaj, 2021). Research also notes that even when IAWs can access health care, they can face racism, and receive inadequate care and services (Holmes, 2006). Other studies identify stigma related to mental health and mental health support services among workers, which can serve as a barrier to seeking support and care (Hull et al., 2017; Linville et al., 2020).

To reduce barriers in accessing healthcare services among migrant farm worker populations, the literature reviewed suggests increasing the availability and accessibility of health care services and employing culturally informed care (Ingram et al., 2015; Stone, Fernandez, & DeSantiago, 2019; Schmalzried, & Fallon, 2012; Tulimiero et al., 2021).

Literature Summaries

Determinants of Mental Health among Migrant Worker Populations Identified in the Literature Reviewed

- *Housing:* unpredictable/unstable, living arrangement, overcrowding, availability of AC, quality
- *Food Insecurity:* nutrition, lack of food, lack of culturally appropriate food
- *Social Isolation:* linguistic and cultural barriers, prolonged separation from family, invisibility, emotional isolation, limited socio-spatial mobility
- *Social Supports:* coping behaviors, sense of place and belonging, social life, family conflict
- *Access to Health:* barriers to receiving adequate care, limited culturally sensitive care,
- *Health:* acculturative stress, COVID-19, chronic illness, injury, sleep disorders, musculoskeletal disorders
- *Mental Health:* trauma, life events, domestic abuse, substance abuse by worker or family member, life satisfaction, self-esteem, self-efficacy, psychological distress, migration stressors
- *Employment and Work Factors:* difficult, straining, long and unpredictable work hours, financial concerns, acceptance of high-risk job tasks, precarious job conditions, workplace health hazards and workplace injuries/illness, limited labour rights, structural violence, structural/institutional vulnerability, training, job demands, job control, physical exertion, labour exploitation, job insecurity, job hazards, coercion, no labor mobility, communication barriers between workers and supervisors/employers
- *Discrimination/Racism:* alienation, marginalization
- *Legal Factors:* fear of persecution, being sent home, access to protection, immigration status, concerns about documentation

Assessment Tools

Thirty measurement tools were identified across the 160 studies reviewed, mentioned a total 148 times. Seventeen tools were reported once, ten were reported between 2 and 9 times; three more than 10 times; one more than twenty another more than thirty. The most frequently used tools were the *Personality Assessment Inventory* (PAI) and *Center for Epidemiologic Studies Depression* scale (CES-D). Both are individual assessment focused.

The following review includes the *Migrant Farmworker Stress Inventory* (MFWSI), that accounts for everyday life stressors experienced by migrant communities and agricultural workers to predict stress; the *Community Based Participatory Research Approach* (CBPR), a methodology useful for reaching populations to address consequences of work-related stress and cognitive health, mostly used in projects addressing the delivery of health care services; and the *Patient Health Questionnaire* (PHQ-9) for assessing depression.

Only five studies reported the use of tools for assessing workplace stressors and the interaction between work and family spheres. Two studies translated and adapted the Job Content Questionnaire scales to address language and cultural backgrounds of Thai and Latinx workers, and two other studies included the *California Agricultural Worker Health Survey* (CAWHS*)* that has established a state-wide reference measurement; another, the *Mini Psychosocial Factor Questionnaire* containing the main psychosocial stressor in the workplace*;* and the *Work and Family Conflict Scale* (WAFCS) for evaluating these two spheres.

The following reviews the focus of each assessment tool, organized into **7 categories**, and provides a description of each tool, as well as the number of academic papers in which it is referenced.

1. Contextual Stressors

Migrant Farmworker Stress Inventory (MFWSI): a 39-item self-report instrument measuring stress levels associated with the migrant farmworker lifestyle, assesses exposure to stressors inherent to migrant farm work among adults. Items touch on aspects related to the experience of migrant farm workers, such as perceived discrimination, acculturative stress, poor working conditions, and physically demanding work. Respondents rate each item that they have experienced on a 5-point scale ("Have Not Experienced" to "Extremely Stressful"). Scores are obtained by summing the scores for the 17 items (Cronbach's alpha = .70). Higher scores reflect a higher level of stress. [12 Papers referenced this tool]

Border Community and Immigration Stress Scale: 23-item instrument measuring stress that includes questions on: community violence; immigration; acculturation; discrimination; economic strains; family separation; heightened local migration pressures and, potential health care access barriers, and standard US national surveillance measures (CDC) of poor mental, physical, and self-rated health (SRH). [1 Paper referenced this tool]

2. Contextual Resources

Multidimensional Scale of Perceived Social Support (MSPSS): 12-item self-report measure that examines perceived social support on three subscales: family, friends, and a significant other [1 Paper referenced this tool]

3. Individual Mental Health & Stress Symptoms

Center for Epidemiologic Studies Depression (CES-D): a 20-item self-report inventory that measures depressive symptomatology. Higher scores indicate a greater degree of depression. Social isolation measured with 3-item report, higher scores reflected more social isolation. [27 Papers referenced this tool]

Patient Health Questionnaire (PHQ-9): 9-item self-report measure that is widely used in healthcare settings to screen for depression in the general population. The items in the PHQ-9. Categories include mild depression, moderate depression, moderately severe depression, and severe depression. [11 Papers referenced this tool]

General Anxiety Disorder (GAD 7): 7-item scale used to measure anxiety. Categories include mild anxiety, moderate anxiety, and severe anxiety. [5 Papers referenced this tool]

Beck anxiety inventory (BAI): a 21-item self-report inventory that measures common symptoms associated with anxiety. Categories include, minimal anxiety levels, mild anxiety levels, moderate anxiety levels and severe anxiety symptoms. [3 Papers referenced this tool]

Brief Symptom Inventory BSI-18: consists of 18 items, and it assesses anxiety, depression, and somatic symptoms. The instrument assesses the level of distress experienced by responders on a Likert-type scale and asks respondents to rate the severity of their distress between 0 (not at all) to 4 (extremely). [1 Paper referenced this tool]

Perceived Stress Scale (PSS): higher scores indicate higher levels of perceived stress. [6 Papers referenced this tool]

Composite International Diagnostic Interview (WMH-CIDI): a fully structured diagnostic instrument administered by trained lay interviewers that is based on criteria of the DSM-IV and ICD-10 symptom criteria. [6 Papers referenced this tool]

Composite International Diagnostic Interview (CIDI - modified): Provides 12-month, 6-month, and 1-month prevalence estimates for 14 specific DSM-III diagnoses: mood disorders (major depressive episode, manic episode, dysthymia); anxiety disorders (panic disorder, agoraphobia, social phobia, simple phobia); substance use disorders (alcohol abuse, alcohol dependence, drug abuse, drug dependence); non affective psychosis; somatization disorder; and antisocial personality disorder. [5 Papers referenced this tool]

Statistical Manual of Mental Disorders (SCID:) an instrument modeled after criteria for a diagnosis of depression, allows respondents to expand on answers that can clarify a deeper understanding of the answers obtained. The SCID was also thought to be useful because it contains questions that allow ruling out symptoms that may be due to medication/substance use, bereavement, or medical conditions. [2 Papers referenced this tool]

Kessler Psychological Distress Scale: measure of psychological distress. The K10 scale involves 10 questions about emotional states each with a five-level response scale. The measure can be used to conduct a brief screening of levels of distress. Strongly predictive of non-specific anxiety dis- orders, severe personality disorders and minor and major depressive disorders, and may recognize individuals with sub-clinical psychological illness, but is not in itself a measure of any specific disorder. [1 Paper referenced this tool]

World Mental Health Survey Initiative: diagnostic measures for lifetime and last-12-months prevalence of psychiatric disorders of interest *[*1 Paper referenced this tool]

Latino Farmworker Affective Scale (LFAS-15): author began compiling a list of words commonly used by patients that resulted in a list of 15 words or short phrases that were titled, "The Latino Farmworker Affective Scale" or LFAS-15. The LFAS-15 was designed to be accessible for individuals with low Spanish literacy considering previous research on education levels of LFWs. Therefore, individuals who took the LFAS-15 only needed to know how to read and understand the meaning of the word(s), instead of understanding the structure of a sentence. [1 Paper referenced this tool]

UCLA Lonely Scale: assessments of feelings of loneliness and has high internal consistency, good test–retest reliability, and convergent and construct validity. Spanish version of the scale consisting of five items asking how often the respondent feels alone, left out, lacking companionship, having no one to turn to, and—an item added specifically for immigrant communities—"How often do you miss your friends and family in your home country?" Response options are never (coded 1), sometimes (2), most of the time (3), and always (4). The Loneliness Scale equals the sum of the responses to the five items (Cronbach's $\alpha = .91$). Health is measured with a single item asking the status of their general health, with response options including excellent, very good, good, fair, and poor. [1 Paper referenced this tool]

4. Individual Habits, Addictions, & Suicide

Sleep Timing and Sleep Quality Screening Questionnaire (STSQS): used to measure sleep timing and quality, participants are asked to rate their quality of sleep on a 9-point scale (1-3 is good, >=4 is poor). Farmworkers also reported time they started trying to sleep, how long it took to fall asleep, number of times awoken in night, time they woke up in morning [1 Paper referenced this tool]

CAGE: a short screening instrument widely used in clinical settings to identify alcohol abuse and dependence [5 Papers referenced this tool]

Alcohol Use Disorders Identification Test (AUDIT): screening questionnaire was used to assess unhealthy alcohol use [4 Papers referenced this tool]

Suicide Behaviors Questionnaire (SBQ-R): a self-report measure composed of four items with each item assessing a different aspect of suicidality. Items: lifetime suicide ideation, frequency of ideations over last 12 months, threat of suicidal behavior and self-reported likelihood of suicidal behavior. [1 Paper referenced this tool]

5. Individual Resources

Generalized Perceived Self-Efficacy Scale (GSS): assesses generalized perceived self-efficacy, where higher scores indicate a greater level of perceived self-efficacy. [1 Paper referenced this tool]

Personality Assessment Inventory (PAI) measures anxiety, with higher scores indicating higher anxiety levels. [33 Papers referenced this tool]

Brief COPE: 28-item self-report measure that gauges effective and ineffective coping behaviors. Categories include self-distraction, active coping, denial, substance use, emotional support, use of informational support, behavioral disengagement, venting, positive reframing, planning, humor, self-acceptance, and self-blame [1 Paper referenced this tool]

6. Workplace Stressors

Thai Job Content Questionnaire (Thai-JCQ): gathers information on job stress level using the Job Demand Control (JDC) model developed by Karasek. [1 Paper referenced this tool]

Selected scales of the Job Content Questionnaire (JCQ): adapted to Spanish speaking agriculture communities, gathers information on job stress level using the Job Demand Control (JDC) model developed by Karasek [1 Paper referenced this tool]

California Agricultural Worker HealthSurvey (CAWHS): statewide cross-sectional household survey of 970 hired farm labourers. [2 Papers referenced this tool]

Mini Psychosocial Factor Questionnaire: assesses psychosocial risks. The assessment involves 15 questions examining 12 variables. The variables include rhythm of work (pace, volume, time pressure), mobbing (behavioural elements that can lead to hounding people), relationships (human and professional), health (mental and physical), recognition, autonomy, emotional involvement in tasks, support (support from management and coworkers), compensation (moral and economic), control (skills, learning, and skills to perform work), demands (psychological demands of work), mental load (intellectual effort) [1 Paper referenced this tool]

Work and Family Conflict Scale (WAFCS): 10-item measure assessing work-to-family. (5 items) and family-to-work conflict (5 items). Respondents are asked to rate their level of agreement with each item on a 7-point scale from 1 (very strongly disagree) to 7 (very strongly agree). [1 Paper referenced this tool]

7. Patients & Health Care Services

Discrete Choice Conjoint Experiment (DCE) collects information on patient preferences for mental health services using survey questions [1 Paper referenced this tool]

Revised Conflict Tactics Scale used to assess aggression among migrant farmworkers [1 Paper referenced this tool]

Community Based Participatory Research Approach (CBPR) allows communities and universities to conduct research collaboratively, delineates four domains of community participation: consultation, strategic planning, implementation, and dissemination. Such a model improves recruitment in these hard-to-reach populations to address consequences of work-related stress and cognitive health. It has been used in planning and delivering health services. [10 Papers referenced this tool]

In sum, most of the studies reported individual-level measurements of workers' poor mental health and coping resources. Those assessing the general social context were applied in greater number of studies (n=13) than those assessing the workplace context (n=6). It was widely reported that several instruments have been developed or adapted for the Spanish-speaking migrant population that works in the agricultural sector in the U.S., both to assess individual symptoms of stress as well as stressors from more general or work-related contexts. Evaluation instruments used or developed for or by health care services working with migrant worker populations are also important findings to consider.

Section III: Findings from Structured Interviews with Ontario IAWs & Other Stakeholders

Interviews with multiple stakeholders were an important feature of this project. In this section, the findings from the project interviews with IAWs, community groups, employers, employer associations, mental health support initiatives, legal clinics, and primary health care providers are reviewed.

Methodologically, project team members first established the purpose of the interviews, and then developed a set of questions in concordance, as well as an interviewer guide and a reporting form. A timeframe for conducting the interviews was established.

i. Interviews with Ontario International Agricultural Workers

The goal of gathering information from IAWs was to learn about their main concerns while they are working in Ontario, the types of information or supports they would like to receive, and their opinion about the accessibility and usefulness of the project's mental health and psychosocial regional resource posters.

Inclusion criteria for interviewees was that respondents had to be employed on a temporary work permit and have been employed in Ontario agriculture during one or both the 2020 and 2021 seasons. Workers were recruited through community group contacts who invited workers in their networks to be interviewed. Once details were confirmed, these groups provided the project team with the contact information of the workers. Project team members who share a similar cultural background to the participating worker conducted the interview, and interviews were conducted in English or Spanish. The project team began each interview by soliciting informed consent. Interviewers filled out the reporting form for posterior analysis. Interviews with IAWs were conducted from November 4 to 17, 2021.

In this section, findings from interviews with IAWs are presented and organized into **7 parts**:

1. General Information
2. Psychosocial Challenges
3. Symptoms of Distress
4. Support Needs
5. Information about Resources & Services Available
6. Poster Feedback
7. Additional Comments related to Concerns, Stress, or Access to Services

General Information from IAWs

26 IAWs were interviewed for this project. Eleven (11) were male workers from the Caribbean (i.e., Jamaica, Santa Lucia, and Trinidad and Tobago), and 15 were Latinx workers from Mexico and Guatemala (14 male and one (1) female).

Twenty-four (24) of these workers came through the Seasonal Agricultural Worker Program (SAWP) and two (2) came through the Agricultural Stream of the Temporary Foreign Worker Program (TFWP). Twenty (20) of them worked in Canada during 2020 and 2021, five (5) only worked in 2021 and one only in 2020.

All fifteen (15) Latinx workers were Spanish-speakers, nine (9) of whom reported reading well and six (6) reported not reading well in their own language. Two (4) workers answered affirmatively about speaking English, five (6) responded "somewhat" and nine (5) said "no".

All eleven (11) Caribbean workers were English-speakers, nine (9) of them answered they understand Canadian spoken English, two (2) of them did not respond. The following tables show how the interviewees reported on their understanding of spoken and written English:

Spoken English: Workers from the Caribbean

Answer:	Yes	Somewhat	No	Missing	Total
Frequency (n):	9	0	0	2	11

Spoken English: Latinx Workers

Answer:	Yes	Somewhat	No	Missing	Total
Frequency (n):	4	6	5	0	15

English Reading: Workers from the Caribbean

Answer:	Yes	Somewhat	No	Missing	Total
Frequency (n):	10	0	0	1	11

English Reading: Latinx Workers

Answer:	Yes	Somewhat	No	Missing	Total
Frequency (n):	1	4	10	0	15

IAW Regions of Employment

The IAWs interviewed for this project were distributed across the following regions of Ontario:

IAW Distribution by Region	Frequency (n)
Bradford	3
Brantford-Brant County	3
Chatham	1
Chatham Kent/Essex	1
Durham Region	1
Haldimand-Norfolk (Simcoe)	7
Kingsville	2
Kitchener	1
Niagara Region	1
Sarnia Lambton	3
Windsor-Essex	3
TOTAL	26

IAW Employment Sectors

The following table shows the type of agricultural work by IAW interviewed, based on the most recent season they have worked at the time of the interview:

Type of Agricultural Work	Frequency (n)
Field crops	13
Greenhouse	7
Field and greenhouse	3
Field and vineyard	1
Field, greenhouse and packing house	1
Packing house	1
TOTAL	26

Psychosocial Challenges

During interviews, IAWs were asked about their everyday concerns and invited to talk about them. The reporting form included **3 main aspects of concern**: those related to their work environment (e.g., hazards exposure, work organization, interpersonal relations, among others), concerns about their employment, and concerns about their health.

Concerns about Work Environments

Concerns related to work were the most frequently reported by the IAWs interviewed for this project:

Concerns at work

Concern	Frequency (n)
Amount of work	11
Relationships with co-workers	10
Being mistreated by employer	10
Hours of work	9
Safety hazards/ injuries	9
Lack of supervisor support	9
Feeling unsafe	9
Not being heard when voicing a concern	9
Variation of work tasks	8
Discrimination	5
Work distribution	4
Not knowing about work tasks	4
Exposure to hazards	4

Among IAW responses, there was an emphasis on the hours and amount of work, safety hazards and the risk for injuries. An interviewee referred that:

> "Do not have a single day off work, only if the weather does not allow working (raining). It's heavy work. Awkward position, lack of variation of tasks. Machine pulls out onions and produces dust. I ended up completely covered by dust. My eyes water. No training at all. When the machine gets blocked the supervisor becomes furious and I need to clear the machine while it is on, that is very dangerous."

Safety issues also arises about the transportation in the field:

> "There is not proper transportation in the field. I prefer to walk than get on the tractor with one foot in the air."

Being mistreated by the employer or supervisor including being ignored. As one worker referred about the supervisor:

> "He had never said at least "good morning"… does not talk to us just when he demands something for the work."

Disciplinary practices were also raised:

> "If you do not work like they want, they put your name on a screen to make it public, they rank our performance. So, if you are at the bottom, they put your name on that screen to embarrass you. They put a lot of psychological pressure on us. More to workers that come from Guatemala."

> "If you 'don't work like they demand you, the employer will send you to the house and they do not give you a lot of work hours. They cut your hours."

Concerns Related to Employment

Concerns related to overwork and reprisals were also reported by IAW interviewees:

Concerns related to employment

Concern	Frequency (n)
Not being re-hired	11
Being fired	9
Not being able to change jobs	4

Concerns Related to Health

During interviews, workers also reported various concerns related to their physical health. Of those interviewed, 16 workers reported concerns over becoming ill. Many workers (14) reported concerns about becoming injured, while 11 expressed concerns about becoming disabled.

Concerns related to health

Concern	Frequency (n)
Becoming ill	16
Getting injured	14
Becoming disabled	11
Access to health care	8
Not having enough rest	7

COVID exposure	7
Not sleeping well	5
Feeling tired	5
Access to adequate amounts of food	2
Time for rest	2

Related to the concern of getting injured or disabled, one of the interviewees stated:

> "A worker got injured at work. A glass fell on top of him and cut his tendon. Was on recovery for 3 months and during that time accessed social benefits"

Other Concerns while Working in Canada

Interviewees were asked about other worries and concerns in their life, not only in the context of their everyday work. Project members asked about their family members in their home countries and about financial concerns. Many workers expanded on concerns related to their health. Workers were also invited to share any additional concerns.

Other concerns expressed by workers during interviews are organized into **4 categories:**

Concerns about family back home

Concern	Frequency (n)
Missing family	18
Concern for health of family members	13
Mourning a lost loved one	11
Problems with children	8
COVID at home	7
Accidents at home	7
Not being able to talk to family	7
Problems with partner	6

Financial concerns when in Canada

Concern	Frequency (n)
Insufficient income	8
Lack of employment in home country	7
Difficulty sending money home	1

Concerns related to health

Concern	Frequency (n)
Difficulty accessing health care in Canada	9
COVID exposure	9
Ability to understand and follow medication instructions	6
Difficulty accessing health care at home	5
Difficulty accessing medication	4
Becoming disabled	3

Other concerns related to social determinants of health

Concern	Frequency (n)
Housing conditions	13
Lack of socialization/ recreation	7
Lack of transportation	6
Other	6

When interviewees talked about their lives in Ontario, they emphasized a need for information on their workers' compensation benefits in case they are injured. Questions about their pension entitlement after working for many years were also common.

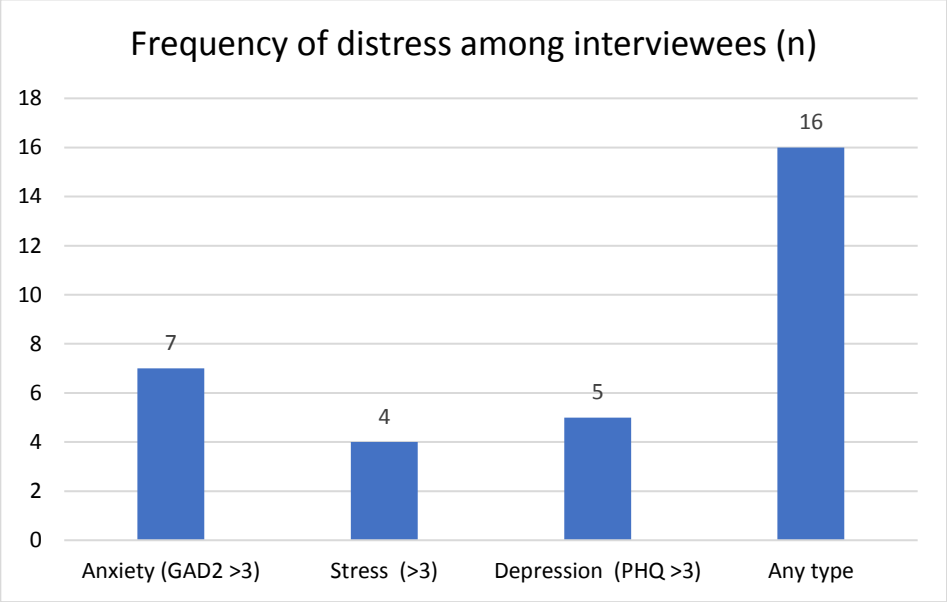
When asked about housing conditions, IAWs reported crowding and sanitation issues like bed bugs and lack of ventilation. They also noted the impact this has on the interpersonal relations between workers, which is a cause of stress. One (1) of the interviewees said:

> "Continuous coexistence with co-workers is difficult. We do not have our own space and we have to live together both at work and in bunkhouses, which causes stress between us, since, although we come from the same country, we are very different people, with different customs, principles and interests."

Symptoms of Distress

Interviewees were asked questions from the Generalized Anxiety Disorder (GAD-2) screener, the Patient Health Questionnaire (PHQ-2) for screening depression, and two questions from the StressAssess questionnaire to screen for stress symptoms of emotional exhaustion. Each of these three tools has been applied in Canadian populations (Smith et al., 2021), and although GAD-2 and PHQ-2 are validated measures, they have not yet been validated in IAW populations. However, it was decided to include them in the interviews to capture some of the possible symptoms of distress among IAWs in Ontario.

The range of possible scores for each scale is between 0 and 6. A cut point of 3 or greater on the anxiety and depression scales have been probed for predicting anxiety disorders and major depression (Kroenke K., 2007; Kroenke K. et al, 2003). These are screening measures and caution should be taken since neither standalone measure is clinical diagnostic. The following graph summarizes the frequencies of these measures. Sixteen (16) out of 26 interviewees (62%) ranked three or greater for all of these measures:



During interviews, workers were also asked to talk about the differences in how they feel comparing 2020 with 2021 and before the pandemic. Their answers are summarized as follows:

Have you felt differently this year than before the pandemic?	Frequency (n)
I have felt more or less the SAME	2
Before the pandemic I felt BETTER	21
Before the pandemic I felt WORSE	2
Missing	1
TOTAL	26

Reasons for feeling BETTER in 2021 compared with 2020

- "I was super stressed last year because I was not able to leave Mexico and come to work here in Canada."

Reasons for feeling MORE OR LESS THE SAME in 2020 and 2021

- "It's off and on ... especially when I have time to reflect on missing my family."
- "The only thing that makes me feel down is this area (the environment) I do not like to be isolated, enclosed."

Reasons for feeling WORSE in 2021 compared with 2020

- "This year I felt worse because I was injured at work and the employer did not pay attention to my health problem."
- "The supervisors and boss were more stressed this year. If they think you are making good money, they become meaner."

Reasons for feeling BETTER in 2021 than before the pandemic

- "The pandemic brought us the opportunity to reflect. Even though it is stressful, the pandemic brought union."

Reasons for feeling MORE OR LESS THE SAME in 2021 than before the pandemic

- "I do not worry about it. If you go out expose yourself if you do not somebody comes and exposes you to the virus."

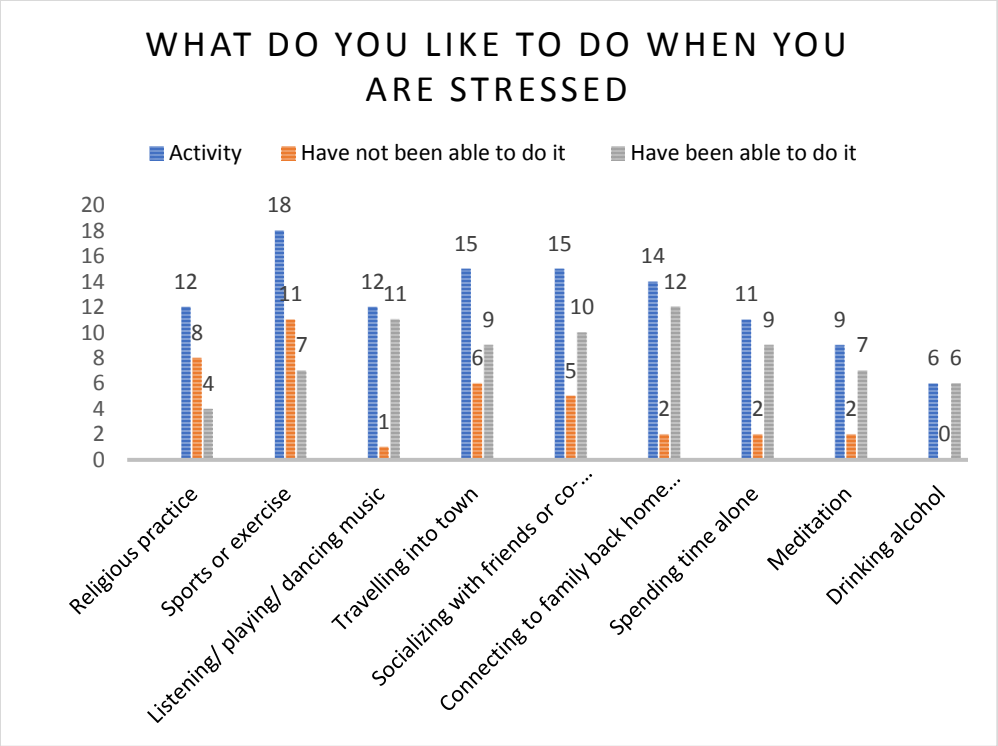
Reasons for feeling WORSE in 2021 than before the pandemic

- "At the beginning of the pandemic, I felt more stressed, since you heard on the news how people were infected and died."
- "Certain things were better, you could go on a taxi and run errands or take a break from the farm. Play dominoes or ball."
- "Last year was a lot worse as I couldn't come to work. Generally speaking, I felt much better before the pandemic."
- "If we didn't have this pandemic we would not be worrying this much."
- "This year was harder. It was more stressful, and the demand was bigger."

Support Needs to Relieve Stress

Project members also asked IAWs about the kinds of activities they like to do to relieve stress and to what extent they can engage in/have access to such activities while they are in Canada.

Twenty-four (24) respondents reported things they would like to do but cannot do while they are in Canada. The following graph shows the results:



Here is a table with their responses by type of work program, since those within the TFWP stay in Canada for a longer period, generally from 2 up to 4 years, while the contracts for seasonal workers cannot exceed eight months.

Work Program	Things unable to do in Canada to relieve stress
SAWP	“Do some sports, go jogging, play basketball. I would like to do this, but I can't in the first place because of time, second, they don't really let us because we are under the responsibility of the employer, and we are not free to do what we want.”
SAWP	“I really like to play soccer, but I can't really practice it when I'm in Canada since most of my time is spent working and I don't have a lot of free time.”
SAWP	“Jump on a bike and ride out. Go to the beach, visit family friends, and visit friends. No Caribbean Night opportunities.”
SAWP	“Going to hang out with friends and visit other places.”
SAWP	“I would like to go hunting and fishing. I would like to go to the gym. We have time from May to September, after that is harder because we have a lot of work.”
SAWP	“Back home we are used to being in our town, to our own traditions, soccer matches. But we know that we come here to work, not on vacations and that we have to follow the rules and laws that exist here so we cannot say what we want to

	do, we cannot refuse to do what they tell us. Back home we have celebrations where we dance, we have jaripeos [rodeo ridings]. It would be great to have something like that."
SAWP	"Play volleyball, study English, but I haven't been able to do this because of work hours. We rest on Sundays, and I think that day would be better for us to do activities, but we don't know where to go, or the transport or there are no English classes on that day."
SAWP	"I have not been able to work in the area that I like. For many years I worked in pizzerias, making pizzas and here I have not found that opportunity."
SAWP	"I like to run outdoors and socialize with friends outdoors. Here, I would like to learn English, and about the customs here. To go to school, to read."
SAWP	"In Canada I like to watch videos. Back home I like to exercise, read. I always like to learn something new and useful. I would like to learn English, but my coworkers think it's not useful because we don't matter. This program only takes into account one of the parties involved and it's not us. It's only the employers."
SAWP	"I go hang out with my friends at a bar or restaurants."
SAWP	"Play Dominoes with friends. I would have loved to go church."
SAWP	"Play cricket and football games on the internet with my kids. Sometimes I go for jogging and exercise."
SAWP	"Go to church, beach, go sports and recreation grounds."
SAWP	"Watch movies, meet up friends and relax."
TFAW	"Going on walks with my children and to practice charreria (culture of horsemanship and rodeo riding)."
TFAW	"Walk in the countryside, go fishing, play soccer. But we can't during the winter."
SAWP	"[at home] I play soccer with [my] sons. Playing video helps me as I feel like I have control over it."
SAWP	"I really like my work that I do in Mexico, and it relaxes me. I am a carpenter by profession, but I cannot practice it when I am here, since the area where I work is very different from my profession."
SAWP	"Family time and someone around to talk to and play with."
SAWP	"Exercising, but here I have not been able to do them because of the hours and workload, I end up very tired at the end of the day."
SAWP	"Massage and party."
SAWP	"Go on a walk with friends and sit and socialize."

Information about Resources & Services Available in Canada

Project members asked workers whether they were aware of community groups and services available to support IAWS with socializing, translation, legal issues, accessing health care, caring for their physical or mental health, and they were asked if they would like more information.

Have you received information about (or support from)
(Frequency n)

Type of support/service	Yes	No	Want to have it
Community groups	26	0	26
Health care	26	0	25
Alleviate stress	26	0	25
Substance use	25	1	25

The questions asked lacked a temporal aspect about when they learned about the services in relation to the total amount of time they were employed in Canada. For example, one (1) workers who worked in Canada for more than five years in various regions and provinces reported they were unaware of the existence of community support groups before 2021. It should be noted also that there is a bias in the selection of the interviewees since they were contacted through community groups, which means many participants in this sample were already informed and in contact with some of these support groups.

Poster Feedback

Interviewees were asked for feedback on the first edition of the project resource posters. Feedback on the posters was presented in the earlier section related to the *Scan and Inventory of Supports and Services for the Mental Health and Psychosocial Wellbeing of International Agricultural Workers in Ontario*.

