

Alive and Well

Keeping the Balance of Rural Stress



A Nuffield Farming Scholarship Trust Report

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Sponsored by John Oldacre

Disclaimer

The views expressed in this report are entirely my own and do not necessarily represent the views of the Nuffield Farming Scholarships Trust, or my sponsor.

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summary

Stress is part of a normal response to the pressures of everyday life. However for some people stress can turn into depression and long term illness. When this occurs to a farming family member it can have major effects on the farm business.

The aim of the study is to help prevent the downward spiral of economic & social effects that severe stress can have on farming businesses.

Facts in Britain;

- One in four people will experience a mental health problem at some time in their lives.
- Poor mental health costs Britain £40 million a year.
- 40% of all health related benefit claims are due to poor mental health.

I travelled to Australia, New Zealand and around Britain with the objective to find initiatives that have been successful elsewhere and identify best practice in helping develop existing or new initiatives & projects that would be useful in the U.K .agricultural industry.

As a result of the climatic economic changes major stress has been generated in families and communities. Various Government, Church and third sector initiatives have arisen to help deal with families in survival mode and keeping the farm afloat.

Key Recommendations:

- The need to increase awareness of mental health issues in all communities.
- Develop a National Rural Mental Health Strategy.
- Develop dedicated training packages for farm families and businesses.

Main message of study:

Dealing with stress and mental health at work or in the family is more likely to have a greater impact if people themselves begin changing their attitudes and increase their understanding of mental health problems.

Introduction

I was brought up in a typical commuter belt community in Kent and although always involved in outdoor activities, surprised my parents by choosing a career in farming. After completing my degree in agriculture and getting married to Mike (son of a vet), we were successful in gaining the tenancy of a 140 hectare Dartmoor Hill farm as first generation farmers. To help with cash flow I worked as a sales representative in Devon for Dalgety Agriculture for a few years and then went on to run our own farmhouse B&B. After our four children had all started school, I worked part time as a farm business advisor.

24 years later the farm has expanded to 560 hectares with three different landlords and now runs a herd of 100 hill cows, a flock of 300 hill sheep and 35 Dartmoor ponies. Together the stock graze grassland, ancient woodlands and moorland, which together form the basis of our Environmental Stewardship Agreements. 3000 Christmas Turkeys also contribute to the farms income.

Background

- Stress is part of a normal response to the pressures of everyday life; however for some people stress can turn into depression and long term illness. When this occurs to a farming family member it can have major effects on the farm business associated with them.
- Farming as an occupation has high levels of stress and suicide compared to other jobs.
- University of Wales research (2003) found that farmers are more likely to contemplate suicide than workers in almost any other industry. This is thought to be a result of the interaction between occupationally induced stress and depression and wider factors such as social isolation.
- Having farmed in partnership with my husband, had the responsibility of running the farm office and working as farm business advisor, I have experienced the bureaucracy of Defra, dealing with regulations, financial worries, family problems, weather & isolation.
- I have a very personal interest in stress & depression, as I have suffered from this and been hospitalised at times.
- As part of my own recovery from depression & self -development, I started looking into what help was available to farming families. This has highlighted the limitations of what & where it is available.
- As a farm business advisor and reviewing many rural businesses I have also met many farming families who have experience of varying degrees of stress and some of depression and sadly even of suicide. This is also true in other farming communities in Britain.
- In my paid & unpaid work with other farming families and their own businesses I have tried to access help for them and experienced some great results but also varying problems. Some of the problems included the stigma of mental health illness from farming families and communities, lack of communication between local health care services & rural support groups. Also lack of understanding of the complexity of contemporary rural life.
- In 2000 Government funded The Rural Stress Action Plan and the project ends in 2008 with no decision about future funding at present.

What is Stress and Mental Illness?

Stress is our reaction to things outside of us, external stressors. It's the manner in which we deal with them that can cause our body to become dysfunctional.

The dictionary defines stress as "mental, emotional, or physical strain or tension".

Stress creates a biochemical reaction in the body which will continue to build up if the pressure is constant or increased. The result is an imbalanced system and the outcome is minor or eventual serious illness. But every person is unique and each reacts differently.

Mental illness is a term used to describe a number of diagnosable disorders that significantly interfere with an individual's cognitive, emotional or social abilities.

There is strong evidence that suicide is not simply a response to a single stress. Rather, it is the tragic outcome of a build-up of stresses in a person. High environmental stress and social isolation have been identified as risk factors for suicide.

Aims and Objectives

- The aim of the study is to help prevent the downward spiral of economic & social effects that severe stress can have on farming businesses.
- I hope to find initiatives that have been successful elsewhere and identify best practice in helping develop existing or new initiatives & projects that would be useful in the U.K .agricultural industry.

Study Tour Overview

The reasons why countries were chosen to visit-

Twenty years ago New Zealand farmers had to adjust to farming with no agricultural subsidies and the resulting problems. Farmers in Australia have had to deal with major water shortage issues. I wanted to see how farming families and their businesses responded with these various pressures, such as financial and environmental. Also to see what they felt helped them cope and deal with the stresses and strains.

In March 2008 I went to Australia for the Contemporary Scholars Conference. Whilst there I visited farms in Victoria and had the opportunity to talk to the other Nuffield Scholars from across the world. In addition farmers from across Australia joined us on the Conference which gave me the opportunity to gain insight into their experiences.

