

Environment, Food and Rural Affairs Committee

Oral evidence: Rural mental health, HC 873

Tuesday 24 May 2022

Ordered by the House of Commons to be published on 24 May 2022.

[Watch the meeting](#)

Members present: Geraint Davies (Chair); Ian Byrne; Rosie Duffield; Barry Gardiner; Dr Neil Hudson; Mrs Sheryll Murray; Julian Sturdy; and Derek Thomas.

Questions 125 - 201

Witnesses

I: Danny Hutchinson, CEO, Invictus Wellbeing; Janette Smeeton, CEO, Derwent Rural Counselling Service; and Carol Stockman, Social Prescribers, Cotswolds Community Wellbeing Service.

II: Stephen Dodsworth, Fields Person at Darlington Farmers Auction Mart; Trudy Herniman, Farmerados; Melinda Raker, Founder Patron of YANA; and Edward Richardson, Farm Adviser for Farm Cornwall.



Examination of witnesses

Witnesses: Danny Hutchinson, Janette Smeeton and Carol Stockman.

Q125 **Chair:** Good afternoon and welcome to the Environment, Food and Rural Affairs Select Committee for our latest hearing on rural mental health. It is my great pleasure to invite the guests to introduce themselves. We will start with Danny and then go to Janette and Carol.

Danny Hutchinson: Hi, everyone. I am the chief executive officer of Invictus Wellbeing. It is a West Yorkshire-based children and young people's mental health charity. We offer a range of services such as counselling, school services, wellbeing and peer support, among anything else we can offer. It's good to be here.

Janette Smeeton: I am CEO of Derwent Rural Counselling Service. We provide a wide range of services, seeing clients above the age of six through to adulthood. We have our original donation service, which provides a broad range of therapy, and we provide clinical and professional supervision to therapists, business professionals and educational professionals. We also do a wide range of training, bespoke courses on mental health awareness raising, stress busting and courses for managers and organisations—so it is quite a broad spread.

Carol Stockman: I am a social prescriber for Cotswolds Community Wellbeing Service, which is managed by Gloucestershire Rural Community Council. There are three elements to the service. First of all, we provide information, advice, access to services and assisted signposting. Secondly, we work with individuals to improve their health and wellbeing using health coaching techniques. Thirdly, we work within communities to identify gaps, creating where we can new groups and activities or working with existing groups using the skills and assets of local residents.

Q126 **Chair:** That is brilliant. Could you each briefly talk about the nature of the support that your organisations provide and give a picture of the environment you are working in, in terms of the needs that are coming through the rural community? I will start with Janette.

Janette Smeeton: Currently, the largest part of our work is supporting an IAPT contract delivered by Talking Mental Health Derbyshire—Derbyshire Healthcare NHS Foundation Trust. That reaches across the whole of Derbyshire and Derby city. The service is open to anyone over the age of 16 with mild to moderate issues. That generates the funding that keeps our service going. We have obviously had to convert to remote working by telephone and video platforms during the pandemic and we are largely still delivering our service that way. Our donation service is still ongoing. We have an increase in referrals of young people.

What we have noticed is that our donations have dried up during Covid. People used to come face to face and they would slip you an envelope



with a few pounds in at the end of the session, but obviously they are not coming into the centres, and although we provide them with details to make a payment, it has not happened.

Q127 **Chair:** On top of Covid, we have the cost of living crisis. Would you characterise the situation as a growing need alongside more difficulties around getting the finance from communities to support it?

Janette Smeeton: It will become more difficult. People either could not pay or were choosing not to pay a donation, but what we know is that families will be under more stress with the current economic difficulties and the ongoing economic difficulties that are forecast.

Q128 **Chair:** Danny, how would you describe the needs you are responding to? Are they growing around mental health? How are you responding? How are you coping yourself doing that?

Danny Hutchinson: We work exclusively with children and young people under the age of 25. I think there were issues pre-Covid and they have only been exacerbated through Covid. We are seeing increases in self-harm, increases in suicide ideation, and real risk-taking behaviours. We are also seeing more demand on the voluntary and community sector to offer support and service around those things. That is a real challenge for us.

We are seeing a real rise in domestic abuse, in family-related issues and so on. Every single issue that was apparent before Covid has just become even worse, and if there was not a problem before there are a lot of problems that have developed as well. We have seen CAMHS referrals in our local areas increase two to threefold in the last two years. That has become almost impossible to deal with by statutory services and organisations such as ours.

Q129 **Chair:** You have mentioned Covid, but are there other drivers of more people needing your service?

Danny Hutchinson: I think returning to school for children and young people has been a really big issue. There are a lot of issues with confidence. We have had a lot of school refuses, we have had a lot of children and young people, as I say, with domestic abuse in families, with a lot of violence at home and so on. As I said, yes, these issues seem to have become worse over the last two years, or more apparent to the communities we work in.

Q130 **Chair:** Carol, what do you see as the needs of, the drivers of and the change in the service?

Carol Stockman: We are responding to needs of complex physical and mental health, social isolation and loneliness. We are also seeing the impact of poverty, whether that be through food or fuel. We have referrals across the board for many issues—anxiety, depression, care needs, carer needs, finances, benefits, and social isolation, as I



HOUSE OF COMMONS

mentioned before. What we are seeing more recently, and I think as a fallout of Covid, is more men being referred into the service with mental health issues over the last few months. We are trying to create something to support that need. We are also aware of a group, Andy's Man Club, which started very small in the north. They now have 69 clubs across the UK and hopefully we may be able to lock in and do some work with them.

There are a huge amount of issues: people who were bereaved during Covid struggling to grieve, people struggling to access services, housing issues, homelessness, historical child abuse, neighbour disputes, and lots of long-term health conditions. Of course, mental health goes hand in hand with physical health. I do not think we can separate the mental health away from the physical health.

Q131 Chair: That is a very helpful and long list. Does the list include future uncertainties as well—financial uncertainties and that sort of thing, and worrying that tomorrow might even be worse than today?

Carol Stockman: There are lots of future uncertainties. In fact, I did a home visit last week where a gentleman had depression with lots of issues going on as well. He was a gentleman in his late '50s with real concerns about his future, future health and future finances. We are seeing that coming through on a regular basis—people's futures.

Q132 Barry Gardiner: Isolation has been an increasing theme that we have talked about. I come from a very urban context in London, so the isolation I see is people in the tops of tower blocks feeling isolated there, and that lack of community. Can you draw out for the Committee the way in which isolation impacts the people you are experiencing in rural communities, how that affects them and how you then deal with that isolation?

Janette Smeeton: A lot of the people in rural communities have been very isolated. One thing is the transport—they cannot get out. Broadband connections can also be a bit ropery in some areas of north Derbyshire—in the High Peak—and mobile phone signals as well.

Sometimes people come into therapy for company rather than a defined mental health reason, which is not what we are there for so it takes some very careful handling to deal with that when it happens. Group work that we used to be able to do has all been shelved as well during the pandemic. We are just starting to reintroduce that but it is via a video platform, which people struggle to access. It is difficult.

Barry Gardiner: Then you have rural broadband issues on top of that.

Janette Smeeton: Yes.

Danny Hutchinson: I would probably just echo what Janette said. Particularly from a young person's perspective, the cuts in youth services over the last 10 years have impacted where children and young people



can go to if they have a problem or if they need to speak to someone, or if they need a professional. I do find that in a lot of rural communities they struggle to go and find a professional and speak to someone outside of their family unit.

In the more narrow context of mental health, a lot of young people in rural areas often said they need to travel 30 to 40 minutes for a session, which can be expensive, time-consuming and difficult for parents on low incomes. I also think that a lot of children and young people in my experience have been pushed into digital resources and digital interventions, and sometimes they cannot access those due to broadband and so on, as we have already mentioned, but also because some young people do not want that. They want to be seen face to face and they want to be able to speak to a person they can trust and know. That is very difficult over the phone or over telecommunications.

Janette Smeeton: I would add that we would then be referring into social prescribers and other charities that may be doing more social activities within areas. It is very important for us that we know what organisations are out there that we can refer—

Barry Gardiner: So you can signpost to them?

Janette Smeeton: Yes.

Q133 **Barry Gardiner:** Carol, this may be an odd question, but one of the social glues that used to exist in villages was, of course, the parish church. Do you see any correlation between religious activity—it need not be a church; it could be any other faith community—the presence of a faith community and its activity and the increasing reliance on other services to cope with mental health?

Carol Stockman: I do not see a correlation but part of our role is to ensure that we engage with all groups, all agencies, all services, whether they be voluntary or statutory. We engage with faith groups as well to let them know we are here, what we do, how can we work alongside their pastoral care support in order, perhaps, that we do not duplicate efforts for ourselves and for faith leaders. That is what I see.