Additional comments related to concerns, stress, or access to services

The final question IAWs were asked during interviews was whether there is anything else they would like to tell us about their concerns, stressors, or access to services while working in Canada? Responses were organized into **9 categories** and summarized below:

1. Worrying about having no access to employment options in home country

Workers reported that it has become harder to find work in their home countries they come from. Some IAWs have been coming to Canada for more than 25 years to work and they are concerned about the process to obtain their pension benefits. Many workers are concerned that they will not be able to work long enough to qualify for pension benefits because their physical strength decreases year after year.

2. Grief and Mourning

Many workers reported the loss of loved ones while in Canada, and indicated they experienced concerns related to grief and mourning. For example, one (1) worker mentioned the loss of family members due to COVID-19 and the impossibility of traveling to their home country to accompany family and attend funeral services. Some workers reported stress associated with separation from their partners through

divorce. While others reported experiencing both the death of a loved one and the end of their marriage through divorce.

3. Job stability

Workers also reported stress associated with the uncertainty they face year -over-year as to whether they will be re-hired. Even if they have been part of the program for years, IAWs are never sure when they return home if they will be called again for work. Workers identify this as extremely stressful. Many workers reported they would like to know if there is a way for them to become permanent residents of Canada.

4. Productivity

Some workers reported that their employers require them to deliver a certain number of kilos or pieces of produce each day. One of the strategies mentioned was that work pressure was exacerbated by the presence of screens in the workplace and in their houses that post rankings each worker's performance for the day. Workers reported that this creates a stressful and hostile environment between co-workers.

5. Housing

Another topic mentioned was that of housing. Workers expressed that they live overcrowded, with little to no privacy. They report that sometimes their beds are not in good condition, therefore they cannot rest well and that this takes a toll after some time. Moreover, it was expressed that sometimes house inspections happen at the beginning of the season when there's not a lot of workers yet, and the houses get approval, however when the number of workers/roommates increases, workers report that it becomes very difficult to live in these spaces comfortably and with a sense of dignity.

6. Mobility

Many workers expressed concerns related to social isolation and lack of mobility. Some reported being provided unsafe vehicles to drive into town, creating a potential hazard for them and others. Public transit does not exist in the rural areas where many IAWs work and live. It was mentioned that at some farms, workers were not allowed to leave the farm without the employer's consent. Others reported restrictions on hours they can be out and the number of workers that can go to town to buy groceries.

7. Access to health services and treatments

All workers expressed concerns and worry about getting sick, connecting this to an increased risk of being sent back home or a reduction in their work hours, and consequently their income. Some workers reported bringing some familiar drugs from back home to have a first-aid kit handy. Some reported that workers often diagnose and treat themselves to reduce the risk of being sent back home or loss of work hours. Two (2) workers mentioned being treated for emotional issues; one (1) was taking antidepressant medication and attending therapy sessions with a psychologist.

8. COVID Vaccines

Some workers mentioned concerns that they received their first COVID-10 vaccine dose in Canada; however, when they tried to return home that same brand of vaccine was not available. This made them

feel insecure about what to do, as they were unsure if they should mix vaccines or not or wait until the next season to get their second dose.

9. Finances

Workers reported a need to know about how to use their banking cards and how to buy things online when they do not have a credit card. Some workers reported stress because they could not access banking services in their language.

Sample responses:

> "I like to watch videos to relax, listen audio books, for personal motivation."
>
> "A lot of my coworkers left due to emotional issues."
>
> "The boss should stop our supervisors from pushing and stressing us so hard. Because some guys can't handle that kind of stress."
>
> "My coworkers are very isolated and scared. Last weekend there was an event about health and they were afraid to go."
>
> "Due to being away from our families and COVID, the stress is awful. We encounter very difficult situations. I was able to go to."
>
> "Every year I pay $300 for a visa, all these expenses cause stress. I think a union would be good for us as we can ask them to help."
>
> "I have to pay $835 for my flight to Canada. Is this legal?"
>
> "How to access help and services like delivery services and ordering online when you don't have a credit card."
>
> "How improve your life by staying in Canada"
>
> "I have had better employers in previous seasons here. They usually have a fixed break for lunch but other breaks vary…. I was on a field in QC [Quebec] where we were not allowed to go to the bathroom, everything was under schedule."
>
> "It would be good to know the limitations of the [support] groups, to know with what they can help us and with what things they can't."
>
> "The main concern that many of us have when coming to work in Canada is that one gets sick and how we are far from the family."
>
> "My current concern is that I got the first dose of the COVID vaccine in Canada (Moderna) but I will return to Mexico."
>
> "Mainly to have better access to services and health care, in case of illness or injury at work."

> "Sometimes [I worry about the] safety of my family."
>
> "They should change the crowding in the houses; they put 3 bunk beds in a 4x4 room. We have to share accommodation with 40-50 people."
>
> "This farmer only allows us to go to town with him every 2 weeks for a max of 2 hours. We don't get a chance to buy a treat."
>
> "We need more educational stuff/resources about who to call that will point us in the right direction and support us."
>
> "I have come to work in Canada for 29 seasons, every time I return to Mexico it is more difficult to find work ..."

The following quotes are from the project team interviewers that were shared as part of a IAW interview debriefing session:

> "While talking about mental health, workers do not seem to relate their feelings to a mental health problem. Many said that before they come to work in Canada, they put themselves in a mental stage where things are going to be that way while working in Canada. That may be the reason why solutions or actions to take care of their emotional health are not properly addressed."

Interviewers also reported hearing frequently from workers that they feel like they are treated as less than human in Canada, one quoted a worker who stated:

> "We feel disposable. Once we are old or sick and we are not more of use, they get rid of us regardless of years of work."

IAWs choose to work in Canada because there are no job opportunities for them at home. Workers are required to pass a medical exam to qualify for work in Canada, so they generally arrive healthy. IAWs manage to complete all necessary paperwork to travel from their home countries, in many cases from rural areas in these countries, because they are motivated to earn an income that supports their families. However, IAWs must make tremendous personal sacrifices to work in Canada, especially prolonged separation from their families, and face the myriad challenges to their mental health described in this section.

Many workers explicitly expressed symptoms of distress. Although stigma could exist, as has been described by researchers, more than half of interviewees in this sample referred to their symptoms of distress, treatments, and/or the stress caused by certain situations.

Workers expressed concerns related to being away from their families not being able to communicate with them, maintaining their health and mental health in Canada, and managing isolation. They expressed a need for activities that reduce stress. Many workers are unable to freely decide how and where to spend their free time because their employers restrict their mobility, creating further obstacles to overcoming an already stressful and lonely situation for IAWs in Ontario. Without access to

independent transportation and connections in the local community, workers reported having no way to shop for the items they needed, like food and work gear.

The work-related factors reported by IAWs as impacting their mental health included amount of work, being mistreated by the employer or supervisor, relationships with co-workers, health and safety hazards, and feeling unsafe. Employment insecurity is also noted because of the uncertainty of continued employment year-over-year. Many workers reported concerns over their health, including fears of becoming ill, injured, or disabled. IAWs also indicated feeling unsafe at work due to hazards in the workplace. Other worries related to "not having enough rest," "not sleeping well," "feeling tired," and the need for "time for rest" are especially concerning in the context of demanding work schedules and dangerous tasks. Abusive employment relationships, such as being mistreated by employers or supervisors, embarrassed in front of others or "pushed hard," all contribute to workers' distress. Conflicts with co-workers were noted. Exposure to COVID-19 was also mentioned as a concern by a few of the interviewees in the context of work and health. Importantly, concerns related to lack of information about their benefits and existing health care services, as well as a lack of accessible health care services, were reported by many interviewees.

ii. Interviews with Ontario IAWs Community Support Groups

The methodology for interviews with IAW community support groups was similar to that followed in interviews with IAWs. By the closing date, project team members connected with twenty community groups, out of a target of twenty-four (83%). Data was extracted, cleaned up and coded when needed through Excel, and subsequently analysed using JASP (open-source statistical package from the University of Amsterdam). The interviews with community groups were conducted from October 17 to December 8, 2021.

The findings from interviews with IAW community support groups are organized into seven sections:

1. General Information about the Organization & its Clients
2. Special Programming for Caribbean Communities
3. Funding & Other Challenges
4. Other Organizations & Service Providers in their Region
5. IAW Mental Health Needs & Services
6. Services Gaps in their Region
7. Poster Feedback

The first six (of the seven) sections of these interviews with community groups are described in this section of the report, while feedback on the posters was presented in the earlier section related to the *Scan and Inventory of Supports and Services for the Mental Health and Psychosocial Wellbeing of International Agricultural Workers in Ontario*.

General Information about the Organization and Its Clients

Responses from 20 interviewees working in **18 organizations** are included in this report. The organizations, their locations, and areas of work are as follows:

Organization	Region(s)
Unknown Neighbours Migrant Support	Bradford - Simcoe County
El Sembrador	Bradford - Simcoe County
Lynden Friends of Migrant Farm Workers	Brantford- Brant County, Hamilton – Carlisle – Lynden
Centre for Migrant Workers Solidarity	Brantford- Brant County, Haldimand-Norfolk
Migrant Workers Solidarity Program at ACDR	Durham Region
Migrant Workers Solidarity Program ACDR (2nd interviewee)	Durham Region
Anonymous	Durham Region
Caribbean Workers Outreach Project (CWOP)	Haldimand-Norfolk, Brantford- Brant County, Niagara Region
Norfolk Seasonal Agricultural Workers Community Committee (NSAWCC)	Haldimand-Norfolk
Ministerios de Vida	Hamilton – Carlisle - Lynden
Migrants Matters Flamborough	Hamilton – Carlisle - Lynden
Southridge Community Church Caribbean Workers Program	Niagara Region
Niagara workers welcome	Niagara Region
Migrant Farmworkers Project	Niagara Region
Gateway Community Church, CWOP	Niagara Region
The Interim Group	Niagara Region
Diocese of London Migrant Worker Ministry	Sarnia-Lambton and all Ontario regions
Diocese of London (2nd interviewee)	Sarnia-Lambton and Windsor-Essex
Migrant Worker Community Program (MWCP)	Windsor-Essex
C.A.R.E. for International Workers	Windsor-Essex

Two (2) of the organizations listed – Norfolk Seasonal Agricultural Workers Community Committee (NSAWCC) and C.A.R.E. for International Workers – are coalitions that include multiple partner organizations. All these organizations share a common goal of supporting the needs of IAWs, including spiritual accompaniment, socializing, and assisting workers access services that are not easily available to them.

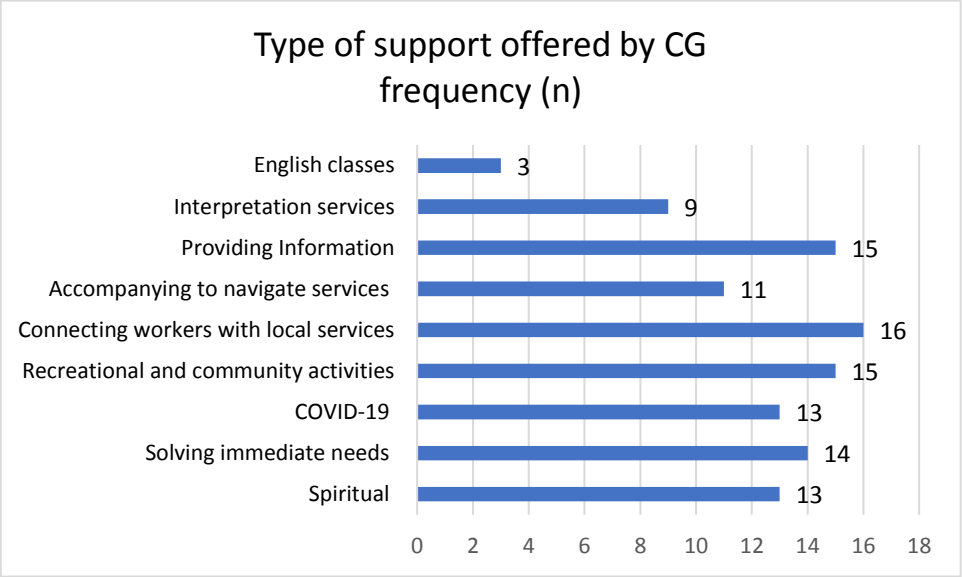
Selected quotations illustrate how interviewees describe their organization's goals:

- "To help migrant workers to engage in the community and highlight their contributions"
- "Make them feel that they are part of the community"
- "Help them navigate the services"
- "To bring spiritual supports and services for workers in the area"

- “To provide social and spiritual support to migrant workers during their stay here”
- “We are interested in connecting with workers as human beings”
- “To build trust between migrant farm workers and the community, as well as the service providers”
- “Enhance awareness within the community about migrant farm workers and promote inclusivity in the community and to have them treated the way we would like to be treated”

Kinds of Support Provided

Interviewees were asked about the specific type of support they offer IAWs. The following graph shows the frequencies of their responses:

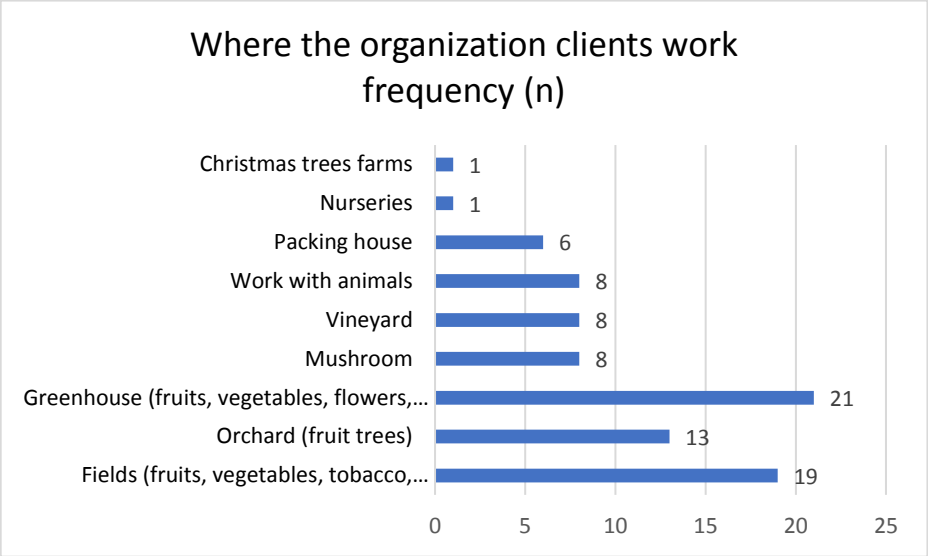


Of those interviewed, 14 groups focussed on meeting the immediate needs of IAWs, including food drop offs, providing clothing, toiletries, and transportation. The provision of COVID-19 supports and resources, including masks, hand sanitizers, and quarantine support was reported by 13 groups. A total of 16 groups reported connecting workers with local services, including other community groups, legal clinics for advice, primary health care services, and emergency services. In addition to those activities reported above, some organizations described the health care related services that they offer to IAWs:

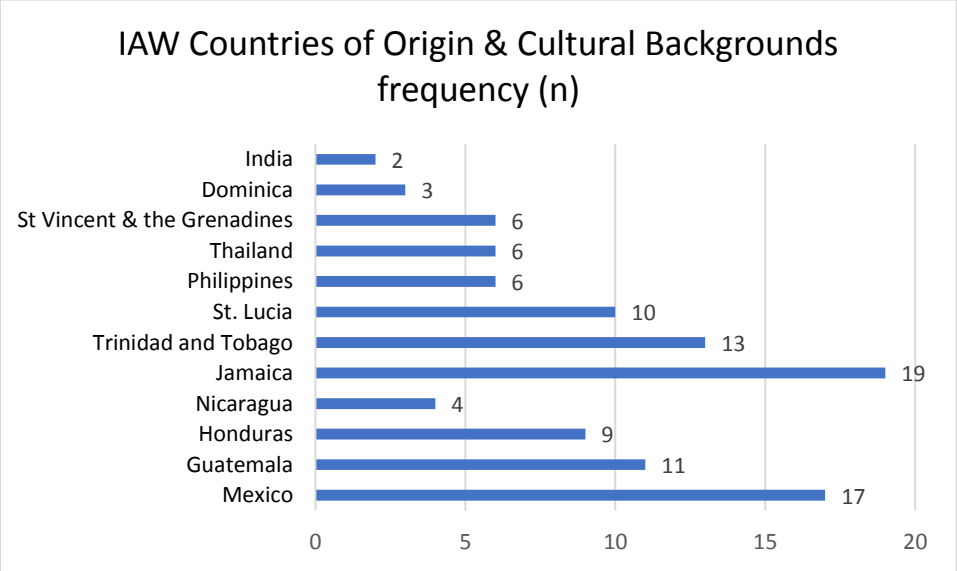
- Three groups reported having partners or associates that directly offer primary health care, including C.A.R.E. for International Workers, which holds among its members the Windsor -Essex Community Health Centre (WeCHC), as well as the Southridge Community Church Caribbean Workers Program, which partners with Quest CHC to provide health care from a permanent clinic facility
- The Migrant Farmworker Program used to host a medical clinic in Beamsville (volunteering once a month on Sunday evenings), and a homeopathic clinic also operating one Sunday per month
- The Migrant Workers Solidarity Program at ACDR offers culturally appropriate nutritional support, food supports, emergency services and medical emergency referrals

- An outstanding drop-in recreational and social facility is offered by the Southridge Community Church Caribbean Workers Program in the Niagara Region. It is accessible to IAWs for social purposes, and is equipped with Wi-Fi, a big screen television, and air conditioning.
- The Migrant Farmworkers Project in Niagara Region offers the program *Bikes for Farmworkers*, which helps workers with some of their exercise, recreation, and transportation needs.
- The Diocese of London operates a refugee office called *In Land Protection*, and the person who runs the program also assists IAWs in the region. This group works with the Mexican consulate in Leamington to organize events and connect local workers to legal services.
- C.A.R.E. is made up of 8 partners, including OHCOW, so different services are offered under this umbrella organization.

IAW Employment by Sector

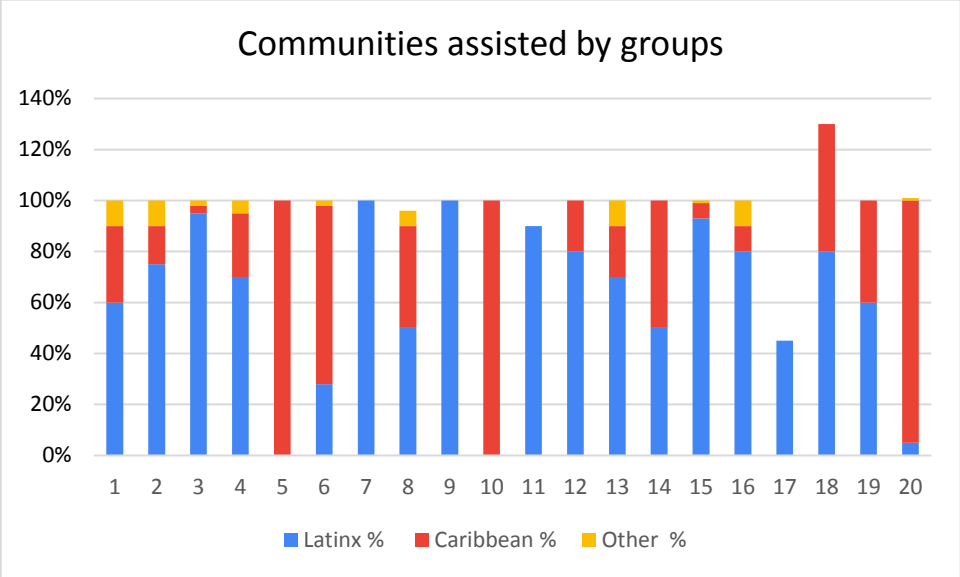


IAW Countries of Origin & Cultural Backgrounds



Other countries of worker origin cited by one community support group interviewee included Albania, St Thomas, Barbados, Sri Lanka, Cambodia, Vietnam, and El Salvador.

Interviewees from organizations serving IAWs from various cultural communities were asked about the percentage of their work devoted to each group (e.g., Latinx, Caribbean, other):



Latinx and Caribbean workers were cited as the most served communities. Other communities from Thailand, Philippines and India comprised 10% of service provision, while 1% of services were offered to workers from Sri Lanka.

Special Programming for Caribbean IAW Communities

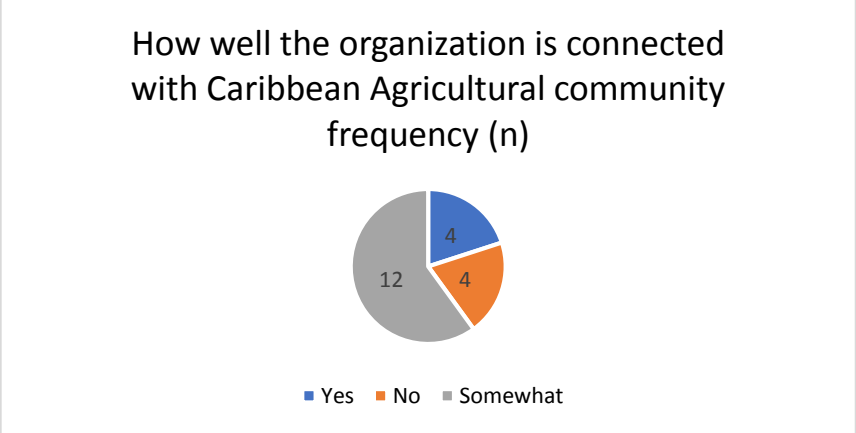
Two questions were included about whether the community group or organization has specific programs tailored to Caribbean worker communities, and if so interviewees were asked to give examples.

Representatives of ten community groups and organizations identified having specific programs, resources and/ or activities for Caribbean IAWs, including:

- Basketball games for Caribbean workers (similar to the soccer tournaments for Latinx workers, and domino tournaments for Filipino workers)
- Caribbean staff member dedicated to the Caribbean IAW community
- Information sessions specifically for Caribbean workers, including:
    - Sexual education sessions and resources
    - Physical health sessions
    - Health fair
    - Spiritual services for Caribbean workers (visiting pastor from Jamaica)

    - Bereavement fund to help workers who have loss family
    - Support to listen to workers and understand how they are feeling and how they are coping missing their family
- Caribbean church services, and social/recreational events (prior to COVID-19)
- Celebrations like Caribbean Day, Independence Day, etc.
- Festivals (conducted online during COVID-19)
- Programs that deliver Caribbean foods
- Mobile spiritual services
- Sunday events that include food and music
- Visiting each bunk house/ farmhouse to provide culturally appropriate food supports that are inaccessible to workers where they work, tailored to Latinx and Jamaican workers
- Educational conversations to understand cultures, knowledge exchange (e.g., explaining Truth and Reconciliation Day to Caribbean and Latinx workers, Canadian history, systemic racism in Canada, and the legacy of colonialism)
- Distribution of welcome kits to Caribbean workers to help provide practical and essential items and let them know there is a caring community out there
- Information about networks and a booklet to let Caribbean workers know they are not alone
- Some interviewees referred to providing generic support to Caribbean workers (e.g., helping with Canadian vaccination passports, dropping food during quarantine, delivering gift bags to hotels and farms, and distributing information from OHCOW)

When asked whether their group or organization is connected to the Caribbean IAW community, 12 respondents answered 'somewhat', 4 answered 'Yes', and 4 answered 'No'.



During interviews, one organization that has been working with IAWs for up to thirty years estimates that they only reach 10% of the Jamaican workers in their region, at most. They also noted that trust among workers has been developed over the years.

Some groups reported that they are limited in their outreach and work with IAWs from the Caribbean because some farms are reluctant to facilitate connections, and because of long working hours. One community group noted that not many Caribbean workers are in their region.

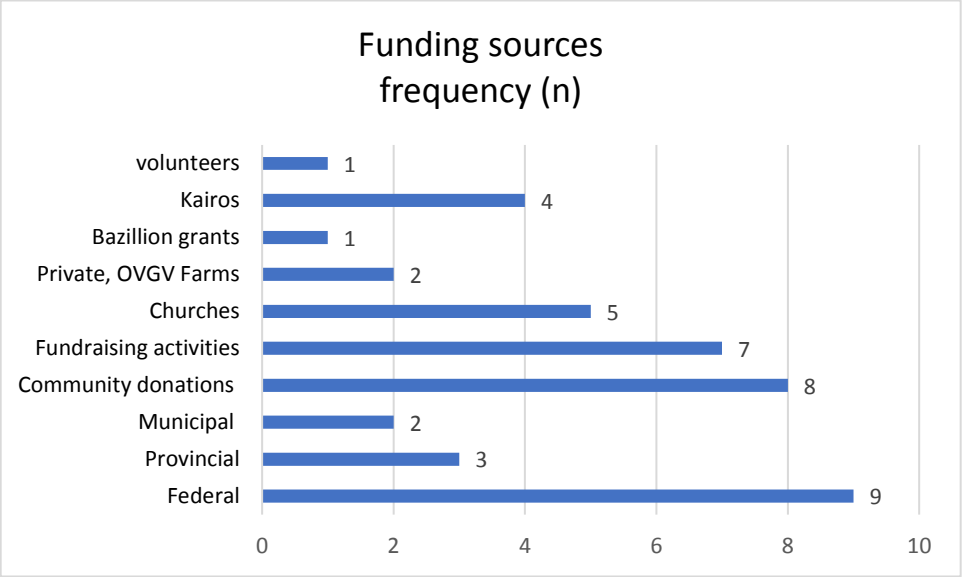
One interviewee noted that a successful event for the Jamaican agricultural community in Niagara Region is the annual *Peach Pickers Picnic*. In 2019, this event brought together 850 IAWs and 250 local residents.

No questions were asked about specific programs or activities directed to the LatinX IAW community.

Funding & Other Challenges

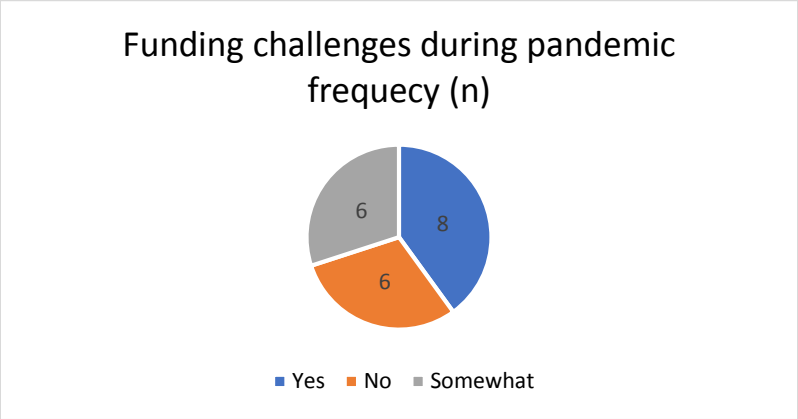
During interviews with IAW community support groups, a total of **39 sources of funding** for their organizations were identified. Some groups rely on funding from various sources.

In this review, overlap between community group funding sources, and gaps may exist. For example, starting in January 2021 the organization KAIROS Canada (who will be discussed further in this report) began funding groups to provide IAWs support during the pandemic. KAIROS funding came from the federal government, and various groups interviewed were funded through the KAIROS initiative. Bazillion grants funds to municipal governments, so it is possible than other groups received funding from this foundation as well.



Interview responses identified a diversity among community groups based on their funding sources. There were also groups funded by a single source, for example through grassroots fund raising (Niagara Workers Welcome), Kairos (Unknown Neighbors Migrant Support and Centre for Migrant Workers Solidarity), as well as those that base all their work on volunteerism (The Interim Group).

Most of the community groups experienced challenges during the pandemic, as is shown in the following graph:



Most community groups or organizations interviewed reported limitations in their activities and support for IAWs due to funding issues. Service Canada funds managed through KAIROS supported many of the activities conducted in 2021 by at least four (4) of the community groups interviewed. Some organizations (Southridge Community Church Caribbean Workers Program) identified an interest to expand staff (hire at least 2 or 3 additional staff) to increase their supports for IAWs in their network.

One staff member from a group in Niagara Region (Migrant Farmworkers Project) reported that prior to the pandemic the organization served and supported 35 houses of IAWs, which increased to 81 during pandemic.

Other challenges in providing support and services to the IAW communities

During interviews, many groups identified numerous other challenges that impact their support and service delivery to IAWs but that are unrelated to funding, which were organised into 8 themes:

1. Communication

- Some of groups indicated that communicating with IAWs, delivering information, and building trust is a challenge, demonstrating a consistent need to improve communication.

2. COVID-19

- The pandemic eliminated opportunities to connect with IAWs in- person, hence it impeded the organization of social gatherings, clinics, classes, festivals, and fairs. Interviewees reported that it was difficult to reach workers and conduct activities virtually because of limitations in access to technology, internet, and familiarity with video and communication platforms.

3. Physical Space

- Due to much of the work of IAW community support groups being seasonal (most IAWs are here during the summer season), interviewees identified difficulty finding short-term rental locations from which to provide their services to IAWs and store resources. Organizations identified the need for office and/or space to conduct activities; however, they identified difficulty related to funding and short-term leases. Not all the groups interviewed have a dedicated office location.

4. Transportation

- Interviewees noted that transportation options for workers to travel off the farms and attend activities organized by the community organizations, or seek services or care, or goods, is usually challenging, although some noted that some employers provide transportation.
- Community groups described transportation challenges during food and goods delivery to workers on farms.

5. Volunteers & staff

- Some interviewees identified the number and age of volunteers as being an issue. They identified the need for more volunteers and those of younger ages. They noted that their work can be physically demanding, for example when boxes of food and goods need to be mobilized and delivered to IAWs, and suggest that this can be difficult for older staff and volunteers.
- Community groups identified a need for Spanish speakers in various capacities, including in professional service provision.

6. Trust among employers

- Several community groups noted that developing relationships of trust with farm owners has been a challenge. These interviews suggested that they provide services to benefit workers but can be seen by employers as causing trouble. Interviewees noted that the relationship with the employer can either limit or facilitate the support provided by these groups. Examples of both were shared, showing a variety in employer-community group relations.

    - One interviewee noted, “Some farmers have signs that say no trespassing and that they will have you arresting if you come on their property, some have security cameras.”

    - Another stated, “We always try to work and collaborate with the farm owners and that has facilitated our job. We have established a support network with them”.

7. Trust among IAWs

- Various community groups identified the importance of building and maintaining the trust of IAWs. One noted, “It is important being known by workers to build trust”. Another stated,

“… they need to know that we are only trying to help and would not do anything to jeopardize their work. Some workers are weary of speaking with us about their problems because they fear it my get back to their farmers who might end their work term and not take them back.”

8. Limited Regional Coverage and Reach

- An interviewee noted that in their region (Niagara) there are about four thousand migrant workers of which his organization has reached about nine hundred.

Pandemic-related Changes in the Needs of IAWs

During interviews, many groups identified numerous changes in the needs and requests made by local IAWs, which were organised into **7 themes**:

1. Requests for Information

- Community groups identified challenging requests for information about COVID-19 protocols and changes (e.g., masks, hand sanitizers, symptoms, test, and vaccines). Some noted that sometimes IAWs received different information from their countries than from Canadian sources.
- One organization identified that they administered a survey to IAWs to find out what they wanted to know about COVID-19, and they also connected workers with a doctor who could answer their questions regarding the pandemic.
- Organizations noted that workers asked that information be provided in video format.

2. Logistics

- Various interviewees noted that mandatory quarantining periods meant that IAWs often needed food and groceries be dropped off at their quarantine locations, including hotels.
- Community groups identified that during the lockdown, many IAWs could not go out to do their shopping. They note that some employers helped workers with their shopping, but that many workers reached out to local community groups to request deliveries of food, PPE, toiletries, essential work gear, and other goods. Information was also delivered. Some organizations connected with local food banks to source grocery items for workers. Many stores were closed and made difficult to buy food, and more so in the case of culturally appropriate food items.
- One interviewee noted that on some farms, the water is not adequate for drinking, and that this was an issue pre-pandemic. This group purchased and delivered cases of water to IAWs at this farm.