Following the Conference I then travelled on to Tasmania for a week. The first few days were spent based at a GP's surgery near Hobart, interviewing medical, administration staff and associated personnel. I also attended a training session for GP's.

In the north of Tasmania I had the opportunity to stay on a sheep and arable farm and visited farming advisors and neighbouring farms.

The month of February 2009 was spent in New Zealand visiting;

- Farmers and their families.
- Family doctors, Regional Health Authorities and the National Health Services.
- Various church organisations.
- Universities and Agricultural colleges.
- Looked at various national and regional initiatives.
- Also talked to both the users and the providers of services/initiatives.

During 2008 and 2009 I spent a total of three weeks travelling in England and Wales visiting various projects, talking to people in our local health authority -Devon PCT, attending conferences on Rural Proofing, Stress Management. Went to the Arthur Rank Centre at Stoneleigh and attended meetings with our local Rural Ministry Forum. Interviewed local workers in Farm Crisis Network and discussed their role. Interviews were held with University of Exeter and local agricultural colleges. Farmers and their families were also interviewed.

Findings in Australia

Background

The economic problems of Australian farmers and the drought have caused the shutting down of essential community services in smaller country towns, especially in finance, communications, health and welfare. At a time when rural communities are in most need of help, community-based resources have been cut back.

Land degradation through drought carries with it the hidden costs of damage to the social structure of farming communities. Farmers become depressed, develop low self esteem and feelings of failure. They may feel that they have lost the family heritage in the land and may experience loss of social status and reduced income. This accumulation of loss and their part in it, in having to destroy their own livelihood through the slaughter of their animals, is devastating.

- In 2005 one Australian farmer was committing suicide every four days, as a result of the country's worst drought in one hundred years.(The Land newspaper)
- Isolation, drought and lack of mental health services are seen as critical contributions to higher than average suicide rates
- Mental health is a taboo subject in the outback and stoical farmers see stress as a weakness.
- The number of farms has halved since the 1960s and those farmers left now feel abandoned, their cultural identity and national relevance questioned.

In a book 'Tough Times' in which 10 rural men talk about their fight with depression and thoughts of suicide, a farmer was quoted,

"Every day I look outside and I say to myself: I get so sick to death of blue sky, I just want to see some clouds and some rain. The strain is just so constant and long and it's like someone grabbing at

me by the throat and slowly choking you a bit more each day."

National Projects

The National Action Plan on Mental Health 2006-2011

In July 2006, the Council of Australian Governments (COAG) agreed to a National Action Plan on Mental Health involving a joint package of measures and new investment to promote better mental health and provide additional support to people with mental illness, their families and carers.

It sets out agreed funding commitments, outcomes and most importantly specific policy directions for action that emphasise co-ordination and collaboration between government, private and non-government providers. In each State and Territory a COAG Mental Health Group has been established.

Ideally it includes the community sector and non-government representatives. The COAG National Action Plan shows a potential way forward for a more connected care system for those suffering from mental health illness. But the success of the Plan will require continuing effort by all governments involved across Australia.

LIFELINE Australia- Framework - This was started in the mid 1990's. It provided a strategic framework for national action to prevent suicide and promote mental health and resilience across the whole of Australia, including targeting the rural population.

The national body provides 42 Lifeline Centres which operate from locations all around Australia. These Centres provide national services such as a 24 hour telephone counselling service, the Lifeline Information Service and Living Works suicide prevention training. Many Centres also provide a range of services that are specific to the needs of their local community. This can include rural outreach, face to face counselling and financial counselling.

The Lifeline management at each Centre is crucial in making this project work. It involves effective use of telephone technology to meet call demand, quality assurance, and maintenance of service standards and accreditation of Lifeline Centres.

The name Lifeline was recognised by farmers I spoke to, but felt the provision of the facilities was for other people, not themselves.

Men's Line Australia-This is a non-profit organization running a 24hour telephone counselling service, part funded by Commonwealth Department of Family and Community Services.

- It offers professional and confidential short term counselling for men
- Direct telephone linkage and /or relevant information to services and support programs
- Practical support and life strategies for managing difficult situations

- “It has a good understanding of the particular experience of men and men’s issues”

Although not specifically aimed at the national men’s population, it was the well known amongst rural farmers and cited as a potential source of help.

Beyond Blue-the National Depression Initiative

Formed in 2000, this independent public company has created greater awareness around depression, anxiety and mental health issues with support from public figures willing to tell their stories. Its key message is help is available and it’s okay to seek it. It is recognised by farming families as a source of information. They are felt to be progressive, active and respected by the farming community.

Together with the Salvation Army they have made a DVD aimed at rural communities. It focuses on real stories of people who have triumphed over depression in rural areas and how they have dealt with the stresses of farming. It provides advice on coping with and identifying depression.

Mental Health First Aid Training- University of Melbourne

- This is an award winning training program for members of the public in how to support someone in a mental health crisis situation or who is developing a mental disorder.
- The program has solid evidence for its effectiveness from randomized controlled trials and qualitative studies. It increases knowledge, reduces stigma and, most importantly, increases supportive actions. It even improves the mental health of first-aiders.
- Mental Health First Aid training can assist in early intervention and in the on-going community support of people with mental illnesses. It is useful for people employed in areas which involve increased contact with mental health issues and for carers of people with mental health illness
- Forty farm advisory and extension workers in south-west Queensland found themselves in situations where they felt something was wrong, but did not know what to do. They then received the Mental Health First Aid Training and felt it was beneficial to be more knowledgeable and understanding about mental health issues.