Challenges for people generally with socialisation will, of course, be transport, but I think Danny mentioned digital exclusion too. Many services will offer some great things online. Online resources are fantastic, but we have older people who either do not want to connect with the internet or cannot afford it, and there is very little opportunity readily available to obtain the skills if they do want to connect with the internet. It can be quite a challenge to link people in. What we try to do to engage is we have other services—other projects within GRCC—and we try to utilise those services as well as other statutory and voluntary agencies.

Q134 **Barry Gardiner:** I am trying to focus on the way in which you address



the need. Clearly, in different ways all three of you are focusing on people who have come to you with their mental health issues. Can we go behind where they are coming from? People talk about being part of a choir or something else, and you mentioned youth groups not being there. Are there ways in which we can be thinking more imaginatively about how we stop the flow of people coming through to you? In effect, what you are doing is helping to patch up people rather than sorting the problem at source. What are the ways in which we can think imaginatively and direct Government resource to choirs or youth groups or whatever? Where would you want to focus that need and how would you want to address it?

Danny Hutchinson: There has been a lot of focus and funding on crisis services and services for people in crisis or severe need. That is fantastic—don't get me wrong—but I think you are totally right: we are a preventive and early intervention service so we want to be offering support in a range of ways, and not only support but activities and opportunities for children and young people.

When we talk about mental health now with children and young people across the board we try to focus on protective factors rather than risk factors. Protective factors are a sense of belonging, a sense of community, being part of something, feeling like they have self-worth, self-belief, confidence, self-esteem—all these words that do mean so much to so many communities. I think in us doing that, whether it is a choir, whether it is a football team, after the pandemic a lot of that has gone away or a lot of young people have fallen out of love with it for whatever reason. I do think that non-mental health services can help wellbeing.

Q135 **Barry Gardiner:** It is building up that social capital?

Danny Hutchinson: Precisely, yes.

Q136 **Barry Gardiner:** One final question and that is about the focus on finance. There are two ways we can focus on it: we can focus on not only how a constraint on finance may affect your ability to deal with the need that is there but, particularly with the cost of living crisis, how that affects people's mental health. Are you are seeing more people having a need for your service because of the financial strains that they feel they are under?

Danny Hutchinson: In answer to the first part of that, I think we have a potentially unique perspective in our organisation, working in urban and rural areas, and we find funding much more available to find from external funders in urban areas because there is high deprivation and there is a low socioeconomic status of certain communities there. It is very much a numbers game so it is easy to get funding there.

When we are trying to reach communities out in rural areas we are fighting against other organisations. We want to work with other organisations, of course, but a funder is looking at different applications.



They have to decide how many people are going to be seen by this service, what the impact is going to be and how they are going to report back to the people giving them the money. A lot of the time it is a numbers game and how many people. That is not the case in rural areas and that is an issue for us.

Janette Smeeton: For us, we would not necessarily see an increase in referrals straight away in response to the economic crisis because the referral numbers are only just starting to achieve pre-Covid numbers now. Probably a year from now we will see the people who will come in with anxiety and depression because of their financial situation.

Q137 **Barry Gardiner:** Will you have the ability to cope with the expected flow that you are talking about?

Janette Smeeton: That is an interesting question. It depends how big the expected flow is. Obviously, as part of the IAPT network across the country, there is an increase in capacity being built there right now. Whether that will be sufficient, we will have to wait and see.

Q138 **Barry Gardiner:** Carol, is there anything to add from your point of view?

Carol Stockman: Yes. I think sustainable funding is key. We have to look for funding if we are looking at creating a group or an activity. Historically, what we see are small amounts of funding that allow a group or an activity to run for about five or six weeks. Clearly, if that group is successful—that activity is successful—we want to embed that into the community. If we see it being a success in reducing anxiety, reducing low-level mental health, sustainable funding is key to that.

Q139 **Dr Neil Hudson:** Thanks to our witnesses for being before us today. We have had this line of questioning about the challenges and the barriers to delivery. Some of the evidence we have heard from rurally isolated communities is that people are very well known in their local communities and they are, therefore, very reluctant to put their hand up to show that they are vulnerable and looking for support. They may not then want to access the support. Is that something that you recognise? How do you overcome that to make sure that you can deliver the services that these people need? Janette, do you want to start with that?

Janette Smeeton: Yes, that is a key factor. One of the organisations we have reconnected with post the pandemic is the rural chaplain's network. A lot of people will speak to the chaplains where they will not necessarily speak to another organisation such as us because they know the chaplaincy service well.

One of the things that we also do is rent rooms in doctors' surgeries. It has been difficult to get in there in the last couple of years, but we also have our own premises that we do not badge up too much so people could be going there for a variety of reasons. We have a website. We put posters up in doctors' surgeries. So there are different ways they can contact us. They can call us, they can e-mail us or they can use an online



HOUSE OF COMMONS

referral. It can be challenging to build relationships with people who do not want to engage with you.

Danny Hutchinson: I would share what Janette said, but I also think that, as you say, stigma is a real thing, especially in rural communities, and a focus on non-clinical services and interventions can be very helpful on that as well. We have already talked about clubs, groups and activities, but Carol also mentioned Andy's Man Club coming from Halifax. That is where it originated. Things like that in rural communities are very important.

Q140 **Dr Neil Hudson:** Do you find if people then access some of these other services—the rural chaplain or whatever—there is then the signposting that they can be indirectly linked to the services that they need?

Janette Smeeton: Yes. Some people also have a fear of being on a rather large NHS database. In an organisation like ours it's a small database that is not linked to any national statutory body.

Dr Neil Hudson: Thank you, that is very helpful.

Carol Stockman: Could I just say something?

Q141 **Mrs Sheryll Murray:** I was going to come to you first, Carol, because I was aware that you had not said anything.

Chair: Go ahead, Carol.

Carol Stockman: We are fortunate: we do home visits. We will see people in the community wherever they choose or we will see people in the surgery. Of course, we are badged health and wellbeing so not just mental health. I wanted to raise that.

What I do see as the stigma is people accepting help within a small village where they are known. I have a very quick example. Last week I was talking to a lady and I offered to raise a food bank voucher for her because she was in need of food. She declined because she did not want to go to the food bank in the village because she is known in the village. She could not go to another food bank locally because she works part-time. We worked through it and we were able to agree with the food bank that her brother would collect it and then take it to her. The brother had no problem with accessing the food bank.

It is that sort of stigma: people do not want to put their head above the parapet and say, "I have a problem," whether in respect of a food bank, mental health or anything else. We are always trying to find solutions around any stigmas that people may have.

Also, not to rabbit on too much, people are really thankful. I have done a couple of home visits recently where I sat with someone for two hours. They expected me to turn up and it would be a 15-minute appointment. Already there is an outcome because there is someone listening to them,



HOUSE OF COMMONS

giving them the time, giving them the space to talk about the issues they have. That is just on the first appointment.

Dr Neil Hudson: Thank you, Carol, that is very helpful—and apologies that I did not come to you. That is very powerful testimony about the stigma issue, so thank you very much.

Carol Stockman: Thank you.

Q142 **Mrs Sheryll Murray:** Carol, I fully understand what you are saying there about ensuring people have confidence in confidentiality. I worked for 21 years as a GP's receptionist in my home village before I came here, and I was able to build up trust with people who knew me from when I was a little girl, to ensure they had the confidence to know that I was not going to put any of their confidential information around the village as gossip. It is very important to build up confidence with people.

You have all mentioned broadband and it is acknowledged that there is a 20% void in connections with broadband at the moment. Last night I hosted a small company who are filling that 20% gap in Cornwall called Wildanet. I just wondered whether you had any examples of other companies who are filling this gap through alternative ways. To me it is essential that people in rural communities, especially young people, can access services online. Could you give me any information about companies like Wildanet—Derek was there as well and we have both benefited from it in Cornwall—or do you have any examples of where people can get connected where perhaps they are living in notspots at the moment?

Janette Smeeton: I have not personally, no, but I did attend a chamber of commerce business breakfast in Buxton with the leader of Derbyshire County Council, and he assured the guests at the breakfast that within the next couple of years the whole of Derbyshire would be on a much better footing. He did not go into the details of who the companies would be.

Mrs Sheryll Murray: It is something I know the Government are working on.

Chair: With respect, these people are not experts in internet connectivity.

Q143 **Mrs Sheryll Murray:** No, but it was just interesting to find out if there are examples. Very clearly, the Government's intention is to ensure we have 100% coverage and that is going to help a lot of people we are talking about now to access services that may not be open to them. It is something that is being worked on and I think it is a positive thing rather than the negativity we have heard and are witnessing at the moment. Could you tell me if you do as well?