3. Assistance

- Interviewees noted challenges with the ArriveCAN app through which IAWs had to document and report their arrival and quarantine period to the Federal Government. They noted that this app was extremely challenging for IAWs to navigate, especially if they didn't have a cell phone or a computer. One interviewee noted that workers were told to download and create an account on ArriveCAN before coming to Canada, and were instructed to log back into the app daily after arriving in Canada and report their symptoms. However, community groups reported that many IAWs did not know their log in information (because in many cases a family member assisted them with creating an account back in their home country). Alternatively, they were told to report their symptoms to an automated operator, but that service was only provided in English and French. The consequence of not reporting was a fine for the employer. Community groups interviewed identified assisting many workers with this mandatory reporting.

4. Socialization and psychological needs

- Various interviewees identified that IAWs expressed emotional needs related to increased isolation, as well as worry and concern for their families back home.
- They noted that most IAWs depend on their cellphones to connect with their families, and with local organizations, and that often SIM cards were purchased and distributed by volunteers and staff.

5. Medical support

- Interviewees noted that during the COVID-19 pandemic, medical support for IAWs was needed beyond COVID-19.
- They also noted that many IAWs found it challenging to afford medication needed.

6. Permanent Residency

- Interviewees noted that when the Federal Government announced that they would be making permanent residency (PR) opportunities available to workers (i.e., TR2PR), many workers requested assistance in accessing entry into that stream. They noted however, that most IAWs did not qualify.

7. Lack of support from sending country officials

- Some community groups interviewed noted that IAWs in their networks reported feeling as though they were not well supported by their own consulates during the pandemic, and especially during quarantine. Many reported that no one reached out to them to check if they were ok, see how they were coping, or inquire if they had enough food, etc. Interviewees noted that many workers did not receive information about their wages and payment during quarantine and the pandemic.

NOTE: One interviewee noted that their group was actively responding to an "emergency need for food" among IAWs in their region. Together with reports of the lack of drinking water on some farms, this presents serious situations of risk for the physical and mental health, and human rights of IAWs exposed to such situations, and should be investigated.

Changes that community groups made to support and work with IAWs during the COVID-19 pandemic

All community groups interviewed reported having to make changes support and service provision for IAWs because of the COVID-19 pandemic, including:

- Inclusion of information about COVID-19 in their newsletters
- Virtual delivery of programing and information sessions and the production of video resources
- Need for increased contact with farmers/ employers to reach workers
- Need for more telephone/ WhatsApp/ Facebook communications. In some cases, staff and volunteers were able to reach more workers electronically than before the pandemic.
- Development of mobile programming to 'visit' farms.

- One group reported they had to end certain activities due to reduced pool of volunteers during the pandemic.
- Reduction of activities at the farms, such as spiritual services, and social gatherings.
- Increased connection and referral to services that offer emotional support to IAWs in crisis.

How these Changes Impacted the Success of Work with IAWs

During interviews, groups were asked to evaluate the impact of the changes their organization made due to the COVID-19 pandemic, both positive and negative impacts:

Positive/Very Positive:

- More advocacy work on behalf of IAWs
- Learn from worse case scenarios to deliver the organizations work
- Opportunity to meet (more) farmers
- Trust with workers might be increased because organizations keep supporting them in particularly difficult times
- Adapt and deliver services at farms
- New grant supports
- An organization of a “resource centre” where clothing, household items and COVID-19 testing were provided

Negative:

- Less fulfilling having virtual activities instead of in-person
- Fewer volunteers to help with drop-offs
- Bigger effort to maintain communication with workers
- Increased isolation among IAWs
- Harder to achieve organizations goals
- Lost some connections with IAWs

Access to new funding during COVID-19

Half of the interviewees reported that their organizations received new funding. These are the sources of such funds and the frequency of reporting:

- Kairos Canada (5)
- Bazillion Grant (1)
- COVID-specific funds from a federal grant through united way (1)
- Private sector grant applications to Langford conservancy (1)
- CMHA (1)
- Windsor-Essex Community foundation and Emergency Community Support fund (1)
- Leamington (municipal), funds received every year (1)

How has this funding impacted Ontario IAW Community Support Groups

- Directed activities to focus on COVID-19 response (e.g., providing welcome bags, masks, sanitizers)
- Helped to buy culturally appropriate food for workers during the pandemic
- Focused efforts on providing information sessions, emergency support and services
- Exposed the problems related to insufficient/inconsistent volunteers
- Enabled the hiring of staff
- Enabled the start of a clothing hub for IAWs
- Promoted more collaboration between organizations
- Lead to the connection with new organizations and services
- Expanded their coverage
- Increased the amount of administrative work

Other Organizations & Service Providers in the Region

Of those interviewed, eighteen (18) community groups identified collaborations with other organizations in their regional work with IAWs. These respondents were from Bradford/Simcoe County and Hamilton-Carlisle-Lynden.

Shortfall in Ensuring the Needs of IAWs are addressed across Regions

Of those interviewed, seventeen (17) community groups reported that the needs of IAWs in their regions are not sufficiently addressed. Two (2) respondents reported that IAW needs are sufficiently addressed in the Hamilton-Carlisle-Lynden and Niagara regions, while another (1) reported that workers' needs are sufficiently covered in Durham.

Project members asked interviewees to expand on their responses and describe challenges related to meeting the needs of local workers. Responses were organised into **7 categories**:

1. Limited Local Support and Services for IAWs

Some interviewees reported a lack of local supports and services for IAWs. Community groups in Bradford-Simcoe County identified the region as having very poor support for IAWs in general, with only one (1) group assisting workers at the beginning of 2021.

This was expressed by one of the interviewees from Simcoe County:

> "We are the only one. We started in March, and we hope to be able to provide support for the workers you always would like to see more, we would like to see a community centre, health clinics, we tried to teach English, but we are a small group, we would like to see more services being offered by the municipality to workers, but not only workers but to anyone who comes from another country. It would be great to see local municipal awareness and action to address mental health, depression and isolation"

One interviewee from Niagara region, which is served by various organizations, estimated that all these organization combined may only reach 50% of the 4000 IAWs that work in the region. Another addressed this in terms of accomplishment:

> "So much more to do. Not being met by us or by anyone. Not even close."

2. Need for Increased Collaboration

Even groups in regions where IAWs are better served noted that better collaboration is needed among groups to better assist workers who still fall through the cracks. Interviewees noted that many communities that host IAWs are not multi-cultural or inclusive, and significant effort is still needed to increase positive workers connections with local communities. For example, community groups identified that discriminatory behaviours toward IAWs in some local stores were reported during the pandemic.

3. Hope

From interview findings, it is clear that community groups operate in large part thanks to the commitment and feelings of social responsibility among their members, and a drive to improve outcomes for IAWs. As one group expressed:

> "People are trying their best. There is a lot of things to do. This year has brought light to what is going on in the farms. The lack of trust between farmers and service providers is starting to change, and people are starting to view migrant workers in a different way."

4. Need for space(s) for IAWs to disengage from work

While in Ontario, IAWs live in employer-provided housing with the same people they work with. Workers generally do not have personal spaces to relax and disengage from work. Interviewees shared that the pandemic has made it challenging for community groups to offer physical places for socializing and support. This is also constrained due to cost, availability of short-term rentals, and poor transportation options for workers. One group noted additional obstacles:

> "Workers need a safe place where to go. We are able to rent a place, but we are not allowed to have workers there. They would consider that loitering."

5. Need for more time off

One group noted that IAWs need more time spent not working so that they can take care of errands to support their families back home, and to relax:

> "They (workers) need more than just one day for shopping, they need more time for themselves. They are not even allowed to leave the farms."

6. Larger picture

Some interviewees recognized that the needs of IAWs are rooted in issues the group is unable to assist with, as noted:

> "…the system needs to be changed. Everything we do to support the workers is just a band-aid for the specific issue. Getting help and having a good farmer is like winning a lottery, it is not guaranteed for many workers"

7. Recognition and integration of IAWs

One community group identified the need to increase awareness among local communities to promote workers' contribution to provincial agricultural production. This group also noted the need to integrate IAWs into the community in a meaningful way, as temporary or permanent neighbours in the communities:

> "I think more support is needed. All of us are doing what we can but there's the need of more support. We have to help IAWs to make them feel part of the community, English lessons, and interpretation services. We try to get to know what they need instead of assuming what we think they need. Some people think that with giving them a bag of rice is enough, but IAWS are not looking for charity, they come here and work hard, they need to be made part of the community."

Primary Health Care Services that are Accessible to IAWs

Of the community group interviewed, thirteen (13) identified primary health care services accessible to IAWs in their regions, while seven (7) reported none. The regions identified as not having primary health care services accessible to IAWs were Bradford, Windsor-Essex and Niagara.

Community groups interviewed discussed the myriad of barriers experienced by IAWs to independently access the primary care services that do exist. They reported that many IAWs speak Spanish, and that Spanish language capacity is not often available at clinics or rural hospitals. Interviewees noted that there are walk-in clinics in some area where people speak and interpret Spanish for IAWs, but in some cases, the availably of these interpreters do not fit with workers' availability. As noted by one (1) community group, another issue is privacy:

> "Next barrier is privacy, if they need time off it can be used against them by their employer. The health care that exists does not meet the real or perceived needs of workers."

Community groups note that most IAWs are dependent upon their employer to access health care services. As a result, workers may be hesitant to seek medical care, even when they need it. Some community groups across the regions identify that they accompany IAWs when they do seek medical care to provide interpretation services and transportation, as needed.

Interviewees identified the following examples of health care services accessible to IAWs in their regions:

- Grand River Community Health Centre (GRCHC) operates a clinic for IAWs at a local grocery store (i.e., the Superstore).
    - The GRCHC also sits on the Norfolk Seasonal Agricultural Workers Community Committee (NSAWCC) and has expanded their services to include mobile services.
- The Muskoka District Health Unit provided groups with several solutions to address the needs of IAWs, such as vaccine clinics (May to August 2021).
    - They also talked to individual workers and answered questions.
    - They continued to provide pop-up clinics to IAWs in 2022.
- Clinic in Brantford in a parking lot that workers can access.
- Health Clinic in Delhi that sees IAWs.
- The Brock CHC in norther Durham Region.
- Quest CHC provides onsite health services to address the lack of transportation for IAWs in the Niagara region.
    - Quest CHC and McMaster collaborate to provide mobile clinics onsite.
- WECHC (a partner of CARE) provides primary care for all vulnerable/unattached clients with no family doctor, including prenatal/postnatal care and support, community outreach, nutrition services, counselling and support, dietitian and wellness, classes, and resources for health promotion.

IAWs Mental Health Needs & Services

Factors Related to the Mental Health of IAWs Reported by Community Groups

Of the twenty groups interviewed for this project, nineteen (19) reported their belief that IAWs face challenges to their mental health. When asked on what they base their opinion on this, interviewees provided either answers related to symptoms or behaviors they have seen among IAWs, as well as factors that they feel make this group vulnerable to poor mental health outcomes:

Vulnerabilities (frequency n)

• lack of connection to the community • lack a natural support group • insecurity about what to expect in Canada • poor/crowded housing (2) • bed bugs • lack of rest • discrimination • no belonging • no community, isolation • no social construct • language barriers	• verbal and emotional abuse from employer • constant uncertainty about the continuation of their job (job insecurity) • challenge to their own safety (the stabbing in BC) • they cannot talk to their employer [not allowing their employer to see any cracks in their mental strength] • they are not treated with respect • they are talked down to

• tiredness (2) • overworked (2) • things out of control • high demanding job (physical, mental, and emotional) • abandonment (2) • away from their families (4) • managing family needs at home	• being bullied by other workers on the farm • they have no privacy • repetitive stress injuries (RSI) • hard to reintegrate themselves back at home as dads • significant events in their families: death sickness or injuries of a loved one (3)

Observed Symptoms or Manifestations (frequency n)

• feeling anxious • feeling down/depressed (4) • feeling disconnected • they have asked for spiritual connections • loneliness (3) • being isolated (4) • more isolation during COVID (2) • stressed (3) • cultural shock • alcohol consumption • tensions at bunkhouses	• risk for suicide (2) • feel worried • feel confused • feel ignored • feel unprotected • being unheard • feel invisible • guiltiness to be far from their children • homesickness (5) • grief (2) • helplessness

Interviewees also identified barriers in getting to know and building trust with workers who need assistance:

Barriers (frequency n)

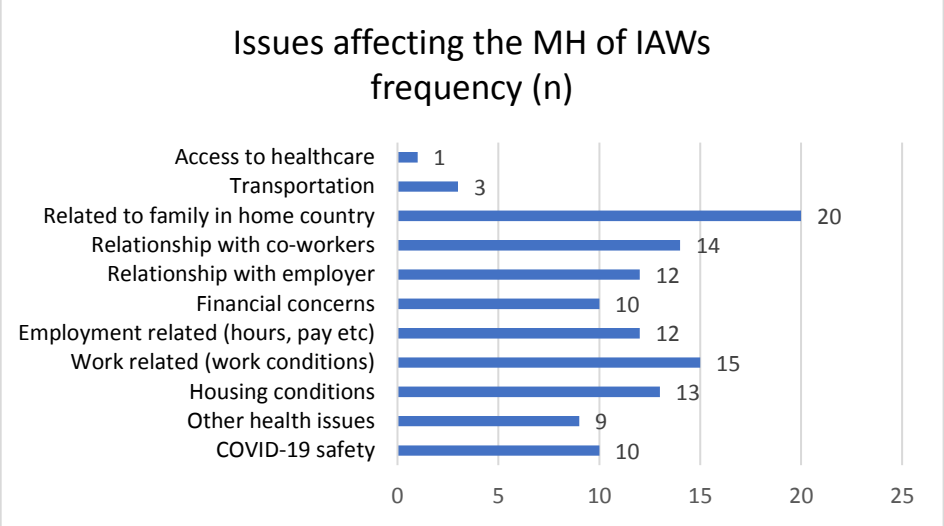
• they don't open up about their emotional needs • they are not able to get days off • stigma • they want to be seen as an asset rather than a liability • phobia of being identified as LGBTQ • lack of trust	• somatization • scant use of diagnostic tools for screening mental health problems • cultural background mandates for men about being strong and don't show weakness

Sample responses:

> "[IAWs] have nobody to talk to, they cannot talk to their coworkers because privacy is a huge issue and everybody is carrying their own burden."

"I have done pastoral care counselling and religious skills as a priest, and I have made referrals to psychological services in the region. After counselling, I identify psychological needs and have made several referrals."

Identifying issues affecting the Mental Health of IAWs



Interviewees expanded on the challenges described above, and added a series of factors related to COVID-19, including:

- Experiences of isolation during quarantine,
- Anxiety related to the new requirements at arrival
- Awareness of the risks they undertook to work abroad
- Being offered covid vaccines at the airport, workers were tired and afraid
- Arranging second vaccine doses was challenging, mixed vaccines not recognized in some countries of origin (e.g., Trinidad and Tobago)
- Many services were not open at all or when they were off shift,
- Isolation and loneliness became an increasing problem across regions

Where or from whom can IAWs Seek Support

During the interviews, projects members asked community groups how, where, or from whom can IAWs seek support when they experience mental health challenges. Seven (7) respondents said they do not know. The following resources were identified by thirteen (13) of the respondents:

- One community group has a psychotherapist
- Two (2) referred to "Te escucho", an organization of Mexican psychologist who volunteer assisting workers by phone

- One (1) referred to “Fundación Origen”, an organization from Mexico assisting immigrants in the U.S. and recently in Canada
- Another group (1) said they would contact the health unit to find out what resources would be closer to their farm and if they have service in the language of the worker in question and if they do not the community group could send an interpreter
- Workers tend to turn to the church if they have a problem to seek spiritual support and prayers
- Have referred workers in mental health distress to Quest CHC
- Workers depend on community groups to access any of these service
- Workers tend to cope by themselves and many turn to drugs and alcohol
- “Maybe Ministry colleagues that may be closer. It's about confidentiality.”
- Ask to colleagues for a psychiatrist reference.
- Refer them to a walk-in clinic so they can talk to a doctor
- In Haldimand-Norfolk, IAWs were referred to two primary supports, GRCHC and Community Addictions and Mental Health Service of Haldimand-Norfolk
- To Meta Collective Meditation and La buena semilla church
- “There are no resources for migrant workers, many don't read very well and they don't have the time to watch videos or webinars.”
- Community groups with access to psychologist or psychiatrists is done with medical referrals to doctor offices and specifics
- “They [IAWs} have access to crisis lines, community health care centres, language services.”

Mental Health Services Available to IAWs

Most of the interviewees who identified a way to direct IAWs in case of mental health need or assistance considered that the services are not generally accessible to them, and that they need help with access and navigation.

Suggested Changes to Make Mental Health Services Accessible to IAWs

During the interviews, community groups were asked about the kinds of changes they think would increase the accessibility of mental health services for IAWs in their region. The following recommendations emerged from the interviews:

- CMHA should create helplines in more languages
- Services should be offered in languages spoken by IAWs, and be culturally informed
- Primary care clinics are needed that operate during times that fit with local IAWs’ schedules, and transportation should be provided
- A need for language supports and knowledge of IAWs and their needs in mental health services programming and delivery was noted
- A hotline for IAWs to call was suggested, as they are often unable to access services during regular hours
- Creation of a live chat with a clinician platform, where IAWs could get real-time information, was suggested as many workers have access to mobile phones
- Increase IAWs’ access to dental services, mental health providers, and physicians at times and in places that are accessible to local workers

- Information for IAWs should be made available in accessible languages and formats

One (1) group offered an example:

> "…they need a private place where they can go and talk and get attention. If a worker was having a breakdown, they would remove the worker from the property. The liaison would move fast to remove them from the property instead of seeing if the mental health issues they had was treatable, it would just be seen as a problem. And I get it, the farmer cannot be everything, they have time crunches, and they are not social workers, but there should be someone they can call, at least to ease that person's situation. The solution is not wait for the liaison for them to remove them. A worker was diagnosed with a brain tumour, and COVID has created more challenges, how can we help them. Would be good to have a network with the hospitals."

How Support from Community Groups Impacts the Mental Health of IAWs

Here is what interviewees said about their organization's role in the mental health and wellbeing of Ontario IAWs:

> "The events we have helps create wellbeing on them. They have created a new music group and that has helped us and them to relieve stress."

> "When they know that there is a group that speaks Spanish and learn that we are here to help them, they feel relieved. They know they have someone to talk to and we can help them. And also, to share good news, like they are going to have a baby, or their children are doing well, or they got promoted, they also share good things and news with us."

> "We have gone above and beyond just providing service. We connected with the workers on a more casual and friendly basis as well. Within reason, we still try to keep our professional relationship intact. We have established trust with the workers, and they know that we are here to support them and not give them immigration status or anything of that nature. We are here solely to help them find someone to help, call and talk to if they need it."

> "Yes, spiritual health and supports are helpful to their mental health. As are our relationships are foundational."

> "…workers share their experience with our group and how happy they are to connect with people who appreciate them and see them as equals. There have been interviews and feedback about the services and they have been positive. At some of our events we have had testimonies from workers that reflect positive impacts on mental and emotional health."

> "MFW project does provide support that is positive, and we evaluate that when people come back to say thank you. They express gratitude. That is the best thing."

> "We have developed relationships with the workers who come over when they have time for dinners and talk to us and get help. They always say thank you and how appreciative they are… for sure. I get tons of WhatsApp messages that come from places of appreciation."

"Need a network where clinicians and physicians can provide pro-bono health care."

"We listen to them…We see them very happy and always wanted to go to the events."

"I would say yes - but, since we act more like a referral hub, when it comes to acute situations, when somebody needs mental health discussion or assessment, in that way we refer. Overall, our goal is to support the health and wellness of workers, on a continuum of care, we want to engage workers and community members."

"…community awareness has grown so they feel part of the community a bit more, there's a lot of engagement now than before having a Facebook page, they can reach out to us."

"We are welcomed. Workers always give us positive feedback when we have events, or we reach out to them."

"… the summer care fair is a great source of integration. We do raffles. We deliver food. I think it is a positive thing. The online stuff is challenging and are not as great as in-person events. The fair is something that the workers look forward to. There is always culturally appropriate food for everybody. Services providers are there with the stands and they give information. Workers need professionals to offer help, we can listen, but they need someone who can help resolve their problem."

"I have had workers tell me that myself. I had 22 workers that left 3 weeks ago. I told them let me know when you arrived home, and I received messages saying thank you and we need you and we hope to see you next season."

"We have created deep rooted friendships with them over the years. We have a bond. Even though we might arrange meetings with other men so they can talk about their marriage problems some things require more trained help. A phone call is not going to help but to have a place where they can go. For mental health is not always crisis, a little help can help alleviate the situation."

"It is possible to conclude that these organizations are successful in offering spiritual and social support to IAWs, a sense of integration and help them access specific professional support when needed."

Mental Health-focused Events, Workshops, Webinars & Resources for IAWs

Nine (9) out of the 20 group interviewees said their organizations have delivered activities and/or resources to IAWs related to mental health. Here are some examples:

- Session(s) with guest speakers talking about mental health, self-care, depression, loneliness, in different cultures, etc. (5)
- Webinars through KAIROS, topics included mental health and other issues
- Yoga video, meditation session, and exercise activities
- Meta collective meditation; 40-50 workers in meditation sessions via video

- Social events, including talks about mental and physical health, and church dinners and events in Leamington (2)

One (1) interviewee reported that based on their experience, talking about "mental health" in those terms is not culturally appropriate due to stigma in workers' countries of origin. Another reported that a talk about alcohol consumption was not well received.

Respondents from various groups reported they held more events before the pandemic. It also seems that the transition to virtual communication and activities, together with the focus on COVID-19-related information, decreased the opportunities for other topics and/or issues to be addressed.

Collaboration with Mental Health Agencies

Of those interviewed, five (5) community groups reported collaboration with mental health agencies. When asked which agencies, two (1) identified CMHA, another group (1) mentioned Positive Living, and (1) OHCOW, although both not mental health agencies, and two (2) did not remember the names of the organizations. In all cases, the collaboration included talks and presentations or training.

Ability of Regional Mental Health Services to Sufficiently Address the Mental & Emotional Health Needs of IAWs

Only three (3) of the groups interviewed considered current services in their regions as being sufficiently capable of addressing the mental health needs of IAWs in the area. These groups are in Simcoe County, Haldimand-Norfolk, and Windsor-Essex.

Other interviewees noted issues related to the accessibility of such services, and some noted that such services do not exist at all in their regions.

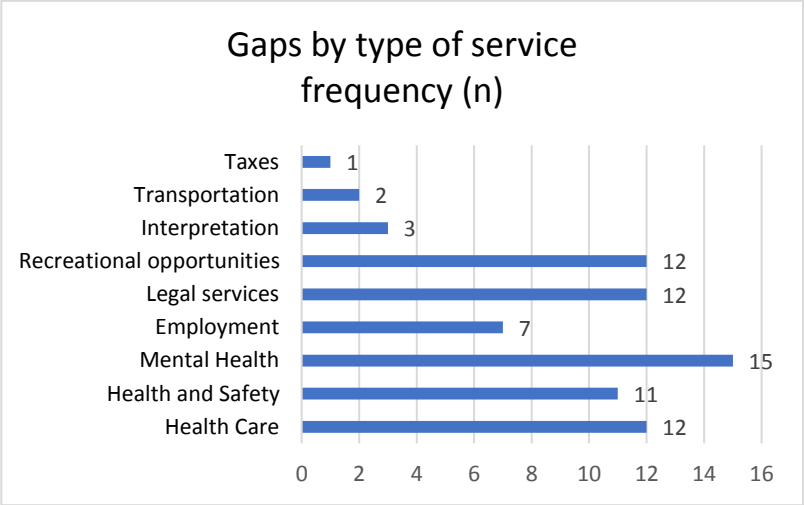
During interviews, many groups identified existing mental health programs and organizations as being mainly focussed on the resident population, with no specialised services specifically for IAWs. Interviewees noted that there is a lack of cultural awareness among mental health professionals working in local organizations. They mentioned that as in other services, many IAWs encounter language barriers when trying to access services and that many workers are unaware that these agencies exist.

One community group noted that due to stigma surrounding mental health in sending countries, lack of time, lack of transportation, and language barriers, many workers may not look for mental health services, even if they need it. Another respondent explained how the lack of awareness among IAWs in their region, where services are available, should be addressed:

> "… the resources are there but in our cases I had to make referrals because they are not aware that they are in need of psychological care. Many times, workers are not aware that they need help. Services are there, but how to connect to them? Worker needs to understand that they need such services. Mental health care is out there, but for MFW they must identify that they need help. Workers need a facilitator, that's what we do."

Services Gaps across Regions

During interviews, community groups were asked to identify gaps in services in their respective regions.



Of the 20 groups interviewed, it is significant that 15 identified gaps in mental health services. Other notable gaps were also identified in health care services (12), legal services (12), and recreational opportunities (12).

Many groups referenced the everyday need for IAWs to be able to move around, communicate, and run errands (e.g., banking, shopping), as well as more specialized services that might be highly needed by workers, such as physiotherapy. Many also noted that although the services exist in their region, the role of their organization is vital to helping workers access and navigate these services.

To address gaps in recreational opportunities for IAWs, prior to the pandemic some of the groups organized trips and get-togethers, and others reported that there were soccer games at some of the local farms.

Legal services available to inform workers of their rights were identified as being needed by 12 groups, but three (3) highlighted that many employers discourage workers' accessing such services, and so workers are often reluctant to consult with legal clinics. An interviewee noted that workers are generally reluctant to approach legal clinics to action their rights out of fear of losing their jobs.

One (1) group identified a need for manuals to be created and distributed by employers that contains information about workers' rights. Another identified the Mexican consulate and making effort to set things up to be available to workers, but stated that in general, workers are not informed/aware of their rights.

Of those interviewed, 11 groups reported a lack of information about health and safety for workers.

Some groups emphasized that the amount of time off workers have is not enough to cover their needs outside of work on the farm, such as shopping, consultations or leisure/recovery time. One reported that sometimes injured and sick workers don't want to take time off work to rest or seek medical care.

In terms of the needs of community groups to support fulfilling their goals, two of them identified the need for community buildings, a place where workers can go and get the services they need in their language, for taxes, interpretation, etc., noting that this is the case in Leamington. They also mentioned the need of more translators/interpreters.

The following are three citations from community group interviewees about key issues:

> "We can help workers, but we cannot take away the responsibilities that employers have. Guys are always working, when is there time for recreation? I think more can be done."
>
> "… there is a gap in translators. We call three-way for live translation. That is something that my pharmacy is investing in, only on Fridays. When the clinic is closed, we need a way to help."
>
> "Transportation services are needed; the farmers are the ones who bus workers into town. Superstore bus runs loop to downtown. Transportation services outside of grocery days, there is a huge gap. Workers ride bikes without reflectors and that is dangerous. If a worker has some off time, but not on Friday, they have no way to come into town…this is a rural area, so we need transportation, it's hard to move someone from one place to the other."

Community groups fulfill their missions by facilitating the integration of IAWs into the communities and their services. Many go further, filling existing gaps that are the responsibility of employers, health services and local or municipal administrations through facilitating transportation, translation follow-up, ensuring health care accessibility, providing drinking water where there is none, and distributing sufficient and adequate food to workers.

During the pandemic, these group played a fundamental role in supporting IAWs. Fortunately, many groups accessed financial resources to support their work in the context of COVID-19. Their concerns about access to a better and more stable physical and budget infrastructure to fulfill their mission should be heard.

More awareness should also be generated in the communities of agricultural activity about the important work done by these groups, and local agencies should support the professionalization of their human resources and promote volunteer opportunities, particularly among young people.

iii. Interviews with Employers & Grower Organizations

Interviews with Employers

(7) Ontario employers hiring international agricultural workers contributed insight and feedback to this project. A set of interview questions were developed for employers, and (3) employers were interviewed on February 23, 2022, in-person during the 2022 Ontario Fruit and Vegetable Growers

Convention (OFVC) hosted in Niagara Falls, Ontario, and (4) responded to the same questions through a self-administered survey created and distributed by the project.

In-person Employer Interviews

For the in-person interviews conducted at the OFV convention, employers were invited to participate by a project team member stationed at OHCOW's exhibition table, sharing information about the project and resource posters version 1. Employers who agreed were invited behind the exhibition table to an open area where they could stand or sit. As this indoor event took place under COVID-19 restrictions, the project team member and the employers both wore face masks or respirators, and the interview was conducted maintaining physical distance. The space was also well ventilated.

Self-Administered Survey

The interview questions developed for employers were used to create an online survey through the program Google Forms. This program created an internet link through which to share the survey. Distribution of the project's self-administered employer survey was done in three ways.

1. A poster was created with information regarding the project and the employer survey, and a QR code that employers could scan and open the survey directly through their phone. This poster was put up at the 2022 Ontario Fruit and Vegetable Convention throughout the Niagara Falls Convention Centre venue, in various locations visible to attendees.

2. The survey link was distributed directly via email to 30 Ontario farms and agricultural producers known to employ international workers, and who have worked with OHCOW's migrant farm worker program (receiving resources or on-farm OHS presentations). The email included information regarding the project and provided the link to open the survey.

3. Staff from the Ontario Fruit and Vegetable Growers Association (OFVGA) distributed the survey link to their members via email.

Since the questions asked during the interviews were the same as those included in the survey, the detailed notes collected from the in-person interviews were submitted into the same survey program filled out by the additional employers, therefore all findings were aggregated and organized by the survey program.

Employer feedback was sought quite late in this project, within a short window prior to the project's conclusion. The interview and survey findings that will be reviewed are based on responses captured between February 23 and March 7, 2022. However, in discussion with staff from OFVGA, it was decided that the survey would remain open throughout the 2022 summer season, with the interest in attempting to capture additional employer perspectives that could inform and support ongoing work on mental health supports and resources for IAWs at the workplace level.

Findings

All (7) respondents identified being farmers, and all identified employing international agricultural workers with temporary employment permits. The number of international agricultural workers hired by the employers interviewed ended up representing all question categories.

Q3. On average, how many international- temporary permit workers does your farm employ a year?

Answers	Frequency (n)
Five or less	3
Six to ten	1
11 to 20	1
Between 20 - 50	1
Between 50 -100	1

Employers were asked whether they thought the mental health of international agricultural workers is an issue requiring more attention. (6) employers answered 'yes' and (1) answered 'no'.

Employers were provided the opportunity to expand on their answers. The employer who answered 'no' to the previous question of whether the mental health of IAWs required more attention clarified, and responded:

> "Not MORE attention, but attention would be welcome."

The additional answers identified factors these employers suggest have had negative impacts on the mental health of IAWs and provided some examples. These were organized and are reported as follows:

Factors affecting the mental health of IAWs according to employers	Frequency (n)
Being away from home/ family separation/ worried about family	3
Quarantine restrictions on arrival	3
Workers arriving to uncertainty/ unknown risk/ a lot of changes	3
A lot of misinformation circulating (COVID and COVID vaccine related)	1
Trouble getting to Canada	1
Worried about themselves and friends here (COVID-related)	1
Wanting to work and make money (while concerned with COVID-19)	1

One (1) employer noted:

> "Quarantine requirements have been extremely difficult for TFWs. In 2021 those workers who were fully vaccinated were still made to quarantine because there was no clear direction from officials on this. TFWs who quarantined in hotels could not leave their hotel rooms for 14 days. That was extremely difficult for workers and subsequently on employers for whom they worked."

Another (1) stated:

> "There have been a lot of changes. They are worried about family back home, they are worried about themselves and friends here, and they want to work and make money, all of that together. A lot of misinformation was circulating as well, about COVID and vaccines."

Responding to this question, one employer identified difficulty in finding information and support in the language of workers hired:

> "We have some workers from Vietnam working with us. It is also very difficult to find information and connections for them. One of the guys speaks some English, but the others do not."