Course Content

The course, (which can be covered in day and a half), teaches the symptoms, causes and evidence-based treatments for:

Depression, anxiety disorders, psychosis and substance use disorder. It also addresses the possible crisis situations arising from these mental health problems and steps to help. The crisis situations include a person who is feeling suicidal; a person having a panic attack; a person who has had a recent traumatic experience; a person who is acutely psychotic and perceived to be threatening violence; and a person who has overdosed.

This training program is now available across the country.

Primary Health Care

General Practitioners –Tasmania

Whether a potential patient would visit their GP is thought to depend on their prior relationship with them according to the GPs I spoke too. This is the normal first port of call by a member of the public who may suffer from severe stress or depression.

- After an assessment, the GP if appropriate would offer a person suffering severe stress and anxiety or depression, medication and suggest sometimes counselling. To access counselling the patient would have to organise this themselves.
- In some cases the person may be referred to a mental health specialist like a psychiatrist or psychologist.
- Psychiatrists are doctors who specialise in mental health. They can make medical and psychological assessments, conduct medical tests and prescribe medication. Some psychiatrists use psychological treatments that address issues that particularly affect people with depression.
- Psychologists specialise in providing non-medical (psychological) treatment for depression and related disorders.

The organisation General Practice South is in charge of overseeing the doctor's practices in south Tasmania. They offered funding to each surgery to provide mental health counsellors when needed by patients. Each surgery would have to organise the sourcing of a counsellor and provision of rooms etc. Only one practice in the whole of southern Tasmania took up the opportunity.

The reasons suggested by General Practice South as to why uptake had not been higher was;

- Too much hassle and paper work to organise finding and supplying counsellors when needed.
- No room space in existing surgeries.
- General Practitioners wanted to deal with only physical illness not mental illness at the premises. (Not their core business!)

Patients would have to organise their own counsellors through a list recommended by the practice.

Regional Projects

Rural Financial Counselling Service-Tasmania

This is an Australian Government funded service offered in most states. The RFCS-Tasmania is a state wide, confidential and free service providing financial assessment, information and support to the farming community.

The rural counsellors I interviewed explained that they can assist farmers to:

- Assess and prepare reports on current financial cash flow and viability circumstances.

- Help them identify financial and business options for future enterprises
- Provide information to determine eligibility for Government entitlements available under current conditions
- Counsellors have a good financial background, (e.g. Retired bank managers) and have training in counselling.

Although funding is from the Government they are run and managed in each state, with committees consisting of representatives from the farming community, YFC, local state and non- state agencies. Counsellors do not attend these meetings.

Rural Mental Health Workers -Tasmania

Community and doctor concern over the disproportionately high suicide rate in a rural area of Tasmania resulted in a project in 2001. A mental health worker was employed to provide counselling, educate patients and the public about mental illness, improve the skills of local health workers, liaise with other counselling agencies and undertake research into mental health in the area. The project resulted in positive effects on access to treatment and improvement in symptoms and functioning.

The results from this inexpensive, shared care/attachment model point to its potential application in primary care in other areas of Australia.

Rural Suicide Prevention Strategies Project. Bendigo- Victoria

A joint initiative between Bendigo Health Care Group and Monash University was the Rural Suicide Prevention Strategies Project. This initiative was found to have

- Increased intra -and inter – agency cooperation around suicide prevention activities and resilience building
- Establishment of suicide prevention networks
- Provided a unifying framework for collaboration with other related activities in the area
- Consistent with National and State policies on the prevention and education of suicide

In addition a number of barriers were found in the implementation of the project

- The need to undertake actions within existing resources
- **The perception by many agencies and organisations within the region that suicide prevention is not part of their remit or ‘core business’**
- Lack of communication/engagement of the service providers required for effective suicide prevention, from prevention to intervention to treatment.
- Shortage of service providers within parts of the Region

Those involved in this project felt that to be effective;

- Resources must be matched with capacity to achieve an objective.
- Identify needs of the community
- Engage stakeholders across the service system such as primary health care and specialist mental health care services
- Ensure that the engagement is active and sustainable with different stakeholders

Rural & Remote - Eyre Regional Service - South Australia

In 2007 the Government was concerned that hardships increase for farm families when they have to face the extremes of flood and drought. The minister then for Minister for Health and Ageing, Christopher Pyne, said "Suicide is complex and tragic for individuals, families, friends and communities. These place high demands on all family members - particularly when these people are in relative isolation from support services."

More than \$8 million in funding became available over the next three years on 17 projects that target suicide prevention in rural and remote communities.

Rural & Remote was set up as part of Eyre Regional Health Service. This is run by the local health authority and works in partnership with community education and support services.

- The aim of the service is to enhance the mental health of individuals by delivering evidence based care to promote social and emotional resilience and mental well-being.
- Rural residents are referred by a GP, community agency or health service provider, or residents may self refer.