Danny Hutchinson: Yes. Again, it is not an internet provider as such but in our local community, in our local authorities, there are two services,



SilverCloud, which is an online CBT tool that is very effective, and also Kooth, which is available nationally for children and young people up to the age of 25. They have developed an adult programme as well called Qwell and that is a fantastic resource that we often signpost to because we are not going to be accessible after the normal working hours. Those are two fantastic resources. However, we are seeing certain young people who cannot access those support tools. Are there therefore certain health inequalities that are being touched on there, because they are not able to access the same support as people in urban areas?

Q144 **Mrs Sheryll Murray:** Do you have anything to add, Carol?

Carol Stockman: Yes. I am aware of not necessarily broadband connection but people feeling not able to get the skills to link in with the internet. I am aware there is a service called AbilityNet, I think, that supports people with disabilities.

We have in Gloucester what we call a digibus that travels around the county offering some support and skills. We have computer buddies in libraries, who are just kicking off again after Covid. We also utilise a project called GEM—go the extra mile—which is hosted by GRCC and has been helping, in particular, a couple of clients of mine who have very limited skills, or should I say no skills. We usually try to root around and find support where we can but it can be difficult.

Q145 **Mrs Sheryll Murray:** We have mentioned stigma around people accessing services when they are known in the area. Do you think that enabling people to use online access from their own home gives them perhaps reassurance of privacy, as opposed to what they might experience, for example, going into the doctor's surgery or somewhere else where they would be recognised? Do you think that might be an alternative?

Janette Smeeton: At the moment, it is the only alternative that we have and I think going forward the clients will choose how they want their service delivered. I do not believe personally that it will go back to 98% face-to-face delivery. The clients have had to swap for us when we needed to get out of our offices in a hurry and they will choose if they decide to access face to face again. Some people are desperate to come back and have a face-to-face service. They will not engage remotely.

Others have been delightedly surprised that they can still feel therapeutically held and supported and achieve recovery. Our recovery results are above 60% where the national target is 50%. We regularly achieve more than 60% and we are very proud of that. Our clients are delighted with the service that they receive.

Conducting therapy with clients who are working at home is obviously not without challenges. They could have young children who are breaking in, family members who can break in. You can have safeguarding concerns that if the adult is in the room with you, who is looking after the children?



HOUSE OF COMMONS

Can they be fully present in a session with you or do they have their children sitting on their shoulder that they have one ear out to? Yes, it can have some fabulous results but not everybody can engage in it as fully as just being in a room on your own and everybody else in the house is quiet.

Danny Hutchinson: Just to briefly represent the views of the young people we discussed, that word “choice” resonates with the views that I have taken on. It is all about access to different services and not every service is going to be perfect for every single person. It is giving a plethora of choice and giving that young person the ability to try one thing. If it does not work for them, go to another.

Carol Stockman: We also support children and young persons. We have a social prescriber who does that. Both her and the rest of us are seeing people being extremely grateful that our service has resumed face to face, particularly lonely older people who have been struggling with mental health issues. The choice for the clients I have has been face to face.

Q146 **Chair:** If people are going to have the choice that has been talked about, it seems to me they need three things. First is the connectivity that Sheryll mentioned is being rolled out, hopefully; secondly, they need the skills that Carol has mentioned; and thirdly, they need the finance, because it has already been mentioned that some people who go into foodbanks, who have mental health needs, cannot afford to be on the internet. Is that something the Government perhaps should be looking at?

Janette Smeeton: I would think so. I am not sure who else will be able to look at it.

Q147 **Derek Thomas:** Janette, sorry to pick on you again, but you said a couple of interesting things. You said that you can be based in a GP surgery and then you also referenced the NHS database, which is an interesting point. My question is about the relationship of your service with the NHS. How effective is that? I presume you are not commissioned in any way, but are you able to align yourself with NHS provision? How does that work? Also, if that is the case, how do you avoid the nervousness around the NHS database? I accept that is a concern for people.

Janette Smeeton: There are a number of databases that the NHS uses. The one that we are allowed to access is Talking Mental Health Derbyshire’s iaptus. That is the only database that we do, and it is the cloud. It has three-factor authentication—it’s very safe. All the client records are kept on iaptus. There is nothing paper-based at all. That helps people to feel safe—that there are not any paper records floating around anywhere. We do not access any of the other systems, like the one GPs are on—1PR or something. We do not have access to anything like that. It is just this particular portal.



How we align ourselves with the NHS is we have been working alongside Talking Mental Health Derbyshire for about seven or eight years now. It was a bit rocky to start off with while trust was built in the relationship, but we have developed very respectful, seamless services. There is also Relate providing relationship counselling, Ieso providing digital sessions and Aegis providing employment support. There is a group of us together and the trust is a lead partner in all of this.

Obviously, we have to keep our own identity as a charity but, as far as possible, so as not to cause confusion for our team of therapists—we have about 50 to 60 therapists now, so if we said, “When you are seeing a donation client for DRCS you follow this set of rules, and when you are seeing a Talking Mental Health Derbyshire client you follow this set of rules”, it would be a nightmare—we mirror the policies and procedures of Talking Mental Health Derbyshire. Because this is clinical psychological work the standards are very high anyway in most organisations you would go to. We are BACP accredited, which means it checks on us every year and does a deep dive every four or five years to make sure that we are working safely. We have clients who can transfer from our service mid-episode of care.

An episode of care is when a client presents for therapy. They might start off with counselling and we discover counselling is not working for them and they might be better off with CBT. The CBT therapist might be based within TMHD. That client will transfer across and when we send the feedback forms out, the feedback that we get was they did not even realise they had moved from one provider to another. We do training together; we work in a very connected way.

Q148 Derek Thomas: Carol, you heard my question but can I expand on it a bit, particularly in your area of social prescribing? In terms of rural areas, I represent west Cornwall and the Isles of Scilly, so you could not get much more rural than that. We know the difficulty is in making sure we can provide services that are needed when they are needed right across the countryside. What would you say are the gaps or even the overlaps between what you do and what other charitable organisations do with the NHS? Are there gaps? Are there overlaps? Or is it a well-moulded, complete offer?

Carol Stockman: Our service was commissioned by the clinical commissioning group and it is funded by the NHS and the county council. We work alongside two social prescriber link workers who are funded by the primary care network. They are managed by Gloucestershire Rural Community Council. We all work very well together and feel very well connected with the NHS and the PCNs that we work for. Obviously, our referrals do not just come through healthcare professionals. They can come through individuals or from clients themselves. They can come from anywhere. But, yes, we are well-aligned with the NHS.



There are some overlaps with some services and I think it is up to us as individuals to ensure that clients know who is doing what, why they are doing it and how they are going to help that individual.

Q149 **Derek Thomas:** Danny, this is the final question to build on all that. In terms of your experience, where do you think better co-ordination could be delivered and better joined up so that people do not fall through the gaps and, as much as possible, we meet people's needs?

Danny Hutchinson: We have a good partnership in Calderdale and Bradford particularly. I am happy with how we connect. We are funded through the CCG and through the So South West Yorkshire Partnership NHS Foundation Trust. They listen to us and they understand our specialities and what we can offer and bring to the table in terms of that community connection and speaking with rural areas. That works well.

In terms of joining up, referring slightly back to the funding issue, we backed the Fund the Hubs campaign in September 2020. That was signed by voluntary and community sector organisations across the UK like YoungMinds, Mind, Place2Be and so on. That was requesting hubs in local areas where young people could go and access support.

From a national perspective, I think it is more about getting funding for the right services at the right time. On a local level I think partnerships work well, in my experience.

Q150 **Ian Byrne:** To Janette first: what was your experience of being commissioned and applying for funding to deliver services for the NHS? How could that process be improved?

Janette Smeeton: For the contract that we serve at the moment we are not commissioned: we are a subcontractor. We did have a commissioned contract directly. We launched the mental health support teams in Derbyshire and held that contract for 15 months and then it went out to tender again. We were unsuccessful on the second count.

For an organisation our size it is quite a complex situation being a direct contract holder, commission server to a CCG. There is a lot of terminology that is used that we do not use on a regular basis. Applying for the funding in the first place, when we are applying against national charities that have people in place to bid right and bid right all the time, and there might be me and two other people and we are trying to run it across the top of everything else that we have in our diaries, that is very challenging and stressful as well.

Smaller organisations such as mine will give you much better value for your public pound than larger organisations and national charities will. We know the counties that we work in and live in, so it is about spending that money back in Derbyshire that then goes back into the Derbyshire economy. I do not know if I have answered your question.

Q151 **Ian Byrne:** It was a comprehensive answer. You are saying it just needs



HOUSE OF COMMONS

to be simplified so you have an equal opportunity to compete with other groups.

Janette Smeeton: Yes, we do need an equal opportunity.

Q152 **Ian Byrne:** Is there an issue with the whole of that funding model?

Janette Smeeton: I think so because as I understand it—

Ian Byrne: Is it about the competitive element? In my experience in Liverpool, sometimes you get fantastic organisations not sharing good practice because they are competing against others.

