Report to the Legislature

Mental Health and Wellness for Maine's Heritage Industries

Final Report

11/16/2026

Prepared Pursuant to:

CHAPTER 147 RESOLVES

S.P. 862 - L.D. 2144

Resolve, to Establish the Working Group to Prioritize Wellness and Mental Health Resources for Heritage Industries

Collaborating Agencies:







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Executive Summary

Maine's heritage industries—agriculture, fishing, forestry, and logging—are central to the state's economy and identity. Yet the people and families who sustain this work face persistent and often overlooked stressors that can undermine mental health and overall well-being, including income seasonality, geographic isolation, high injury risk, financial volatility, limited access to services, and stigma. Healthy farms, forests, and fisheries need healthy people.

This report offers actionable recommendations for the Legislature to increase awareness, expand access, strengthen coordination, and track measurable outcomes through targeted outreach, dedicated funding, and modernization of existing programs.

The central recommendation is for the Legislature to establish a statewide Heritage Industries Mental Health and Wellness Program that:

- is housed within a single agency and operates with a degree of independence (modeled after Vermont's Farm First program and consistent with the Maine PFAS Fund's Health and Wellness Advisory Panel's recommendations);
- delivers the core functions of an Employee Assistance Program (EAP); and
- offers affordable, accessible, and culturally relevant services that are integrated with the physical, occupational, and behavioral health care that workers already use.

> ***Critical Context: This is not a marginal issue: these industries consistently rank among occupational groups with the highest uninsured and suicide rates in the nation.***
>
> *Needs differ by heritage industry. Each industry has distinct stressors, cultures, and trusted entry points. Effective programs must be designed for — not just adapted to — each context.*

Working Group Background and Process

The 132nd Legislature established a Working Group to Prioritize Wellness and Mental Health Resources for Heritage Industries, Resolve Chapter 147.

Duties & deliverables

The Working Group was charged with:

- reviewing existing mental health, primary care, and wellness resources available to individuals in the State's heritage industries, including agriculture, fishing, forestry, and logging;
- considering the specific challenges for individuals with serious brain disorders and traumatic brain injuries working in heritage industries;
- identifying gaps in the provision of services and barriers to accessing existing resources;
- identifying issues facing migrant workers;
- examining successful models from other states and jurisdictions;
- developing recommendations for establishing sustainable funding mechanisms and service delivery models; and
- exploring opportunities for public education to reduce stigma around mental health issues and increase awareness of mental health services.

The Resolve requires the Working Group to submit a report of its findings and recommendations to the Joint Standing Committees of the Legislature having jurisdiction over agriculture, conservation and forestry matters; marine resources matters; and health and human services matters by December 1, 2026, and authorizes the Joint Standing Committees to each submit legislation to the 133rd Legislature in 2027.

Working Group members

* **Co-chair**

Member	Role / Organization
Bella Russo	Program Coordinator, Maine AgrAbility
*Brianne Masselli	Associate Director of Mental Health, Department of Health and Human Services
Dana Doran	Executive Director, Professional Logging Contractors of the Northeast

*Emily Horton	Director of Policy & Community Engagement, Department of Agriculture, Conservation and Forestry
Jennifer Thompson	Executive Director, NAMI Maine
Leslie Forstadt	Extension Professor, Human Development Specialist
University of Maine Cooperative Extension	
*Meredith Mendelson	Deputy Commissioner, Department of Marine Resources
Monique Coombs	Director of Community Programs, Maine Coast Fishermen's Association
Nichole Sargent	Owner, Southpaw Packing
Rebecca Boulos	Executive Director, Maine Public Health Association

Schedule & Working Group Meetings

The Working Group met five times between May and September 2026: two three-hour, in-person meetings and three virtual meetings. Agendas and materials were posted online at least two weeks in advance. Each meeting offered a virtual participation option and dedicated time for public comment. The group heard from a diverse range of speakers and presenters, including representatives from the agriculture, fishing, forestry, and logging sectors; healthcare providers (primary care, public health, and behavioral health); and service providers such as Maine Mobile Health, the Northeast Center for Occupational Health, the Department of Agriculture, Conservation and Forestry (DACF) PFAS Fund (which also included an overview of the Vermont Farm First program), and the National Alliance on Mental Illness (NAMI) Maine Chapter. The Working Group also reviewed relevant articles and research and discussed traumatic brain injury (TBI) considerations within the recommendations. The Working Group's website is available here: https://www.maine.gov/dacf/ag/heritage-industries-working-group/.

Key Findings and Context

Business Viability and Economic Stress

Mental health and wellness directly impact business viability and long-term sustainability. In farming, fishing, forestry, and logging, volatile income and high operating risk can fuel chronic stress, fatigue, and delays in seeking care, contributing to anxiety, depression, injuries, and chronic disease.



These industries often face unpredictable income due to market pricing beyond their control, seasonality, rising costs, severe weather, supply-chain disruptions, labor shortages, and uncertainty around debt, insurance, and regulations. These pressures compound, especially in rural areas, creating financial strain and ongoing stress even when people plan and work hard.