A Nuffield scholar from this area highlighted this relative new service and felt that it was well publicised and accessible. **"The challenge for men is to really communicate the issues- remembering that we don't have to try to solve the problems, just listen and discuss."**

Centacare- Eyre Peninsula South Australia

This organisation has Federal funding to provide an outreach service to rural individuals, families and communities on the Eyre Peninsula. It offers rural support, Information and Drought Counselling Service which is a professional confidential service. Meetings can be arranged in informal or formal settings. Counsellor's travel to various rural communities to provide services as the need arises. Although open to anyone, Centacare is run by the Catholic Church.

'Managing the Pressures of Farming' Resource- South Australia

Farmers with the help of researchers, rural counsellors and health workers, were involved in putting this resource together. It is based on information farmers have provided about the impact of common pressures in their family farming businesses. Its aim is to help farmers cope with the demands of change, and to approach the unavoidable pressures of modern life on the land, in an informed and creative way.

This resource is available in a printed booklet, in an interactive CD-ROM, and in the form of an interactive website. There are three main parts to this;

1. Checklists. To help farmers identify the most difficult pressures to deal with, three checklists are provided. (Farm Business, Farm Family and Personal Checklist)
2. Reading Guides. The checklist refers the farmer to a series of 10 guides which provide more information about the pressures they identify, and suggest a practical way to address these.
3. Practical Actions. The guides provide a range of options including things farmers can do for themselves, where to seek professional assistance and courses they can do.

Farmers who have used this said "Checklists were easy to use and although we were doing some of the things already it provided insight into practical things I could do that I had not considered. We do the checklists every twelve months as a maintenance check, when we are facing change or when pressures build up."

Rural Mental Health Network- 'The Blueprint' New South Wales

This is a group of agencies and individuals who share a common goal and agreed to work together to improve the mental health and wellbeing of farming people and farming communities.

The result is "The Blueprint". It is a simplified summary of key issues that should be addressed, and the major actions that should be taken. Each agency has a different but connected role in achieving the outcomes linked to the National Mental Health promotion and suicide prevention objectives and outcomes.

Findings in New Zealand

Background

In the 1980's there were changes in many areas;

- Drought
- Removal of farm subsidies, varying interest rates and falling farm land values.
- The demise of respected Government advisory service.

This was often referred to me as 'AN UNHOLY TRINITY'. Farmers had no control of these. The results of these changes were major restructuring of the agricultural industry. Today there are fewer farms but the average farm is larger and there is an increase in farms of less than 50 acres, the 'lifestylers'.

National Projects

Mental Health Foundation of New Zealand (MHF of NZ)

The Mental Health Foundation of New Zealand works towards 'creating a society free from discrimination, where all people enjoy positive mental health and wellbeing'.

The Foundation is not a counselling or advice service, but offers research and information service. The work of the Foundation is aimed at influencing individuals, organisations and communities to improve and sustain their mental health.

The following are examples of the work of the Mental Health Foundation of New Zealand.

a) **Like Minds Like Mine- Like Minds National Plan 2007-2013.** This is a national, publicly funded programme aimed at reducing the stigma and discrimination associated with mental illness. The website provides information and resources on the programme.

b) **Out of The Blue-** The MHFof NZ runs this initiative to highlight that recovery from depression is possible. Medication and counselling are among the treatments available, but Out of The Blue promotes many self-help strategies people can employ to help themselves feel better.

c) **SPINZ - Suicide Prevention Information New Zealand.** This is a national information service assisting communities and services to prevent suicide by providing them with best practice information. It is part of the MHFof NZ.

d) **The New Zealand Suicide Prevention Action Plan 2008-2012.** -The Action Plan describes the types of actions required across the range of sectors involved in suicide prevention. It outlines who is responsible for each action and when it will be done by. In addition there is evidence for why the Suicide Prevention Action Plan needs to be done.

University of Otago Postgraduate Course: Suicidal Behaviour, Research and Prevention

This course, which started in 2005, is designed to provide an introduction to suicidal behaviours and is appropriate for those who work in education and counselling as well as for professionals in health, mental health, social services, emergency medicine, youth work, psychology, justice, child welfare and related fields.

It is the only postgraduate academic course in suicidal behaviours, research and prevention offered in New Zealand.

Presbyterian Support

This is a Christian social service agency that started 100 years ago. Today Presbyterian Support plays an important role in helping rural families suffering from stress and anxiety as a result of changes in social and economic factors.

I spoke to Robyn McPhial, a parish Minister of the Presbyterian Church about the work of Presbyterian Support.

Presbyterian Support is a charitable trust and covers the whole country, through seven autonomous organisations operating under the same name.

Funding for the Presbyterian Support's work comes through from a number of sources: Government contracts, fee income, grants and donations, legacies and investment income. In 2008 Government contracts and fees amounted to \$3.6 million, while expenditure is \$4.9 million. The \$1.3 million shortfall is supported by donated income and interest from investments.

As a result of the Government Policy to remove agricultural subsidy removal in 1980's Presbyterian Support set up counselling services and community forums for the future of the family farms.

a) Farm Succession Forum. Friends were invited from local churches and non church goers. Issues and topics were presented, followed by discussions in small informal groups. They might always not come up with solutions, but benefited from sharing ideas, and giving support. Robyn said "Nobody was immune, they were great levellers. These forums helped with farmers attitudes to the then present situation".

b) Farmers Network. As a result of the early activities a farmer's network was established and farmers groups formed. Today twenty years on these groups are still ongoing. Some issues are the same, some have changed.