Janette Smeeton: We do not need to compete against each other because there is enough need out there for us all to be busy all the time, but the thing we are competing for is the funding. The way I understand that funding is streamed down is that partly it goes into education, partly it goes into the NHS. The way that we receive funding is obviously the schools might save a pot of money and then engage us to deliver a service for them. We might have someone like Public Health England approach us and say, "We have this pot of money; can you go and do this for us?" We might have a CCG approach us and say, "Someone has exited a contract early." We had a joint project with Relate a couple of years ago where a project was ended early and we were invited in to pick it up and run it for the last six months together. That worked quite well.

We need more access to the money. We need to use less of our resources that we need to keep our services going to target and attract funding. I am not sure if this person exists but it would be useful if there was someone who could mentor us. There is the Lottery we can go to, and there is Comic Relief and all these people, but it is another set of rules and it is another set of headspace. You might be successful or you might not be. It would be good if there was someone who could mentor or, say, on a six-monthly basis, probably funded by the Government—I do not know if there would be a Government person—say, "How are you doing with funding? Have you been aware of this? Do you know where to look for that?"

At the business breakfast at Bakewell that I mentioned, I spoke to a gentleman from the University of Derby whose job was to identify and help small organisations to get funding. He said there was definitely funding available for people that delivered mental health training but because we were a charity we were the wrong business model to apply and that we might have to set up like a community interest organisation—a CIC. That is a big piece of work to set up another organisation and another set of governance, and it all becomes unachievable.

Q153 **Ian Byrne:** Would you like to come in on that, Carol, regarding NHS provision?

Carol Stockman: Sorry, I did not catch that.



Ian Byrne: I think you experienced commissioning from the NHS.

Carol Stockman: Yes.

Ian Byrne: How have you found the process?

Carol Stockman: Our service was commissioned by the CCG. That was in 2017. Prior to that, GRCC ran a project called Village and Community Agents, which was funded by the county council. That finished after around 10 years. Then this separate entity was created, the Community Wellbeing Service. Village and Community Agents were centralised as a group and now there are five providers of the Community Wellbeing Service across Gloucestershire.

Ian Byrne: Is that working?

Carol Stockman: Yes.

Q154 **Ian Byrne:** A good diplomatic answer. I want to bring Danny in. I am just looking through our briefing and some of the evidence sessions that we have had. The impact of Covid was touched on before and obviously austerity and the cuts to youth services have had a huge impact, and we are now going into a cost of living crisis. There is a real issue around youth provision and mental health for youngsters. I am looking at your funding, which is so important: you receive most of your funding from individual donors and local businesses.

Danny Hutchinson: No, that is not correct.

Ian Byrne: That is not correct?

Danny Hutchinson: No, sorry.

Ian Byrne: Where do you get your funding from?

Danny Hutchinson: We are commissioned as well by two CCGs and an NHS foundation trust. If I can come to the question you asked previously, in our experience there needs to be more transparency. There was recently a fund that came out nationwide, which was the Wellbeing for Education Return, which was so important to us—bringing young people back into school, making sure that they feel supported and making sure that schools felt able to support young people as well. Because that commission was under that £80,000 mark, we did not understand where it went. We did not know who was providing that at the time and there was no real application process, even though we would have been interested in going for that.

For small pots of money, more transparency would be useful. For larger pots of money, our issue is being timeframed, and, again, big national charities have people who have full-time jobs who can write bids within a week. When someone says you need to apply for this by next Friday, that



is a real issue for me and my team. That probably echoes what Janette said.

Q155 **Ian Byrne:** A good point—you got your message across well. Are higher costs involved in providing services in rural areas taken into account by funding bodies?

Danny Hutchinson: I think it is a real issue, because services are so overwhelmed. Going back to that point of it being a numbers game, it is trying to get, for children and young people, as many people through the door as possible instead of looking at what we can do in terms of being inclusive to rural communities.

There is a bigger issue in terms of planning to include young people and people generally in mental health plans. That long-term mental health plan was fantastic—another 580,000 people being seen every year—but it did not mention at all how that was going to include rural communities. That is a big issue and something that needs to be brought in at a planning stage rather than an afterthought.

Janette Smeeton: I am not sure that it is considered, because generally commissioners are given a pool of money and it is, “Provide as much service as you can.” That leads to the core delivery happening where the most people live. I think I am correct in saying—I was not at DRCS—at the time, that one of the big reasons why we gained or were invited to subcontract with TMHD was that it was so expensive for the service delivery to happen in the High Peak and around Bakewell and above. That is where our head office was at that time and we had all the networks and we had been there for 20 years already. It was just a case of plugging us in. I think this is where we can help to balance the books for bigger providers because we are more effective with the money that we have.

Q156 **Ian Byrne:** I will go to you first, Carol. How can the Government improve how it delivers or co-ordinates mental health support for people living in rural communities?

Carol Stockman: I am not quite sure what systems the NHS work but I do not believe there is a separation between rural and urban. If I am right in thinking that, that might be a useful thing to do. I go back to sustainable funding for groups. You talk about funding; while we are funded by the county council and the NHS, we are not funded when we create a group or seek to create a group, so we have to go out to seek small pots of money to do that. I am not quite sure whether that answers your question.

Q157 **Ian Byrne:** You just touched on this. The Nuffield Trust said the allocation system used by the NHS is, “unclear, unfair and fails to fully compensate remote and rural areas for the extra costs they face”. Is that something you would agree with?



HOUSE OF COMMONS

Carol Stockman: I think so. With regard to funding, because I am a practitioner on the ground, I do not think the funding aspects and the setting up and the CCG is my area of expertise.

Ian Byrne: I understand that.

Janette Smeeton: For example, not all but most doctors' surgeries will charge us room rental for providing a service to their patients. We can look at a bill of £115 a day for one room in a doctor's surgery, which is a phenomenal amount of money. We are a charity that is based on delivering a service but it has forced us to become leaseholders of rented premises and also to take out mortgages and start to buy our own premises because that was more cost-effective to us than to keep paying away rent, which to us is dead money. If we have a building that we own, if we hit on hard times, we can either rent the rooms out or we could sell it to keep the service going. That is a question for Government to look at: should we be able to have rooms free of charge?

Q158 **Ian Byrne:** This potentially links into what Danny was saying before regarding hubs.

Danny Hutchinson: Absolutely. I think using community assets is important. It is important from a local government and a national Government perspective to link in with the voluntary and community sector, but then also follow through and listen to what the message is that is coming across, where the service is and where the organisations are linking with local people, and understand how these rural areas work. I think that is important—that consultation using community assets and using what we have and building on that, rather than coming up with a new plan and getting rid of what has been in the past.

Janette Smeeton: When we engage in renting premises obviously we are renting them where there is a head of population, where the rooms are going to be full. Our most expensive way to deliver service is out into the rural communities, but we will do it because we are a charity and that is what we are there to do.

Q159 **Chair:** To be clear on this, I know you are not experts in the way the Government do their formula-driven funding, but we have heard evidence to suggest that there is discrimination, in essence, against funding rural communities in relation to supporting mental health. I assume, given what you all do, that you would support more finance for delivering your service. Can you remind us very simply of some of the extra costs that you face? You have already touched on them but I assume it is true that if people are more dispersed and rooms are half empty, delivery of services is more costly and, therefore, rather than less money you should get more money. Is that basically right, Janette?

Janette Smeeton: Yes. The other cost that we have is that obviously therapists ideally should not work with people who they know, so if we have a therapist who lived in an area of a particular doctor's surgery we



HOUSE OF COMMONS

could not automatically say, “You could walk to work, go and work in that surgery.” We have to put them somewhere else because you would not want to go for therapy and sit next to your next-door neighbour as your counsellor or something.

Therapists have to travel into the remote areas, so they might have an hour’s journey. I was involved in delivering supervision in a school in the Peak last week, so I had an hour-and-a-half journey there to do the work and an hour-and-a-half journey back again. That all costs. Because the head of population is low you might only be able to fill half a day’s appointments because there are not many people in that village who want to come that day. Then your therapist has to have travelling time to another village and a different doctor’s surgery or back to one of our main offices. There is time lost travelling. There are expenses that you have to pay for your staff to be there.

Q160 Chair: I do not know whether anyone else wants to add anything but Danny, if there are certain categories of need that certain people have, if one is in an urban environment, you might be able to specialise in cluster and therefore get economies of scale. Is that again another possible reason why the Government should look again at a more favourable financial outcome for rural communities?

Danny Hutchinson: I totally agree with that. One of my points today was about developing a specialist workforce in rural areas because, again, if someone, for example, has an eating disorder and needs to see a specialist about their eating disorder, they will need to travel into an urban space. If you live in Colne Valley and Kirklees, for example, you might have to travel to Mirfield, which can be a 40-minute journey there and a 30-minute journey back. That might have to be in school time for a young person and a parent might have to come out of work, so you can see the mounting costs of that.