Employers were asked whether there were practices, or supports that they provide, or that they are aware of, that they think help the mental health of international agricultural workers they employ. (6) employers answered 'yes' and one did not answer.

When asked to provide examples, (5) employers answered, and responses were organized and are reported as follows:

Mental health supportive practices/ supports for IAWs (Reported by employers)	Frequency (n)
Occupational health nurse provided wellness visits	1
Contacted CMHA to connect a worker to counseling	1
Supplied mental health handouts	1
Arranged vaccination for workers	1
Coffee breaks and BBQ meals together	1
When providing groceries asked what food would make them feel good	1
Regular check ins to ask how things are	1

Took them to a larger city for the opportunity to shop and spend time away from the farm	1
Bought domino game sets for workers “workers said this helped”	1
In the past cricket and soccer games with other farms helped (none during the pandemic)	1
Opportunity to go to mass with a Spanish speaking priest and enjoy a meal afterwards with other works	1

Employers were asked (Q8) whether international workers on their farm have needed some type of support for their mental health or wellbeing, providing the example of workers needing to address an issue creating stress, or to speak to someone, or to receive some type of counseling or support. Employers responded to Q8 as follows:

Answer:	Yes	No	Missing	Total
Frequency (n):	4	3	0	7

One (1) employer who answered ‘no’ expanded by saying:

> “I am not very sure if they have. We do tell them to let us know.”

Employers were asked, if so, how did they manage the situation? What did they do as an employer? Some employers referred to their previous answers, and three (3) employers responded with multiple, additional examples and comments. Findings are reported as follows:

Examples of responding to IAW mental health needs (Reported by employers)	Frequency (n)
When a worker's relative died we asked if he wanted to speak to a priest	1
When a worker was struggling with being here as a new person to the program the consulate official assisted	1
Offered to help resolve situations of personality conflicts amongst workers	1
Paid half of the connecting flights for four workers to come to Canada. Flight price had almost tripled due to the pandemic.	1

Amiga's Bistro (Simcoe, Ontario) helped by supplying and delivering groceries bi-weekly to workers, and helped communicate with workers when they were in Mexico.	1
Shared videos and information regarding vaccination to try to address worry among workers	1
Provided domino sets	1
Tried to call a local church who use to organize activities (all canceled due to COVID-19)	1

One (1) employer explained the situation of helping to pay for the flights of workers she hired:

> "Our guys, because they are from the eastern Caribbean, have to take a flight to Jamaica to then fly to Canada. There is no direct flight from their country. Usually, before COVID, this flight was 150 bucks around that. They end up having to pay that, and we pay and deduct up to a certain amount for their flight from Jamaica. In 2020 this [first] flight was about $380, this really stressed the guys out. In 2021 the flight was almost $700. We ended up deciding to pay half of this for our guys, we understood that it was too much for them."

This same employer identified a high level of stress and worry among the workers she hires regarding the safety of the COVID-19 vaccine. This example is further discussed in a following discussion on services and supports specific to Caribbean workers:

> "Our guys were very worried about the vaccines, I tried not to pressure, I told them why I got the vaccine, and that it could help them not end up in the hospital. They still were very hesitant and worried. Even when they decided to get the vaccine, one of the guys told me he was doing it because he just wanted to work. I remember even the day of the vaccination, on the drive, he asked me what would happen if he died. That really hit me. You can't solve everyone's worries about this, but I do think it would have been helpful for the guys to talk through some of their worries with someone more knowledgeable than me. We tried to share videos and good information with them to address their concerns. It was difficult, they had a lot of misconceptions."

Another (1) employer noted:

> "One of the biggest issues TFWs face are personality conflicts. This is a recurring issue and we need more resources to help them with this. One difficult personality in a crew or a bunkhouse can cause a lot of stress to the others."

Another (1) employer responded:

> "Toughest thing for workers is the death of a family member back home. It's bound to happen. Support around this topic would most certainly be welcome."

As has already been reviewed in the project poster feedback discussion, (2) employers answered that they felt confident in being able to help if a worker they hire is facing mental health challenges, and (4) employers answered that they felt 'somewhat' confident.

Five (5) employers answered that in such a case, they were aware of supports or services they could connect workers to, while two (2) employers identified not being aware of this type of support or services.

When asked whether they believed they would benefit from more information on how to support the mental health of international agricultural workers they hire, including more information on services and supports available, all (7) employers answered 'yes'.

The employers interviewed recognized mental health challenges experienced by IAWs they hire, and many have been active in trying to respond with supports and referrals. It is also clear that employers are aware of stressors and difficult situations experienced by IAWs they hire, including the death of family members, and should be further engaged to help identify resource and service needs for workers in this area. Employers should also be provided with information and guidance on how to support the mental health and psychosocial wellbeing of IAWs, and services they can refer workers to for further support.

Interviews with Growers' Associations

A set of interview questions were developed for employer associations. An interview was conducted with the National Farmers Union (NFU) informant while an employee from the Ontario Fruit and Vegetable Growers Association (OFVGA) responded to questions via email. This section summarizes their responses.

The Goals of the NFU & OFVGA

The NFU is a direct-membership organization comprised of Canadian farm families. This organization promotes agroecology and food sovereignty, responds to the Agri-Lobby, promotes fair food prices, and fair-work label. NFU has a *Mental Health Farmers Group*, and well as in-house staff who deliver mental health information and peer-to-peer support groups. OFVGA supports fruit and vegetable farmers in Ontario with the goal of maintaining a thriving fruit and vegetable sector in Ontario.

Both (2) respondents agreed that mental health is an important issue. OFVGA talked about the stressors that increased among farmers during the pandemic, while the NFU talked about their resources.

OFVGA stated:

> "A lot of stress factors in the industry are related to COVID and the very high levels of new/unfamiliar required activities and legal obligations that farmers have faced over the past 20 months. In many cases, failure to keep up with this volume has dramatic consequences, including infection and spread of COVID among the workforce and/or enforcement consequences by several levels of government. Concurrent to the heightened public health

> stakes and the added legal obligations, such as rearranging entire workplaces and worker accommodations, and new reporting requirements, farms are also facing dramatically higher levels of inspections by provincial and federal agencies such as MLTSD and ESDC respectively. Many farmers have reported experiencing a high strain on their mental health due to these inspection processes, in particular those by ESDC which often feel like they are conducted with a presumption of guilt and can drag out of months before the farmer knows the outcome of their inspection."

Mental Health Challenges Affecting the Agricultural Industry

OFVGA noted:

> "Stress from constant adding of layers of COVID requirements that threaten to overload capacity of individual business owners to keep on top of everything while looking after the day-to-day farming. Lack of empathy from government officials (in particular federal inspectors for the TFWP) when interacting with a farm during an inspection, especially when they show no flexibility or leniency with expected response timelines in the middle of a seasonal spike in farm work. Growing sense that the public and public officials view farmers as guilty until proven innocent is creating a hostile work environment for them."

NFU members are mainly small and mid-size sustainable farms. Input costs, mortgages, and seasonality were the main challenges identified by the NFU representative.

This representative noted that within the agricultural sector in Ontario, the primary mental health challenges are related to financial concerns, the seasonality of the work, and resulting precarity and insecurity, as well as Isolation and long hours of work (many farmers report working 60-70 hour per week).

Mental Health Challenges facing IAWs

NFU identified numerous mental health challenges facing IAWs related to concerns over family abroad, lack of internet connection, substandard living conditions, food insecurity, and other issues generally related to migration and working and living conditions.

OFVGA's work has focused mostly on COVID-related challenges and needs, with the interviewee noting that they have not reviewed extensive information or detailed data on the mental health challenges faced by IAWs.

Work Focussed on Mental Health Challenges facing IAWs

NFU spoke about its support for "status for all", and the right for IAWs to have open work permits and the right to appropriate work and housing conditions. Additionally, individual members work with other organizations and participate in fundraising efforts for events for IAWs (e.g., barbecue, etc.). The NFU interviewee also referred to a study the organization had published on the subject.

OFVGA noted that during the COVID-19 pandemic they partnered with OHCOW to assess the needs of IAWs in terms of COVID-related resources. This initiative conducted interviews with IAWs from different cultural backgrounds to understand informational needs, and effective formats and strategies for information sharing with these workers. The initiative developed COVID-19 related resources responding to information areas identified as important, in formats that included English, Spanish and Thai videos. Among resources developed was a handout on mental health for workers, with general information, coping strategies, and some referral numbers.

Main Factors Influencing the Mental Health of IAWs

Interviewees were asked to identify from a list of aspects (COVID-19 safety, work related, financial related, health related, immigration related, family related, racism/discrimination, other social determinants of mental health) influence the mental health of the IAWs.

The NFU respondent said that all conditions related to migration, working and living conditions, and that work-life balance does not exist among most of these workers, that they work as many hours as are available and all of these factors influence their mental health. He based his opinion on the study they conducted (see above) and comments from the membership.

The respondent from the OFVGA noted that their work has not focused comprehensively on mental health issues or challenges among IAWs, adding:

> "One issue that hasn't been explored enough is the impact of mandatory quarantine on the mental health of IAWs after they land at Pearson airport. Depending on the local health unit, some IAWs had very limited ability to move, exercise and get fresh air; and many of them had limited or no ability to socially interact with other humans other than electronically."

Supports Available for Employers in Relation to their Own Mental Health

One (1) of the interviewees identified a resource for employers created by OMAFRA, and another resource developed by WSPS.

As for mental health crisis services available for employers, the following resources were identified by one (1) of the interviewees:

- Government of Ontario Mental Health Resources for Farmers
- WSPS COVID-19 and Workplace Safety
- OFVGA 'Emotional Health is Important'

Mental health supports for workers

OFVGA interviewee identified the same resources showed above: "In terms of making IAWs aware of resources, this can happen through employers, who relay the available resources to the workers; or through workshops hosted by OHCOW; or through community groups; or through the HubConnect app."

The NFU interviewee called attention to the fact that the resources available are directed to farmers, workers have different needs. They identified the need to recognize worker agency, establish trust and mitigate the power imbalance and fear of deportation. The representative noted that workers are denied agency, and have little information. The interviewee noted the need to improve workers' independent access to health professionals, noting that work needs to be done to building trust in health and other services. The representative noted that most information comes through employers, and that resources for workers are not enough and not accessible. They also noted that workers depend on the employers to access services.

Interest in Participating in Provincial Working Group to Increase Understanding of & Support to IAW Mental Health Issues

Both interviewees responded positively to whether their associations was interested in participating in a provincial working group on the issue of IAW mental health. The NFU respondent highlighted the importance of considering the difference between corporate big industries (repetitive tasks, lack of "brakes", and direct supervision) vs small and medium farms. The respondent noted a need for management skills, and staff and worker training. He also shared a warning about a practice of "renting workers" on Sundays or by hours from one farm to another.

OFVGA respondent highlighted the role of home country consulates:

"The supports available through the IAWs home respective countries should be identified and their availability to the workers maximized. Also, these countries' consulate offices, embassies, etc. should be made aware of all relevant resources developed for the IAWs so they can relay information about these resources to the IAWs."

iv. Interviews with Ontario Community Health Centres

The method for conducting interviews with staff from Ontario Community Health Centres (CHC), was the same as with other groups. A project team member who is an occupational health nurse developed a set of questions, with support from a fourth-year nursing student from Brock University. The inclusion criteria used for this group was health centres that provide services in to Ontario IAWs, in regions with the highest number of workers, as well in regions with smaller numbers.

All interviews with health centre representatives were conducted virtually, and interview notes were later input into the reporting form to organize findings. In total, staff from seven (7) health centres in Ontario that deliver primary care services to IAWs were interviewed:

1. Port Hope Northumberland Community Health Centre
2. Brock Community Health Centre (Durham Region)
3. Quest Community Health Centre (Niagara Region)
4. Grand River Community Health Centre (Brant, Haldimand and Norfolk Regions)
5. Chatham-Kent Community Health Centre
6. Harrow Health Centre
7. Windsor-Essex Community Health Centre

The first set of interview questions focused on understanding IAW services provided by these health centres, including service delivery models, the number of workers seen, and a sense of the impact of their services in relation to IAW regional totals. Questions then focused on identifying health issues among IAWs seen at their clinics, before focusing on the issue of mental health issues and related service support.

IAW Health Service Delivery Models across Health Centres

Health care service in community locations accessible to IAWs (regular/recurring)

- In community spaces (churches, clinical space in grocery store, health bus etc.)
- Multiple days a week, weekly, biweekly, seasonal
- Weekday after hours or weekend service

Health care service in community locations accessible to IAWs (mobile/ event)

- Mobile bus at health and information fairs, or other community events or opportunities
- Flexible
- Weekday after hours or weekend service

On-Farm/ Workplace clinics (by appointment or walk-in)

- In permanent clinical spaces set up by employer, mobile/ ad hoc worksite setups, or health bus
- Weekly, biweekly, monthly, or flexible
- Weekday after hours

Health care service at regular Health Centre location (by appointment or walk-in)

- Regular hours / available weekday after hours or weekend service
- Weekly, or multiple days a week

Virtual services

- Weekly/ by appointment consultations through phone/ internet call or video application

Health Service Delivery to Ontario IAWs & Staff Involved

Among the (7) health centres interviewed, all offer services to IAWs through multiple delivery models, although they recognized that some are more accessed by workers than others. Each health centre described their service delivery model and the staff and support personnel involved as follows:

1	Offers IAWs biweekly services at two community locations during the summer season, and weekly at an additional community location during the fall and winter. It also runs clinics on local farms, offers virtual consultations, and the opportunity for IAWs to be seen at its regular health centre location. Staff & Support: nurse practitioner, physician, residents, medical students, nursing students, community health workers, counselor, program manager, program coordinator, volunteers
2	Offers IAWs weekly services at a community location during the summer season, runs clinics on local farms, offers virtual consultations, and the opportunity for IAWs to be seen at its regular health centre location. Staff & Support: Staff & Personnel: physicians, health promoter, interpreters, and administrative personnel
3	Offers IAWs services at a community location, twice a week, utilizing a mobile health bus, it runs clinics on local farms, and offers IAWs the opportunity to be seen at its regular health centre location. It is also exploring utilizing its health bus to provide services during community events. Staff & Support: physician, registered practical nurse, medical secretary
4	Offers monthly services for IAWs at two workplaces (greenhouses) and offers IAWs the opportunity to be seen at its regular health centre location. Staff & Support: nurse practitioner and registered nurse
5	Offers IAWs the opportunity to be seen weekly and twice a week at two of its regular health centre locations. Staff & Support: nurse practitioner/ clinic director
6	Offers IAWs the opportunity to be seen weekly at its regular health centre location, as well as at a community location. Staff & Support: nurse practitioner, physician, health promoter, medical secretaries, volunteers
7	Offers IAWs the opportunity to be seen at its regular health centre location. Staff & Support: N/A

International Agricultural Workers Served

The health centres interviewed (7) identified seeing the following worker groups at their clinics:

- Workers from Mexico
- Latinx workers/ Spanish-speaking (country of origin not identified)
- Workers from Jamaica
- Caribbean workers (country of origin not identified)

One (1) health centre also identified workers from Thailand as among the largest group it sees. Another health centre (1) reported that Vietnamese workers represent 1-2% of those seen.

Although the distribution of patients by gender was not systematically asked, two (2) health centres identified seeing women. One (1) noted that their clinics serve many women from Thailand. Another

centre (1) identified an interest in exploring the feasibility of having a women's health clinic for IAWs in their region, based on their service experience.

Number of Patients Seen in 2021 & Service Reach

Health centres interviewed were asked for estimates on how many IAWs they saw during 2021. As a follow up, they were asked whether they could estimate what percentage of IAWs in their region this represented. Although mapping the health care access of IAWs in Ontario is beyond the scope of this project, nor does the project have data on additional health services accessed by IAWs and at what rates, research points to a lack of access to primary health services among IAWs. Notably, the services provided by the health centres interviewed for this project represent specific IAW service outreach efforts that attempt to address access barriers, and so their reach is important to consider.

In total, four (4) health centres provided data on the number of workers seen, however not all provided estimates in relation to regional totals.

Among the three health centres delivering services in regions of the highest IAW numbers, one (1) health centre reported 1,500 encounters with IAWs, estimating that this represents 30-40% of workers in the region (they estimated approximately 3,000 workers arrive each season). The representative of this health centre noted that from the total number provided, approximately 500 represented unique encounters (first time visits), and that there are always new workers accessing their services, and workers being removed from the list.

Another health centre (2) reported 759 unique IAWs serviced and 1431 interactions, between April and December 2021. A third (3) reported 284 individual IAW assessments during the last quarter of 2021. These health centres did not provide estimates on reach but one (4) noted that they believe that their services are accessible to most workers in their region.

The fourth interviewee who provides services in a community with significantly smaller numbers of IAWs reported serving 30 workers during the 2021 season. They identified this as low and suggested that numbers were usually closer to 80-100, which they believe represents approximately 50% of IAWs in their catchment, estimating about 135 arriving each season.

Common Health Issues Identified among Ontario IAWs

Health centres interviewed were asked to identify common health issues they see among international agricultural workers. Based on responses, the top four issues mentioned were,

- Musculoskeletal issues
- Diabetes
- Hypertension
- Sexual health issues and STI testing

All (7) health centres identified musculoskeletal issues as the most common health complaint by IAWs seen. Multiple health centres identified issues of back, and shoulder pain, and hand issues, including carpal tunnel, and thumb pain, and some discussed seeing joint pain in the knees and neck. Among

these responses, multiple health centres identified these issues as being work-related, with mention of repetitive stress injuries.

Diabetes and hypertension among IAWs were also mentioned by most health centres interviewed, as was seeing sexual health issues requiring STI testing and treatment. Other health issues mentioned included:

- Dental issues
- Eye/ vision problems
- Skin issues
- Gastrointestinal issues
- Allergies

The health centre seeing a large number of women reported regularly providing cervical screening as well as pap smears. Another health centre also mentioned seeing workers with COVID-19 related signs and symptoms.

Based on responses provided by health centres interviewed, the following **3 sections** are aspects identified as central to their services.

1. Accessible services

All health centres interviewed (7) discussed the importance of making their services as accessible as possible to international agricultural workers, noting the importance of weekday evening and after-hours service times, as well as weekend clinics.

Some interviewees identified extending hours of service in response to the number of IAWs wanting to be seen. One health centre (1) said they often extend the time of service when there is a lineup of workers waiting, while another (1) mentioned extending the duration of on farm visits to accommodate the number of workers wanting to be seen.

Several health centres identified that they can see patients outside of IAW specialized service times, through appointment at their regular service locations. However, in some cases both the process involved, and IAW accessibility to these 'regular' services were unclear. One health centre noted that if workers needed to be seen outside of their monthly workplace clinics, they could visit the in-town health centre location, which has evening services three nights a week, or their employer can also reach out to the clinic to schedule appointments as needed. Two (2) additional interviewees also identified the opportunity for IAWs to be seen at regular centre locations and hours, outside of their specialized IAW clinics. They also noted that health centre staff may reach out to workers or their employers, in the case follow-up is needed, including referrals to other services.

Multiple health centres described strong outreach efforts to inform workers about their services. One representative identified that they heavily promote their services to almost every farmer in their region, and distribute weekly flyers to workers in-town, when they arrive to do their shopping. The interviewee noted that staff regularly communicates with local community and faith-based groups who help inform and connect IAWs to their services.

2. Community Involvement

Many interviewees identified the involvement of community groups and stakeholders in their services, many emphasising the importance of this collaboration. One (1) health centre noted that appointments with IAWs are scheduled by liaising with representatives of a local church providing outreach support to workers. This health centre reported that volunteers from this church also coordinate the transportation of workers to appointments. Another (1) health centre recognized a list of community partners that included churches, multiple local universities, as well as community support organizations and other service providers. A third (1) health centre identified collaboration with a local community support group who sometimes provided translators for their clinics, as well as helps publicize and connect IAWs to their services.

3. Addressing language needs

To increase accessibility of their services for IAWs, health centres discussed how they address the language needs of workers. Most discussed addressing Spanish language needs; however, one health centre also discussed communicating with Thai workers. Most interviewees identified utilizing professional interpretation services providing direct access to interpreters via phone/ audio, or through video call. One health centre shared:

> "So, we have virtual interpreters, which is amazing, I do not know if you have ever seen them. It is a machine, connected through the internet, but you can click on whatever language you need, it has all the languages, and you can have just the speaker or video. I like to do video, so I have gotten to know some of the interpreters. "

Another (1) health centre identified the benefit of having all languages available through these interpretation services. Another (1) interviewee who utilizes interpretation services, also mentioned that sometimes workers themselves use google translate on their phones to try to communicate.

Staff being fluent in Spanish was also brought up by multiple health centres. One (1) noted that their Spanish-speaking outreach worker has been very successful in connecting workers to services, while another health centre identified having a registered practical nurse who is fluent in Spanish. As noted, the use of community level translators was also identified.

The health centre representative who described the virtual interpreter machine, nonetheless, identified challenges communicating with some IAWs. Connecting this to consideration on the communication level needed to discuss mental health issues, this representative stated:

> "But you know even with that interpretation service, it is still sometimes difficult to really understand what they are trying to tell me. So, you know you talk about mental health issues, and I think that those types of issues are there, but I don't know if we are capturing them or not, because of this language barrier, that is something that I think definitely needs to be improved on."

Mental Health Issues

Community health centres interviewed were asked how often mental health issues were brought up by IAWs during their consultations. Health centre responses unanimously (7) suggested that this is not common, and included statements such as:

- It is not frequent
- Not common
- Rarely
- Not often

Two (2) health centres provided estimates on this in relation to other health concerns raised by IAWs. One (1) stated that this represented about 10-20% of concerns raised by workers seen, while another (1) health centre identified that this represented between 0-10%. However, when discussion on this expanded, various examples of mental health issues and symptoms among IAWs were identified by clinic staff, and connections were made between workers not commonly raising mental health concerns and issues of stigma and discomfort discussing these issues. One (1) health centre representative noted, "It must be asked for them to bring it up".

Another (1) interviewee discussed cases where workers would sit down to have their blood pressure taken, and the interviewee would 'get a sense', and ask them how they were feeling. The interviewee noted that some would open up, but often the discussion remained vague. This representative mentioned they believe there is stigma surrounding mental health, as well as bullying from other workers related to discussing mental health issues.

Other health centres interviewed discussed perceiving a stigma or reluctance among IAWs to discuss these issues. One (1) health centre representative reported:

> "The discomfort of expressing mental health concerns is a common thread among workers. They may not bring this up at the first appointment but are more likely to do that in a follow up appointment, with more familiarity and trust."

Two (2) health centres also discussed the connection between workers being hesitant to bring up mental health concerns while presenting with physical complaints and health behaviors that may have psychosocial causes or represent 'manifestations' of mental health challenges. One health centre representative stated:

> "It is not common for workers to ask for help when feeling sad or stressed out. They are usually stoic about their stress and work-life demands and prefer not talking about it. But with repeated presentation of the pain and manifestations of other physical complaints without clear biological etiology, it often will make one suspect the psychosocial causes of their ailments".

Another (1) health centre representative noted:

> "It is likely to not be expressed verbally but show as nonverbal manifestations and health behaviours, such as seeking care for repeated unexplainable symptoms, failing to show up for appointments, failing to follow through with medications, failing to refill medications for several

months, and inability to follow the treatment plans which has implicit meaning about the stressful lifestyle these populations have to live with."

Mental Health Issues Seen

All health centres were asked if they have seen examples of workers presenting with mental health issues or symptoms, and if so, what has this looked like. Health centres provided various examples and noted that these assessments were based on their consultations with IAWs.

The examples provided by health centres are as follows:

Mental Health Presentations (frequency n)

Stress (4)	Nervios/ Nerves (1)
Anxiety (3)	Fear of future/ unknown (1)
Sadness (3)	Feeling tired (1)
Sleep difficulties (3)	Difficulty concentrating (1)
Depression (2)	Losing weight (1)
Loneliness (2)	Fear of the impact of physical pain/ injury on ability to work (1)
Feeling isolated (1)	Loss of connection (1)

One (1) health centre remarked, "When they [IAWs] do, they mention stress, sleep difficulties and anxiety." Another (1) health centre representative noted that she has seen workers who are experiencing depression start to lose weight, and seem less able to cook for themselves, start eating less, and report having sleep disruptions.

One (1) health centre representative shared an observation connecting the age or workers with anxiety related to health and their opportunity to continue coming to work in Canada. She noted:

> "I know that some of the workers from Jamaica are older, upper 40s, and they have hypertension issues, diabetes issues, and they are fearful that they are going to be sent home and not be able to come back. I do see those types of issues, and they are very anxiety provoking for them, because they want to be able to come and earn money to take care of their families."

Two (2) additional interviewees shared cases of workers opening up about issues causing them distress. One (1) shared an example of a worker from Mexico who talked to the clinic outreach worker about his child with substance abuse issues back home. This interviewee noted that this worker was very distressed and angry with their child, and at the incurred cost of private therapy back home. Another (1) health centre shared a case of a Spanish-speaking worker who identified to the nurse practitioner that he had a breakup right before traveling to Ontario that it was still causing him extreme sadness.

Mental Health during the COVID-19 Pandemic

Health centres were asked whether they had noticed any changes in the prevalence or severity of mental health issues or symptoms among IAWs since the COVID-19 pandemic. Responses were mixed. Three (3) health centres responded that they had perceived a change. One (1) noted that there has been a higher level of stress among IAWs seen, and different stressors related to their pandemic experience.

Samples responses:

> "At the beginning issues were about quarantine in the hotels, and the inability to leave the room or building to even go outside. Not knowing if they were going to have any income during the quarantine period, it created a very high level of anxiety. Poor communication between the system and workers added more worries for them. It was common to hear workers complaining about sleep difficulties. Workers expressed boredom, "feeling down", missing family and often unable to communicate with them. Family concerned about workers and feared they were unwell."
>
> "Walk-in services and appointment services were set up mid-pandemic. We definitely noted an increase in mental health symptoms over that time."
>
> "Prior to COVID migrant agricultural workers had not asked to book appointments for mental health concerns, now there are these requests."
>
> "No. They are happy to be here to work. A lot of them have phones now so it has helped to be able to call home and video chat with their family."

Responding to whether they noticed a change in the mental health of local IAWs during the pandemic, one (1) interviewee who runs worksite clinics stated:

> "I'll be honest I have not, but as I said, the prior person that was in my position maybe would have seen it, because I know that they did have outbreaks, which is not when I was here, when the one outbreak occurred. I know that a lot of them [workers] did have COVID, they were diagnosed with COVID."

Another (1) interviewee mentioned that over many years before the COVID-19 pandemic, different community events were put on which have been beneficial to the social and mental wellbeing of IAWs, and that during this pandemic, they were no longer available. In relation to this, the representative said:

"Seasonal workers lost significant resources to deal with mental health."

Mental Health Assessment Tools

With an interest in understanding the identification and assessment of mental health issues by these health centres, they were asked whether they utilize any mental health assessment tools in their work with IAWs.

One (1) interviewee explained that before the pandemic, for three years in a row they had used the Kessler screening scale (K6) to assist in the assessment of psychological distress levels among IAWs seen. However, due to pandemic imposed limitations, including staffing and resource limitations, and not having a social worker available at present, the interviewee noted that they have not used the K6 in the last two years. The interviewee mentioned that the K6 tool is easy to implement and provides an idea of how a worker is doing in terms of psychological distress. However, the interviewee identified the need to engage with workers further to explore the issues underlying their distress. This representative shared findings from their use of the K6 screening scale, identifying that 10-12% of IAWs surveyed showed a moderate to high level of distress, while 62% showed a low level of distress. They noted:

> "However, in our work with them [IAWs] and having some knowledge of their life situation in their country, where mental health is very much taboo; most likely many workers who show low levels do really have at least moderate levels of stress. With the pandemic, these levels and their frequency seemed to increase because they were facing a situation of high uncertainty and minimal control, leading to higher levels of stress, creating more anxiety."

A second (1) health centre identified that they did use a mental health screening tool, but the representative did not have detailed information at the time of the interview. Another (1) health centre noted that they ran a survey among IAWs six years ago that identified issues of 'nerves' or 'nervios' (in Spanish) among workers. A fourth (1) interviewee answered that they did not use a specific assessment tool, but that mental health questions were included in their intake form but noted that this section of questions needed to be updated. Another (1) health centre answered that they did not use a specific tool, but that they assessed anxiety levels among workers as part of their regular consultation.

Another (1) interviewee noted that they did use tools for mental health screening among patients at their main clinic location, but mentioned that these were not being utilized with IAWs. She suggested that due to language barriers, going through this type of screening with an interpreter would be challenging, and would take a lot of time. Nonetheless, the interviewee noted an interest in exploring the use of such tools:

> "There are usually so many other issues to see, but I would love to have something that I could use, that maybe they could read in their language. I do think those things are necessary, yes, I do, but are they being used? Not by me. It would be good to use something to indicate maybe their anxiety, is it minor, moderate or severe, or anxiety or depression, so we know how to manage it, and treat it."

Dedicated Mental Health Support Staff

Health centres were asked whether they had a specific staff or team member focused on mental health assessment and support for IAWs seen. While several health centres identified that they did have such individuals on staff, several noted that they were not currently being utilized in IAW specialized services. A representative of one (1) of these health centres noted:

> "The community health centre has a mental health team, and we can make a referral to the team, but it is not being utilized right now [for IAW clinics]".

One (1) health centre reported having a social worker who could utilize interpretation services for appointments with IAWs, however, the interviewee noted that this was not currently happening, and that they were unsure about whether using an interpreter would be ideal for this type of appointment. Another interviewee (1) identified that their health centre has a walk-in mental health clinic, but that it was not currently being accessed by IAWs.

One (1) health centre identified that they have a social worker who provides assessment to IAWs, including on mental health issues, prior to them seeing the doctors. They also reported that this social worker is Spanish speaking and follows up with workers referred by the doctor, and that this person has worked with IAWs showing symptoms of anxiety, sleep issues or depression.

Another (1) health centre interviewee mentioned that during COVID-19 outbreaks, if asked by their local public health unit, they would follow up with workers and provide support. However, in cases where more intensive mental health support was necessary, they would reconnect with the health unit who would then take the lead on referring workers to specialized agencies.

Most health centres interviewed said they did not have specific staff focused on mental health assessment and support but provided examples of where they could refer or get support for IAWs. For example, two (2) interviewees identified their local CMHA branches would be available to assist, one (1) noted that the local branch was active in outreach to IAWs in the area, while the other (1) had not connected the local branch regarding IAWs. Another health centre (1) identified being aware of a crisis line and local options for anyone requiring mental health related urgent care.

Additionally, health centre interviewees provided examples of treatment plans, as well as counseling support provided to IAWs related to mental health issues. One (1) health centre noted that staff provide coping strategy recommendations to workers, including suggestions around exercise, getting out, and talking to others. Another (1) health centre discussed offering self-management workshops for chronic pain, noting that they had identified IAWs identifying fear related to the impact of physical pain on their ability to complete their job tasks, fulfill their contract, and continue coming to Canada.

Resources Available to Respond to Needs

Health centers were asked whether they felt that they had sufficient resources to identify and address mental health issues among IAWs in their regions. Responses were mixed and complex, and also connected to issues of providing health services to IAWs more generally.

Two (2) health centres answered ‘no’ and that there was a clear need for more resources. One interviewee identified the need for more dedicated outreach staff to support workers (even by phone), to respond to their needs in terms of mental health issues, but more generally to help orient them on who to call for what issue, to help coordinate appointments, and to help them with other necessities including filling out their prescriptions. This representative also brought up the issue of data and information and noted that local community agencies do not know when workers are arriving or to where, stating that this information remains secretive. She identified the importance of preparing community agencies to support workers when they arrive.

One (1) interviewee identified the need for more resources, noting that they previously had a social worker who spoke Spanish, was familiar with the population, and had flexibility with their time, which had positive results for worker support. The interviewee noted that this person's departure has left a gap. They also identified a need for more financial and human resources, highlighting the need for staff who are culturally knowledgeable and experienced, and who can speak the language of workers.