Farmers interviewed felt that these groups;

- Gain emotional support and help one another
- For most people it is easier to give support than to receive it
- A place to feel normal
- A place to vent feelings
- Give non-judgemental support and reassurance
- A place to increase awareness of alternatives
- A place to form new visions of what is possible

c) Counselling services with individuals or families

- Promoting attitudes and behaviours which assist the family to work better
- Help with the relationship with banks

d) A Rural Enabler is another part of Presbyterian Support. They are employed to go out, visit and talk to people. Although an outsider, they understand the situation and they abide by a code of ethics.

e) Methven Rural Ministry Forum

Laypeople and clergy from South Island congregations gather every five years to explore the challenges and opportunities faced by rural communities and rural congregations. This provides a platform for sharing ideas and gather feedback on what projects have worked and why.

Rural Support Trusts

Originally the Rural Support was started by a group of women helping local communities when major stress problems were occurring in the 1980's. A farmer near Christchurch, Dorothy Oakley, spearheaded this organisation and lobbied Government. Money and marriage were the main issues. Local Government gave \$70,000 and so paid counsellors were used, often retired farmers.

The Government is developing a nation-wide network of Rural Support Trusts. It is building the capability of existing Trusts and forming new Trusts in regions where there are currently no Trusts.

- These Trusts are spread across the country providing free, impartial, independent, confidential support service for rural people.
- They are independent of government or commercial interest and do not provide any funds.
- The aim is to facilitate, to assist and guide in an impartial, informal and compassionate manner.
- The Trust operates services to assist rural people in adverse events.
- Act as advocates for financial assistance
- Help farmers decide on business options
- Provide stress management services(or make referrals if appropriate)

Federated Farmers of New Zealand

Federated Farmers wanted to build on the excellent programmes such as the Kellogg and Nuffield scholarships that are already available. It wanted to provide more of a structured framework for rural people to grow their rural leadership and management skills. As a result a new leadership and development initiative called 'FedsUni 'will be promoted.

By building on rural peoples skills of resourcefulness, intelligence and resilience it is felt the new initiative will contribute to their capability of overcoming stress. Federated Farmers sees it has an important role to pull together the strands of a medium-term leadership strategy and framework to grow and develop this fantastic resource and to build on existing initiatives.

Rural Women New Zealand (RWNZ)

Rural Women New Zealand, formerly known as Women's Division Federated Farmers, has been a voice for rural women since 1925. The organisation was established by women who wanted better social and economic conditions for rural people. For over eighty years the Rural Women's Network has been at the forefront of rural issues, working to strengthen rural communities which are their main aim.

They are a respected voice of rural New Zealand families and communities. They aim to develop rural communities by valuing rural uniqueness, understanding the needs of rural communities and working with agencies and RWNZ members to develop a strong rural network.

RWNZ have a role as a resource partner - building relationships with government and non-governmental organisations. They regularly communicate with members to share information relevant to the rural sector.

In addition the RWNZ is a funding source for individuals through a bursary scheme, and for rural communities through sponsorship and regional funding programmes.

Throughout New Zealand women can choose to join an existing group or become an individual member. Members join for varying reasons, friendship and support, some for its advocacy role, some for access on education and learning.

Rural Women New Zealand employs Regional Development Officers (RDOs) to promote activities for the organisation throughout New Zealand. RDOs work within each region to help attract more members, promote Rural Women New Zealand activities and seminars and much more.

CD- Louise Hay www.LouiseHay.com

An organic vegetable farmer I met spoke of experiencing severe stress after a difficult growing season and dealing with supermarket buyers in the UK. He found these CD's a great support and help to relieve his stress and anxiety. They include peaceful affirmations to relieve anxiety and helped him to relax. His wife said "He would never admit to anybody outside the family, he listened to them" and "His sessions with 'Louise' were at important part in helping him through a very difficult time".

Findings in Britain

National Programmes

National Service Framework for Mental Health

This framework was launched in 1999 but was aimed at specialist mental health services.

Five years on in 2004 a White Paper 'Choosing Health' was published with the intention to implement this National Framework for Mental Health to meet the mental health needs of the community as a whole. 'Transforming the NHS from a sickness service to a health service is not just a matter of promoting physical health. Understanding how everyone in the NHS can promote mental well-being is equally important'.

In 2005 the UK Government gave a commitment to developing a country wide action plan on mental

health in line with the World Health Organisation.

Rural Proofing- Relaunch in May 2009.

Rural proofing was introduced in the 2000 Rural White Paper. It is designed to assist government and non government agencies to identify, consider and take into account the needs and circumstances of the rural community (rural people and rural businesses) when developing and implementing policy and when undertaking consultation.

Rural proofing is pre-emptive - it recognises that in an increasingly urbanised society there is a potential risk that the challenges faced by the rural community will either not be recognised or taken into account by central government policymakers and, as a consequence, the rural community will be disadvantaged.

As a result of the concerns that the British Governments 'rural proofing' measures were not working, a conference was held in London in May 2009. Here Defra and the Commission for Rural Communities re-launched rural proofing as the tool to ensure the needs of rural communities are met through national, regional and local policies.

Proposals for policies coming from London in the past have been too urban-based and failed to take account of the practical difficulties and the extra cost often involved in delivering services in the countryside. The regional development agencies complained of a 'substantive gap' in rural proofing between different departments. In addition the National Farmers Union has complained that Defra believes other departments will factor rural dimensions into their policy as a routine, something it describes as a 'pious hope'.