When a business is financially unstable, people often work longer hours, take fewer breaks, and postpone medical visits to keep operations running. Over time, this compounds both mental and physical health challenges.

Economic instability operates as a health risk factor: it heightens stress, delays access to health care, and increases safety risks, worsening overall well-being.

Ensuring heritage industries have the financial tools, resources, and support systems to be successful is an important aspect of overall mental health and wellness.

Access to Affordable and Quality Health Care

Improving access to and the quality of health care across Maine—particularly in rural communities—emerged as a clear priority for Working Group participants. Health insurance costs are rising sharply, driven by higher medical expenses and prescription drug prices, as well as reductions in federal support. At the same time, rural hospital closures and limited provider availability—especially for specialty care—can force workers in heritage industries to travel long distances or pay out-of-pocket for care, often leading to delays in receiving care.



Photo by David McClain

Public coverage matters for this workforce. In the Working Group's survey, respondents covered by Medicare, Medicaid (MaineCare), veterans' benefits, or a partner's plan were less likely to delay care than respondents who were uninsured or enrolled through the health insurance marketplace. Since many heritage industry workers are self-employed with seasonal or variable income, their eligibility for MaineCare and marketplace subsidies can change from year to year. Protecting these coverage pathways and helping workers enroll and stay enrolled is one of the most direct and essential ways to reduce delayed care.

Key Indicators

Cost, limited access, and barriers to seeking support affect the workers and communities that sustain heritage industries.

Access to care

61%

Cost is a barrier

UMaine Extension survey respondents identified cost as a barrier to mental health care.

SURVEY RESPONDENTS · [1]

8 months

Waiting for care

Average wait in a statewide survey. About 13,000 Mainers were waiting; some faced up to 24 months for counseling.

MAINE · [2]

1 in 5

Provider shortages

About 269,696 Mainers live in a federally designated mental health professional shortage area.

MAINE · DECEMBER 2025 · [3]

Coverage and affordability

78.5%

Working families

Share of uninsured Mainers who are in working families.

MAINE · [4]

29.4%

Uninsured workers

Uninsured rate among farming, fishing and forestry occupations nationally.

UNITED STATES · [5]

23.9%

Higher premiums

Average increase in Maine individual-market health insurance premiums for 2026.

MAINE · [6]

Mental health and seeking support

20.0 / 13.4

Rural and urban suicide rates

Deaths per 100,000 residents: 20.0 in rural areas and 13.4 in urban areas in 2022.

RURAL / URBAN · [2]

Nearly 80%

Men and suicide

Share of suicide deaths accounted for by men.

NATIONAL CONTEXT · [7]

61%

Reducing stigma

Heritage-industry survey respondents said public education would help reduce stigma.

SURVEY RESPONDENTS · [1]

Sources and scope

Indicators describe different populations and time periods and should not be directly compared.

1 UMaine Extension survey / legislative testimony • 2 Behavioral Health Access and Workforce Coalition, 2024 • 3 KFF mental health shortage areas • 4 Urban Institute, 2025 • 5 U.S. Census Bureau occupational coverage • 6 Maine Bureau of Insurance, 2026 premiums • 7 CDC NCHS Data Brief 572

Summary of Changes to MaineCare Starting January

Beginning in January 2027, adults aged 19 to 64 who qualify for MaineCare based on income and do not have Medicare or Social Security disability status must meet monthly work or activity requirements. These changes could add significant administrative and financial strain for people in Maine's heritage industries.

1. Monthly work requirement and variable income

- Adults 19 to 64 will need to earn $580 or complete 80 hours of work, volunteering, school, or a work program each month.
- Many heritage jobs are seasonal or weather-dependent. Lobstering slows in winter, blueberry harvesting is short, and logging and farm work stop during bad weather or off-season. A worker could meet the requirement in peak months but fall short in others, creating gaps in coverage.
- Self-employed and per-catch workers, such as lobstermen paid by the pound, often don't track hours the way an hourly employer does. They may need to reconstruct records to prove they met the requirement.



Photo courtesy PLC Northeast

2. More frequent renewals

- Starting in March 2027, renewals move from every 12 months to every 6 months.
- Each renewal means more paperwork. For people with irregular income, a slow season that falls near a renewal date could lead to a lapse in coverage even if they're working.

3. Less retroactive coverage

- Retroactive coverage drops from 3 months to 1 month for expansion adults (ages 19–64) and to 2 months for others.
- Heritage industry jobs carry high injury risk. A worker who is uninsured after an accident and then enrolls would have fewer of their earlier medical bills covered, which could mean higher out-of-pocket costs.

4. Eligibility is tied to income

- Because the requirement only applies to people who qualify based on income, workers whose earnings hover near the eligibility line may move in and out of coverage as their income changes.