Another (1) health centre stated:

> "Resources are available but not specific for migrant agricultural workers. There may be some bricks and mortar type of resources, but available services don't necessarily have the background for this population, or not enough awareness of needs or how to service these workers. This is a need".

This representative reported that IAWs in the region would benefit from a psycho-educational support group, or the development of peer leadership or a peer ambassador to help normalize some of the challenges that they are going through. The interviewee suggested IAWs could be supported in this role by health centre community workers. They also identified funding needed for community health workers, and the need to double existing staff (they only have three), as well as the need for resources to conduct a needs assessment to identify what workers want from programs and services.

Similarly, another (1) health centre noted that there are mental health resources available virtually through a local hospital as well as family services organization, however that the missing piece was access to these services in worker languages. As another health centre representative put it, speaking to services available for IAWs: "Availability doesn't always mean accessibility."

Another (1) health centre identified that their nurse practitioner and counselor were very informed as to where to refer IAWs in need of mental health support, and can assist with navigating the services, including making the appointment, and even accompanying workers. However, this representative noted that resources need to be culturally informed, and culturally sensitive, and that service messaging needs to be done in a manner that responds to cultural perceptions, to support acceptance of appropriate help.

A health centre providing services in a region with fewer IAWs responded that at this time, resources were adequate, however, this representative stated:

> "If demand becomes bigger than yes, resources would be needed. A couple of counselors that can speak their language and be able to identify with their culture and more access to psychiatry."

Similarly, a representative from another health centre that services two workplaces, stated:

> "If there were a lot more cases of workers with more mental health issues, we would have to figure something out, because I do not think we have the immediate resources that we would need. It is probably something that needs to be expanded."

Connecting this to broader needs of IAWs in the region, this representative noted:

> **"**I definitely think there is more need. I think there are a lot of people that don't have access. There are a lot of farms here, I'm servicing two… This is part of our priority population, migrant workers, so they can come into the office [in-town clinic location], but are they? I don't see it. Mind you, I have only been there a few months… but even a few years ago, I only saw a handful of migrant workers. I really do feel as though there is definitely a need to expand."

This interviewee also noted that one of the greenhouses that hosts one of their monthly clinics is itself expanding and hiring more IAWs, which has led to consideration of whether a clinic twice a month will be needed.

One (1) health centre was clear about funding that would benefit IAWs in their region. The interviewee stated:

> "OH [Ontario Health] has not come through with mobile unit funding which would be a benefit to the IAWs in this community. If a mobile unit is not possible then I do believe that an online/virtual option for acute situations or medical advice is what this population is looking for while they are working in Ontario."

Additional Recommendation & Key Considerations

During interviews, health centres were invited to provide any additional recommendations around mental health services and support for IAWs in Ontario and/or identify any key considerations or issues they believe to be important. Responses were organized into eleven themes:

1. Understanding the Context of IAWs

One (1) health centre identified the need to consider the experiences or contexts of IAWs, to ensure services and supports are accessible, relevant, and effective:

> "Anyone assessing or working with these workers needs to identify the context from where these workers come from. Canada represents to them a steady income for 6 months or longer, some sense of safety. When they come, something they have in mind is: - I am here to earn a salary, my purpose is to work and support my family."

This representative added:

> "Services need to be language accessible, culturally sensitive, and able to adapt to the particular living conditions of workers while in Canada: to consider contacting workers on the farm, to be aware that they have little time as they need to cook, clean, shower, and they have no privacy to have a conversation over the phone. The visual and printed resources offered to them also have to respond to these conditions. The process followed with them needs to be practical and applicable to their particular circumstances such as: family situation, relationship with the farmer, and co-workers issues."

2. Culturally Appropriate and Responsive Services and Supports

Connecting to the discussion on culturally informed or representative staff, multiple health centres identified the importance of resources and supports being culturally appropriate, and respond to cultural understandings held by IAW communities.

One (1) health centre noted: “Services should be culturally appropriate, sensitive and aware.” Another (1) health centre representative working with Mexican, Jamaican and Thai workers, and speaking to mental health issues stated, “I think I also need to learn more about the cultures too, is this something that maybe they don't talk about?”

3. Building and Maintaining Trust

One (1) health centre identified the importance of providing services in a manner that leads to trust between workers and clinic staff, particularly when looking to address mental health needs. In addition, this representative noted the importance of maintaining trust:

> **“**When supporting these workers, we need to address these issues from a perspective and element that is of key importance, trust. It is a big deal to build that trust with them. We need to understand that trust is not static, and we need to build it week after week.”

4. Increasing Awareness of Mental Health Issues & Supports

Multiple health centres identified the need to continue to increase awareness, education, and discussion on mental health issues among IAWs. One (1) health centre noted: “More health education on mental health is needed. Social media, flyers, outreach work.”

Another (1) health centre representative remarked: “Talking about it more with visual advertising, making it known to them that there is help out there, that can be accessed by them.” Another (1) interviewee stated: “Deliver clear messages such as, it is ok to feel sad and anxious, and here is where you can get support.”

As part of this, multiple health centres identified the need to build awareness more generally about services that are available in the community, suggesting that many IAWs are not informed. One (1) health centre representative noted that although they have been running their services for IAWs for 11 years, they felt that generally workers in their region were still not well informed, and that their health centre staff constantly meet workers who are not aware of their clinics.

5. Limited time with Patients

Health centre interviewee reported challenges related to the limited time they have to spend with IAW patients, some identifying limitations based on the frequency they see them, as well as others mentioning limitations in the time they have during consultations. One (1) interviewee spoke about the rush some workers are in, even when at the clinic, and connected this to potential challenges in exploring mental health issues more in depth:

> “During their time at the clinic, for workers, the priority is to address what they consider is the health issue when visiting the clinic [in town]. The clinic in a way competes for the worker’s priorities, such as shopping for food, or sending money to their families.”

Another (1) interviewee, speaking to navigating mental health related cases with non-English speaking worker, stated:

> "You really have to take the time to listen to what they are saying, but it is time consuming to decipher what they are actually trying to get across. I feel bad, because I think, oh gosh, I don't think I am understanding what they are trying to tell me, but you know you just have to check back. However, like I said, the clinics are once a month, and are you going to see them every month? Because then they are taking up other spots for other people. So you know, I think having them come back into our regular clinic would be a better idea, but that is hard. To come to our regular location they would have to get a ride."

One (1) health centre representative suggested that the issue of workers missing work also affects time and access to them. They noted:

> "Also, for appointments, for testing and things, a lot of them do not want to miss work, because they are missing out on getting paid, that is very important to them. That is why our clinics are 4-8pm. Still, if they are working until five, they do not want to leave early. Some of them have missed appointments; they do not come, because they do not want to leave work."

6. Challenges in Follow Up

One health centre representative spoke about the challenges in both communicating follow up needs with workers, as well as coordinating this follow up, including appointments for lab testing, and other needs. This representative identified that language barriers contributed to these challenges, as well as difficulty reaching workers who did not have cellphones or a clear way of receiving calls.

7. Effective Delivery Models

Many interviewees responded with additional descriptions of service models they suggest would be effective for IAW health care. One (1) health centre representative noted:

> "Services should be free of charge, in both languages, with easy access. Free services are key; some have insurance, but it doesn't always cover mental health. It needs to be in both languages and be timely."

Another (1) health centre suggested that IAWs would benefit from being attached to a community health centre, or family health team, noting that this would provide an opportunity to access team-based, holistic healthcare. This representative noted:

> "They could feel reassured that they have their preventive care screening done, their vaccinations up to date, the labs current, and they would have access to programs and services they need to be their healthiest. From what I can see, this type of healthcare is not what this population is seeking at this point. Perhaps in the future as things evolve, this will change."

8. Phone & Virtual Services

Several health centres interviewed identified the benefit of phone and virtual based supports, some offering examples of their current use, as well as others suggesting a need to set these services up, discussing their benefit. One (1) health centre noted that even prior to the COVID-19 pandemic, their

team had been connecting to workers by phone appointment or video call, and noted that these services continued during the pandemic. Another (1) health centre noted:

> "It would be good for them to have a resource to call if they are feeling sad. There is no access to these services in their own language. Language appropriate counseling services over the phone which is culturally sensitive will be a great addition, and should be available to the workers at the time appropriate for them to contact, due to long work hours and limited time off during the seasonal work."

Another health centre representative stated: "From what I understand, IAWs often have mobile devices. Providing access to Wi-Fi would help reduce barriers to access."

This same representative identified a current limitation in virtual appointments for IAWs:

> "In primary care, our virtual solutions do not allow us to split the screen three ways so a translator can hop onto the session with the clinician and the patient. This may require some high-level influence to make this change at the end of the vendor."

One health centre representative discussed the benefit of a multi-model approach for serving IAWs. This represented stated:

> "The different setting where we offer clinical services provide workers and us different advantages based on the workers conditions. When over the phone, workers don't need to travel and ask for transportation from farmers to get the service; assessment is more convenient on the farm. At the [in-town] clinic, workers feel more comfortable because other workers and farmers don't see them lining up at the clinic."

9. Employer/ Workplace Involvement, Convenience & Worker Privacy

The issue of employers or workplace management being involved in the health care access of international agricultural workers was an issue that came up in the majority of interviews with health centers. As noted, several of the health centres run 'on-farm' or worksite clinics for IAWs hired, and health centre representatives interviewed described various ways employers and management are involved. The representative of one health centre who runs monthly clinics at two greenhouses, described clinical spaces provided to them by the greenhouses. She stated:

> "They set up a clinic room that has all the supplies in it, it has an examining table, and everything has been provided, it is amazing… They were building a building, and they built this beautiful clinic for us to use. It is fabulous; we have everything there that we need."

Multiple health centres running workplace clinics identified management booking worker appointments, as well as being involved in communication between workers and health centre staff, and in some cases being involved in the coordination of follow-up care or referrals. One (1) health centre reported workers booking appointments with a coordinator at the farm prior to the arrival of the health centre team. Another (1) interviewee reported following up with management the day after the clinic to coordinate follow-up care:

> "The staff there that helps these workers are amazing as well, so the next day often I will be emailing or calling to kind of explain what needs to be done, because some of them need to go to appointments."

This representative was asked whether she was at all concerned about the greenhouse management's involvement, related to issues of worker privacy. The interviewee replied that she consistently considered that issue, and that she asked the workers if they were ok with having management staff contact them to coordinate their follow-up, and that workers knew the staff by name, and would agree. The representative identified that she was able to contact workers from Jamaica, who had cell phones, directly; however, that without the help of management she was unsure how to follow up with workers who do not speak English and/or who do not have cell phones.

Another (1) interviewee reported that since the pandemic their team noticed employers being more willing to contact their centre for resources for IAWs, including those related to mental health. Another (1) interviewee spoke about the importance of increasing awareness among employers about mental health services and supports available for IAWs, and suggested a role for employers in identifying potential issues and connecting workers to services, while noting the issue of worker privacy:

> "Working closely with employers, making them aware that these services makes workers feel like they belong to the community. If the employer knows of an issue, they can connect them with the services, but the employer does not need to know details about their condition."

Another (1) representative also spoke about the role and even responsibility of employers in the provision of health care for the IAWs their hire:

> "I do believe that there needs to be accountability put in place at the employer end. If you are a large greenhouse you should look at having an occupational health nurse on-site to provide injections, have those sexual health education sessions, send out labs, etc. etc. for the employees."

Speaking to the issue of workers being reluctant to seek medical attention if it means forgoing wages, this representative added:

> "If they can't allow the employee the ability to seek medical attention without being financially impacted, then it makes sense to provide it and fund it. I do believe this should be an employer expense with aspects being publicly funded i.e. lab services."

Although identifying this as is an employer responsibility, this representative followed up with a recognition of the importance of worker privacy in accessing health services, connecting this to fear identified among IAWs of being sent home for becoming ill or injured:

> "It would also be best if employees did not fear being sent home for exposing health concerns. From what I can see, there is a fear to share that medical care is needed, so we really should be looking at ways to offer private opportunities to IAWs. They have a right to privacy."

The issue of worker concern or fear of having their employment jeopardized due to exposing a health issue or injury was discussed by other interviewees, while again some spoke about a current practicality in employer involvement in worker health care access or follow up.

10. Worker Rights

One (1) health centre representative identified issues of worker rights and empowerment, as well as employer responsibilities around the health and safety of IAWs:

> "Under the Occupational H&S Act there are prescribed expectations of employers and during COVID there has been an exposure of bad actors… I also believe that employers need to be reminded that IAWs have employment rights, and if they do not, then OMAFRA needs to change that."

11. Supporting a Community of Practice among Ontario Health Centres Serving IAWs

One (1) health centre representative interviewed raised the issue of information sharing among Ontario community health centres serving IAWs:

> "Are there any working groups having representatives of each CHC [community health centre] that sit together, as a group, to discuss these concerns? Is there anything like that? You know there are so many things that other agencies can share, rather than reinventing the wheel. Just to support one another, and share. There is so much to do."

A second (1) interviewee asked about relevant training or capacity building across primary care service providers working with these communities:

> "Is it possible to provide culturally appropriate guidance to PHC [primary health care] on how to ask about mental health so it fosters trust and invites conversation?"

v. Interviews with Mental Health Initiatives Working with Migrant Communities

The method for conducting interviews with staff from mental health initiatives specializing in work with migrant communities was the same as with other groups. The inclusion criteria used for this population was an organization that had programs or projects in place that provide mental health assistance and support to IAWs.

Project members interviewed service agency staff and providers of mental health and psychosocial support services and resources to get a clear understanding of these services and resources, the motivation and goals behind them, and to review any (non-confidential) service findings. In total, three (3) mental health organizations were interviewed for this project, each of them with their own characteristics. Interviewees included a director, a migrant support worker, and a general coordinator. These interviews were conducted either via phone or video call.

The interview questions for key mental health initiates were organised into **5 sections**:

1. General Information about Mental Health Initiatives/ Programs
2. Mental Health Challenges Mentioned by IAWs to Mental Health Experts
3. Barriers IAWs Face in Accessing Mental Health Services

4. Limitations Faced by Initiatives
5. Poster Feedback

General information about Mental Health Initiatives/ Programs

Of those interviewed for this project, two (2) mental health support initiatives are based in Mexico (e.g., *Ayuda emocional en tiempos de COVID-19* by *Fundación Origen* and the *Te escucho* project), while the other (1) is based outside of Ontario, in British Columbia (e.g., *Watari*). When asked what led these mental health initiatives to focus on IAWs in Canada, all shared that the unprecedented circumstances created by the COVID-19 pandemic highlighted the needs of this vulnerable population, and prompted services to be offered to these workers. Most of the mental health services delivered by these initiatives occurred in the context of the COVID-19 pandemic, which posed challenges for service delivery.

Two (2) of the initiatives interviewed began providing services to IAWs during the pandemic. *Fundación Origen* began service delivery in Canada in June 2021, while *Te escucho* started in July 2020. *Watari* has a longer history, having started over 10 years ago as a community group but recently expanded to provide services to IAWs. All initiatives provide services in Spanish. Watari also offers services in English, Vietnamese, and Punjabi.

Fundación Origen started providing virtual services to IAWs in Canada through a collaborative relationship with a community group based in Ontario (e.g., Migrant Workers Community Program [MWCP]). *Te escucho* is an independent initiative through which Mexican psychologists donate their time, knowledge, and work hours to supporting IAWs. *Watari* is a non-profit, Canadian-based group that runs a *Migrant 2 Migrant Program* that provides mental health services and individual counselling to IAWs.

Organizational Goals

According to their mandates, each organization interviewed expressed different goals. *Te escucho* identified the goal of providing weekly individual psychological counselling services to Spanish-speaking workers. *Watari* mentioned that their organizational goals change depending on what workers report as being needed. For example, many workers in BC lost their belongings and housing due to extreme flooding during the 2021 agricultural season. *Watari* established consistent communication with IAWs communities in BC to provide assistance and support, and they send out monthly communications to workers asking what they require and need. To meet the identified needs, *Watari* works closely with other agencies in their area and in their network. *Fundacion Origen* has been serving vulnerable women and men in emergency (emotional) situations for more than 20 years. They have two programs: "línea de ayuda" for online assistance and "centros de ayuda" for in-person assistance.

Variation in Psychological/Emotional Services & Support offered to IAWs

Each of the three (3) initiatives interviewed provide mental health services to IAWs, with variations in the areas they cover.

Fundación Origen offers care to the Mexican migrant population, including IAWs in Ontario. Although support is provided by clinical psychologists who are trained to listen and guide, they have decided to advertise the service as "counselling" instead of clinical care due to the lack of recognition of professional credentials abroad. To get help, individuals can call the organization's 1-800 number, which operates 24/7. Their program "línea de ayuda" provides psychological, medical, legal, or economic orientation to any person who is passing through a situation of "emotional vulnerability" (i.e., when a person needs support from a psychologist).

Project Te escucho provides weekly counselling sessions to Spanish speaking people. They advertise their services to IAWs through the distribution of flyers. They have a Program Coordinator in Canada, who is the first point of contact for IAWs reaching out to the services. When a worker gets in touch with the coordinator, this individual reaches out to the four project psychologist in Mexico, one of whom connects to, and starts providing counselling to the IAW. *Te escucho* highlighted the importance of flexibility in providing their services, recognizing that scheduling has to be flexible because of the busy and long work schedules IAWs have.

Te escucho reported a widespread need for their services, noting many IAWs requested access to a professional with whom they could talk about their concerns and stressors. *Te escucho* staff mentioned that they are familiar with the SAWP program under which most IAWs are employed (called PTAT in Mexico) and added that they started working with Mexican migrant diaspora nine years ago, including with people under temporary work permits, as well as undocumented workers. *Te escucho* noted that their team has a history and experience working with migrant women and their families in rural contexts, and with people who are living and working undocumented in the US. They noted that this has supported their focus on providing services to Spanish-speaking people in Canada, specifically to IAWs from countries like Mexico and Guatemala.

Watari first started 36 years ago as a substance abuse program that provided counseling to people in the downtown east side of Vancouver. In 2015, *Watari* created the *Migrant 2 Migrant program* to support the Latin American community in general, but later volunteers were mobilised to provide services to other groups, including IAWs. In 2021, *Watari* received a grant that enabled them to start providing individual counselling sessions to IAWs, and this will continue in 2022. Their individual counselling program has been accessed by workers across Canada.

How Many IAWs Access these Mental Health Initiatives

Project members asked each group about the number of workers that have approached them to access psychological support. These initiatives do not require workers to inform them where they are located, therefore, a registry of that was not provided. However, two of them recalled some workers mentioned being in the Hamilton-Carlisle-Lynden region.

Fundación Origen reported that each month approximately 20 to 40 people reach out to them, but not all are IAWs. Therefore, a precise number of how many IAWs in Canada received service from them is not available.

Te escucho reported a total of 85 sessions provided to IAWs, of those 79 were offered at no charge. Staff mentioned that they have received a positive response from workers accessing their services. Of the workers who connected with this service, 92% reported that this is the first time they accessed mental

health services. In some cases (3), clients continued to access *Te escucho's* services even after they returned to their country of origin. *Te escucho* provides 4 free counselling sessions at no charge, and after that IAWs are asked to provide a donation, if possible, with the worker deciding how much. However, if individuals are unable to donate, they can continue to access the service free of charge. The interview of this initiative noted that some workers expressed a desire to "pay" for services because they see it as an expression of self-care and as a way to create a stronger commitment to the process.

The Interviewee from *Watari* shared that they received requests from 118 IAWs to access the Migrant 2 Migrant counselling services.

Changes in the Needs of IAWS

During interviews, initiative staff were asked about changes in the needs or requests communicated by IAWs since the beginning of the COVID-19 pandemic. *Watari*, due to its longstanding work with migrant communities, was able to provide a comparison. They reported an increase in the number of requests from IAWs, especially those related to food and emergency supports. From their perspective, IAWs felt more empowered to reach out to them. During the pandemic, *Watari* conducted what they called "wellness walks'' with IAWs at the hotels where they were in quarantine. During these walks, staff shared information about the services they offer.

The other two (2) initiatives *Te escucho* and *Fundación Origen* started during the pandemic; therefore, they have no experience or data before it.

Mental Health Challenges mentioned by IAWs

All three (3) initiatives reported their belief that IAWs face mental health challenges. All mentioned that COVID-related issues were main topics, especially concerns associated with family members of workers back home, new requirements in Canada, and social isolation. The following topics and concerns among IAWs were identified by the mental health initiatives interviewed:

Concern	Frequency (n)
COVID-19 safety	3
Concern for family at home	3
Work related (work conditions)	3
Housing conditions	2
Employment related	2
Immigration related	2
Racism and discrimination	2
Mourning	1
Uncertainties	1
Language limiting socialization	1
Financial	1
Relationship with employer	1
Relationship with co-workers	1

Natural disasters	1
Mental health	1

During interviews, it was reported that IAWs often contacted mental health initiatives when they felt isolated. It was noted that workers' mobility was limited during the pandemic, and many were restricted to their workplace and employer-provided housing. In this context, interviewees noted that many IAWs worried about their families back home. Workers communicated that they struggled being away from their families and friends, and that it gave rise to feelings of isolation and loneliness.

In cases of isolation due to illness, interviewees reported that workers communicated feeling a heightened level of stress and anxiety. Therefore, IAWs who were in isolation and connected to these services were asking to meet once or twice a week, with sessions often lasting more than 60 minutes.

Interviewees noted that workers who contacted their services often needed ongoing support. For example, *Fundacion Origen* reported that approximately 2% of all the calls they received required additional calls. There were cases reported of IAWs in Canada who identified needing more than one counselling session, and in those cases, these workers received between four to six follow-up sessions. Interviewees emphasised that many workers do not have anyone to talk to about their stress or issues related to mental health.

Interviewees reported that IAWs accessing these initiatives often shared information, or asked questions, not directly related to mental health. For example, interviewees identified that some workers asked questions about workers' rights and requested legal information. *Te escucho* reported that they interpret this as an indicator that workers feel safe that the consultation is a safe space, and in that case found someone to refer these worker questions. As *Te escucho* offers mental health services only, they identify referring workers to other groups to help them find the information or access resources they are looking for.

Interviewees also reported that workers often expressed concerns and challenges related to living in crowded conditions. Interviewees noted that some workers are not able to confidentially access mental health services online or over the phone because they have no access to private spaces. Interviewees noted that IAWs often live in rural areas, far from communities and services, therefore many have almost no opportunity to meet people in the community. In this context, they suggest that many workers experience challenges related to isolation and mental health.

Interviewees noted that workers' mental health is greatly influenced by factors related to their employment relationships and work environments. The power imbalance that exists in temporary work programs was mentioned by interviewees as causing workers to feel disadvantaged and as though they are not treated equally in Canada. One interviewee noted that this may lead workers to feeling they are not deserving of protection and care. Interviewees reported that many workers expressed explicitly that they did not want their employers to know about their mental health issues and concerns; for fear that, this could result in them losing their jobs. In response to such concerns, interviewees reported they counsel workers on what to do if they face reprisals, or are threatened with deportation and reassure them that there is something that they can do in these situations. Most interviewees noted the gap between workers knowing their rights and their ability to exercise them, and how this gap can result in workers feeling powerless, angry, and/or depressed.

Barriers IAWs Face in Accessing Mental Health Services

Representatives from all initiatives (3) expressed the crucial importance of psychological services for IAWs incorporating a cultural understanding and knowledge of temporary work programs, and the experiences of workers labouring under them. All interviewees emphasized the necessity for mental health initiatives and professionals to have knowledge about the challenges regularly faced by IAWs.

Te escucho reported that although IAWs face numerous barriers in accessing mental health services, during the pandemic people have started to talk more about mental health which has increased awareness around the topic. However, this interviewee noted that one of the barriers for accessing services in Canada is that workers are told they are here to work, and they feel pressure to be highly productive and focus on work. In this way, the interviewee noted that workers report feeling they are seen as less than human, and not as people who need to take care of their physical and mental health, just like anyone else.

Language barriers were also mentioned as an obstacle to access mental health services, with one interviewee noted that this creates *silence* as workers depend on a third party or service to communicate for them, which can create an unwelcoming environment for counseling support. However, an interviewee noted that in the case of IAWs, offering a service in a worker's preferred language is insufficient without the incorporation of cultural understandings.

Moreover, the diversity among Spanish-speaking workers was highlighted in interviews, as some of these workers come from indigenous communities and their mother tongue is not Spanish. Such groups might refer to mental health symptoms in different and diverse ways. For example, one interviewee noted that in describing symptoms of depression they might mention that their heart is sad. Therefore, having an openness to different understanding across Latin American cultures is fundamental, according to the *Te Escucho* representative.

None of the initiatives interviewed knew about other professional mental health services available and accessible to IAWs in Ontario. They did report awareness of other agencies and services offered to IAWs; however, they did not name any of them. Specifically, *Fundacion Origen* was not sure if the type and number of services that were offered to Mexican migrants in the US by the Mexican Embassy were available in Canada as well.

All initiatives (3) agreed that there is more to be done to address the mental health needs of IAWs. They all perceived themselves as an option available to workers and as knowledgeable of their cultural background, work conditions, migratory circumstances, and situation in general. However, all noted that more resources and more staff are needed.

Mental health services exist across Canada; however, many are inaccessible to IAWs because they do not account for their language needs or the hours they are available. It was noted that the IAW population, both in their home country and in Canada, is a vulnerable population that faces many barriers in accessing services in both countries.

It was also noted by interviewees that IAWs face service gaps. The need for a support network was discussed. The Mexican-based services reported the need to be familiarized with services and

organizations that exist in Canada to create a collaborative relationship with them, so a circle or network of information and support that benefits workers is created.

Suggestions to make Mental Health Services accessible

Interviewees noted that mental health services for IAWs should operate with flexible hours, ideally 24/7. The need to effectively coordinate follow-up so that workers do not have to repeat information to different staff members more than once was discussed.

It was mentioned several times that during the pandemic, mobile applications have proved very useful to connect workers with services. *Te escucho* mentioned that by providing services that use technology like cell phone applications they have been able to reach workers across the country and in other countries as well. Another benefit of this modality is that people do not have to find nor pay for transportation, which means these services can reach people who otherwise would not have been able to access in-person services. All interviewees recognized the importance of face-to-face service delivery; however, they noted that phone-based applications allowed them to reach people that need this type of support.

The need to provide training to staff in all organizations that provide services to IAWs, was mentioned. *Watari* reported that staff who work with IAWs should be informed about the vulnerabilities and common issues they face.

The need to address the issue of stigma that surrounds psychological and counseling services, as well as mental health terminology within the IAW population was identified. *Te escucho* reported efforts to break the stigma by adopting an empathic approach and using certain words selectively. They shared that many workers who accessed their service had never previously approached a psychologist, so they were not sure what to do or what is expected from them. To create a good rapport, staff at *Te escucho* noted that they use colloquial language, very simple terms, and avoid labelling people. They listen to people describe how they feel, the words they use, and respond in kind. They have seen throughout their many years of experience that this approach helps people to walk their path in their own way and makes them feel they know themselves better than no one else. This initiative also helps people see they can take care of their mental health in a preventative way, not only when they are in crisis.

Also, interviewees mentioned that ideally, it would be good that farmers be knowledgeable about these services and aware about their employees mental health needs, with one interviewee noted that there is an urgent need to create awareness and make society sensitive to realize that IAWs are human beings.

Limitations Faced by initiatives

As for the limitations these initiatives face, all (3) reported facing funding barriers that threaten the continuation of service provision to IAWs. All mentioned the need for a consistent budget and the ability to provide training to counsellors. *Fundacion Origen* mentioned that because they lack strategic alliances with organizations in Canada, they have had to use their general funds to pay their staff working with IAWS. As mentioned, *Te escucho* does not receive any funding and all their staff provides their professional services as volunteers. The representative noted that they also lack connection to organizations based in Canada that could provide follow up to IAWs they see. *Watari* shared that they

have received funding to continue providing this service until June 2022. *Fundacion Origen* and *Te escucho*, both based in Mexico, expressed interest in being part of provincial working groups with other key stakeholders to increase understanding and support for Ontario IAWs on this issue.

The mental health initiatives/programs that were identified during the provincial scan covered a significant gap in the services needed for IAWs. These initiatives provided services in several languages and incorporated a cultural understanding in their programming and delivery. Through interviews with these stakeholders, the challenges of providing accessible services to IAWs during a global pandemic were recognized, but these initiatives took steps necessary to provide flexible services. It is important to highlight that the Mexican-based initiatives have been able to break a perceived location barrier and create a pathway that links workers and services providers in both countries, Mexico and Canada, in a new and innovative way. Unfortunately, due to the lack of permanent and sustainable funding, the continued provision of these services may be at risk, and action should be taken, which will be discussed in the recommendations section of this report.

vi. Interviews with Ontario Legal Clinics

Project members decided that it was important to include legal clinics, as among the groups interviewed, given that other stakeholders identified the importance of their services to IAWs, and framing their work as supportive of IAW mental health. The method for conducting interviews with staff from Ontario legal clinics was the same as with other groups. After establishing the purpose of the interviews, a set of questions, along with an interviewer guide and a reporting form were developed. A timeframe for conducting the interviews was established. The inclusion criteria used for this group of interviews was an organization that had programs or projects in place that provide legal assistance and support to IAWs.

Once the legal clinics were identified, an email inviting them to be part of this project was sent. Once their willingness was confirmed, a date was set for the interview. These interviews were conducted either via phone or video call.

The interview questions for Ontario legal clinics were organised into **8 sections**:

1. General Information about Legal Clinics Interviewed
2. Type of Services Provided to IAWs
3. Barriers to Access or Initiate Legal Action
4. Mental Health of International Agricultural Workers
5. Open Work Permits for Vulnerable or Exploited Workers Program
6. Social Determinants of Mental Health
7. Suggestions At Federal & Provincial Level
8. Mental Health Supports & Services

In this report, individuals employed under both the TFWP and the SAWP are referred to as International Agricultural Workers (IAWs). However, it is important to note that some interviewees from legal clinics

identified preferring the term Migrant Farm Worker (MFW) noting that it elucidates workers' precarious status and the nature of their work; both of which they note are determinants of physical and mental health for this population. Project members decided to use MFW in this section to accurately convey the information shared during the interviews. MFW will be used interchangeably with IAW in some places.

General Information about the Legal Clinics Interviewed

The legal clinics interviewed for this project were the Industrial Accident Victims Group of Ontario (IAVGO), York Region Legal Clinic, and Community Legal Clinic Brant. Interviews with three (3) community legal workers and one (1) community developer at the clinics were carried out.

On average, the legal clinic staff that were interviewed for this project have over 10 years of experience working with their clinics. The interviewees explicated their mandate from Legal Aid Ontario to work with vulnerable populations. Some interviewees first began working with IAWs after learning about the legal issues among this population from grassroots organizations and agencies (e.g., Justice 4 Migrant Workers).

Legal clinics funded by Legal Aid Ontario can be found in communities across the province. Usually, when an individual from outside the region calls, they would be referred to the closest clinic. Each clinic has an intake process so they can determine what kind of legal assistance the client needs and if it can be provided by the clinic. The legal clinics interviewed are located in York Region and Brant County. One identified that they assist workers across various regions of the province.

Interviewees reported that MFWs who participate in both the SAWP and the TFWP contact them for support and information. Interviewees reported providing support and services to workers from Jamaica, Trinidad and Tobago, St. Lucia, Barbados, Mexico, Guatemala, Honduras, Nicaragua, the Philippines, and Thailand. Interviewees reported that MFWs connect to their clinics via phone call, WhatsApp (either call or message), and through social media (e.g., Facebook Messenger). Some of the interviewees were bilingual and therefore able to provide services in Spanish and English. All interviewees noted that Legal Aid Ontario provides interpretation services when needed and will arrange this service for clients.