Ideally rural proofing will allow policy makers to work in a constructive framework that recognises that all communities are different. This will allow local areas to respond flexibly to local circumstances and needs.

The Arthur Rank Centre

This is a collaborative unit supported by the National Churches, the Royal Agricultural Society of England and the Rank Foundation serving the rural community and its churches.

Rural Officers Network

This is a joint ecumenical national network of people, who can be called Rural Officer, Agricultural Chaplains and Rural Advisors amongst other things.

- They are lay and ordained people, some of whom are full time and some part time.
- They provide information and advice, pastoral and strategic thinking on rural issues.
- They work regionally and locally and represent the church on a wide range of bodies and organisations.

In addition, the Arthur Rank Centre has

- ARC Website - a source of a wide range of resources and information
- RuSource- is a weekly briefing by e-mail about current rural issues.
- Centre for Studies in Rural Ministry

The Farming Help Partnership

This runs a critical service for the farming community in the UK, reaching it through Farm Crisis Network helpline and volunteers and the work of RABI and ARC-Addington Fund.

Farm Crisis Network (Christian based organisation)

- National Confidential telephone helpline
 - Visiting service
 - 31 County groups
 - 300 volunteers across the UK
 - Run by trustees and employ staff of five based at Northampton

The FCN volunteers offer a visit and 'walk with people' through their problems for however long it can take. Although a Christian organisation it is available to anyone of whatever beliefs. The aims are to listen, offering practical advice if needed and encourage and empower people to make their own decisions.

Finance, health, relationships and information (e.g. RPA, BCMS) are the main reasons calls are made to help lines and throughout the year, but weather problems and animal disease outbreaks also are a major contributors.

Rural Support Groups. Many are run on an informal volunteer basis, often as a support to a local FCN group. The groups around the country offer varying services from telephone help lines, drop in service and form filling to signposting services. Some keep records and others do not. Many groups were originally set up during and after the Foot and Mouth outbreak in 2001, but have since ceased to function.

RABI- Royal Agricultural Benevolent Fund

- A grant making charity that supports members of the farming community in financial need, hardship or distress
- Welfare officers help people to help themselves, by claiming pension credits and other state entitlements
- Based in Oxford
- 8 Regional offices in England and Wales which are responsible for fundraising

ARC- Addington Fund

- Run as a strategic rural housing scheme

Each of these charities provides different but complementary forms of help and support to meet a wide range of needs.

Institute for Rural Health (IRH)

The Institute works with individuals and communities, academic bodies and organisations involved in service delivery. The IRH aims to promote health and well-being across rural Britain and to ensure rural communities receive the highest quality health care possible.

When the Rural Stress Initiative Network funding was finishing, the Institute for Rural Health (IRH) said in 2006 there was now much knowledge and information about both the causes of rural stress and kinds of support that are needed in rural areas. Potentially the IRH had the ability to draw the available resources together and make them accessible to both providers and users of services.

Rural Support Wales

In Wales the IRH set up a website - Rural Support Wales. It aims to provide advice, information and support for people living in rural Wales. It focuses particularly on rural stress issues as part of a project funded by the Welsh Assembly Government which looked at Rural Stress and Wellbeing. It is designed for both health care providers and those needing help and support.

In addition a Directory of Rural Stress Support in Wales is published and updated each year (the Yellow book). The 'Yellow book' is in every GP surgery in Wales and has all the Welsh regional contacts for support groups for mental health issues and is updated annually.

Rural Support England

After the Governments' Rural Stress Action Plan came to an end, the various bodies involved still continue to meet twice a year. The aim is to bring together organisations that are interested in mental health and the well-being in rural communities.

Mind-Rural Minds

Rural Minds is Mind's rural health initiative working across England and Wales. Its aims are to promote better mental health for rural people and provide information for those working in rural communities.

Over the past few years it has been involved in the following projects;

- Connecting Minds: a project using teleconferencing to provide support to people in rural areas.
- The Rural Policy Toolkit: a collection of case studies and practical advice to help statutory and voluntary sector service providers implement Mind's Rural Policy for Mental Health.
- Rural Proofing the National Service Framework for Mental Health.

South West Forum- South West Health and Care Network Project

The Department of Health's (DoH) Strategic Partner programme has funded Regional Voices which is national forum of the nine regional voluntary and community sector (VCS) networks.

The South West Forum has established the South West Health and Care Network Project. Mental Health issues are just part of the programme, which is about building mechanisms for an effective flow of information, intelligence and evidence between local third sector organisations and the DoH, Strategic Health Authorities and other agencies. It provides high quality evidence - based input to policy and strategy development and acts as an efficient conduit for communication with third sector organisations.

Cost of Mental Health Problems in UK.

The total cost to the employer is made up of sickness absence, reduced productivity at work (presenteeism) and staff turnover. In addition are the costs to the economy and to the NHS.

The term Presenteeism is used when an individual comes to work ill and performs below par because of that illness. Research has shown (The Sainsbury Centre for Mental Health -2007) that the costs of presenteeism are likely to be 1.8 times as important as absenteeism and mental ill-health is particularly likely to be manifested in the form of presenteeism than absenteeism. Working on a ratio of 1.8 times the cost of absenteeism, then the costs of presenteeism in the UK could range from 1.4 million to 2.88 million.