Models of Care

The Working Group received a presentation on the PFAS Fund administered by the Maine Department of Agriculture, Conservation and Forestry (DACF) and reviewed other state approaches to supporting farmer mental health, including Vermont's Farm First program. FarmersTalk program, a program in Prince Edward Island (PEI), Canada, was also highlighted. These models informed the Working Group's legislative recommendations. The following summaries highlight their principal components and approaches to service delivery.

Maine PFAS Fund: Mental Health and Wellness Supports

The PFAS Fund was established in 2022 to support PFAS-affected farmers and their communities through direct financial and professional assistance, land purchases, research, and health initiatives, including mental health support. In March 2026, the PFAS Fund established a Health and Wellness Advisory Panel to develop recommendations to implement a system of mental health support for Maine farmers, farm families, farmworkers, and eligible non-farm residents affected by PFAS contamination.

The panel recommended a continuum of accessible, low-barrier services, ranging from information and peer support to short-term counseling by licensed clinicians. Specifically, these include:

- Outreach and access to existing resources - Promote Here to Help Maine, 211, and 988 through farm-focused digital and print materials, and train helpline operators on agricultural stressors and PFAS contamination in agricultural systems.
- Farmer-informed peer support - Involve farmers in program design and provide ongoing training and support for peer mentors.
- Community health worker support - Explore the use of community health workers to provide periodic check-ins, connect participants with clinical and community resources, and help address technology, privacy, and logistical barriers.
- Short-term counseling - Establish access to licensed clinicians who understand both the demands of farming and the effects of PFAS contamination on agricultural communities.

The panel emphasized that services should be available through multiple, flexible entry points. Program design should minimize structural barriers, safeguard privacy, and build trust through sustained relationships.

The proposed approach recognizes that farmers' emotional, physical, and financial well-being is integral to the resilience of their operations and communities.

Vermont Farm First Program

Farm First is a public, not-for-profit program offering free, confidential support to Vermont farmers, farmworkers, and their families. Jointly sponsored by the Vermont Agency of Agriculture, Food and Markets and the Agency of Human Services' InvestEAP Centers for Wellbeing, it combines mental health services with practical assistance addressing agricultural, business, and family pressures. Services are available to farms of all types and sizes.

Core services include:

- Resource coordination - Specialists help participants identify and access technical assistance, disaster relief, grants, loans, and business planning resources.

- Professional mental health support - Participants may access up to 12 free short-term counseling sessions with professionals familiar with agricultural life. Support may be provided by telephone, videoconference, or in person, including on-farm visits.

- Farmer peer support - Trained Vermont farmers offer confidential listening and support grounded in shared experience with challenges such as isolation, market uncertainty, injury, and natural disasters.

- Legal and mediation referrals - The program connects participants with resources such as the Vermont Legal Food Hub and the Vermont Agricultural Mediation Program for assistance with legal questions and disputes.

Farm and Ranch Stress Assistance Network (FRSAN)

- FRSAN is a federally funded initiative established under the Farm Bill and administered by the USDA to promote mental health and prevent suicide in farming communities. Funding is distributed regionally, and grants are awarded on a four-year cycle. Maine is part of the Northeast Region, which includes 13 states and the District of Columbia. Maine did not receive a direct award in the last cycle. Instead, through a subaward with the University of Delaware, UMCE received about $10,000 in project funds for the Maine Land, Sea, and Forest Wellness Forum. Maine has also benefited from this funding through a partnership between UMCE and NAMI Maine that provided free Mental Health First Aid training to agricultural service providers.
    - In Fiscal Year (FY) 2021, Maine DACF received a one-time, state-level FRSAN grant of $500,000. UMCE administered the award, which funded training, small grants for Maine organizations' wellness initiatives, wellness vouchers for farmers, and a dedicated staff position focused on mental health in farming communities and grant administration. When the funds were spent, the state-level program ended.

Current funding is insufficient to provide the case coordination and support needed to address the range of mental health issues heritage industry workers experience. A full suite of services, including thorough case coordination and follow-through, is needed to respond adequately. In Maine to date, the FRSAN funding supports educational outreach, mental health messaging, and dialogue among professionals working with heritage industry producers.

The USDA is currently executing the competitive Notice of Funding Opportunity (NOFO) process for the FY 2026 Farm and Ranch Stress Assistance Network (FRSAN) Program.

Prince Edward Island Farmers' Talk Program

The Farmers Talk program (also known as the Farmer Counselling Program or Farmer Assistance Program) in Prince Edward Island (P.E.I.) provides free, confidential, professional counseling to support the mental health and well-being of the agricultural community. It is free (up to six sessions) for members of the PEI Federation of Agriculture or the National Farmers Union (NFU), their immediate family members, and farm employees/workers. Services include short-term professional counseling and resource referrals for stress, anxiety, depression, trauma, grief, marital/couple issues, parenting concerns, addiction/substance misuse, elder care, financial pressures, and legal matters. Sessions are strictly confidential and held privately, and management and farm organizations are never informed of who uses the service. The Farmers' Talk program is funded through a collaborative

partnership that combines government backing with investments from agricultural sector stakeholders in order to provide completely free of cost services to farmers.