Types of Services Provided to IAWs

During interviews, legal clinics were asked about the types of legal services they provide to IAWs (i.e., what areas of law). The most common areas identified were employment/labour law, workers' compensation (WSIB) cases, and human rights. One (1) interviewee reported they also provide guidance related to consumer rights, assisting workers with issues related to cellular telephone companies. This interviewee noted that language barrier for Spanish-speaking workers makes it difficult for them to get clear information about how to cancel or finish their contract, and that this situation has caused financial distress in workers, especially when they go back to their home country and realize that they continue to receive phone bills. The interviewee noted that workers learn upon return to Canada, that they are now in debt to the phone company.

It was reported by interviewees that the most common concerns communicated by MFWs at the clinics are those related to workplace injuries and workers' compensation (WSIB) claims. Many workers reach out to these clinics to get information about how to file a WSIB claim, what the process entails, and how

to appeal. Interviewees noted that IAWs are predisposed to injury not only from accidents, but also due to their work being repetitive and physically demanding.

According to the interviewees, the demand for legal services by MFWs increased during the COVID-19 pandemic. Interviewees noted that more MFWs requested their services, and that their inquiries were often related to illness and COVID benefits. They noted that many workers wanted to know if they qualified for income support, and how to access it. Interviewees noted that due to the level of uncertainty that workers were experiencing, and because their families back home depend on their income, this was a recurrent focus of MFWs seeking services.

One (1) legal clinic mentioned they saw a significant increase in complaints from workers who tested positive for COVID-19 but were forced to work. This interviewee noted that workers reported that they did not quarantine, and had no access to health care, medication, or personal protective equipment.

Interviewees reported increased reports of housing standard violations, and increased requests for immigration-related assistance (e.g., permanent residency, open work permits, study permits, visitor visas). Moreover, legal clinics reported increased requests among MFW for information about how to apply to Canada's COVID-19 Economic Response Plan benefits (i.e., CESB, EI, CESB). A higher volume of complaints related to discrimination, harassment and reprisals was also reported by legal clinics interviewed.

Some clinics mentioned that MFW are aware of legal services in their regions, however, other clinics expressed that there is a lack of awareness among workers about the existence of Ontario legal clinics and the services they provide.

Barriers to Accessing/ Initiating Legal Action

All interviewees reported that MFWs face numerous barriers in understanding and accessing their legal rights, including language barriers, social isolation, long work hours and limited time off, lack of transportation, and lack of understanding of Canadian Law; interviewees reported that sometimes workers are unaware of their legal rights.

Interviewees noted that workers accessing their legal services often report being told by their sending country representatives that they are only going to Canada to work, and that they are instructed to behave and conduct themselves as if they were ‘ambassadors for their country’. One interviewee noted that this creates a sense of fear among workers that filling a complaint or initiating legal action might be seen as a disruptive behaviour, which may result in deportation and/or loss of future employment. As a result, interviewees note that some workers prefer to start legal processes from their home country, once they return home. Another reason MFWs may prefer to wait until they return home is because they cannot afford to take time off in Canada because their families depend on their income or because their employers may view them unfavourably.

It was mentioned during interviews that some employers do not provide workers their OHIP cards, instead they keep them. This is a significant barrier not only in independently accessing health care, it also impacts workers’ ability to initiate legal action because they cannot visit a doctor to obtain a diagnosis for work related injuries or illness. Even in cases where workers are in possession of their OHIP card, they may be reliant upon their employer for transportation to access services. Moreover, language

barriers can mean that workers are unable to communicate directly with clinicians, and therefore they are unable to convey their actual medical concerns, and work-relatedness.

The ability for employers to select and hire workers 'by name' each year, combined with their ability to fire and deport workers without explanation, were discussed by interviewees, who noted that this creates fear and insecurity among MFWs. One interviewee noted that if a worker is repatriated due to a work injury and not called back next year, and they do not have an appeal process to challenge the employer's decision, they face numerous barriers in accessing justice. Interviewees mentioned that workers who do decide to move forward and start legal action are often those who feel as though they have nothing else to lose, as their injuries have resulted in unemployment and debility.

Mental Health of IAWs

When asked whether they believe that IAWs face mental health challenges, all interviewees (4) unanimously agreed that they did. Interviewees noted that workers are away from their families, loved ones, communities, and support networks. Interviewees noted that in Canada, MFWs often live and work in places next to or within walking distance of their work premises, and that most lack opportunities to socialize with other people besides their coworkers. They noted that many workers are limited to travel from work to their employer-provided housing, where they live with their coworkers, and back to work again the following day. One interviewee mentioned that such restricted mobility and social isolation make these workers feel like a new generation of slaves.

It has been widely discussed by interviewees that MFWs face labour conditions that cause them a lot of stress. Furthermore, interviewees noted that injured workers can develop PTSD and chronic pain, and in cases where their employer pressures them to continue with the same productivity level while injured, workers report feeling extremely high levels of anxiety and stress.

Interviewees made clear that they are not mental health professionals; however, they reported various mental health challenges faced by MFWs based on their experiences over their years working with these communities and the testimonies workers have shared with them. All (4) clinics identified relationships with employers as a challenge. Three (3) interviewees reported challenges related to work environments, terms of their employment, and concern for family back home. Two (2) interviewees noted other challenges related to health issues, relationships with co-workers, and housing conditions. One (1) cited COVID-19 safety as an issue.

One (1) interviewee reported that many MFWs who contact them about legal services also express how they are feeling emotionally; often describing in detail how the situation they are experiencing is affecting them. Another clinic (1) mentioned that mental health topics are taboo in IAW communities, noting that they do not talk about mental health in the same way. However, this interviewee reported witnessing how the mental health of injured workers can decline rapidly, as their injury impacts other areas of their life, including income, relationships with family members, general mobility, and ability to work. However, interviewees noted many workers focus only on the physical aspect of their injury.

It was also noted that adding a mental health component to a legal claim would most likely require a diagnosis from a mental health professional, which is another barrier, an interviewee stating that MFWs

do not have assigned family doctors to make such a referral, even if they have been coming to Canada for decades.

The need to make short- and long-term disability benefits available to IAWs, or to demand workplaces offer that option to their employees, was reported during interviews. Interviewees noted that this requires a way of addressing not only the path to start such a process, but also must consider the ongoing and follow-up health care needs and the possible harassment from employers if workers continue to reside in employer-provided housing. One interviewee noted that workers in these situation face mental health challenges related to fear of not being invited back to work in Canada.

Another interviewee (1) described an instance when a worker reported feeling agitated and upset just in talking about their employer. In other cases, this interviewee noted that MFWs report feelings of sadness in relation to their employer.

Interviewees discussed that due to the conditions of their temporary employment in Canada, MFWs are vulnerable to abuse and exploitation. They noted that as a result, some workers feel like they need to be in a constant defense mode. Some interviewees reported that the workers' compensation (WSIB) process often contributes to poor mental health and can retraumatize injured workers who are required to revisit their injury repeatedly. It was expressed that some WSIB case workers push the workers to speak English, knowing that this may not be possible for them. Interviewees noted that some workers report mistreatment by WSIB caseworkers, and experience frustration and/or confusion about the process of filing a claim.

Some interviewees described the SAWP and TFWP programs as violent because they are structured in a way that fails to protect workers labouring under them, and in fact predisposes them to exploitation and harm. Interviewees mentioned that MFWs often express feeling frustrated, hopeless, in despair, in distress, and depressed. Interviewees noted that these feelings were connected to family breakdowns, inability to send money back home, children not being able to go to school, workers and their families having to borrow money and incurring debt.

During the pandemic, legal clinic interviewees noted that MFWs contacted them to request access to goods and services they needed. One interviewee noted that workers reported that their movements were restricted and scrutinized. One (1) of the interviewees reported that many workers were prohibited by their employers from leaving their work and/or home premises to buy groceries. This interviewee noted that even before the pandemic, workers had very little access to local communities, but that pandemic restrictions have made the situation exponentially worse. On the other hand, one interviewee reported cases where employers were prohibiting workers from completing their full isolation period and demanded they start working one week after arriving in Canada.

All the legal clinics interviewed believed the services they provide MFWs have a positive impact on their mental and emotional health.

Open Work Permits for Vulnerable Workers

During interviews, legal clinics were asked their opinions about the Open Work Permit for Vulnerable Workers (OWPVW), which purports to offer a path for IAWs to obtain an open work permit in case they are working or living in an exploitative/abusive situation. Interviewees reported that they did not see

this as a useful tool for MFWs. It was explained that even if a worker's situation meets the criteria for an OWPVW, it is problematic that they must reside and work for their employer at the time they start an application. To complete the process, workers must provide proof that they are being abused. If approved, workers must then find a new job that they qualify for, and there is no guarantee they will be hired again the following year. Interviewees noted that at any point after applying, the process can be terminated if the worker is repatriated by their employer.

However, interviewees commented that if it were possible to make it work in a better way, MFWs would benefit from the opportunity to find different employment.

One (1) interviewee mentioned that the principle of 'equal job, equal pay' should be applied to the agricultural sector. It was recognized that the work being done by MFWs is extremely demanding and therefore should be recognized with a salary that demonstrates that, and that would be well received by a citizen or permanent resident. This clinic expressed that they do not think this will happen, suggesting that employers would not benefit as much as they do from employing labourers at minimum wage.

Interviewees reiterated that the structure of the SAWP and TFWP make workers inherently vulnerable to mental health concerns and injuries. Interviewees noted that an approach to workers mental health that focuses on adding services for MFW to help them manage under these structural conditions without addressing the underlying conditions that harm them, is limited and insufficient.

Social Determinants of Health (SDOH)

The need to provide MFWs with clear and simple information about their rights in formats that consider their cultural background and literacy levels was identified by legal clinic interviewees. The need for legal assistance by professionals who are familiar with workers' social, economic, and political backgrounds was also mentioned. Legal services should be made available through the platforms and applications that MFWs are most familiar with.

Housing was identified as one of the most important factors influencing workers' mental health in Canada. Interviewees reported that many workers describe their living conditions as inhumane due to crowding, lack of privacy, lack of appliances, poor/no internet, issues with access to drinking water, lack of bathroom amenities, and more.

Interviewees also noted that MFW work long hours and have minimal job control. They reiterated that the power imbalance between MFWs and employers means workers generally have no control over the number of hours they get to work each day, nor can they refuse unsafe work. Interviewees mentioned that workers often describe getting very little sleep because they must wake up early, and they do not stop working until late at night.

One interviewee recalled a case where the employer displayed patronizing behaviour toward the worker by making decisions for them:

> "…employers do not need to be condescending, they say they're family, but they act as they know what is better for them. They [workers] are patronized under the idea that they are like family. But they are not, they are adults, not children. I had a case where the employer was there and ignoring the worker completely. Answering questions for the worker as if the

> employer knew what the worker was thinking, wanted to express, and what was better for them…"

Interviewees also mentioned that MFW have very little opportunities to socialize outside of the farm where they live and work. To address this, the importance of having social and sports events was frequently mentioned, as through these activities, MFWs can get to know other workers from different farms as well as people in the communities where they are living. As a potential way to address this, one (1) interviewee proposed the creation of community/recreation centres with accessible transportation, where workers have a safe place to get information and services they need, with service hours accessible for IAWs.

Recommendations at Federal & Provincial Levels

At the federal level, some interviewees mentioned that they believe it is crucial to grant permanent residency status to MFWs upon arrival. One (1) called for at least the creation of a path for MFWs to get the chance to obtain PR status. Access to different kinds of training was also mentioned as a way for MFWs to stop being seen as *low-skilled.* It would also allow workers to access different employment opportunities in case they receive an open work permit or PR status. Moreover, it was suggested to create more strict federal rules for employers and to actually enforce them, so employers are accountable if/when they break them.

Interviewees suggested that the federal government work more closely with sending countries to ensure there is no discrimination in the recruitment process. This would be especially beneficial for previously injured workers who are trying to come back to Canada for work. This was mentioned as something that makes sense given the promotion of human rights that the federal government is so much involved in.

At the provincial level, it was suggested that the Ministry of Labour make the MFW population one of their priorities, and especially to improve the inspection processes for housing and work environments. Interviewees recommended that these inspections should be done without any previous warning to the employers so that inspectors can see the actual conditions. Interviewees also expressed that MFWs need the right to unionize in order to include them in contract negotiations.

One (1) interviewee noted the role of OMAFRA as being "overwhelmingly adaptive to the demands of employers and growers without considering the effect that would have on MFWs, and they have been historically ambivalent to workers' demands." They expressed deep concerns about the "role of OMAFRA in perpetuating a lot of the problems that MFWs experience. The same people who are lobbying and running OMAFRA are the same people who are denying them status."

The need for WSIB to organize health care for injured workers was identified, including giving workers the choice and means to stay in Ontario to access care, providing them accommodation, and the possibility of staying in Ontario for investigation and treatment.

One interviewee noted that in terms of the Occupational Health and Safety Act (OHSA) and the internal responsibility system (IRS), where there is the idea that MFWs and employers sit at the table and try to sort out occupational health issues and workplace injuries, is not effective. One interviewee noted that

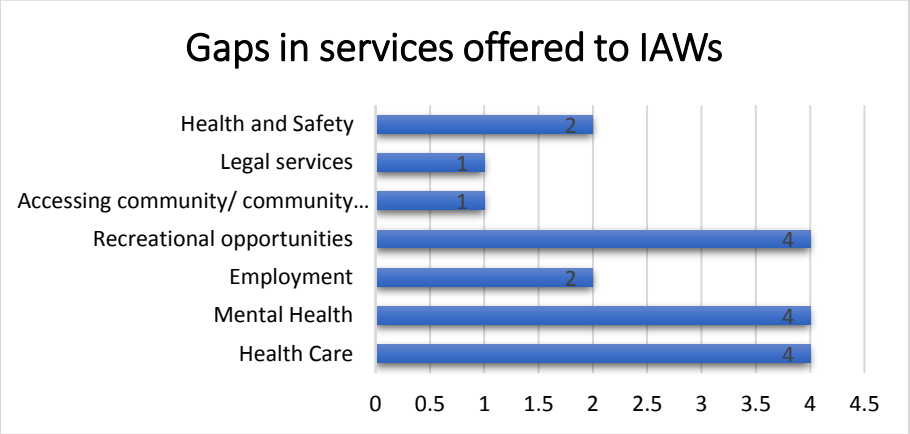
without a union this is a very ineffective and problematic system that requires more oversight by government.

Given agricultural work is one of the most dangerous industries in which to be employed, interviewees also identified the need for industry-specific regulations, like mining or construction, to ascertain what needs to happen to ensure safe agricultural workplaces.

Mental Health Supports & Other Services

When asked which services should be prioritized to support the mental and psychosocial wellbeing of IAW communities in Ontario, interviewees suggested that all services offered to the Canadian population should be tailored (e.g., consider cultural factors, language needs, etc.) and offered to MFWs.

Legal clinics were asked about mental health and other services offered in the regions where IAWs are located. All interviewees (4) reported a perceived gap in health care services, mental health services and recreational opportunities. Other service gaps reported included lack of health and safety information (2), inability to access employment related services and opportunities (2), lack of community engagement (1), and legal service gaps (1).



Given MFWs are important contributors to the communities in which they live and work in Canada, interviewees reported that they should have accessible opportunities to community resources like community centres, etc. They suggest that this would create the opportunity for workers to access more and diverse recreational opportunities, which was mentioned as a gap.

Additionally, the need to create the necessary infrastructure for workers to access phone and internet services, as well as transportation, was noted by legal clinic interviewees. As previously discussed in this report's literature review, the importance of barrier-free access to these services (transportation and internet) is crucial as it can help address the isolation of workers from the communities in which they are living , as well as from their family members back home.

Regarding existing mental health services, interviewees mentioned that if a MFW needed mental health assistance, clinic staff would try to refer them to a doctor so they could do a referral. However,

interviewees noted that this can be problematic as it could mean long waiting times. One interviewee noted that in Canada, MFWs are not assigned a family doctor so they may have difficulty getting a referral. Language barriers also affect the accessibility of mental health services. Some clinics mentioned CAMH as a possible resource, however, they were unsure if services could be provided in different languages, with the appropriate cultural sensitivity and knowledge of IAW backgrounds, or if they operate outside of standard business hours.

IV. Promising Practices

Through the project scans and interviews conducted, promising practices were identified and grouped in the following **12 categories**:

1. Community Support Groups & Organizations
2. Community Spaces & Support Locations for Ontario IAWs
3. Specialized Support for Black/ Caribbean IAWs
4. Funding, Provincial Coordination & Network Building
5. Ontario Legal Clinics
6. Ontario IAW Advocacy Groups
7. Ontario Community Health Centres
8. Existing Mental Health Services
9. Mental Health Services & Initiatives Specializing in Work with Migrant Communities
10. Research Teams & Communities of Practice
11. Health & Safety Organizations
12. Promising Practices and Initiatives from the US

1. Community Support Groups & Organizations

As is clear from pervious report sections, community groups and organizations in Ontario provide important services and support to IAWs across the province. Amidst government policy and practice inefficiencies and failures, these groups have served as key safety nets for workers by providing essential resources and goods to IAWs, including groceries, prepared meals, clothing, COVID-19 safety supplies including hand sanitizer, masks, respirators, as well as opportunities to socialize and build community.

Community support groups have also played an important role in seeking and reorganizing information on COVID-19 policies, practices, and key safety messaging, to ensure this information reaches IAWs in Ontario in accessible formats that recognizing language and literacy barriers. Importantly, community groups also play a key role connecting IAWs to health care and assisting health centres with service provision.

As reflected in our regional scan, and through the project's structured interviews, Ontario has an active network of community support groups that provide information, resources, and support to IAWs, and this network is an important and promising practice in supporting IAWs.

2. Community Spaces and Support Locations for Ontario IAWs

The service and support scan and review conducted by this project uncovered numerous physical community spaces for IAWS across various agricultural regions of Ontario. These community spaces offer workers access to in-person services and support, as well as opportunities to socialize and connect to other workers and additional community members. These community spaces often host events and activities and in providing spaces for workers, they can provide them with a sense of place and community beyond their workplace or shared housing. Although this section does not profile all the community spaces available to IAWs across Ontario, three spaces located in different regions are profiled.

The Farmworker Hub (Niagara-on-the-Lake)

Responding to concerns that during the COVID-19 pandemic local IAWs had limited opportunity to access retail shops or charity stores to purchase essentials like food, clothing and personal and household items, the Farmworker Hub launched in March 2021. At first, the hub served as a location where local volunteers gathered, sorted, and delivered items to workers on the farms. However, when provincial COVID-19 restrictions on indoor gatherings were lifted, the hub officially opened its doors to IAWs on July 15, 2021. The staff of the Hub note that in the first four and a half months they provided services to more than 1,900 workers from 41 local farms. The mission of the Farm Worker Hub is to provide a friendly, safe, and centrally located space where workers in NOTL can access products they need for everyday living. All items are donated by local residents, charities, and businesses and are provided to workers at no cost. The Hub has also become a space where other community support groups network with workers and offer information on additional events and services available to them.

Centre for Migrant Worker Solidarity (Simcoe/ Norfolk County)

In 2021, the Centre for Migrant Worker Solidarity opened in downtown Simcoe, in Norfolk County. This area hosts some of the highest numbers of IAWs in Ontario each year. This centre filled a gap in community spaces available to local IAWs since the closing of a previous centre in 2017 that was run by the United Food and Commercial Workers Union (UFCW). The opening of the Centre for Migrant Worker Solidarity was made possible through federal funding distributed by KAIROS Canada, which is profiled in a following section. The Centre provides IAWs access to a place to relax, access free Wi-Fi, and receive support and guidance from centre staff on a variety of issues, including filing their taxes, submitting benefit forms, legal and health and safety questions, among others. The centre also offers workers donated clothing at no cost, as well as toiletries, snacks, and COVID-19 safety resources including hand sanitizer, masks, and respirators. At the beginning of the 2021 agricultural season, staff from this centre reached out to a local school and had students create welcome cards for IAWs, welcoming and thanking them for the hard work they do in the community. This initiative aimed to create awareness within the local community of the importance of these workers and their key role in the food system.

Bradford Ontario Space for International Agricultural Workers- Unknown Neighbours

Unknown Neighbours strives to connect IAWS with the local community in Bradford, Ontario. This group provides a central space it has rented in a local church, where workers can connect, relax, socialize, and access essential goods. When provincial indoor gathering restrictions were lifted, local workers frequented the space, and were offered clothing, food and kitchen items, COVID-19 safety resources, as well as a general space for use to socialize and relax. Unknown Neighbours noted that they have reached out to local Bradford community members for donations for the space and identify receiving positive responses. The group has organized dinners at the space with workers from various local farms.

3. Specialized Support for Black/ Caribbean IAWs

Recognized in Ontario's Anti-Black Racism Strategy, Black communities in Ontario face stigma and stereotypes that have impacted public policies, decision-making and services across the province, and Black Ontarians live a shared present-day experience of anti-Black racism (Anti-Racism Directorate 2021). The following section will highlight Ontario community support groups and organizations providing specific or specialized support to Black, Caribbean agricultural workers. As discussed in the

gaps section of this report, groups focused on working with Black, Caribbean workers are a minority in the province and not found in all regions where Black, Caribbean IAWs are located. The presence and work of these groups is important and recognized as a best practice toward providing specific support and safe communities for Black IAWs.

Caribbean Workers Outreach Program (CWOP)

The Caribbean Workers Outreach program (CWOP) is a non-profit, Christian based organization that provides pastoral support, church services and other spiritual support to Caribbean agricultural workers predominantly in the Niagara Region of Ontario. CWOP reaches out specifically to Caribbean workers, and the group aims to create a mutual understanding between Canadian and Caribbean cultures. Although CWOP has historically worked in the Niagara region, they have extended their services and connection to Caribbean agricultural workers in Brant, and Norfolk County. CWOP actively collaborates with other IAW support groups and is a member of wider support coalitions and networks. For multiple years, CWOP has also been involved in initiatives focused on donating bicycles to IAWs, and during the COVID-19 pandemic, the group was active in distributing essential goods to workers, as well as COVID-19 safety resources such as masks and hand sanitizers.

Niagara Workers Welcome

Initiated in 2006, the Niagara Workers Welcome is a group of Niagara region residents who share a goal of creating a welcoming community that includes IAWs, noting that these workers have been largely invisible to many residents. This group uses music to foster connection and celebration between agricultural worker communities and residents. In 2007, they organized their first Welcome Concert for Caribbean workers in partnership with the Caribbean Workers Outreach Project (CWOP). The concert featured live reggae and gospel music, and the success of the concert made it a yearly event. At its peak, this event brought together approximately 600 Caribbean workers and residents. As mentioned through this report, offering workers opportunities to socialize and create networks and connections with the local community is important to mental health and wellness. Due to the COVID-19 pandemic, the Niagara Workers Welcome was unable to organize community events for IAWs during 2020 and 2021, however, the group was active in distributing essential goods to workers experiencing isolation and lacking resources. Like CWOP, the Niagara Workers Welcome collaborates with other IAW support groups, and participates in regional networks.

Southridge Community Church

Southridge Community church was founded in 1980, and in 2005, it started to focus on community outreach work in three areas, including opening a shelter to address homelessness, working to support low-income families, and creating a program for Caribbean farm workers in the region. Through this program, Southridge members have reached out to hundreds of Caribbean farm workers in the Niagara region, and more directly, have developed a close social network with 250 Caribbean agricultural workers through regular farm visits, social events, and personal relationships. As part of this program, Southridge opened a drop-in space for Caribbean workers where they can access Wi-Fi, computers, food, watch TV, and play table tennis. In the space, workers are also offered clothing and work gear at no cost. In addition, Southridge collaborates with Quest Community Health Centre to run primary health care clinics for workers in their network, every other Sunday night during the season. Through collaboration with Niagara Community Legal Clinic, free and confidential legal information and support are also offered for workers in Southridge's drop in space.

4. Funding, Provincial Coordination & Network Building

KAIROS Canada- Empowering Temporary Foreign Workers during COVID-19 Project

Established in 2001, KAIROS Canada is a national organization administered by the United Church of Canada and includes the participation of ten Canadian religious organizations and churches. It deliberates on issues of societal concern, and advocates for social change and transformation. To this end, KAIROS works to develop, deliver, and support initiatives across several areas of focus, including ecological and gender issues, and indigenous and migrant rights. In December 2020, the Government of Canada's TFWP awarded KAIROS $2.18 million to support and assist IAWs arriving to Ontario during the COVID-19 pandemic. With this funding, KAIROS created its Empowering Temporary Foreign Workers Project (ETFWP)/ During COVID-19 Project, and distributed funding to six initial partners and community organizations working with IAWs. Most of these groups are based in Ontario.

The first phase of KAIROS' project ran from December 17, 2020 to July 31, 2021. Key components of this project and of the work of its funded partners included outreach activities to connect with IAWs and to provide them with key information and guidance on COVID-19 and related policies. This was done directly via phone or workshops, and through the development and distribution of informational materials including videos and handouts. Funded groups also provided direct support and accompaniment to workers in accessing services and benefits (including health care), exercising their rights, and accessing emergency assistance if needed. Through the project, funded groups also distributed 'welcome bags' to workers, containing hand sanitizers, face masks, respirators, toiletries and other personal care items, non-perishable food items, and informational handouts. As part of the ETFW Project, funded community groups also reached out to employers to offer support, and established partnerships with service providers in their regions to support referrals (KAIROS 2021).

In May 2021, KAIROS added airport support services for IAWs at Toronto Pearson International Airport, through which staff welcomed arriving workers and provided them information on COVID-19 policies and practices and information on additional topics. These airport services also provide workers with contact information for various support groups in the region to which they are traveling, and liaise with employers to provide support with transportation to the job site or worker housing, if needed.

KAIROS reported that approximately 25,000 temporary foreign workers were served by their project partners under in the first half of 2021 (KAIROS Press 2 2021). On October 1, 2021, KAIROS announced that the Government of Canada had awarded them $1,896,308 in additional funding to continue its project through to the end of 2021 (KAIROS Press 2 2021). This led to the funding of additional partner organizations and community groups, increasing the total to 15, including groups in three Maritime provinces and again a bulk of organizations in southwestern Ontario (KAIROS Press 2 2021). KAIROS projected that new project activities would serve an estimated 7,000 temporary foreign workers, including up to 1000 at Pearson Airport through its airport services (KAIROS Press 2 2021).

In addition, through the KAIROS ETFWP, IAW support groups across Ontario have had the opportunity to connect with each other to create a provincial network and share information, knowledge, experience, and best practices from their work with IAWs. To increase capacity and effectiveness in the support of IAWs in Ontario, KAIROS has organized and delivered webinars and workshops for project partners and other organizations focused on increasing knowledge on key issues relevant to IAW support. As stakeholders report that many IAWs are transferred across provincial regions during the season, the

provincial network being created by KAIROS can help groups make informed referrals and inform workers of the services and supports available in new regions of destination. The KAIROS ETFWP is considered a best practice, however, as will be discussed in the gaps and recommendations section of this report, this federal funding continues to be precarious, which is concerning.

5. Ontario Legal Clinics

Legal Aid Ontario provides funding to 79 legal clinics in the province, including the three legal clinics interviewed for this project. Legal Aid funded clinics offer information, guidance, and resources to people in Ontario who have limited or no income, and are facing issues related to housing, income, wrongful dismissals and other employment issues, refugee, and immigration issues as well as mental health legal issues, among others. (Legal Aid Ontario 2022). Ontario legal aid clinics offer representation in tribunals and courts and can help vulnerable communities make legal claims and access justice.

During project interviews, many IAWs reported interest in receiving information about their rights across issues of focus for community legal clinics, including employment (e.g., wrongful dismissal), immigration, income, human rights, among others. As has been identified by IAWs and other stakeholders, most workers do not have access to information on their rights in these areas, lack financial resources, and due to structural issues at federal and provincial levels, are disempowered to make claims on their rights, and require support to seek recourse in cases where their rights have been violated. As such, Ontario legal clinics are an important resource to IAWs and can help address legal situations that can contribute to stress, anxiety, a sense of disempowerment, and pose a risk to the physical and mental health of these workers. For example, interviews with IAWS identified widespread stress and anxiety around injury or illness. The work of legal clinics (like IAVGO) plays a crucial role in supporting workers in cases of workplace injuries and illness and helping them navigate the workers' compensation system (WSIB), which is inaccessible to most IAWs who lack support.

During interviews, it was identified that during the COVID-19 pandemic legal clinics in Ontario continued to offer information and support on various issues and were active in providing IAWs with information and direct support related to sick benefits and COVID-19 related health and safety issues. Also noted in interview findings, legal clinics have been active in helping IAWs access recourse in situations of employer abuse or endangerment, assisting them in applying for open work permits for vulnerable workers. Recognizing the importance of legal clinics in cases of IAWs facing violations of their rights, the information and contact numbers for legal clinics and the provincial legal aid number were included on all Version 2 regional resource posters across all regions. As discussed in the gaps and recommendations section, increased support and funding should be provided to Ontario legal clinics in regions where IAWs are residing to increase their support capacity and enable outreach and legal education activities.

6. Ontario IAW Advocacy Groups

Groups like Justice for Migrant Workers (J4MW), also called 'Justicia', as well as the Migrant Workers Alliance for Change (MWAC) have years of experience working with and advocating for IAW communities. Both groups respond to government policies from a worker-empowerment lens, and argue that Canada's TFW programs structurally disempower workers, rendering them easily exploitable. They also root their analysis in historical evidence of structural racism in the creation of these programs, and in the exclusion of those working under them from accessing permanent residency in Canada. Both

groups also demand permanent residency status for IAWs upon arrival and suggest that ending the restrictions placed on IAWs based on their immigration status can help address the existing power imbalance and vulnerability experienced by these workers.

The project team reached out to both of these advocacy groups and invited them to participate in project interviews, however, neither accepted. Both expressed skepticism around the project and its' funding and the provincial government's commitment to structural change, which they identify as required to actually improve the situation for IAWS in Ontario.

Justicia for Migrant Workers (J4MW)

Justicia for Migrant Workers (J4MW) is a volunteer-run political collective comprising people from diverse walks of life, including migrant workers, labour organizers, educators, researchers, students, and racialized youth. J4MW was founded in 2001. Justicia has been fighting for the rights of migrant farmworkers for more than twenty years. They provide workers with support in emergency situations, deliver information sessions and workshops, and advocate for this population to have the opportunity to collectively negotiate their rights and work conditions without the risk of facing deportation or reprisals from employers. J4MW identifies the importance of organizing and work that is led and directed by workers in the fields, farms, and greenhouses. J4MW highlights the ways that WSIB has failed to remove systemic barriers and policies that perpetuates discriminatory practices affecting migrant farmworkers, and collaborates with other networks and agencies, including IAVGO, to assist workers with cases related to workplace injuries and sick benefits.

In December 2020, J4MW made a detailed submission to the federal consultations on migrant worker housing, and in June 2021 they made a submission to the Standing Committee on Citizenship and Immigration that details the inaccessibility of, and issues associated with, the Rural Immigration Nominee Program. J4MW submitted a document to the House of Commons to support the review of the Temporary Foreign Workers Program and SAWP. Through its policy submissions Justicia plays an important role assisting workers make their voices heard in spaces and places that for them might seem unreachable. In December 2013, J4MW filed a complaint with the OIPRD related to the case of 54 migrant workers who had their DNA collected by the Ontario Provincial Police (OPP) under unlawful circumstances. In 2021, the Human Rights Tribunal of Ontario began listening to this case.