Employers should expect to find on average that nearly 1 in 5 of their workforce is affected by a mental health condition. It is of great concern that these levels of mental health in the workplace are just not recognized by employers and many underestimate the extent that mental ill health may be having on their business.

Discussion.

The burden of mental health problems and disorders is high and rising globally. In response, Governments have implemented national mental health strategies as the basis for a coordinated national approach to underpin initiatives designed to promote mental wellbeing and address mental ill health. In Australia and New Zealand they seem to be effective in addressing the needs of the rural people. In Britain this does not seem to be the case.

In Britain many rural people felt the only way communities can ensure they have the support and services they need are through self help and voluntary action.

In Australia this has contributed to the decrease in the age standardised rate of suicide of three per cent, from a peak of 14.7 suicides per 100,000 people in 1997 to 10.3 suicides per 100,000 people in 2005. In New Zealand suicide rates are down twenty percent since the late nineties. In Britain suicide rates have dropped by nine percent in a similar period.

A general observation after talking to farmers in Australia, New Zealand and Britain, is that they are

more anxious and more conservative when they are facing uncertainty and exhaustion maintaining their businesses.

Farmers communicate better in New Zealand and share consultants. They are more open with figures and overall analyse, solve problems and move on. Australian farmers felt that British farmers wallow in their problems!

Australian farmers are typically tough, resilient and resourceful-qualities that have enabled generations of country families to tough it out in hard times. These same qualities also prevent many from seeking help, particularly for depression, because they are worried that asking for help could be seen as weak or shameful.

"One of the biggest barriers to recovery is discrimination. That's why stopping discrimination and championing respect, rights and equality for people with mental illness is just as important as providing the best treatments and therapies." ~ Blueprint for Mental Health Services in New Zealand

First aid training is widespread throughout the world to give members of the public skills to help an injured person before medical help arrives. However, first aid courses typically teach little or nothing about helping people with mental health issues. This is curious given how common these problems are. Most first-aiders would never get a chance to use their CPR skills, but they would have a good chance of having close contact with someone in a mental health crisis.

Things to remember;

- The effects of financial hardship on farm families can include stress, illness, relationship breakdown, farming accidents and suicide.
- When money is tight, farm equipment may not be properly maintained, which increases the risk of work-related accidents.
- Farm families pride themselves on self-sufficiency and independence, so asking for benefits like working family tax credit or help from charities such Addington Fund can be hard to do.

Issues perceived at an individual level

- Most people with depression don't look for help because of the stigma and discrimination.
- Women are more likely to visit their GP for depression and accept pills or therapy than men.
- Being silent is seen as a way of being strong for men.
- Rural people have developed a range of coping mechanisms that can prevent disclosure and reduce effective policy delivery.
- People do not recognise signs of severe stress or depression
- People do not know how to support someone who has depression
- Opportunity for improving farmers knowledge of resilience, stress management and business planning skills

Issues perceived at local level

- The problem of patients presenting themselves at the GP's with physical problems who are actually seeking psychological help.
- Lack of time available at the GP surgery for the patient, varying expertise in mental health issues from GPs and their lack of knowledge of community resources.
- The primary mental health care needs of farmers should require that service innovations incorporate rural support workers into a local service network.

Issues perceived at national level

- Lack of promotion to raise awareness of mental health problems.
- Lack of prevention and early intervention of mental health illness.
- Lack of funding. If similar resources were to be directed to suicide prevention in Australia/New Zealand/Britain, as are directed to reducing motor vehicle accidents, would this would have resulted in a substantial drop in the suicide rate? The answer to this question depends on our capacity to identify the clear cut causes for suicide in the same way that we have for deaths from vehicle accidents (i.e. poor roads, high speeds driver fatigue and drink driving). There are no such clear cut causes for suicide but investment in suicide prevention appears none the less urgent.
- Community provider services seem unsure where to target their efforts so as to have the greatest effect on suicide rates in the areas for which they are responsible.
- The relationships among differently funded providers can be competitive rather than enhancing.
- Poor coordination of all services which help to prevent people who are experiencing acute mental illness from slipping through the care 'net' and reduce their chances of readmission to hospital, homelessness, or suicide. Better coordinated services will also mean that people can better manage their own recovery.
- The ability of charities/volunteer groups to respond in a crisis.
- The problems of coordination of services frustrate the attempts of any one group to first to establish need, second to locate strategic point where treatment will have greatest effect and, third, to measure outcomes.
- Of the projects looked at few have included evaluation strategies. Those that have lack valid criteria against which they can measure program outcomes.
- Many countries vary in their collection of information about the incidence of suicide and suicidal behaviour among gender and age populations and across different communities. Information is difficult to obtain and to collate since there is no consistent format across agencies within countries for recording this data.
- Policy makers are urban based and not aware of rural needs. In New Zealand it was referred to as Aucklandisation as half of the country's' population lives in Auckland.

Conclusions

We need to get the message out, in these tough times, that depression is an illness and change people's perception of poor mental health.

Farmers with severe stress often respond by saying comments such as;

"We do not want to confront things that we think may be wrong"

"Started having trouble sleeping"

"Can't concentrate or feel angry about trivial things".

Sometimes they even have serious symptoms of health problems, like tightness in the chest, but they often ignore these symptoms or trivialise them- to their detriment.