I think Janette’s reflection in terms of costs for room rental is absolutely true. Paying our staff and having to pay for travel expenses and so on is definitely a real issue.

There are inclusion costs for a young person, because if we want to get them to our site sometimes we have to cover bus fares. We might have to cover petrol expenses for parents because we want to offer that support.

Janette Smeeton: We are often asked for expenses by clients to cover their costs, but we are not able to pay them because that is not anywhere in a contract that we have—that this amount of money is to pay the patient’s costs for attending.

Q161 Chair: Is there anything final you would like to add, Carol, to this issue about whether there is a special case for rural communities for extra finance? I am thinking again about the comments on internet connectivity and funding, because if you are in an urban environment, it might be the



HOUSE OF COMMONS

case that you can walk down the road and there is a community facility, but if you are in a rural environment there might not be physical alternatives to internet connectivity, along with the fact you cannot afford to do it. It might be a reason to look again. Carol, what do you think?

Carol Stockman: I would like to see more funding around mental health, drugs and alcohol within rural areas. We do not have any outreach mental health services in the Cotswolds, so people need to access Cheltenham and Gloucester. I think Danny mentioned there you could be talking a minimum of an hour to get to a service in a town with limited bus routes or with a car. Obviously, petrol is at an all-time high in rural communities.

On more funding, if we are talking about funding, what I would personally like to see is additional funding with perhaps social prescriber champions getting into hairdressers, butchers, bakers, coffee shops, and getting some training around the people who work in services to spread the word with regard to social prescribers—to let people know that we are here, we do our best within the constraints that we have. That would be useful. Maybe some campaigns around everyone having to play a part at being kind and for all of us to show that kindness in whatever we do every day. I see people are struggling with mental health—urban and rural—and we need to have that kindness and to give them a moment and a space to allow them to breathe, for want of a better expression. Sorry, I have probably gone a bit off piste.

Chair: No, that is very helpful. We are going to have to wind up in a moment but there is a very quick question.

Q162 **Mrs Sheryll Murray:** You have talked about hiring rooms and travelling costs. I know from my own constituency that very often, particularly with young people, where we do have a problem with providing mental health support and mental health services, the schools are utilised. You mentioned doctors' surgeries. Do any of you use your educational facilities and ask them for a room so that you do not have to travel, the young children or the young students do not have to travel and you are there on site?

Janette Smeeton: With our IAPT contract the age is down to 16 to 18. Pre-Covid we were sending therapists into secondary schools where they have the age group to access therapy. Yes, we were doing that and the school would provide—

Q163 **Mrs Sheryll Murray:** Why are you not doing that now we have lifted the lockdown restrictions? Have you not gone back to that?

Janette Smeeton: No. On our lockdown restrictions, we are following the NHS guidance and the guidance from Derbyshire Healthcare Foundation Trust, which is for only very limited face-to-face contact at the moment.



HOUSE OF COMMONS

Danny Hutchinson: We do use schools quite a lot and we have a good relationship with schools. The same problems exist. If you go into school for one person, the school might be half an hour away from your next school where another young person is in need. Again, you are paying for travel time, petrol and so on for that member of staff to get between. It can be difficult.

Q164 **Mrs Sheryll Murray:** Let's be clear: one of you has said you do not go there now because of Covid restrictions that Derbyshire still has in place, and the other one says you do use schools but there is extra cost because you may only have one student from that college or school that requires the services. Has that changed recently or was that always the case?

Danny Hutchinson: Some of our services are paid in by schools, and where that is the case we can work with a larger case load. Obviously, the more rural you get, the lower the amount of students and, therefore, proportionately the lower the amount of students needing support. However, that should not mean that one student in school at 17 should not get that support.

Q165 **Mrs Sheryll Murray:** Going back over the last five years, is there any difference now to what it was five years ago?

Danny Hutchinson: The NHS mental health support team going into schools has been effective because they are all about co-ordinating voluntary and community sector organisations around the school's platform of support. I would say there is more support in school these days but probably still not enough.

Mrs Sheryll Murray: Carol, the last word again.

Carol Stockman: Yes, we have a social prescriber link worker who works with children and young persons and she utilises education and school facilities and has built up a great rapport with the school and the education services. I think sometimes she may have difficulties in getting a room in a school, but certainly she works with young people at home and within schools.

Q166 **Mrs Sheryll Murray:** Presumably, she will look to arrange appointments in the most cost-effective way to work within the budget that is allocated. Am I correct?

Carol Stockman: Absolutely.

Q167 **Chair:** I am going to wind up to get to the next panel, but can I ask each of you to briefly give one idea for the Committee to put to the Government as to how they might help to deliver mental health improvements in rural communities? Is there something that you want us to recommend? I can start with you, Janette, and I will turn to Danny and then we will end.



HOUSE OF COMMONS

Janette Smeeton: The Government need to enable charities such as ours to access pots of money to service the rural areas, because we have the flexibility that larger organisations possibly do not have.

Danny Hutchinson: My point would be to consult with voluntary and community sector organisations on a local and national level and to have a look at the Children and Young People's Mental Health Coalition point of funding the hubs so that children and young people in particular can access the support they want and need in a local area, and they do not have to travel too far for it.

Carol Stockman: To see mental health practitioners or nurses within either each of the surgeries or at least within a PCN, which I understand may be coming down the line.

Chair: It has been very helpful and illuminating. Thank you for your time. Your evidence has been of enormous value to us. We will be making our recommendations in due course. If there is anything else you want to add that you did not manage to bring to the table today, we are obviously happy to receive written testimony. Thank you again.



Examination of witnesses

Witnesses: Stephen Dodsworth, Trudy Herniman, Melinda Raker and Edward Richardson.

Q168 **Chair:** Welcome to the second half of this hearing on rural mental health with the Environment, Food and Rural Affairs Committee. I will invite the witnesses to briefly introduce themselves.

Stephen Dodsworth: I work in Darlington Farmers Auction Mart, which is a cattle mart, so slightly different to other people you have heard from. My role involves speaking to farmers—a lot of farmers; maybe 150 every week—and the auction mart is a real community for the farming community. That is what brings me here.

Trudy Herniman: I am a farmer's daughter living on the edge of Exmoor. I have been involved in agriculture all my life and I currently work as a field-based insurance adviser for Cornish Mutual. During lockdown I joined a group called the Somerset Mental Health in Agriculture Group, who are a group of local people and organisations who were formed to support, promote and address growing issues of poor mental health for those working in the industry. Following mental health first aid training, we formed pop-up living rooms, which are based on the Camerados movement. We work as Farmerados.

Melinda Raker: Good afternoon. I am a partner in a family farming business in Norfolk. I set up YANA—You Are Not Alone, in 2008 following 18 months' research into mental health issues and the high rates of suicide in farming and rural communities. As far as I am aware, it was the first rural charity that dealt solely with mental health. We only do five things; I like to think that we do them very well.

We have a confidential helpline run by Samaritans-trained volunteers. We fully fund counselling, which can be put in place within a few days. We fully fund mental health first aid courses for those in rural businesses. We have trained 200 people so far. We have a national campaign for suicide prevention—Seven Tractor Facts to Save a Life—and we build a better understanding of wellbeing and mental health.

In another role, I also see deprivation and difficulties in rural areas as well as excellent supporting charities and good initiatives by councils and schools.

Edward Richardson: I am a farm adviser and rural outreach worker for Farm Cornwall, which is a charity set up in 2001 by a group of farmers and landowners. My role is to go out to farms the find themselves in difficulty. It could be a referral from the banks, vets, a farmer friend, or the trade industry. We go to that farm, look into the business and work with that business to come to a conclusion—a way in which they might exit the farm or improve the business. We also work with other charities



HOUSE OF COMMONS

and organisations to look at the family, because we believe the business is failing because something is happening behind that business.

Q169 **Chair:** I want to ask people about what services they deliver, what is driving the need in the community to want those services and what sort of needs they are. Maybe I can start with Stephen again. What do you think is driving some of these issues, what are the issues and how are you able to respond?

Stephen Dodsworth: Essentially, my job is not to respond to mental health. We run a business and we try to attract customers to come to us. We have our regular customers and we have other customers—we are trying to look for new avenues all the time. As we build relationships with these people, perhaps on the phone or calling in at the farm, we see tell-tale signs. So we are kind of the other side of the fence to these guys. We have raised £20,000 in the last couple of years as a business. We have done a lot of work for Mind in our area. Farmers are comfortable talking to us because I am talking to them about livestock prices. When they come to the mart to see us they are on home turf.

It is interesting what we have just heard in the last hour because they are looking for places for people to go. If you want to talk to a farmer, go and talk to him in the cattle market because he is happy. If you take him into a doctor's surgery or you take him into a school or a library, these people live isolated lives and they are not comfortable. I am not comfortable in London today. It is not me. I live in Dr Hudson's alley up in Nenthead, so Dr Hudson will know what that is like. We are in the middle of nowhere and if you put people in different surroundings they will not open up.