Relevance to Legislative Recommendations

The Maine PFAS Fund's recommendations and the Vermont and P.E.I. existing programs illustrate complementary approaches to farmer mental health and wellness: confidential services, trusted peer relationships, providers familiar with specific industry needs, and practical assistance navigating resources. Together, they underscore the importance of connecting mental health support with the financial, operational, and family pressures that shape heritage industry workers' well-being and viability. **They also highlight the need for committed, ongoing funding so that programs can be sustained rather than repeatedly started and stopped**. When new services are launched every few years as grant funds become available, workers in heritage industries have less opportunity to build trust in them, and that trust is essential to their use.

Public Survey, Responses and Data Collected

The Working Group recognized that not everyone could attend public meetings or felt comfortable sharing feedback in a public setting.

To ensure more people could participate and share recommendations and other pertinent information, the group developed a confidential survey for current and former workers in Maine's agriculture, fisheries, forestry, and logging sectors to share their experiences and needs. Family members were also welcome to complete the survey on someone's behalf.

The survey was open for four weeks and received 279 responses.

Full survey results are available on the Working Group's public survey dashboard, and a summary of responses is included as an appendix. Because participation was voluntary, results describe those who chose to respond rather than a random sample of all heritage-industry workers.

Key highlights of the survey include:

- 63% of respondents were self-employed.
- 52% reported that they have delayed getting healthcare in the past 12 months.
    - The main reasons were cost, time away from work, and the cost of care even with insurance.
- People without health insurance were more likely to delay care than those with coverage, however, those on a partner's plan, Medicare or Medicaid, veterans' benefits, or people with marketplace insurance also delayed care. The Working Group interpreted this to mean that, even with access to insurance, cost still contributes to delays in care.
- 55% of self-employed respondents had delayed care, while only 50% of respondents employed by others had delayed care.
- Overall, 49% of respondents said mental health was a major or moderate concern in their industry. The figure rose to 61% when responses from family members, processing workers, retired respondents, and those who selected "other" were included.

In specific heritage industries, the reported figures were:

- Agriculture: 74% reported mental health as a major or moderate concern in their industry.

- Forestry and logging: 56% considered mental health a major or moderate concern in their industry.
- Fishing: 44% reported mental health as a major or moderate concern in their industry.

These survey responses impacted the Working Group's program design recommendations. Because most respondents are self-employed, services must be available without an employer referral. Since cost and time away from work were the leading reasons for delaying care, core services must be low- or no-cost, available outside standard business hours, and close to where people work. And because reported concerns about mental health varied by sector, outreach must be tailored to each industry.

Legislative Recommendations

Purpose and Scope

The Working Group developed its recommendations with the goal of offering tangible and achievable policy actions that the Legislature would be able to direct, implement, and/or fund to:

- increase awareness and normalize help-seeking in heritage industries;
- improve access to culturally competent, practical, confidential supports;
- close rural workforce and geographic gaps;
- improve coordination across agencies and reduce duplication; and
- establish accountability through performance metrics and reporting.

Guiding principles

The Working Group established certain principles to guide the development of its recommendations, the most important being that Maine should design health supports informed by how heritage industry workers live and work, rather than expect workers to adapt to systems designed for other types of employment.

- **Worker-centered and culturally competent**: Design programs with and for heritage-industry workers; providers need both heritage-industry cultural knowledge (e.g., farming/fishing/forestry/logging realities) and cultural competency.
- **Confidential and stigma-reducing**: Explicitly address stigma associated with seeking mental health support and emphasize privacy, practical supports, and clear pathways.
- **Accessible and rural-ready:** Address geographical and transportation barriers, limited service availability in rural areas, and uneven technology access (e.g., limited/unreliable broadband; varying familiarity with telehealth platforms).
- **Workforce-aware and implementation-ready:** Account for rural workforce shortages (e.g., training and compensation constraints).
- **Affordability and coverage-conscious:** Account for insurance coverage barriers and gaps and keep core services low- or no-cost to participants.
- **Integrated and whole-person:** Connect mental health and physical health (e.g., occupational injury including traumatic brain injury (TBI), substance use, and dental care, recognizing that many workers are more likely to accept support offered alongside care they already seek.

Overarching Recommendation: Establish a Maine Heritage Industries Mental Health and Wellness Program

The Maine Legislature should establish a statewide Heritage Industries Mental Health and Wellness Program, expanding on the Maine PFAS Fund's Health and Wellness Advisory Panel's recommendations, which delivers the core functions of an Employee Assistance Program (EAP).

> *An Employee Assistance Program (EAP) is traditionally a voluntary, employer-sponsored benefit that provides free, confidential support, short-term counseling, and referral services to help employees manage personal and work-related challenges.*
>
> *An EAP can be thought of as a workplace concierge for personal well-being: an independent, confidential safety net, funded by the employer, that helps employees resolve issues before they affect their health or job performance.*

The program will build and serve as a conduit to confidential, short-term mental health and wellness support for people working in agriculture, fishing, forestry, and logging—including seasonal workers, self-employed workers, business owners, and their household or dependent family members.