The benefit of checking out our stress symptoms is not only feeling better but also preventing serious health problems. The benefit of recognizing and coping with changes in the environment is that we minimise our stress.

Good farmers need to be multi skilled, good communicators, good business managers, hard working and technically competent. In addition they need the awareness and knowledge of preventing and dealing with stress in their lives.

1. The following observations are true of farmers whichever country they come from.

-Human stress creates a biochemical reaction in the body which will continue to build up if the pressure is constant or increased. The result is an imbalanced system and the outcome is minor or eventual serious illness. But every person is unique and each reacts differently.

- Humans under severe stress sometimes do not understand what is happening to themselves and there is a lack of awareness of what is occurring. Many farmers and families do not seem to know where to access help or if they do know, they find it difficult to ask for help.

-Farmers differ significantly in many instances from the rest of the workforce in regard to occupational health and safety issues and specific interventions in key areas are required for the agricultural industry.

2. Rural support groups in England are all varied and they are often run on informal volunteer based structures all working in different ways. Some are not using formal procedures, such as record keeping and as a result it would be difficult to measure their effectiveness. The groups that have continued to function are successful in part, because they have been developed in response to local need and are unique to their rural community.

The Institute for Rural Stress has produced a valuable resource for all the GP'S in Wales. It produces 'The Yellow Book' and has all the welsh regional contacts for support groups for mental health issues and is updated annually.

3. Evidence (Shaw Trust 2006) suggests that more and more organisations are developing polices to raise awareness abut stress and mental health, with the rise of the 'well-being' workplace as well as a greater introduction of stress management tools and other preventative measures within the workplace. The UK Agricultural Industry could learn from these organisations, as Pricewaterhouse Coopers LLP (2008) research indicated that 'workplace wellness makes commercial success.' The

research shows there is a positive link between implementing wellness programmes and improved key performance indicators and that the programme costs can quickly be translated into financial benefits. How effective this would be in UK Agriculture would depend on the type of business and the nature and target of the programme.

4. NHS experts agree that early intervention of excess stress is critical and these people need relatively short programmes which must:

- Tackle the underlying causes of the excess stress
- Prepare the individual for the changes necessary to eliminate the excess stress
- Tackle *all* the symptoms within the same programme.
- There is strong evidence that for people experiencing mental health problems, that individual cognitive behaviour therapy was most effective

Recommendations

- Development of an effective **National Rural Mental Health Strategy** that includes collaboration and co-ordination with the community sector.
- **Increase awareness of Mental Health issues** in all our communities, through effective Government funded projects. Raise public awareness of how to look after our own mental health and other peoples. Promotion using respected and well known people who have experienced mental health problems.
- **Rural proofing** should apply to all national, regional and local policies, programmes and initiatives and it applies to both design and delivery stages.
- **Doctors training as GP's** should reflect the need for understanding mental health issues
- **Rural Outreach/ Counselling workers including opportunity for brief talking therapies** - Potentially PCT funded
- A **basic national model of a rural support group using effective principles** to be encouraged in existing and future groups. Farm Crisis Network to be the national facilitator. (Potentially funding from RDPE) All initiatives should reflect the following principles:
 - Be evidence based
 - Be safe & effective (are piloted first, all service delivers be trained and evaluation is a key component)
 - Reflect a co-ordinated multi-sectored approach

-Demonstrate sustainability and long term commitment

- **Develop training packages for farm families and businesses in:**

Supportive strategies through awareness campaigns and workshops which focus on individual gain in both personal and economic terms and take account of the particularity of farmers' work environment.

To include stress management tools and other preventative measures within the workplace and home.

Setting personal targets and goals for the coming year and five years to help provide a clear direction.

Exit and entrance strategies for rural businesses.(Potentially funding from RDPE)

- **Further research/study**

- Develop training packages for upland farm families and businesses

- How best to reach different rural groups; e.g. young people

- Finding effective ways of raising awareness of mental health issues

- Learning about peoples coping techniques

Epilogue

My study has given me an amazing experience to learn not only about my chosen subject, but I have learned many things about myself and improved my communication skills. This has enabled me to strengthen my personal and work relationships and played a major role in keeping mentally well.

In addition I have grasped the opportunity of a new full time job of managing the Dartmoor Hill Farm Project.

On the farm we have re-organised the labour and improved our forward planning and overall management.

Being away from home was not easy for my husband or my children but looking back they agree we have all learned new things about each other and gained in various ways.

Key messages from the study

- Dealing with stress and mental health at work or in the family, is more likely to be effective and have a greater impact if;
- people begin by changing their attitudes and increase their understanding of mental health problems
- The partnership between employers, employees and health providers and agencies must be developed to capture the necessary expertise.
- The agricultural Industry needs to look both within and outside when developing intervention strategies.
- The issues people have living in rural areas may not be different to those living in urban areas, but they can be experienced in different ways and so different solutions may be needed.
- The NHS needs to develop activities for mental health illness which promote education, prevention, early intervention, effective treatments and co-ordinate with other services.
- Work is generally good for physical and mental health and well being.

My own personal message is a quote from author and Australian farmer Sara Henderson;

“All the strength you need to achieve anything is within you.

Don't wait for a light to appear at the end of the tunnel.

Stride down there and light the bloody thing yourself!”

Appendix

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