Migrant Workers Alliance for Change (MWAC)

The Migrant Workers Alliance for Change (MWAC) is a coalition of migrant worker groups and community, labour, legal, and health services partners whose collective aim is to improve working and living conditions for live-in caregivers, seasonal agricultural workers, and other temporary foreign workers. MWAC identifies itself as a democratic member-led organization of migrant farmworkers, care workers, and students with a focus to achieve worker and immigration justice. As a coalition, MWAC includes 28-member organizations that support worker self-organization, share resources and advocate for changes to immigration and labour policy. MWAC is a member of, and forms the secretariat of the Migrant Rights Network (MRN), described as Canada's largest migrant justice coalition. MWAC leads direct work in the Niagara region and conducts collective research that centres on the voices and experiences of migrant workers, directing findings to federal and provincial decision makers. In June 2020, MWAC produced the report Unheeded Warnings – COVID-19 & Migrant Workers in Canada, which it states provide evidence of unheeded red flags in advance of the COVID-19 outbreaks, which it suggests have led to seriously detrimental impacts on migrant workers, including COVID-19 related

deaths. Through the MRN- Food & Farmworkers Working Group, members of MWAC submitted the report Decent & Dignified Housing for Migrant Farmworkers, which consulted 453 migrant farmworkers across Canada, to provide recommendations on housing standards directly from workers.

IAW advocacy groups are important actors in bringing attention to the lived experiences of IAWs, and to the structural power imbalance and disparity that has been created through Canada's temporary worker programs. This project considers the continued engagement with IAW advocacy groups as extremely important. These groups include IAW members who share their experiences and concerns, and the situations they have encountered. Workers have articulated clear calls for change through these advocacy groups and identified a vision for fair and respectful treatment. This project suggests that it is crucial to listen and pay attention to these voices.

7. Ontario Community Health Centres

Community Health Centres are leading the provision of accessible health care services for Ontario IAWs. Not only are they responding to the physical concerns of IAWs related to work exposures, as well as chronic issues like diabetes and hypertension, supported by project interviews, many also respond to mental health symptoms and issues among these workers as well. The health centres engaged in service provision to and care for IAW communities understand the stressors faced by these workers. However, some centres recognize that their services reach is limited and question the ability for workers in their region to access health services. In some regions, health care access for IAWs remains unclear or limited. Nonetheless, the innovative work led by Ontario CHCs in providing health care services to IAWs is considered a promising practice that supports the physical and mental health of this population. Health centres are key stakeholders and should be further consulted and involved in service development and expansion to improve support for IAWs in Ontario.

Potential Partner: TAIBU Community Health Centre

TAIBU Community Health Centre (CHC) is a multidisciplinary, not-for-profit, community-led organization established to serve the Black community across the Greater Toronto Area. It aims to improve, promote and protect the health and well-being of Black populations. TAIBU CHC provides clients with access to culturally designed quality health care, health promotion, and disease prevention programs and strategies, in a culturally affirming environment. TAIBU is recognized at the forefront of the delivery of community health and social services to Black communities across the Greater Toronto Area, focusing on community development, knowledge exchange, empowerment and the elimination of systemic racism and other forms of prejudice and discrimination in healthcare (TAIBU 2021).

In 2019, TAIBU CHC collaborated with the City of Toronto under the Toronto for All campaign, focusing on highlighting the impact of anti-Black racism on the mental health and wellbeing of Black Torontonians. In 2020, this initiative and partnership led to the first Monday of March being officially proclaimed as Black Mental Health Day, and in 2021, the partnership led to the designation of the first week of March as Black Mental Health Week. In 2021 and 2022, TAIBU collaborated with and contributed speakers and presenters to Black Mental Health Week events. TAIBU also provides direct mental health support to Black communities, offering monthly group workshops run by social workers and psychotherapists, as well as one-to-one counseling. In 2022, the Government of Canada announced $800,000 funding for two projects addressing mental health support for Black Canadians; TAIBU CHC is receiving $400,000 to develop a national knowledge network through the Mental Health of Black

Canadians (MHBC) Fund. TAIBU explained that this project will build capacity within Black communities by increasing knowledge of mental health, the inequalities and social determinants of health, and the development of culturally responsive approaches (TAIBU 2022).

In May 2021, the project team connected with TAIBU CHC because stakeholders identified cases of IAWs from Caribbean countries looking for vaccine information and support. Through this connection, TAIBU CHC staff connected with an employer who hires IAWs from Jamaica and a community group working with a group of workers from Trinidad and Tobago to set up phone-based information and consultation sessions with both groups of Caribbean workers to answer their vaccine-related questions directly. Although TAIBU CHC has limited experience working with Black, Caribbean IAWs in Ontario, the vaccine related support they have provided to workers, as well as their leadership in the health care and mental health of Black communities, supports the recognition of TAIBU as an important potential stakeholder in the development of health and mental health services and supports for Black IAWs in Ontario.

8. Existing Mental Health Services

The Canadian Mental Health Association (CMHA)

The Canadian Mental Health Association (CMHA) is the most established and extensive community mental health organization in Canada. At the national level, CMHA identifies, responds, and pushes for pressing mental health priorities and policies. At the community level, CMHA promotes mental health, prevents and treats mental illness, and works towards a wide accessibility to mental healthcare. CMHA recognizes that mental health in the agriculture industry is of growing concern. The nature of agricultural work, including constant demands and pressures, time constraints, and weather conditions often results in farmers and producers putting their work above their mental well-being (Canadian Mental Health Association National, 2021). CMHA has found that rates of stress, mental health issues, and suicide are much higher among people who work in the agricultural sector compared to the general population (Canadian Mental Health Association National, 2021). In response, CMHA has partnered with OMAFRA, and the Ontario Federation of Agriculture (OFA) on mental health initiatives specialized to support farmers and farmer communities. These centre on three identified programs:

1. *In the Know* program, a mental health literacy program for farmers and the agricultural community.
2. *Farmer Wellness Initiative*, a program that offers Ontario farmers and members of their family, access to free counseling sessions with a mental health professional who has received training to understand the unique needs of Ontario farmers, accessible 24/ hours a day, 7 days a week.
3. *The Guardian Network*, a new program that received federal and provincial funding through the Canadian Agricultural Partnership. This program is modelled after the award winning AGIR en Sentinelle pour la prévention du suicide program created by the Suicide Prevention Association of Québec and the Union of Agriculture Producers in Québec, with the curriculum adapted for the Ontario context. The Guardian Network is a volunteer suicide prevention network that supports Ontario's farming community. Program volunteers are those who are in contact with farmers, or part of farming communities, and have successfully completed The Guardian Network training program.

As is clear, CMHA is an active partner in mental health service development and delivery for Ontario farmers and their communities, and therefore has amassed understanding of both industry stressors and the importance of tailoring programs and services to target populations. This includes an understanding of the importance of ensuring service modalities reflect what is accessible and preferred by target populations (ex: farmers), to reduce barriers in them seeking help.

As was the case with most of the mental health organizations and services identified, services provided by CMHA are not catered to IAWs. CMHA's work focused on the agricultural sector thus far, and the initiatives mentioned, were not intended to consider the mental health needs of Ontario IAWs. Although some industry-related stressors are shared among all who work in the industry, IAWs also experience unique stressors and experiences that can put their mental health at risk. Although the service modalities offered by current CMHA programs reviewed would address some accessibility needs of IAWs, it is unclear if they would qualify, and due to language barriers, these services would not be accessible to various IAW communities as they are only being provided in English and in French.

During the project's service and inventory scan, work being done by the Windsor-Essex CMHA Branch was identified as bridging experience in farmer mental health with the mental health needs of IAWs. CMHA-Windsor Essex has been actively connecting to IAW support groups and organizations, collaborating on worker-focused educational resources. CMHA-Windsor Essex has partnered with the Migrant Worker Community Program (MWCP), an extremely active community support organization working with Latinx IAWs since 2002. CMHA has funded a shared program coordinator/ neighbourhood ambassador position and a Mental Health Support Worker positions with MWCP, focusing on mental health outreach to IAWs and connection to services. In 2021, CMHA and MWCP collaborated on a series of mental health webinars for IAWs that covered various topics related to their mental health. More recently, the partnership has focused on the development of videos on relevant mental health topics, including living away from home, self-care during COVID-19, healthy body and healthy mind, substance use and addiction, anxiety, depression and stress, and bereavement education. These videos are available in English and Spanish and can be accessed on MWCP's YouTube channel. The distribution of these videos should be supported across networks and regions.

CMHA also has experience, services, and resources focused on psychological health and safety in the workplace, with workplace training programs in this area. As CMHA notes, psychologically healthy and safe workplaces are defined as "workplaces that promote workers' psychological well-being and actively work to prevent harm to worker psychological health including in negligent, reckless, or intentional ways" (CMHA, 2021). Although this training does not seem to be specifically contextualized to agricultural workplaces, in consultation with a Windsor- Essex CMHA staff member, they identified that this training has been offered to local farms. CMHA's experience with this content signals an opportunity to consider contextualizing this for agricultural workplaces, and possibly create specific content for workplaces employing IAWs. If the training were to be accepted by workplace management, it could build awareness among farmers of workplace factors, policies and practices that may cause psychological harm to IAWs and other workers employed, possibly leading to changes and improvements.

Project team members had two consultation meetings with CMHA Ontario staff, as well as a meeting and interview with a staff member leading the work focused on IAWS out of the CMHA-Windsor-Essex Branch. All meetings led to CMHA identifying an interest in collaborating on mental health support for Ontario IAWs, and a recognition that there is currently a gap in services and supports catered and contextualized to these communities.

CMHA is identified as an important potential stakeholder in the development of a response to the mental health needs of Ontario IAWs, and their interest to contribute to this work is a positive finding.

9. 9. Mental Health Services & Initiatives Specializing in Work with Migrant Communities

It is important that mental health assessment and support for IAWs are culturally appropriate and incorporate understanding of the unique challenges faced by all IAW communities. Such support must also recognize and address issues of stigma, while at the same time draw on cultural strengths and forms of support that are familiar and important to IAWs, and that they can centre on for the awareness and empowerment of workers. The organizations that are leading the way in providing tailored mental health services to IAWs were interviewed as a part of this project and recognized as promising practices, as discussed below.

These organizations that have specialized in providing mental health support to migrant communities share some key aspects that make them promising practices:

- Provide phone-based support: remote access for workers without the need to travel, support can be accessed at their convenience through their phone.
- Flexible hours: that adapt to the workers schedules and availability
- Culturally knowledgeable: with initiative staff, psychologists and counsellors that provide services and support through a shared cultural context
- Language specific: offer psychological, emotional assistance and/or counselling in the language of the worker
- Experience understanding the social determinants of health of migrant communities
- Work from an empowerment framework

Watari's Migrant 2 Migrant Program

Watari Counseling and Support Services was founded in 1986 in response to the lack of services and programs for high-risk street involved youth in Vancouver, British Columbia. Watari's services are trauma-sensitive and centre on the empowerment of their clients, basing support on the individual's innate strengths, capabilities, and desire for wellness, and creating opportunities for people to see themselves as competent and capable, while at the same time encouraging relationships with service providers, family, and other community members (Watari 2020). Watari works within a community development model to address personal as well as collective change. Watari's *Migrant 2 Migrant Program* works with under-resourced migrant workers and provides information as well as access to clothing, food, shelter, and medical care. This work had been exclusively driven by volunteers until 2019 when the program began to receive funding by ESDC, allowing for the expansion and multiplication of services, programs, and partnerships (Watari 2020). Watari runs health fairs for migrant workers in Vancouver, Abbotsford, Chilliwack, and Ladner, in coordination with various service providers, migrants, refugees, and other individual volunteers. At these fairs, service providers deliver check-ups on optical, cardiovascular, and other aspects of public health. Workshops teach bicycle repair, issues in trades, and a variety of health-related issues. They also operate computer workshops and repair and deliver bicycles (as well as helmets, safety vests, lights, and locks).

Although located in British Columbia, Watari has offered IAWs in Ontario access to its phone-based psychological counseling services. The counsellors answering calls are experienced in working with IAWs, and aware of the issues facing these communities. As such, their counseling support is contextualized to an understanding of their realities and framed by ongoing efforts to improve outcomes for these workers across Canada. Their counselors are also culturally informed and experienced, and they provide services in multiple languages. Watari's phone-based psychological counseling services fill a gap among Ontario services, as during this project's scan no similar service with such extensive experience was identified in Ontario. Watari's phone-based psychological counseling service was identified in the project's service and support inventory and their contact information is included on all Spanish and English regional resource posters.

Project Te Escucho/ IIPSOCULTA/CPP

Consultores por la Paz (CPP) and *the Instituto de Investigación y Práctica Social y Cultural AC* (IIPSOCULTA) are two Mexican-based organizations that have provided psychological support to Mexican migrants and their families in Mexico and the US for more than 10 years. In March 2020, after connecting with stakeholders working with Mexican IAWs in Canada, these organizations decided to initiate a project extending their support to these workers. The project is called *Te Escucho*, which means "I hear you" in Spanish. *Te Escucho* offers phone-based psychological support to Latinx IAWs and other communities (refugees, immigrants, and undocumented people) in Canada that need to connect to mental health professionals but face barriers in accessing this support. *Te Escucho* is motivated by the recognition that the COVID-19 pandemic has heightened stress and mental health challenges among many, but the groups they serve may face compounding psychological stress due to their migratory status in Canada and the additional social determinants they experience.

Te Escucho's services are designed to offer a culturally sensitive space to meet the needs of Latinx communities. Services are provided in Spanish and callers are connected to a service coordinator who will schedule a session with a project psychologist at a time that is convenient for the caller. *Te Escucho* notes that their services prioritize flexible scheduling to accommodate the often-long hours of work experienced by IAWs and other im/migrant communities. Clients are provided with four sessions with a project psychologist free of charge. However, project staff note that they will not stop services or support to the client related to issues of fee provision, and that any fee paid is voluntary. The project aims to create a positive and meaningful difference in the lives of its clients in the areas of self-esteem, awareness of their capabilities, personal growth, and learning prospects. It also focuses on their cultural identity, including recognition of their own history and self-identification with it, and with cultural values and traditions. *Te Escucho* supports clients' creativity to find novel solutions in relation to their lived environment, as well as their ability to articulate and express their ideas, opinions, and interests (Te Escucho Interview 2022). Project *Te Escucho* was identified in the project's service and support inventory scan and included on all Spanish-language regional resource posters.

Ayuda Emocional en Tiempos de COVID-19/ Emotional Help in Times of COVID-19- Phone Based Psychological Support for Latinx Communities- Fundación Origen

Fundación Origen is a Mexico-based organization that was founded in 1999 and focusses on the empowerment of vulnerable women in Mexico, supporting their emotional health, and offering a platform for them and their families to break the cycle of violence and reduce poverty, through human and economic development programs (Fundación Origen 2016). *Fundación Origen* has focused on two core programs, its *Casa Origen Centers*, which are centers for the comprehensive development of

women, as well as their *Origin Help Line*, a specialized call centre offering confidential psychological attention and legal and medical guidance to women across Mexico, connecting them to qualified professionals with experience in crisis management who are also able to refer them to additional face-to-face services and care (Fundación Origen 2016). Through various partnerships, the *Origin Help Line* was replicated and expanded to serve additional populations in need, including undocumented Spanish-speaking migrant in the US. Origen's *Helpline for Migrants* is a hotline that offers a space for listening and accompaniment staffed by qualified psychologists in Mexico who are trained to listen and provide information to callers and can refer cases to civil society organizations and legal groups in the US (Fundación Origen 2016).

In May 2021, Fundación Origen connected with the Ontario community group the MWCP in the Windsor-Essex area to provide a free and confidential psychological support line to Latinx IAWs. *Ayuda Emocional en Tiempos de COVID-19*, or Emotional Help During COVID-19 in English, connects these workers via phone to Fundación Origen's qualified psychologists in Mexico. This support line was identified in the project's service and support inventory scan and included on all Spanish-language regional resource posters produced by this project.

All (3) initiative reviewed bring substantial experience and knowledge in providing mental health protective and counseling services to migrant communities, including Ontario IAWs. They are important stakeholders in work to improve current supports and services for Ontario IAWs.

10. Research Teams & Communities of Practice

Migrant Worker Health Expert Working Group (MWH-EWG)

The Migrant Worker Health Expert Working Group (MWH-EWG) formed in April 2020. The MWH-EWG is an interdisciplinary team of scholars and clinicians with decades of experience working with, and studying the experiences of, migrant agricultural workers in Canada. The objectives of the MWH-EWG are to provide timely evidence-based guidance to all levels of government so that they establish adequate standards, regulations, and practices to ensure the health and safety of migrant workers within the context of the COVID-19 pandemic, and beyond. The MWH-EWG recognized that regional, provincial, and federal agencies all have a role to play in addressing the vulnerabilities and risks faced by IAWs while they live and work in Canada, as well as their limited opportunities to access independent health care. Therefore, the expert working group provides support to various government agencies to enable coordination and standardization of health service provision for migrant workers across jurisdictions, and to strengthen coordination and communication across governments and stakeholders engaged in health and social care provision for this at-risk population.

In the context of COVID-19, the MWH-EWG has been supporting and advising governments in the development of standards to ensure workers' living and working conditions enable necessary public health measures to be effectively implemented to prevent SARS-CoV-2 virus transmission. The expert working group advocates for the development of standards and procedures for health care coordination that are designed to prevent and mitigate the health and social challenges faced by migrant workers, including mental health challenges, and to reduce barriers to accessing health information and appropriate forms of care. To address workers' concerns about access to, and information about, COVID-19 vaccines, the expert working group developed guidelines to improve the vaccination process for migrant workers in Ontario.

The MWH expert working group recognizes that the social determinants of mental health among migrant agricultural workers in Canada are related to their working and living settings, and to their degree of access to health care and social supports (Mayell & McLaughlin 2016; McLaughlin 2010; Preibisch & Hennebry 2011). Tackling these issues at the level of policy, the MWH-EWG produced a series of evidence-based recommendations for various government agencies, including Employment and Social Development Canada, Ontario provincial ministries, public health agencies, and municipal public health units. To address the macro-level factors that negatively impact the mental health of IAWs, the MWH-EWG developed comprehensive guidance to strengthen the contracts for seasonal agricultural workers from Mexico and the Caribbean, and presented these recommendations to the federal government of Canada and various sending country officials at the annual bi-lateral contract negotiations in 2020. The working group also provided detailed feedback to the federal government on the recently proposed amendments to the Immigration and Refugee Protections Regulations (IRPR), which purport to address existing gaps in worker protections and strengthen the integrity of the TFWP. Members of the MWH-EWG also responded to the December 2022 report of the Auditor General, highlighting deficiencies in the government's compliance model of enforcement and desk-based inspection system (Marsden, Tucker, & Vosko 2021). In December 2020, the federal government conducted a consultation into the development of national housing standards; the expert working group made a detailed submission that included recommendations aimed at providing workers with dignified housing, protecting migrant workers' health, and improving oversight of employer-provided housing.

At least nine migrant agricultural workers died in Ontario between 2020 and 2021. Members of the MWH-EWG met with the Deputy Chief Coroner of Ontario in 2021 to discuss the deaths of migrant agricultural workers in the province and the factors that place this population at risk. Subsequently, a research study into the deaths of migrant workers in Ontario was designed with the goal of developing evidence-informed practices and policy recommendations to prevent future deaths. The study culminated in a final report, which found that inconsistent quarantine conditions, ad hoc standards for regular check-ins and several barriers for timely emergency medical care placed workers at risk.

To strengthen communication with migrant workers and provide them with important and updated information about their health and legal rights, the MWH-EWG operates a website (migrantworker.ca) with pages in English and Spanish that contain information and resources. These worker-specific pages contain up-to-date resources in text and video formats on topics that directly impact migrant workers, including information on COVID-19, federal and provincial guidance and travel requirements, income replacements, how to access emergency medical care, workers' compensation, occupational health and safety, workers' rights in Canada, and more. These resources are updated regularly. The website also contains information for researchers and clinicians with general information about the health issues among migrant agricultural workers in Canada, as well as specific information for clinicians about the barriers migrant workers experience in accessing health care. The MWH-EWG and its members, through their extensive multidisciplinary research experience, represent an active and intervention-based community of practice group that challenges current policies and practices and contributes important insights and recommendations aimed at improving the physical and mental health of IAWs in Canada.

The Mental Health of Migrant Agricultural Workers Research Group

The Mental Health of Migrant Agricultural Workers Research Group was initiated by a graduate student at Wilfrid Laurier University (who is also a project team member) and a professor at Laval University with the objective of designing a research proposal for a study into the mental health of Spanish-speaking IAWs in multiple Canadian provinces. This focus was prioritized based out of recognition that

the mental health of IAWs has been under-documented in research, and the very few Canadian-based studies on the mental health of this population suggest these workers are at risk of depression, anxiety, as well as substance use problems, especially in the context of the COVID-19 pandemic. The research group aims to fill this knowledge gap in the literature and inspire change with regards to prevention initiatives and mental health services for these workers.

This project will be informed by a pilot study funded by VITAM – Centre de recherche en santé durable. With support from the larger team, this pilot study will be conducted by a graduate student as part of the requirements for their MA thesis in Community Psychology. The pilot study includes qualitative interviews focused on the mental health of 20 Latinx migrant agricultural workers in Québec and Ontario and will document their experiences related to their holistic wellbeing, the effects of COVID-19 on mental health, the psychosocial impacts of employment and work conditions, discrimination, migration regulations as well as experiences of/or barriers to support services access.

In addition to working on the pilot study, the group conducts regular facilitated meetings to discuss key issues and the state of academic research with regards to the mental health of IAWs, including access to services, workplace environment, family separation and interpersonal relationships, and housing conditions. These discussions aim to elicit and identify key areas that need to be prioritized in future research on the mental health of IAWs across provinces in Canada. Building on these priorities, the group will identify research questions and promising methodological approaches that will assist in developing a research grant proposal to be submitted to federal funding agencies. The Mental Health of Migrant Agricultural Workers Research Group has initiated an active community of practice around the mental health of IAWs in both Ontario and Québec, which has created a space to discuss, consider and plan future research in this area to fill clear research gaps.

University of Guelph/ "In the Know" Team

Project members interviewed researchers from the University of Guelph, Andria Jones-Bitton and Briana Hagen and their published papers related to the topics addressed in the interview were used to add more detail.

Doctor Jones-Bitton is a veterinarian and epidemiologist. She got to know farmers and the farming environment and understood that farmers were struggling with stress that sometimes was manifested in mental health issues. She ran a small pilot scale study on livestock producers in Ontario that generated much interest and other agricultural producers from across Canada wanted to participate (A. Jones-Bitton, personal communication, April 24, 2021). This lead to a national survey of agricultural producers (n=1132) using validated measures of mental health. Findings demonstrated that approximately 45% of farmers were in the high stress category; roughly 57% of farmers were classified as probable cases of anxiety, and about a third were probable cases of depression. Nearly two-thirds of farmers scored lower in resilience than the general population. In sum, high stress, depression, anxiety, high risk for burnout and low resilience were identified among farmers in Canada (Jones-Bitton et al, 2019a). Burnout was also assessed from the same sample, and the scores of all three measured components were higher than international norms (Jones-Bitton et al, 2019b). Researchers conducted follow-up interviews with farmers (n=75) to document the main causes of their stress and identified a series of stressors, including financial strain, the climate crisis and associated impacts, pressures on the legacy of the farm, changes in government regulations, and public scrutiny. Gender differences were found in the experience of stress (Hagen et al., 2021a; Hagen et al., 2021b).

Researchers noted that very good training resources and mental health professionals exist in Canada, but based on consultations with the farmer community, they identified that resources available did not reference important experiences or address the needs of farmers. This research team, involving farmers, psychotherapists, psychologists, counselors and a professional in adult education, developed a mental health literacy program based on the needs and experiences of farmers. The resulting program called "In the Know" is a 4-h, in-person program delivered by a mental health professional who also has experience in agriculture. As a pilot six sessions were offered in Ontario in 2018 to farmers and/or people working primarily with farmers. The program focuses on helping farmers identify, understand, and cope with mental health challenges. Participants are educated on topics such as, stress, anxiety, depression, substance use, and starting conversations with others (CMHA Ontario, 2021).

The pilot training was evaluated through a pre-training questionnaire, and a post-training questionnaire at the end of the session and again at 3 and 6 months. Results from the evaluation of the program showed that participants improved in self-reporting mental health, and in their knowledge and confidence to recognize mental health struggles and discuss these issues with others. Findings also showed that after the training participants identified being more willing to help others who are struggling with mental health (Hagen et al, 2020).

Following the pilot, the research team partnered with CMHA to continue to deliver the training. CMHA Ontario has 35 facilitators delivering the "In the Know" program in rural areas.

The researchers interviewed are now analyzing results of a second national farmer survey focused on experiences during the COVID-19 pandemic. They also noted that they have been approached by farm safety agencies interested in mental health at the workplace level, and have shared materials and translated them into Spanish and other languages. These researchers recognized that there is some overlap in experiences and stressors between farmers and agricultural workers, including IAWs, but that their current resources have not been developed to reflect the experience of workers, and that some needs, stressors and resources differ between these two populations.

Although the University of Guelph/ "In the Know" Team's resources and trainings are not intended for IAWs or reflect their unique stressors and needs, the research and work is important and relevant to broader discussions on mental health in the agricultural sector, in agricultural workplaces and other built environments, and to discussions on rural health care, including mental health care services and supports. In addition, the reported sensitization to the mental health needs of others among farmers who have taken the In the Know training, has the potential to support building awareness and attention among farmers of the mental health of IAWs they employ.

Like other health and safety issues, workplace mental health requires the commitment and leadership of employers, and the University of Guelph/ "In the Know" Team's experience and work supporting farmers speaking to other farmers about mental health issues can contribute to workplace level conversations, tools and resources.

CAMH Immigrant and Refugee Mental Health Project (IRMHP)

The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health hospital and a top global mental health research centre. Through the years, CAMH has focused on understanding and

supporting the mental health experiences and needs of various communities, including immigrants and refugees. CAMH's Immigrant and Refugee Mental Health Project (IRMHP) focuses on building capacity among settlement, social or health service provider, to appropriately respond to the unique mental health needs of new immigrants and refugees, and to foster inter-sector and inter-professional collaboration. The project is directed by evidence-based information, innovative practices as well as tools and strategies. The IRMHP project leverages a variety of important resources in support of its objectives.

Subject Matter Experts

A major part of IRMHP is that it has pulled together experts in the field of immigrant and refugee mental health and service and support provision, including leading researchers and clinicians working directly with immigrant and refugee communities. These experts guide and inform the IRMHP's resources and offerings, and ensure service providers who connect to the project benefit from current and comprehensive knowledge and expertise.

Repository of Courses

The IRMHP also offers free and self-directed courses for settlement, social or health service providers that cover topics including, the influence of context and culture on mental health, overview of immigrant and refugee mental health, and special populations of focus courses. For example, the program has introduced a course series on understanding the mental health of Yazidi refugees. In this course, service providers are introduced to the history and culture of Yazidi people, including their experiences with genocide and persecution. The purpose of the course is to increase awareness on the social, historical and cultural contexts surrounding Yazidi refugees, that may impact their mental health. In addition, the course provides information on tailoring existing supports and services so that they are suitable for the needs of this community, as well as refugee and immigrant communities more generally.

Community of Practice

The program has created a virtual community of practice where service providers can access resources, information about new and recent events in the field, network with others, and share information on innovative tools and approaches. Essentially, the aim of this community of practice is to provide social and health service providers working with immigrants and refugees access to advice, consultations, and resources that can build and inform their learning and service capacity. The tools that the IRHP's community of practice provides are outlined below:

Webinars: The IRMHP provides monthly webinars on topics that program users have identified as important. In these webinars, experts in the field provide information, practical tips, and resources. In addition, the webinars provide the opportunity to have a conversation on the topic and to exchange information between attendees. Some examples of past webinars topics include providing support and treatment to recent immigrants, promising practices, and strategies for supporting particular immigrant and refugee groups.

E-Newsletter: The IRMHP offers a monthly newsletter to subscribers that features topics such as promising practices, service provider profiles, project updates, and updates from the field. Recipients can also provide suggestions on content that is considered for future inclusion in the newsletter.

Discussion Board: IRMHP's community of practice also utilizes a discussion board where people can ask identified expert questions, share resources, join a discussion, and meet other service providers. The forum is private and password protected for those who are or have taken the course.

Feedback: IRMHP offers the opportunity to provide feedback to the project through a survey focused on the evaluation of content and community of practice features.

Toolkit of Resources

In addition to its courses and community of practice, the IRMHP has designed a toolkit through which service providers can access key information and resources on promising practices. The key components of this toolkit include:

- Evidence-based research
- Models of care and frameworks
- Service delivery
- Evaluation

Alone in Canada-CAMH E-Book

Lastly, another example of CAMH's development of key resources in the field of immigrant mental health is its e-book on the mental health of immigrants who are alone in Canada. The book titled "Alone in Canada'' provides information for new immigrants on how to integrate themselves in the Canadian community, offering a wide range of information from societal norms and to support cross cultural understanding and acculturation, as well as personal strategies for social connection, as well as coping in moments of difficulty or challenges. In addition, the e-book provides resources for immigrants on where to find additional help.

Although CAMH's IRMHP program does not focus on the experience of IAWs or direct resources to service providers seeing them, the program is identified as a promising practice. It is an example of awareness building around the mental health needs of migrant populations, and a focus on building effective service and support capacity among providers working with these groups, all informed by key research and leading clinical experience.

Opportunities should be explored to collaborate with CMHA's IRMHP program to consider either the creation of an IAW course module within their program, or to provide insight on the creation of a separate mental health support-building program for service providers working with IAWs.

11. Ontario Health & Safety Associations

Each of Ontario's Health and Safety Associations is an independent not-for-profit corporation, governed by a board of directors. They deliver front-line prevention programs on behalf of the Ontario Ministry of Labour System, providing services and information directly to employers and workers, joint health and safety committees, medical practitioners, and unions. The services they provide include delivering training and creating tools that can be used in workplaces, consultation, and clinical services, and supporting industry-specific programs such as mine rescue training.

Occupational Health Clinics for Ontario Workers (OHCOW)

The approach this association takes in approaching workplace hazards is based on the hierarchy of controls and the prioritization of preventive measures at the workplace level. This is the case for all types of hazards, including those contributing to mental health grouped under the umbrella of "psychosocial hazards". OHCOW has focused on raising awareness and increasing the recognition of workplace mental injuries by holding an annual five-week webinar series each May, hosting speakers who highlight and share solutions to Workplace Mental Health, Stress and Injury Prevention issues. With other HSAs, OHCOW has developed a Mental Injury Toolkit that provides guidance and resources for workers based on insight, perspective and general understanding on some of the causes of workplace stress. This toolkit was developed in the hope that it will be used by the workers to find the support and gather the information they need to act in their own workplaces to improve their work environment and protect their physical and mental health. OHCOW believe that threats to a worker's mental health should be prevented like any other hazard, and the organization aims to support employers in making changes to prevent negative impacts on the physical or mental health of workers.

OHCOW has developed and validated a tool and app called "StressAssess", that is a free, evidence-based online survey tool, designed to assist workplaces in identifying psychosocial hazards that can lead to stress and mental injury, providing suggestions and pathways to make improvements and prevent harm. StressAssess was produced in collaboration with the Canadian Centre for Occupational Health and Safety (CCOHS). This survey has been applied at the federal level twice, in 2016 and 2019. Survey results are a reference base for comparison in the numerous studies that OHCOW teams conduct with groups of workers from different occupations and workplaces. This survey also includes assessment on burnout and symptoms of distress.

OHCOW has conducted surveys and studies at the workplace level during the COVID-19 pandemic. In addition to the measures mentioned above, OHCOW added two new relevant measures to its assessments related to personal protection (*PPE* and *Control Infection Procedures*), and two additional new measures of mental health outcomes (one for anxiety another for depression), both are based on validated screen constructs/scales (GAD-7 and GAD-2 for anxiety and PHQ-2 for depression).

All these studies are conducted in collaboration with various stakeholder (e.g., workers, unions, health and safety committees or representatives, supervisors and/or employers). Results support recommendations for changes to improve the psychosocial environment as a primary health prevention. OHCOW offers a Guide for Preventing Mental Harm at the Workplace based on a five-step approach, summarized as follows:

1. ***Learn*** – Familiarize yourself with the basics; deepen your understanding; share your awareness; identify resources
2. ***Organize*** – You can't do it alone; get support/buy-in; establish a working group
3. ***Assess*** – Select tool(s); implement, do it carefully and well; consider the results and pick your key issues
4. ***Change*** – Consider advice/ideas and figure out which ones fit with your workplace; select the changes you want to try and sell them to your supporters; implement, do it carefully and well
5. ***Evaluate*** – Give it some time, then use tool(s) to reassess the situation; find out what worked and what was learned; identify strengths, gaps, new questions, and start the cycle again.