I find, speaking to farmers about their livestock, about everything else, chatting outside, that I notice a difference. If a farmer is struggling, we will notice a difference in perhaps their presentation of themselves or their livestock or just little things. There have been tragedies that I have witnessed in my work and when you look back on it you think, "We should have spotted that." We are not trained—we are not looking to go down that avenue—but what we should do as livestock marts, which are all over the country, is work with these guys from the respective charities and get them into our marts and speaking to the farming community when they are comfortable.

Q170 **Chair:** Are you seeing more issues and problems? What is driving that? Is it financial, is it uncertainty, is it post-Covid?

Stephen Dodsworth: Livestock farmers are what I deal with. They are persecuted by the media. They are feared to pick up a newspaper, to turn on the television because the media—I call it farmer bashing. I hear this every day. You speak to a farmer: "Did you watch so-and-so last night? They have been at us again. They will not leave us be." There is an old adage that farming is working 100 hours a week to feed a country that is



HOUSE OF COMMONS

convinced you are trying to kill them. This is where livestock farming, in particular, they just—

Q171 **Chair:** What sort of headlines are you thinking of that are bashing farmers?

Stephen Dodsworth: We have currently an agenda by the media that being vegan is incredibly trendy—it is what everybody should be. You cannot put anything on the TV or the radio without it being either presented by a vegan or somebody talking about being vegan. You cannot, and I notice this because I am getting it all the time from farmers. They have no village pub pretty much to go to now, so they do not do that. They do not put on the TV. They do not put on the radio because they are sick of being shouted down. They live isolated lives.

There are no staff on the farms anymore because financially they cannot afford the staff and the machinery. A 100-acre farm 50 years ago had 10 men working on it; it now has one. I am sure you have heard all this before but they are growing into a very isolated world. They do not see a lot of future in it.

None of them are encouraging their kids to do it, so the age of farmers is going up because why would you want to encourage them? I do not encourage my boys to do it. I have two young kids. If they choose it that is fine, but I certainly will not be pushing them into it because I see little future in it. The farmers do not feel appreciated. Anybody doing a job—I am sure a lot of you guys at times feel like that, and I know every job has it, but they are isolated and getting worse.

Q172 **Chair:** That is very interesting. Trudy, what are your reflections on what is driving mental health issues in rural environments? How are you engaged in that?

Trudy Herniman: You are not going to like this but the first thing I wrote down on my list was Government policy. They have seen so many changes from the Agriculture Bill that was set up. A lot of people are now worried about how they are going to pay their bills because the farm input prices are going up. You go out on the farm and you are seeing people. We are asking them about their turnover or talking to them in the market. We do a pop-up living room. That is literally where we go to market. We turn up with tea and cake and we just mix with people in their own environment.

I am not there to fix. I will just be asking them, “What is the sheep price like today?” Sometimes, I take my little terrier puppy with me and people just naturally come over and make a fuss of the dog. Then they open up because they kind of see you, as soon as you put a banner up. The other week we went to Horsley Market. Trading Standards was there. There was a lovely big pull-up banner and that said, “Mental Health Awareness”, and everybody went, “Oh, it’s not for me. I’m not going to talk to them because it’s Trading Standards and they have a mental health banner.” If



HOUSE OF COMMONS

you just go and, as Stephen says, talk to them in their own environment, they will open up.

Q173 **Chair:** When you said Government policy, did you mean there are a lot of changes and uncertainty, or did you mean the actual policy?

Trudy Herniman: It is changes and uncertainty—the fact that it is not actually settled yet. I have been to meetings where they are talking about different things. There seems to be a perception that they are not wanted to farm the land. I can appreciate there is talk about maybe farming has become over-intensified, but we need to produce crops sufficient to feed the country. With everything that is going on across the borders in the bread basket of Europe, we need to be growing more of our own crops and becoming more self-sufficient. There is the perception that people are just using land to let it go wild. People want it just to go wild. They don't want it farmed properly. It is just about joining those communications up.

Q174 **Chair:** Melinda, what are your thoughts about what is driving mental health issues in the rural environment?

Melinda Raker: I completely concur with what you have heard in the last few minutes. When I am asked about that the first thing I always say is that it is uncertainty. "Uncertainty" is a very big word and it covers so many things. I did not have Government policy at the top of my list but it is on the list. I think the Government need to understand that a decision made by DEFRA or in Government impacts the industry and individuals possibly almost the next day. It is a very quick turnaround. Not all farmers would have the resilience to deal with that.

I am not an expert on this but one of the recent things was the thing about spreading muck and it could not go on in the autumn. It had to wait until the spring. Well, even as resilient farmers, that impacted on us because some fields of potatoes could not be planted in the spring. The land is not suitable. If you have heavy land it doesn't work, so we had to move two fields of potatoes. That sounds like a small problem but it is impacting on what we do and what we do well.

Staffing is a huge problem at the moment. We have been very reliant. We grow vegetables so we need good staffing for harvest time. It is very difficult to get now. We had an excellent team of Lithuanians who have gone back. I know that some MPs have said, "Use the local labour force."—we have. A neighbouring farmer who grows asparagus had to abandon 40% of his crop last year. Some of it, yes, because of the lockdown and hospitality, but he could not get the pickers. He needed 140 people. He had 70. He tried to get local people to do it. He said he spent a huge amount of time filling in P45s because people lasted three or four days and gave up. For us too rising—

Q175 **Chair:** On local people, were they simply not there, or were they not trained or skilled? Or were the wages not high enough for them?



HOUSE OF COMMONS

Melinda Raker: The wages are all right. They did not want that sort of work. They do not want outside work, bending over in the cold or the wet or whatever it might be. I think there has been a misconception that farming needs staffing for harvest. Our harvest starts in May and it finishes in December. It is not just an Enid Blyton idea of picking a few apples or strawberries. It goes on throughout the year. The people who were doing that would then go on to perhaps be preparing Christmas turkeys. You cannot take people on for a few weeks and then expect them to go home to wherever they might live in the EU. What are they supposed to do until the next round?

Rising overheads you have already mentioned—this constant drive for cheap food. We are not charities as farmers. I am speaking with my farming hat on and not the YANA hat. We have to be able to make a living. I doubt we will make anything or we will make very little from farming in the coming year.

Isolation covers transport, broadband, poor mobile phone coverage. In East Anglia we do not have many markets. I know of good charities that do excellent work where they can meet farmers in the markets. We do not have those. There are fewer people on farms. We have lost all the rural events in the last two years. That has had a big impact on the young farmers group. They have not been able to meet every week.

Also, a positive out of this—this is reiterating what has been said—is that we use people, like agronomists and seed and grain merchants, who are going on to the farms and they have that instant contact. They can relate exactly to what the farmers are doing, how they are living, and then the mental health aspect can come in. We are training people like agronomists, people from the CLA and the NFU, so that they can recognise their clients as having poor mental health and they have the skills and knowhow to support them.

Chair: That is very interesting.

Edward Richardson: We have just completed the DEFRA farm resilience programme in Cornwall, which we delivered to over 100 farms. We explained to them how the agricultural transition was going to work, how ELMs were going to work, and when you saw those very first meetings you just saw shock and horror. They saw that basic payment scheme was going to be gone—50% gone by 2024 and gone by 2027—and they just did not know what they were going to do.

You then see how their basic payment affects their business. I see lots of farm accounts and for many—over and over again—the profit is, say, £15,000, £20,000, £25,000. The basic payment scheme is £25,000 or £30,000. Then there is a telephone mast that brings it back to a nil balance, so the activity of producing food does not make money.

On what Melinda said in terms of prices, when I first started to work on farms in the late 1970s the price of wheat was £100 a tonne. Today it is



HOUSE OF COMMONS

£320 a tonne. That has gone up three times in 42 years and apparently we have excess food. When I first started to milk cows in 1990 the price of milk that would have been paid to farmers was 19 pence. At Christmas it was 27 pence. Today it is 42 pence. That is only twice what it was in 1990.

The other issue that farmers have is huge amounts of debt—an incredible amount of creditors. I have been to farms where they would refuse to open the post. One farmer we went to had not opened the post for four years. It was this high on the table and it took us four days to open it: Christmas cards, letters, cheques. He did not want to answer the telephone because he knew that such and such would be ringing up because he had not been paid. That debt issue is hundreds of thousands. I have seen creditor levels up to £180,000. I have just recently been on a farm that has taken out a loan of £400,000, interest only. It needs to be paid back next year. There is an incredible amount of debt.