The program should be housed at DACF but, like other models, operate quasi-independently with ongoing collaboration and involvement from the Department of Health and Human Services (DHHS) and the Department of Marine Resources (DMR). The program should be designed around the realities of heritage-industry work: seasonal income, long hours, injury and occupational risk, geographic isolation, financial stress, grief (particularly grief related to cultural loss, or loss of way of life), stigma, and limited access to providers in rural communities.

Rather than duplicating existing programs and resources, this initiative should establish a dedicated, coordinated program that builds on proven models, closes critical gaps, and ensures Maine's heritage-industry communities can readily access support tailored to their needs.

> ***Housing the program at a single agency gives the Legislature one accountable administrator and gives workers one place to start****. While housed at DACF, the program will not provide these services directly. Instead, it will coordinate with existing providers and programs to connect participating heritage-industry users with available resources. DACF would administer funds, coordinate participation, and track recipient-group spending.*

The program should maintain a single, easy-to-use entry point by phone, web, and printable materials, while also building referral relationships with local providers and community organizations.

The proposed program has six components, described below: (A) core services; (B) a trusted and confidential access model; (C) ongoing collaboration; (D) sustained public funding; (E) prevention and workforce education; and (F) evaluation and public accountability. These are not separate recommendations; together they define what the single program should do and how it will be held accountable.

Component A: Core Services

- **Accessible, confidential counseling and support:** Provide affordable, short-term counseling that workers and family members can access directly without an employer referral. Offer telephone, before and after-hours appointments and online access, with telehealth and in-person options as appropriate. Address complex, compounding concerns, including grief, trauma, injury, chronic stress, substance use, suicide prevention, and family or relationship challenges.
- **Assessment, referral, and follow up navigation:** Provide assessment, brief intervention, and crisis screening; make warm referrals to ongoing mental health, substance-use, medical, legal, financial, and social service supports. Follow up to help people connect with care, transportation, benefits, housing, food, and other practical resources.
- **Coverage and benefits navigation:** Help workers and family members enroll in and keep health coverage, including MaineCare and health insurance marketplace plans through CoverME.gov, with outreach timed to seasonal work calendars. Working with external partners, such as Consumers for Affordable Health Care, Maine Family Medical Leave Program, Workers' compensation insurance, etc., to help workers find affordable care and financial assistance for which they qualify.
- **Integrated, whole-person screening**: Partner with mobile and community providers, such as Maine Mobile Health, community wellness hubs, and occupational health programs, to pair mental health check-ins with occupational injury, TBI, primary care, and dental screening at worksites and industry events, and connect people to follow-up care.

Outreach, partnerships, and service coordination

- **Industry-specific outreach, education, and training**: Develop outreach and referral protocols for agriculture, fishing, forestry, and logging.
- **Provide consultation and training:** Provide education to employers, supervisors, farmers and fishermen, foresters, logging contractors, peer leaders, and trusted community messengers on available resources, signs and symptoms of mental and physical health challenges and substance-use concerns, and peer support.
- **Outreach:** Share program updates with industry and service provider stakeholders through existing agency communications platforms and heritage-industry partnerships.
- **Coordinated service networks**: Align the program with existing crisis, substance-use, public-health, occupational-health, emergency care and rural-health initiatives (e.g., 988 and 911). Improve coordination and awareness of existing programs and contracted third-party services designed for heritage industries.

Service planning, accessibility, and continuous improvement

- **Sector-responsive, culturally competent services:** Define sector-specific needs and recommend evidence-informed services delivered by providers who understand heritage-industry work and rural communities. Identify gaps in provider capacity, geographic coverage, affordability, transportation, and cultural or linguistic accessibility, and recommend improvements.
- **Data collection, evaluation, and improvement:** Incorporate heritage-industry identification questions into intake or other health-service screening processes to better understand service utilization. Pursue additional data-collection opportunities to inform analysis of mental health and wellness across heritage industries. Review implementation data and recommend ongoing program improvements.

Component B: Create a trusted and confidential access model

- **Protect the confidentiality of each person who seeks help:** Employers, agencies, and funders should receive only de-identified, aggregate information unless a participant provides written authorization or disclosure is required by law.
- **Ensure services are available:** Ensure access to services for self-employed, seasonal, part-time, temporary, and remote workers, not only people with full-time employment. Provide services outside standard business hours and establish clear pathways to emergency services.
- **Use trusted messengers:** Rely on peer leaders in agricultural, logging, and fishing industries, UMCE staff, EMS personnel, clinicians, and community-based organizations (e.g., Maine Mobile Health), and state agencies (e.g., DHHS, Department of Labor) to promote available programming.
- **Culturally Appropriate:** Offer language access, disability access, and culturally responsive services, including outreach to migrant and seasonal workers in their primary languages. Use mobile outreach, centralized community health and wellness hubs, and telehealth to reach worksites, islands, rural communities, and industry events.