Although the OHCOW approach to all hazards in the workplace is mainly preventive, this organization offers services and resources for individual workers health through the work of occupational health nurses and physicians. However, OHCOW does not offer professional consultations for the mental health of individual workers. Links to mental health resources provided by other organizations are offered on OHCOW's webpage. The main webpage for mental health can be accessed here: https://www.ohcow.on.ca/workplace-mental-health/

Workplace Safety & Prevention Services (WSPS)

WSPS is the largest Health and Safety Association in Ontario, focusing support to the agricultural, manufacturing, and service sectors, which it notes employ more than 4.2 million people throughout the province. WSPS identifies their role to help businesses understand their risks and legal obligations to stay in health and safety compliance, and help them build safer workplaces. They offer a diverse range of resources and support to workplaces including training and events, certification, access to legislation and reference materials, research, or customized consulting with one of their experts, and support in helping workplaces build their health and safety programs.

Focusing on the agriculture sector, WSPS has an Agriculture & Horticulture Safety Centre website-landing page, where they offer a wide range of information and resources relevant to farms and non-farming operations including landscaping, arborists, and greenhouses. From a limited review, there are approximately 88 health and safety resources available under this sector category, covering relevant OHS hazards and topics. Many of these resources are available in Spanish.

From a review of their general website, WSPS offers 68 resources on mental health topics, including twenty-four courses in this subject area, offered in English and French. WSPS has produced mental health videos which promote the three step approach of "Stop, Think, Act" to communicate how to recognize and deal with the occupational hazards and their effects. In terms of mental health in the agricultural sector, the hazards mentioned in WSPS's video reflect findings from the mental health study of farmers conducted by the researchers at the University of Guelph, and the video promotes taking a pause, consideration of stress and stressors and their impacts, discussion, coping and connection.

Relevant OHS/ Mental health videos:

- Mental health in agriculture
- Psychologically healthy workplaces
- Understanding stress, its impact, and exploring coping methods
- A Safe Place to Talk About Mental Health
- COVID-19 resources
- International worker information in Spanish

Both OHCOW and WSPS have relevant experience, resources and tools to support OHS in agricultural workplaces, including those where IAWs are employed. Both also have experience in the area of workplace mental health and psychosocial factors. OHCOW's assessment and recommendation tools have supported workers and workplaces to identify psychosocial hazards and consider changes to prevent harm. WSPS has extensive experience working with farmers and other agricultural industry stakeholders and safety experts, and developing safety resources and programming for the industry. The

work of both OHCOW and WSPS are important contributions and continued work in this area should be supported, and collaboration between these HSA's in this area should be explored.

12. Promising Practices and Initiatives from the US

In recognition of the long history of Migratory and Seasonal Agricultural Workers (MSAWs) in the United States (US), and service and support provision to these communities, project members conducted an internet-based search to identify promising practices in the US context related to the mental health of IAWs. This project acknowledges both similarities and differences between the US and Canadian contexts and the experiences of migrant or seasonal agricultural workers in both countries; however, the organizations and initiatives reviewed are leading important work in the area of migrant agricultural worker health, including mental health, and can inform consideration, planning and action by organizations and agencies in Canada.

Migrant Clinicians Network (MCN)

Migrant Clinicians Network (MCN) started in 1985 by three health professionals who saw the need to provide resources and guidance to professionals in the US who work with migrant populations in situations of vulnerability. MCN is now a global non-profit organization that has developed programing, training and resources on topics related to migrant community health, increased awareness and attention, and helped to build capacity among service providers working with these communities. The MCN specialises in migration health, cultural competency in service provision, behavioural health, and environmental and occupational health. MCN has developed programing and resources on various issues relevant to migrant community health, including mental health, occupational/environmental health, including pesticide safety, family violence prevention, common community health issues, and continuity of care/bridge case management for mobile patients including migrant farmworkers, among others. MCN supports a diverse and wide range of health-related institutions across the US, and has built an important national and international community of practice around the health of migrant agricultural workers and their families.

National Centre for Farm Worker Health (NCFH)

The National Centre for Farmworker Health (NCFH) started in 1975 as the National Migrant Referral Project (NMRP) which initially focused on placing bilingual (English/Spanish), bicultural social workers in US health centers to support the provision of services to Spanish speaking, Latinx farmworker populations. NCFH is now a private, not-for-profit corporation located in Buda, Texas, dedicated to improving the health status of US farmworkers and their families. NCFH provides information services, training and technical assistance, and a variety of products to community and migrant health centers across the US, and collaborates with other organizations, universities, researchers and stakeholders involved in farmworker health.

NCFH has developed a *Mental Health Resource Hub* to address the need for information and resources on behavioral and mental health, and related services for migrant and seasonal agricultural workers (MSAWs). NCFH seeks to build capacity to provide these communities with greater access to culturally appropriate mental health services across the country.

Mental Health Learning Collaborative (MHLC)

NCFH offers Community & Migrant Health Center staff the opportunity to participate in Learning Collaboratives (LCs), which provide participants with regular training sessions, technical assistance, and time to strategize with and learn from peers around the country. Each LC consists of a set number of learning sessions, and is focused on a different health topic that relates to or affects agricultural worker communities. NCFH has run a Mental Health Learning Collaborative (MHLC) in collaboration with the Health Resources and Services Administration of the U.S. Department of Health and Human Services. This LC focused on building the capacity of health center staff within Migrant and Community Health centers to successfully integrate behavioral health services with primary care for their MSAW patients.

US Migrant Worker Health Forums

NCFH puts on yearly Regional Stream Forums focused on migrant community health, bringing together social and health service providers, health centre staff and management, researchers, agricultural worker organizations and advocates, and government stakeholders, among others. There are three annual forums, a Western Forum for Migrant and Community Health, a Midwest Stream Forum for Agricultural Worker Health, and an East Coast Migrant Stream Forum, recognizing migratory streams followed by some MSAW communities. The forums provide sessions on various topics related to the health of these communities, with a focus on capacity building among participants, sharing best practices and learning from peers and experts. Sessions also discuss new programs, initiatives, changes, and trends relevant to MSAW health and service provision.

During the COVID-19 pandemic NCFH held a virtual forum. Find the presentations and videos from each forum on the NCFU website.

Pacific University Sabiduría Program

Faculty from Pacific University in Oregon have developed a program called *Sabiduría* (wisdom in Spanish) that allows students from their three graduate school programs (Master's in Applied Psychological Science, PhD in Clinical Psychology, and PsyD in Clinical Psychology) to obtain experience in Latinx psychology and culturally informed work and practical knowledge. Students can achieve an academic 'Emphasis' in this area that combines academic, research, clinical training, service learning, community outreach, and advocacy experiences with the intention of preparing students to work with Latinx, immigrant, and Spanish-speaking populations. Through this emphasis at Pacific University, a program was created to provide culturally informed mental health supports in Spanish to Latinx populations, immigrants, and farm workers in crisis. Through this program, students and staff provided support to Latinx, immigrant communities during natural disasters (wildfires), and COVID-19.

Services were based on Psychology of Recovery and Rapid Response Mental Health Treatment skills (Orengo-Aguayo et al., 2019), delivered in 1-5 sessions and encompassing 6 core skills, including information gathering; building problem-solving skills; promoting positive activities; managing reactions; helpful thinking; and rebuilding healthy social connections. In April 2020, this program started to provide culturally sensitive services to uninsured Latinx individuals affected by COVID-19, on a one-on-one basis via telephone, free of charge.

The Sabiduria team delivered a presentation on their program a NCFH's Forum for Migrant and Community Health. Their presentation is here.

The team reported providing a total of 43 RRT services, equivalent to 26 hours and 23 minutes of service time, with an average of 40 minutes per session. The demographics of the population they served included 85% females and a 14% were male, and approximately 83% identified as Latinx/Hispanic. The main reported stressors were financial difficulties, family conflict, marginalization and discrimination, grief and loss.

National Agricultural Workers Survey (NAWS)

The National Agricultural Workers Survey (NAWS) is an employment-based, random-sample survey of U.S. crop workers that collects demographic, employment, and health data in face-to-face interviews. The survey began in Fiscal Year (FY) 1989; since then, over 71,000 crop workers have been interviewed.

As outlined in their justification for the survey document, the objective of the NAWS is to provide descriptive statistics of the characteristics of crop workers using a statistical methodology designed to address the difficulties of surveying a mobile and seasonal population often living in nonstandard and sometimes hidden housing. In addition, the NAWS is designed to address the information needs of various Federal agencies that oversee farm worker programs. These stakeholders include agencies concerned with occupational injury and health surveillance, Migrant and Seasonal Head Start, and Migrant Health. Another purpose of the NAWS is to produce accurate regional estimates of the share of farm workers who are eligible for training and employment services through the Employment and Training Administration's (ETA) National Farmworker Jobs Program (NFJP).

Recognized as the only national information source on the employment, demographic, and health characteristics of hired crop workers, NAWS data is central to informing government programs administered by the Department of Health and Human Services (HHS) (Migrant Health and Migrant Head Start), the Department of Education (ED) (Migrant Education) and DOL (National Farmworker Jobs Program). The survey's findings are available in reports, presentations, tables, and public data files.

As will be discussed, surveys with Ontario IAWs would provide important information to inform provincial and national health surveillance or occupational health and safety program planning and coordination, or help address other data gaps among the many that exists.

University Extension Programs

Another example of US best practices are the various extension programs out of American universities, including those focusing on health and safety among migrant and seasonal agricultural workers. These extension programs provide important information and services to MSAW communities informed by research, and also gather important data from MSAWs and applied knowledge on their particular topic, and can inform additional efforts and programs.

V. Gaps & Recommendations

The findings from this project's provincial scan and structured interview with key stakeholders identified a series of gaps in service provision to IAWs in Ontario, and formulated a series of recommendations. These discussed below:

Gap: Long-Term Funding for IAW Support Networks

As highlighted throughout this report, community groups and support organizations are providing vital services and resources to IAWs in Ontario, and they do so amidst continued gaps, inefficiencies, and failures by government. However, their support capacity and reach are restricted due to their limited funding. Even the federal funding provided through KAIROS Canada has been precarious and continues to lack a comprehensive long-term funding commitment for these important supports.

Recommendations

The provincial government should develop a funding partnership with the federal government, to secure permanent (or at least 2-5-years) funding dedicated to continuing to strengthen support networks who are on the ground and responding to the needs of IAWs. Such a commitment is important and would go to initiatives and organizations that have experience working with IAWs. This funding should prioritize programing with a clear focus on empowerment outcomes for IAWs and support their capacity and agency.

Legal Clinic Funding

Part of this funding should go to strengthen and expand services provided to IAWs by Ontario legal clinics. As noted, these legal clinics are crucial resources to help IAWs make legal claims and access justice in cases where their rights have been violated.

- A subsection of this funding should be allocated to legal services focusing on WSIB related issues, as well as other employment and workplace health and safety issues.

Health Centre Funding

Part of this funding should go to Ontario Health and be dedicated to strengthening and expanding health care services for IAWs and to conduct additional needs assessments regarding access gaps and barriers to ensure IAWs have access to adequate health services in all regions.

- A subsection of this funding should be allocated to collaboration with OHS system partners, to ensure that work-related health issues identified by primary health care clinics can lead to opportunities to explore workplace interventions focused on prevention.
    - Recognizing musculoskeletal issues related to work continue to be reported as common, a provincial assessment should be done to identify prevention-based opportunities and interventions specific to these issues. As research has connected musculoskeletal issues

and pain to psychosocial issues, this may also have possible benefits for the mental health of IAWs.

- This funding should also develop primary clinic leads on occupational health and safety and WSIB, to develop strategies on empowering IAWs to submit WSIB claims when appropriate. This work should be in collaboration with local legal clinics to ensure workers are protected against related reprisals.

Ontario Health should conduct a service strategy assessment and develop a framework to address the practical service delivery challenges experienced by clinics serving IAWs, including on issues of reaching workers, communication, and follow-up, while ensuring that the privacy and independence of IAWs in health care access and treatment is the highest priority and aligns with legislation on health information privacy. Health centres experienced in serving IAWs should be central in the development of this framework, so solutions reflect realities.

- Although employers should be leveraged as supports in IAW health care access, to provide information regarding services, and support workers in taking time off if needed, health care clinics working with IAWs should be supported to be able to enhance access to care that is not dependent on the intermediary involvement of employers.

- Although mobile on-farm, or workplace clinics seem to be popular service delivery models for providing care to Ontario IAWs, these models should be reviewed through the framework mentioned.

Support should be provided to build capacity among health service providers to continue improving their response to the unique primary and mental health needs of IAW communities, and to foster inter-sector and inter-professional collaboration.

- Consider collaboration with CAMH's Immigrant and Refugee Mental Health Project to explore opportunities to create a module within their existing course, focusing on the mental health of IAWs, or to inform the creation of a separate course and resources specifically for service providers of IAWs.

- Collaborate with Black Health Organizations like TAIBU Community Health Centre and the Black Physicians Association of Ontario to develop strategies responding to and prioritizing the health and mental health needs of Black IAWs.

- Explore the interest of the Alliance for Healthier Communities (AOHC), the Ontario network of community-governed primary health care organizations, to partner on this or collaborate.

Health Centres should be supported to explore the utility of utilizing mental health assessment tools with IAWs, when appropriate and beneficial. This will contribute to addressing gaps in data around mental health stressors, symptoms and issues affecting these communities.

- Review considerations identified in US-based literature, that identify concern around the appropriateness and effectiveness of some assessment tools across cultural and ethnic communities represented among IAWs, and the need to adapt mental health assessment tools to cultural and language needs.

Gap: The WSIB System is Inaccessible & Ineffective for many IAWs

The current process carried out by staff at WSIB for a worker to file a work-related complaint, is not accessible to or appropriate for IAWs. Responding to the barriers experienced by these workers is needed to provide them with accessible and effective workplace injury and illness services and supports.

Gap: Funding for Mental Health Organizations & Initiatives working with IAWs

Recommendations

The Ontario government should support CMHA Ontario in developing a provincial strategy for mental health support and services for IAW communities, working from its position as a key stakeholder in mental health in the agricultural sector. New funding, or funding from the Canadian Agricultural Partnership, should be dedicated to this task.

This funding should explore opportunities to build on current services being offered to farmers and their communities. Although IAWs face different stressors and mental health risk factors than farmers, and it will be crucial to contextualize information and services to address differences, building off existing services should be considered. Shared industry stressors are already understood and aspects of these services, including the expedited connection to counseling without wait-lists, and the 24/7 services hours, are also beneficial to IAWs, as is having options to connect to counseling through various modalities (e.g., in person, phone, video chat etc.).

The benefit of CMHA's leadership in this work also creates opportunities to explore the interconnection of farmer and worker mental health, towards eventually developing an inclusive and coherent strategy for the sector. This interconnection and relatedness is important to help address any perceptions of competing interests between farmer and worker mental health that can complicate service, support and intervention delivery and success.

Differences and similarities among the mental health of farmers and IAWs should be identified and reviewed, and opportunities for positive outcomes for both groups should be prioritized. For example, results published from the In the 'Know Mental Health' literacy program for farmers and the agricultural community identified an increased openness to recognizing the mental health challenges of others, as well as willingness to offer support among participants post training. Therefore, the 'In the Know' training is an important tool that could support farmers in becoming more aware of the mental health needs of IAWs they employ, and supportive of identifying strategies to address psychosocial hazards that they are in control of. Therefore, supporting the uptake of the 'In the Know' training among Ontario farmers could have positive outcomes for IAWs across Ontario. This should be explored.

CMHA should also further develop its psychological health and safety in the workplace training, to contextualize it to agricultural workplaces, including those hiring IAWs. For this, CMHA should connect to provincial health and safety organizations including WSPS and OHCOW, as well as the Ministry of Labour, towards exploring system supports and interventions on workplace psychosocial hazards. As is broadly the case around this work, for the mental health of IAWs, particularly related to workplace and housing

factors, the sensitization and buy-in of employers is key, as they have control over these environments, and resources and practices therein. However, evidence based occupational health and safety (including mental health supportive) policies, practices and resources should be set as standards, to ensure that needed changes in workplace and housing spaces and practices are enacted as mandatory, regulated and enforced.

In addition:

- This work should draw on the experience of particular CMHA branches, like CMHA-Windsor Essex, to identify best practices, services, and resources already developed for IAWs, to inform capacity building among additional branches in regions where IAWs are located.

- Collaborate with Black health and mental health organizations like TAIBU Community Health Centre who are leading work on the mental health of Black communities both at the provincial and federal level.

- Collaborate with research teams and community of practice stakeholders focusing on the health and mental health of IAWs (MWH-EWG and Wilfrid Laurier University/ Laval University), so they can inform content and service strategy, to ensure it is contextualized, accessible, and effective for IAW communities, and evidence-based.

- Collaborate with key mental health initiatives specialized in working with migrant communities (those highlighted in this project, as well as others). Their experience and knowledge, and theoretical grounding in worker empowerment, capacity, and cultural strengths, are important to incorporate.

- Explore collaboration with CAMH's Immigrant and Refugee Mental Health Project to explore synergies with IAW focused content created, and service provider capacity support.

Gap: Direct Mental Health Support

Although phone-based mental health supports have been identified as useful for IAWs who often face physical isolation and difficulty accessing services at non-flexible hours, these types of services are not widely available to Ontario IAWs, and existing numbers often do not address language needs or respond to cultural opportunities. The Ontario government, with guidance from CMHA, should:

- Support existing phone-based counselling services for IAWs with experience serving migrant and racialized communities. Support the creation of additional services including those with Afro-Caribbean community representation and service focus.
    - Explore collaboration with Black health and mental health organizations like TAIBU Community Health Centre.

- These services should not only be marketed for emergency situations, but from a mental health protective, prevention-based perspective.

- Central to these services is the provision of support in worker languages, by staff that ideally shares the same or a similar cultural background as workers they will be serving.

- Staff working with this population should receive training that acknowledges cultural differences and the social and economic backgrounds of workers, creates awareness of the situations and difficulties these workers face in Canada and have a strong knowledge of the risk factors faced by this population. These actions would facilitate mental health professionals understanding and the detection of red flags. Opportunities to include graduate students in related service fields should be explored to support expanded efforts and assessment.

Gap: Crisis & Urgent Care

The accessibility and appropriateness of current crisis and mental health urgent care hotlines is not clear. The Ontario government, with guidance from CMHA, should:

- Evaluate the accessibility and appropriateness of existing urgent care/ mental health crisis hotlines for use by IAW communities, and if deemed not effective, create emergency hotlines of this type to be available to these workers.

- Identify or create accessible and appropriate bereavement support resources and services for IAWs specifically in the context of situations of deaths of family and loved ones in the context of separation related to migration (supported by interview findings across stakeholders).

- Identify or create accessible and appropriate services for IAWs in cases where coworkers die, or experience serious injury or illness, to address the trauma bystander workers may experience.
    - Consider WSIB's role in supporting these services in cases of workplace deaths, or serious injuries or illness.

Gap: Focused Support for Black, Caribbean IAWs

Most of the Ontario community support groups identified through this project, note that they work with both Latinx and Caribbean agricultural workers. As part of our interviews with community support groups, we asked if they had specialised outreach activities or programming for Black, Caribbean agricultural workers. Staff from one community group noted:

> "Our services cover all migrant workers in the region, but we don't have a specific program for them. We are supporting some agencies that help the Caribbean community. For example, Family Fuse is a Canadian non-profit grassroots initiative that supports Black Canadian parents, guardians, and caregivers to navigate the education system. But this is not for temporary foreign workers".

Staff from another group stated:

> "We do not have a special agenda for them, we invite them but they do not participate a lot. In my mind, we serve equal numbers of each. Our committee services both, our terms of reference is to serve SAWs (Seasonal Agricultural Workers), we do not exclude anyone".

Another noted:

> "We have direct communication with them, not sure about programming for them. They know that they can contact us when they need something. There are only two farms in the area that hire Caribbean workers. There's no language barrier so they know that they can contact us".

In our review we identified that most of these community groups have staff representing the Latinx community who focus on outreach to agricultural workers. However, most of these groups do not have an adjacent staff member representing the Black, Caribbean community.

Similarly, although a few of the Ontario health centres serving IAWs have dedicated Latinx staff focused on outreach and patient navigation support, we did not identify any that had adjacent Black, Caribbean outreach workers.

Recommendations

The statements provided by community groups, or the lack of Black, Caribbean staff and outreach workers do not negate the important support and services provided, or the supportive relationships developed between non-Black, Caribbean support staff and Black, Caribbean agricultural workers. In addition, recognizing funding limitations experienced by both community groups as well as health centres, decisions to have staffing address language barriers experienced by Latinx workers make sense. However, programming and staffing considerations do present opportunities to build on current work to improve outcomes for Black, Caribbean agricultural workers. However, as noted above, this would depend on these stakeholders receiving sufficient funding.

- As part of the long-term funding for IAW support networks and stakeholders discussed above, a subsection of this funding should prioritize the expansion and development of support initiatives and organizations specifically focused on work with Black, Caribbean IAWs.

In the context of Ontario health services serving international agricultural workers, these services can be conceptualized as dedicated services for racialized communities, including Black communities. As such, these clinics should be supported with information and resources for racialized patients, including Black patients.

During the COVID-19 vaccination rollout for Ontario agricultural workers (1st and 2nd dose), low vaccination confidence among Caribbean agricultural workers was reported by stakeholders across various regions of the province. Organizations including the Black Scientists' Task Force on Vaccine Equity have pointed to historical and contemporary issues of trustworthiness vis a vis vaccines and medical science that give Black communities cause for concern (City of Toronto 2021). During this time, requests for additional vaccine information and support to address vaccine questions and concerns were made by Caribbean agricultural workers, their employers, and from support groups working with these communities. No systematic response was offered.

- As part of the funding allocation to Ontario Health discussed above, a subsection should go to organizations like TAIBU Community Health Centre, the Black Heath Alliance, and the Black Physicians Association of Ontario (BPAO), and Black Scientists' Task Force on Vaccine Equity to lead an assessment of healthcare access and delivery for Black, IAWs, with focus on identifying opportunities to build on existing services, and contribute to improved outcomes for Black, IAWs. As part of this, a focus should be placed on recommending a strategy to respond to future possible vaccine information requests from Black IAWs.

Gap: International Agricultural Worker Housing

Concerns with IAW housing continue to be reported, including unsafe, and undignified conditions that not only continue to put workers at risk (including for COVID-19 infection), as well as are not-conducive to general wellbeing and mental health.

Housing among workers in other sectors is mostly linked to their socioeconomic status (SES) particularly to their wages. In the case of IAWs their house and workplace are part of the same environment and provided to them by their employer. The condition of worker housing is very important for the everyday recovery and the maintenance of health among this worker population that are most likely overworked. It is also important because interpersonal relations with co-workers can be tested by living together in crowded and non-optimal conditions.

As noted in the Auditor General of Canada's Report on the Health and Safety of Agricultural Temporary Foreign Workers in Canada during the COVID‑19 Pandemic, Employment and Social Development Canada has done little to meet its commitments to improve living conditions for agricultural temporary foreign workers made in previous years. As noted in previous sections, advocacy and IAW support organizations submitted recommendations for the federal government's housing consultations, including submissions made directly by IAWs, however, there continues to be inaction by the federal government to ensure safe and dignified housing for IAWs.

Recommendations

Improve IAW housing standards and conditions, and ensure enforcement is effective. The provincial government should establish improved housing guidelines, together with jurisdictional leads. Consider housing standards of other mobile workers in Canada (ex: oil sand worker accommodations in Alberta), and contextualize to working in agriculture and to the experience and needs of IAWs. Review and incorporate housing standard submissions made directly by IAWs who can speak to housing that would support their health and wellbeing. Proper housing is mental health protective, and central for physical and mental rest and recovery. This is very important considering the strenuous nature of agricultural work, and the experience of additional stressors among IAWs outlined in this report.

Gap: Lack of Accessible Information for IAWS

Government agencies continue to neglect the accessibility needs of IAWs when it comes to key information on policies, practices, rights and responsibilities. Key communication, reporting channels, and policy processes are not accessible to many IAWs. Government continues to be slow or has failed to respond with effective solutions.

Recommendations

The provincial government should develop a clear accessibility framework when it comes to policy and practice communication, planning, process, roll out, and consultation related to and with IAWs. This framework should be implemented by all relevant ministries to ensure a commitment to empowering IAWs to be informed and be able to respond effectively to government benefits, protections and requirements. Without this commitment, the government continues to show a disregard for how its policies actually play out for these communities.

As part of this framework, the language needs of IAWs should be addressed, and culturally informed communication strategies should also be leveraged that support mutual understanding and communication.

As part of this, relevant government ministries should officially collaborate with IAW support groups and seek their support in communicating key information to IAWs, while ensuring open and responsive channels for these groups to identify gaps and areas of concern.

Relevant government ministries should build relationships with community organizations hosting community events for IAWs and seek being invited to these spaces to set up information booths, or run presentations or consultations, to hear directly from IAWs in terms of information accessibility, as well as policy related issues and needs.

Gap: Available Data on IAWs in Ontario

There is no statistical data available on IAWs nor research including representative samples.

Recommendations

Demographic information and other general IAW existing data should be publicly available. Information such as age, sex, country of origin, languages spoken, educational attainment, years of employment, and province/ region location, would support informed decision making at all levels, and inform research, health, and mental health services and provincial and federal funding allocation.

An IAW national and or provincial survey (work, health & mental health), similar to the US National Farm Worker Survey (NAWS) would be beneficial. Systematic and periodic information collection is needed to support policies at all levels and offer a base for comparison for the various indicators of work and health.

Data collection initiatives by community support groups would be useful to improve understanding of IAW support. Through consultation with KAIROS funded Ontario community groups, it was identified that worker support/ case data is being collected and submitted to the federal government. The sharing of this data would be beneficial, as long as it is anonymous, without worker identifying information.

Gap: Mental Health Protection & Promotion in the Workplace

According to project interviews, consultations, and the literature review, little information has been produced in Canada about the psychosocial environment and occupational hazards at work influencing the mental health of workers on Ontario farms. Research and practice have focused on farmers' mental health, and although there is some overlap regarding the hard work in agriculture, dependence on the weather, and living on the farm in rural areas, many risk factors differ for workers and IAWs. IAWs. There are many published studies that document various facets of the SDOH among this worker population but only few of them have focused on hazards and injuries at work (McLaughlin, et al, 2014; Hennebry et al. 2012; Russell 2003), fewer on mental health hazards in the workplace, and none based on hazards assessments in the workplace.

On the other hand, occupational health agencies (e.g., OHCOW and WSPS) have conducted work and have materials related to some of the hazards to health/mental health of IAWs. None of these activities and resources have focused on mental health or the prevention of psychosocial hazards in the agriculture sector nor any specifically for IAWs. Mental health agencies (e.g., CMHA) similarly delivers literacy resources focused on the experience of farmers and their needs, and they are not tailored to the needs of IAWs. Other programs for workplace mental health, including from the Mental Health Commission of Canada, have not developed resources for the agriculture sector.

This project contributed modestly to this gap by asking interviewed workers about their day-to-day work. As demonstrated by the project interview findings, the following aspects need to be addressed:

- safety and the fear of being injured at work
- long hours of work together with lack of rest
- being mistreated by employer/supervisor
- relationship with co-workers
- Not being heard when raising a concern (this is of utmost importance for mental and physical health and safety)

The mentioned employment relationships and associated fears of not being re-hired, being fired and deported, and not being able to change jobs, do not support IAWs acting on their OHS concerns or rights.

Recommendations

Applied research and resource development should be promoted and supported to seek to understand and act on the factors affecting the mental health of this population. This includes assessing mental health hazards in workplaces and working towards their management (elimination/control) and evaluating their mental health impact.

Eliminate and Control Exposures to Workplace Health and Safety Hazards

Among the hazards to mental health in the workplace, issues related to safety were identified as a significant stressor among IAWs, along with the perception of feeling unsafe and the worry of becoming ill or disabled. It is known that agriculture is among the sectors with the highest prevalence of injuries and fatalities, along with mining and construction. More preventive actions need to be conducted at the

workplace level, including increased training and active enforcement. OHS regulation must be enforced and expanded to ensure a safe working environment for IAWs. Interventions in agricultural workplaces to reduce risk of physical injuries or mental health disorders have been implemented and evaluated in other countries (US), as evident in the literature review of this project.

Research that directly involves IAWs and leads to concrete actions and changes to work conditions should be prioritized. Participatory research used in agricultural settings could lead to positive changes if the proper conditions and dialogues with stakeholders are in place.

Measures that would need changes in the law to directly improve or address concerns leading to chronic stress and mental health due to workplace OHS include:

- Open work permits so that IAWs are not tied to a single employer
- Ensure OHS legislation effectively regulates occupational hazards in agriculture, including establishing exposure limits, and ensuring legislation is proactively enforced
- Surveillance programs on the impacts of key hazards should be mandated and implemented
- Ensure OHS policies and procedures function effectively for IAWs (Ex: Internal responsivity system(IRS)
- Evaluate and improve the anti reprisal procedures and protections for IAWs

Validated tools should be adapted to identify psychosocial hazards in the workplace affecting the mental health of IAWs so that interventions for eliminating or controlling them can be developed. These tools should consider hazards broadly associated with the agricultural sector, as well as the specific hazards faced by IAWs, and they should be culturally informed and employ accessible language. OHCOW's experience in assessing psychosocial factors might be adapted to agriculture workplaces and IAWs. For example, it is recommended that a similar e-book tailored to the IAW population be developed. Collaboration with WSPS would be fruitful. Initial talks have been started.

Gap: Continued Structural Disempowerment of IAWs

Recommendations

Develop an *Empowerment Strategy and Framework* for IAWs in Ontario focused on improving outcomes across key areas of concern.

Recognizing that IAWs in Ontario continue to face structural disempowerment that negatively impacts their primary, mental, and occupational health outcomes, the province should develop an empowerment strategy and framework for this workforce that is multi-faceted and identifies clear areas for empowerment outcomes. This strategy should be informed by findings from IAWs, advocacy, support, and service stakeholders and should result in improvement in the following areas:

- Information access
- Ability to access services and supports (including health and social services)
- Ability to identify and report concerns without fear of facing reprisals

- Ability to make legal claims and access justice when rights are violated

As part of this strategy, the province should clearly respond to evidence that the restricted immigration status of IAWs continues to negatively impact their health and wellbeing, including in areas of primary, mental, public, and occupational health and safety, creating precarity and fear of reprisal or inability to work in Canada if they raise or report issues or access services and support, including WSIB compensation.

The development of this framework and its strategy should:

- Include advocacy groups who can contribute the direct voices, opinions, and recommendations of IAWs around issues of structural disempowerment and empowerment.
- Consider what metrics will be included (e.g., the Institute for Work & Health's OHS Vulnerability Measure, among others).

Develop and Implement a Poverty Reduction Strategy for the Ontario Agricultural Sector Labour Force

The province should conduct a review of agricultural sector employment in the province, including a specific focus on IAWs, from a poverty reduction framework and develop a poverty reduction strategy for the industry and its labour force. It is crucial to address poverty as a SDOH and key factor related to labour gaps in the industry, and as a risk factor for negative outcomes to primary, mental, public and occupational health among all workers, and particularly IAWs.

Develop an Anti-Racism and Anti-Black Racism Framework through which to assess and inform current and future policies, practice and services related to Ontario IAWs

Connect this to provincial anti-racism and anti-Black racism commitments to improving outcomes for racialized and Black communities in Ontario. Draw on provincial resource and leaders in this area.

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