The other issue is loneliness. It is as Stephen said. There were teams on farms and you would bring the young farm worker up on his own. Today that farm worker spends most of his time on a tractor or on his farm. I have a young farmer in his mid-30s getting up at 5 o'clock every morning, not getting home until 10 o'clock at night. He has three children under seven and he doesn't see his family. He is not likely to see his family because they are at school, he is at work and he is milking on his own, day in, day out. There have been TB restrictions, which is another issue that goes on for a number of years. His herd keeps getting smaller because of TB restrictions. He was in tears when I spoke to him because he had worked out what he was going to do and, for him, we are going to come up with a business plan. They have to have a life. It cannot just be working your nuts off to produce food that nobody feels is that important because, as we said before, whatever the issue is, they don't feel it is important.

The Government do not say it is important. The Agriculture Bill took ages to get the word "food" put in it. It took ages to do it. It was all about ELMs. It was all about everything else. Then they see the basic payment scheme. Time and time again I see that basic payment scheme issue. We have to work with those farmers to come up with a business plan that looks at maybe exiting the farm. It looks at maybe should they have more cows? Should they have less cows? Should they look at some diversification? It takes time to work that out and when we get there, there is—there always is—an element of mental health. They are people.

The issue that we have seen since Covid is that they have been looking after elderly parents. The examples I thought of myself over the last few days is that farmers have Red Tractor, which is another issue, those constant inspections. If a dairy farmer loses his contract for milking because of Red Tractor, they are suspended. One farmer I met had 85,000 litres of milk tipped down the drain until he was allowed to milk again. In that time, he has to keep feeding his cows. He doesn't have a



HOUSE OF COMMONS

shed full of grain. He has to keep feeding those cows. He has to keep calving them. He still has to pay his bills because he wants to keep milking again in 10 days' time or whenever the inspection is going to be. That then creates an element of shame because he failed an inspection. He is a pillar of the community. He is milking 200 or 300 cows and he failed an inspection for some reason.

When you look behind that, maybe there is a parent who has just passed away. Maybe he is going through a divorce. Maybe his parents have dementia. They are people.

Chair: Yes. That is very helpful.

Q176 **Rosie Duffield:** We have had quite a lot of panels but for me this panel has been the most powerful and certainly reflects the farming community that I know well in east Kent. You obviously all have direct experience. It is really different hearing from you than hearing from some of the people who are professionally involved but do not have that lived experience. I know that when I go to meet my farmers and with my NFU rep, just in the last few years, every time I see them—it has been on Zoom and then in person—the morale is going down and down and down. It is incredibly frustrating and really moving to hear what you have said. There is nothing I could disagree with. It is hard to represent that in Parliament, but you have just done it so powerfully, so thank you.

I have forgotten what I was going to ask because you have really moved me. What is the biggest challenge to supporting the mental health of the farming community? I suppose we are taking about logistics, like getting around. We know all the answers but we would really like it there on camera so we can help to put that directly to DEFRA, if you do not mind. Feel free to say whatever you want to because, if you carry on like that, I think that message is going to be heard loud and clear. Anyone who wants to answer can—all of you. Who wants to go first?

Stephen Dodsworth: Probably all four of us. Farmers don't feel appreciated. I think that is the message from all four of us, genuinely. We are all speaking to them. We are all working in the industry and they do not feel appreciated.

I was on a farm last week. It is a sheep and cattle farm—a hill farm. It produces over 100 tonnes of red meat every year. I was in his kitchen having a cup of tea and the guy just said to me, "Do you know what? Me and my dad would be 40 grand a year better off if we planted it all with trees." They won't do that because they don't believe it is fundamentally right. They are good farmers. There are no mental health issues there, but if you are on a farm and there are mental health issues, that is how appreciated you are going to feel. If you are on that same farm and you have an issue, you feel that message coming from Government—"Actually, what we do is pointless." They have produced food for generations. It is pointless to them. In their head, they think, "The Government are saying that to me. I have a small farm and I work full



HOUSE OF COMMONS

time, but we would be financially better off to plant it with trees and not produce food off it." That message is fundamentally wrong.

As has been mentioned, food in the world is going to become more and more relevant. When you look into the planting of trees, permanent pasture and peat bogs are more effective at sinking carbon than trees. I genuinely don't know where this whole tree fascination has come from. This morning I walked around my sheep and I saw brown hares, curlews, pewits, oyster catchers and red squirrels. I am farming that land but the Government would have it that we need to re-wild. I don't need to re-wild my land, thank you. I am just farming it properly.

Rosie Duffield: It is that balance, isn't it?

Stephen Dodsworth: Absolutely, it is, yes.

Q177 **Rosie Duffield:** Does anyone else want to jump in?

Melinda Raker: I think we are at a real crossroads here with food. We are going to see food shortages and, because of that, there will be difficulties. They are already talking about shoplifting increasing. There has to be much more value in home-produced food.

If we link this to poor mental health with children, quite often they are the ones who also have poor nutrition. Where is the nutrition in buying a pizza for £1.50 from the local supermarket? We have a very good community shop in Thetford near us. It is doing excellent work. It is not a food bank but they can sell food at a lower cost. They are either given it or it is nearing the sell-by date or they get given things. We are very happy to take them some bags of potatoes—not a problem at all. A lot of their people, the people who go there, don't know how to cook potatoes. That is a pretty sad state of affairs.

If we go right back to the start of things, perhaps in schools there should be more discussion on nutrition and good food and how good food improves mental health as well. You are absolutely right that we have to value home-grown food and the farming community that goes with it. I think my father-in-law during the war had to plough up to the roadside. One wonders if we are almost at that point again because where is the food going to come from? Where is the wheat going to come from this year or the sunflower oil? We are facing probably a crisis in food.

Q178 **Rosie Duffield:** Edward, do you want to come in?

Edward Richardson: I think one farmer put it very well to me about what he felt about it. Derek will see many tractors going up and down the A30 and he said, "When Covid first happened, they waved to me because I was a key worker. Now, I'm a nuisance."

As the others have said, I think without a doubt we are heading towards a milk shortage. There are many farmers who are giving up for two reasons. First of all, there is a shortage of labour. They are not just trying



to find seasonal workers but trying to find full-time workers. Particularly where I am based in Cornwall, having to attract somebody to find that job, where are they going to live? All surplus housing is either a holiday home or a second home. Potentially, you are going to offer them a mobile home. "Why should I transfer my family from Somerset all the way to Penzance to do a job like that and then work very long hours?"

I think we need to look at the hours that farm workers work. One farmer put it to me very well and said, "I have worked 12 hours seven days a week, 80 hours a week, and by the time I am 50 I am clapped out." I think we need to look at how we employ farmworkers in the future.

The other issue around dairying is the slurry regulations—the need to store so much slurry. The requirement is pushing towards six months of storage—the sort of issue that Red Tractor is pushing towards on slurry storage. The Government are going to apparently have a grant for it, but what it looks like, who knows? It is certainly not going to cover what it is required legally of a farmer to do. It might put a cover on it. I know a cover will increase the capacity of it because it will stop the rain going in, but that is another cost that is going to be added. Even if there is a grant aid, there is still the other 60% that has to be found and to be financed. You are thinking, "The returns have not been there for 30 years. You are now asking me to invest £100,000 or £200,000, in a new slurry store. I will get grant aid of 40% on that but where is the succession? I have managed to put my children off because they have decided they are not going to do this. They have had enough of this. Why would I invest all that money in a slurry store?"

Many farmers have said to me, "I'll keep going until I get caught," in terms of the required amount of slurry or, "I'm just going to walk away from it because I can't afford to do it. The industry has been hollowed out effectively on cheap milk, so therefore why would I invest those levels of money?" Every time I see a dairy herd disappear, those 200 or 300 cows don't simply go to another farm and carry on; 70% of them might but 30% of them would be culled.

Q179 **Rosie Duffield:** After an incident or a shock, like flooding or milk prices or ELM, or one of the big things that hit the headlines like badger culls and animal culls, do you find that the mental health issue—you mentioned this, Melinda—suddenly gets so much worse overnight and you have to just crisis manage in that sense? Do you find that the things that hit the headlines for us and that we talk about have an effect straight away?

Trudy Herniman: People are still reeling from things like foot and mouth, which was years ago. Farming is a way of life. It is a vocation and there are probably few industries where people live and work with their family. Even if somebody owns a family-owned business, they tend to leave the family home to go to that place of work. That doesn't happen in a farming environment. Even if mum and dad build a bungalow up the



road they are still on the farm and they are still pointing the finger and saying, "You have not been out"—

Q180 **Rosie Duffield:** They do not get quality time together, do they?

Trudy Herniman: That is right, they don't. Even when you go and see people around the kitchen table, as Ed said, they have a pile of post there that they are dreading opening. Farmers were waiting with the war in Ukraine and they are thinking, "The Irish Government have told them to go and plough up all the fields and plant more wheat. We've not been told." They are trying to look at balancing the books and work out whether they should do that. "Oh, but the input price has gone up. Gosh, the fuel has gone up, but I can't charge the guy up the road more money for doing fencing"—because they are doing agricultural contracting to supplement the farm work—"because I've already quoted him this price." So it snowballs.