Component C: Establish ongoing collaboration and improve understanding of heritage industry mental health and wellness.

Build stakeholder collaborations to help inform needs and provide timely updates. Opportunities include:

- Land, Sea and Forest Wellness Forum
- Maine Fishermen's Forum
- DACF Agricultural Trade Show
- Maine Working Waterfront Conference
- Professional Logging Contractors of the Northeast meetings and trainings
- UMCE programs
- Maine Farmer Resource Network
- The Northeast Farm and Ranch Stress Assistance Network
- An annual check-in with members of this Working Group to review program data and emerging needs and evaluate impact of programs.

Component D: Fund the program as a sustained public service

- The Legislature should appropriate dedicated, permanent and ongoing funding to launch and sustain the program, including funding for a senior staff position to oversee program implementation. Funding should support the enhancement, development, and coordination of a network of counseling, navigation, outreach, training, interpretation, mobile delivery services, and public education.
- Maine should overlay state appropriations with eligible federal funds and private or philanthropic support, while maintaining public accountability. Funding should be structured so that core services remain available to participants at low-or no-cost.
- Existing funding streams should be coordinated to avoid duplication and expand coverage across all regions of the state.

Component E: Pair direct services with prevention and workforce education, partnering with existing services whenever possible.

The program should include a statewide prevention and education strategy modeled on trusted, sector-specific outreach and the preventive functions of an EAP. Many of these services currently exist; the intent is to build on existing offerings while tailoring them to heritage industries.

Offerings should include:

- Mental Health First Aid and other practical, stigma-reducing trainings for workers, families, supervisors, EMS, and peer leaders such as QPR (question, persuade, refer).
- A peer-support network of trusted industry members trained to recognize distress and make warm referrals.
- Training on suicide and overdose prevention and response, fatigue, injury, stress, grief, crisis referral, and postvention support after a traumatic event.
- Plain-language materials that distinguish crisis, urgent, and non-urgent options available in places people in the heritage industries already go.
- Outreach at agricultural fairs, fishing and forestry meetings, trade shows, licensing events, extension programs, and other trusted community settings.
- Utilize department and organizational websites to provide consistent, easy to spot links to mental health resources.
- Toolkits that help businesses and families prepare for and respond to injury, illness, financial shocks, grief, and other disruptions.
- A sustained public-awareness campaign which is tailored to each heritage industry and to the needs of rural, coastal, island, and other remote communities.

Component F: Require evaluation and public accountability

The administering agency shall submit a report to the Legislature using de-identified data to ensure confidentiality, sustain trust, and protect privacy.

Evaluation metrics should include:

- Number of people served
- Geographic, sector, demographic, and language coverage
- Use of counseling, navigation, crisis referral, training, and outreach services
- Referral completion and connections to ongoing care
- Participant-reported changes in access, trust, stress, and well-being
- Provider capacity, unmet need, and barriers to care
- Recommendations for improving and expanding the program
- Any change from the baseline survey in delayed care and reasons for delay

Conclusion

Maine's agriculture, fishing, forestry, and logging communities sustain the state's economy and way of life. Yet the people who do this work often face overlapping pressures, including financial uncertainty, demanding and sometimes dangerous work, isolation, and limited access to care. These compounding challenges can harm their mental and physical health and are shaped by each industry's distinct circumstances. Effective support must be practical, confidential, accessible in rural and remote communities, and designed with workers and families in mind.

The Legislature can help address these needs by establishing a sustained, coordinated mental health and wellness program for heritage industries. Building on existing services rather than duplicating them, the program should connect workers and families to timely support, trusted outreach, navigation, and ongoing care.

Dedicated funding, collaboration among state agencies and community partners, and public reporting on de-identified outcomes would help Maine strengthen the services that work and identify where more is needed. Investing in the well-being of heritage-industry workers is an investment in Maine families, businesses, communities, and the future of these vital industries.

This approach would give Maine's heritage-industry workers a trusted first point of contact for healthcare services and practical support while building a coordinated system of prevention, brief intervention, referral, and long-term care.

Appendices

How This Report Addresses the Resolve's Duties

Duty in the Resolve	Where Addressed	How Fulfilling the Charge
Review existing resources	Meetings; Comp. A & C	Presentations from existing programs; builds on/coordinates with 988, crisis, rural, and occupational health services.
Consider brain disorders & TBI	Meetings; Principles; Comp. A	Reviewed TBI research; core services pair mental health check-ins with occupational injury & TBI screenings.
Identify service gaps & barriers	Healthcare Access; Public Survey; Comp. A	Analyzed uninsured and provider shortage metrics; survey data on delayed care due to cost and scheduling.
Identify issues facing migrant workers	Guiding Principles; Comp. B	Linguistic and cultural competency mandates; specific language access strategies for seasonal workers.
Examine successful out-of-state models	Overarching Rec; Comp. E	Modeled on Vermont's Farm First program and structural elements of the Maine PFAS Fund framework.
Develop sustainable funding & models	Overarching Rec; Comp. A, B, D	Single program housed at DACF; multi-year state appropriation braided with federal and private funding streams.
Explore public education to reduce stigma	Guiding Principles; Comp. E	Mental Health First Aid, peer-support networks, plain-language toolkits, peer support, and clear crisis pathways.

2026 Maine Heritage Industries Mental Health & Wellness Outreach Survey

Use the arrows < > on the bottom to move to the responce pages.

The 132nd Legislature established a Working Group to Prioritize Wellness and Mental Health Resources for Heritage Industries.

The working group recognized that not everyone could attend public meetings or felt comfortable sharing feedback in a public setting. To ensure more people could participate, the group developed a confidential survey to provide a private way for current and former workers in Maine's agriculture, fisheries, and forestry sectors to share their experiences and needs. Family members were also welcome to complete the survey on someone's behalf. The survey was open for four weeks in August 2026 and received 279 responses.

Key highlights of the survey include:

- 63% of respondents were self-employed.
- 52% reported that they have delayed getting healthcare in the past 12 months.
- The main reasons were cost, time away from work, and the cost of care even with insurance.
- Those without health insurance were more likely to delay getting care than those who had health insurance, and particularly those who were on a partner's insurance, Medicare/Medicaid, or veteran's benefits. Those who had insurance through the marketplace were also more likely to delay care.
- 55% of self-employed respondents had delayed care, while only 50% of respondents employed by others had delayed care.
- Overall, 49% of respondents said mental health was a major or moderate concern in their industry. The figure rose to 61% when responses from family members, processing workers, retired respondents, and those who selected "other" were included.

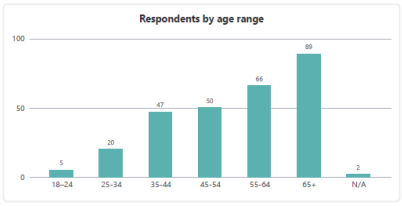
In specific heritage industries, the reported figures were:

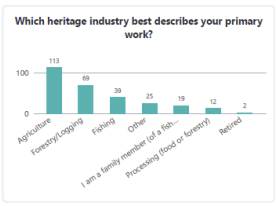
- Agriculture: 74% reported mental health a major or moderate concern in their industry.
- Forestry and logging: 56% considered mental health a major or moderate concern in their industry.
- Fishing: 44% reported mental health a major or moderate concern in their industry.

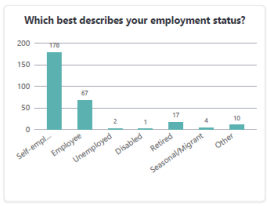
What the survey means for program design. Because most respondents are self-employed, services must be available without an employer referral. Because cost and time away from work were the leading reasons for delaying care, core services must be low- or no-cost and available outside standard business hours, close to where people work. And because concern about mental health varies widely by sector, outreach must be tailored to each industry.

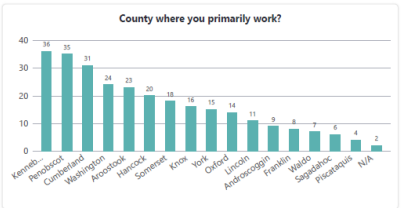
2026 Maine Heritage Industries Mental Health & Wellness Outreach Survey

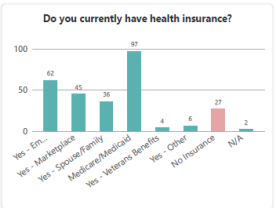
No. Respondents: 279

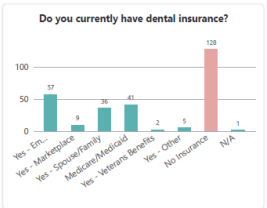


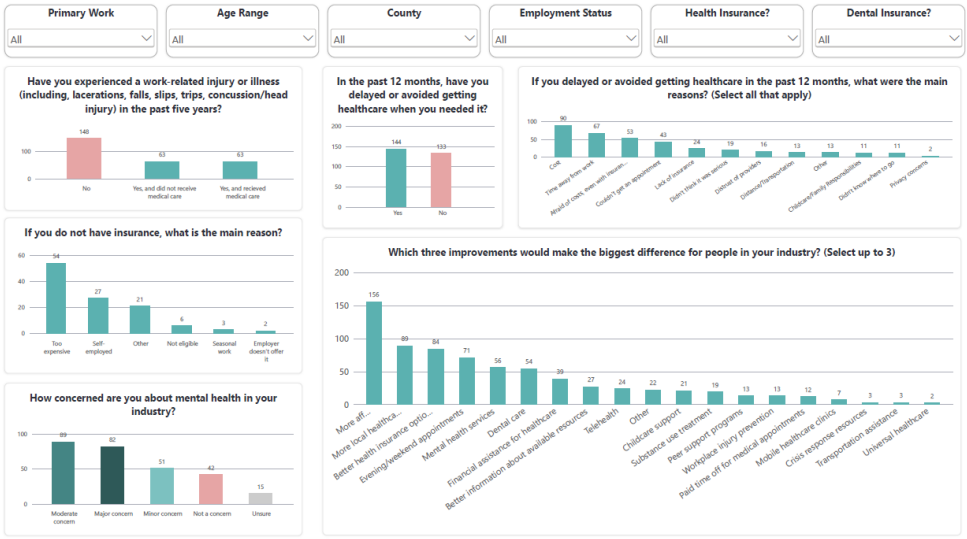










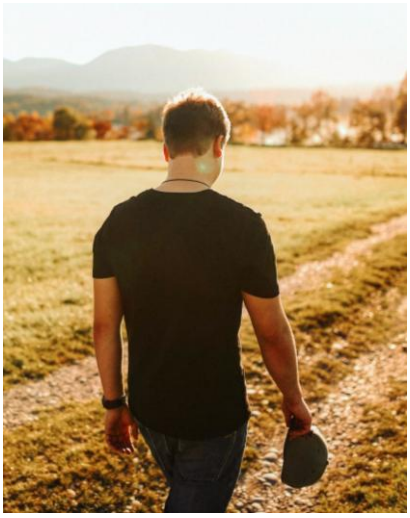


Key indicators and References:

- **Rural mental health access:** Rural residents die by suicide at higher rates than urban residents (20.0 vs. 13.4 per 100,000 population in 2022). Rural areas also have far fewer providers. Some Maine counties, including Piscataquis and Lincoln, have no psychiatrists.
    - A statewide survey found that about 13,000 Mainers are waiting an average of eight months for care, with some people waiting up to 24 months for counseling.
    - In a University of Maine Cooperative Extension (UMCE) survey, 61% named cost as a barrier to mental health care.
    - About 1 in 5 Mainers (exactly 269,696 people as of December 2025) live in a federally designated mental health professional shortage area. (Mental Health Care Health Professional Shortage Areas (HPSAs). (Behavioral Health Access and Workforce Coalition Report, 2024).

- **Substance use**: Substance use can be especially hard to address in rural communities for multiple reasons, including stigma, workforce shortages, and limited resources to support prevention, treatment, and recovery. According to the Substance Abuse and Mental Health Service's Administration's (SAMHSA) Results from the 2025 National Survey on Drug Use and Health: Detailed Tables, a higher percentage of non-metro residents aged 12 or older received substance use treatment for drugs than their counterparts in small metro (50,000 baseline population) and large metro (2.5 million population or more) counties.

- **Barrier to health care:** Maine's fishing, agriculture, forestry and logging industries are rooted in rural, coastal and island communities, many of which are far from specialized health services. In the same UMCE survey, 48% of workers named availability of care in their community as a barrier. About half reported trouble getting health care due to cost and limited availability in rural areas. Early hours, weather-dependent work, and lost income from time off to see providers make appointments harder to keep.



- **Uninsured workers:** An estimated 78.5% of uninsured Mainers are in working families (Urban Institute report: Overview of Health Coverage and Costs in Maine for 2025. Nationally, farming, fishing, and forestry occupations have one of the highest uninsured rates of any occupation, at 29.4% (U.S. Census Bureau occupational data, 2025).

- **Self-employment realities:** Heritage industries are dominated by self-employed, owner-operated workers. Without employer-sponsored health insurance coverage, workers must use the health insurance marketplace. Seasonal and variable income makes estimating total income harder when calculating subsidy eligibility. **Maine's individual marketplace premiums rose an average of 23.9% for 2026 due to losses in federal support and approved rate increases for insurance providers.** Other hurdles, such as not having a team of coworkers to cover for a worker while they visit a healthcare provider, compound these challenges.

- **Men's mental health:** Though gender demographics vary significantly by specific sector, heritage industries are heavily male-dominated. **Men account for nearly 80% of all suicides.** The male suicide rate is nearly four times the female rate. Fewer than half of men with daily anxiety or depression take medication or see a mental health professional. Men are also more likely to misuse or self-medicate with alcohol and drugs.
(CDC NCHS Data Brief 572, September 2026.

- **Industry stigma:** Stigma and unhealthy societal norms regarding masculinity make men less likely to seek care. Self-reliance has also been documented as a reason agricultural workers avoid behavioral health care. In the previously cited UMCE survey, 61% of heritage-industry respondents said more public education would help reduce stigma.



- **Barriers to telehealth:** Rural residents face poor internet access. Island and rural patients report unreliable connections and dropped telehealth sessions. Nationally, telehealth visits with behavioral health clinicians are also 4.7 times more likely than medical visits to be out-of-network.
(Research Triangle Institute, 2024).

- **Out-of-network risk:** 2023 Maine commercial insurance data show 31.5% of mental health and substance use disorder care is delivered out-of-network. (Milliman "Access Across America," 2023.

- **Crisis-service demand:** In 2025, Maine's crisis hotlines (988 and the Maine Crisis Line) answered more than 150,000 calls, texts, and chats in one year, up 22% from the previous year.
  (Maine DHHS: Recognizing the Second Annual 988 Day of Action, 2025.