Melinda Raker: One of the most recent problems was with the pig industry. In our area we have a huge number of outdoor pigs. The problem has been caused by a lack of abattoirs. The small abattoirs have been closed down. We can be very agile. Although we are in East Anglia, we can be agile and think on our feet. We immediately contacted the pig breeders association and we can offer our support, our counselling, so it could dissipate it through its members. But you are absolutely right.

If we look at fuel costs, our haulage costs have gone up but the supermarkets are not going to pay us any more for the potatoes or the carrots or the onions, so who is going to swallow it?

Trudy Herniman: They actually changed the regulations—didn't they?—with the avian flu because of the barn-reared birds. Then they could not sell free-range eggs. The restrictions were lifted because that was having an effect, being paid less for the eggs because they were classed as barn reared.

Stephen Dodsworth: The Red Tractor scheme was mentioned. Obviously, with the arable and the milk they are very limited where they can sell, so they need to be Red Tractor assured. In the livestock mart we don't need it to be Red Tractor assured. There was a time when it had a higher value. Currently, it doesn't make any difference to what we sell.

I will give you an example. If a farmer sells his bulls to a big processor, like ABP, who ultimately supply a supermarket, they require it to be Red Tractor assured. They require bull beef to be under 16 months of age, but a wholesale butcher independently supplying the same supermarket can buy a bull that is over 16 months of age that is not farm assured. You can walk into Sainsbury's, Tesco, wherever, and find them on the shelf next to each other. There is no way of distinguishing that apart. It is merely a ploy.



HOUSE OF COMMONS

Customers that sell everything with us in the mart, because of the red tape involved with the Red Tractor, are actually saying to us, and I hear this weekly, "Is it really worth me doing it? Because the guy has been out here and he said I didn't write in my diary last time I wormed my dog so he is going to fail me." This is how petty it is, the Red Tractor scheme. He is saying, "I wormed the dog. I remember I picked some up when I was in the vet's and I gave it to the dog. I didn't write it down, so I am going to fail my Red Tractor. He's given me a black mark for that."

If you don't need the Red Tractor, are you really going to have somebody who is more often than not a failed farmer—*[Laughter.]* They are. The inspectors are more often than not a failed farmer who has come to do the Red Tractor thing. They walk on to the farm and they say, "Oh, you can't have that," and, "You should have this and you should have that. Perhaps if you built one of them," and all of a sudden they have spent 20, 30, 40 grand making the farm look nice, how they would want it. The farm does not have that money. There are more people coming out of the Red Tractor. The Livestock Auctioneers' Association are looking into this now, and there are a lot of people leaving the scheme, not going into it. It tells its own story.

Melinda Raker: We have to have audits for the vegetables that we grow, but I am hearing from other rural support groups that all these audits cause a lot of stress, exactly as described. They are keen to find a problem somewhere along the line. We have to employ someone to do the audit work for us because it is quite considerable. We are fortunate but if you go to a small farm, where they have to do all the paperwork themselves, the stress on top of all the day-to-day work is huge.

Rosie Duffield: Thank you so much. I am conscious that I am taking up loads of time on the questions.

Chair: We have a couple of quick supplementaries.

Q181 **Ian Byrne:** Just to echo what Rosie said, it has been a compelling and brutal picture. It will be invaluable for the report that we are going to construct.

To pick up on what Melinda said about the potatoes and education, certainly in Liverpool, Melinda—this is also true right throughout the country; I have been speaking to people in Cornwall and in the north-east—food pantries and food banks have stopped giving out vegetables, not because people do not know how to cook them but because they don't have the ability to cook them because of the energy crisis that we face. I think there might be an element of that. Is that something that you would reflect on and consider as well? It is about having the ability to turn a cooker on, and many people do not have that.

Melinda Raker: Can I give you a positive?

Ian Byrne: Absolutely. I always want positives.



Melinda Raker: There is a wonderful organisation in Suffolk called the Rural Coffee Caravan. It started several years ago—probably 20 years ago—looking at isolation and it has been taking caravans out to isolated villages and setting up a coffee morning. It has been brilliant. It has gone on to organise MeetUpMondays, which started with a pub in London that offered teas and coffees and free sandwiches on a Monday. The first week there were six people and the third week there were about 40 people. MeetUpMondays has been rolled out through Suffolk. The other thing it has done is a slow cooker scheme. It has had the slow cookers funded where people are in difficulty just with the cooking and everything else, and they are provided with slow cookers.

Ian Byrne: That is a wonderful idea.

Melinda Raker: People are finding ways of supporting in different ways.

Chair: Thanks. The point about learning to cook, of course, is massively important.

Q182 **Derek Thomas:** It has been incredible to hear your stories. It is the scale of the challenge that shocks us and I have met farmers who are in difficulty and have been for some time.

What we are concerned about is mental health and how we support mental health in rural communities. The impression we get from you—particularly your example, Trudy, of walking into a market where there is a big banner and hearing, “I am not going to go near there”—is that the best people to get alongside these men and women are people in the same industry, who are understanding, talking at the same level and not judging in any way or creating any sort of authoritarian role. Should we accept and expect that to be the answer for people working in rural life? What is the capacity and what do we need to recommend to create that capacity so that we have the right people coming alongside the people who need support with their mental and full health? We have heard everything you said about Government policy and how that can be so undermining and disheartening and we can certainly pick up on that. However, how do we get many more of you so that we can really support people?

Trudy Herniman: Train everybody who visits on farm in mental health first aid. Becky from New Leaf got a pocket of funding and trained a group of Somerset young farmers. Then she took them out and it was like, “Now you have done your mental health first aid training, we are going to go to the market and we are going to go and talk to somebody.” Of course, if you can get two young farmers you can get 10—you will never get one on their own. I feel very privileged to be able to go out on a farm and see people and know I have had a degree of training. If I do not feel comfortable about something, I might talk to the local market chaplain and go, “When you are passing just swing by, call in and check on them to see if they are okay.”



Q183 **Derek Thomas:** Stephen, I think you said you are dealing with 150 farmers a week, which is unbelievable. Are you mental health trained?

Stephen Dodsworth: Not at all, no.

Q184 **Derek Thomas:** How do you manage that and what would you recommend, in the way Trudy has?

Stephen Dodsworth: Particularly in the north of England where I am, we have loads of livestock marts. I appreciate what you were saying as we have family in Suffolk and you have Norwich down there, which is just about the only livestock mart. However, there are lots in our area and there are lots of staff. We have 10 full-time staff and probably another 20 who come in on sale days. I do not think anybody will be mental health trained. I do not think there will be a soul there. There have been members of staff who have committed suicide, just prior to me working there, and several customers. It is not uncommon in farming. We have never been offered any training. I can guarantee that with the history of Darlington Cattle Mart, if the training was offered many, many members of staff would take up that offer.

Q185 **Derek Thomas:** Melinda, you talked about not having those hubs or not having a market you can coalesce around. You have obviously found other ways. Would you agree that that is the best place, where you are all supporting each other? Is that the answer?

Melinda Raker: That is part of it. If we go back to the mental health first aid training, we have trained 200 people so far who are in rural businesses of some sort or people who are going out on to farms. This is money well spent—£300 to train one person to give them the skills and the confidence to support their colleagues, their friends and their families. If you think about the impact of that, if they are feeling better they will be happier in their job, their relationships will be better, the impact on their children will be better. We monitor how much those skills are being used. We follow up after six months and a year. If somebody has helped 10 people in the first six months, that costs £30 for support that might make a difference to someone's life. It would be easy to roll out.

I give talks to a number of groups. At one of them fairly recently the room was full of 60 people running rural businesses. I said, "How many of you have a first aider in your business?" All the hands go up. "How many of the businesses have a mental health first aider?" One. That is something the Government could change almost overnight, so every company could have a mental health first aider.

Q186 **Derek Thomas:** Edward, how do you begin that conversation with someone? In the kind of scenarios you described, how do you approach the subject of their mental health? That cannot be easy, can it?

Edward Richardson: I have done mental health first aid and I have also done ASIST suicide prevention. One of the things of ASIST suicide prevention was that you need to ask that question fairly early on in the



HOUSE OF COMMONS

process—to ask them, “Do you feel suicidal?” and if they do, “How do you intend to do it?” That is because normally they do not have a plan B. Therefore, if they are going to shoot themselves—if that is the idea—then we need to take them away from that or we need to remove the guns.

Recently, I removed the shotguns from somebody. It is not an easy thing by any manner of means to go there for the very first time—I did not know them that well—and ask them, “Can I take your guns off you?” We had worked with Devon and Cornwall Police to say I would receive them and then I would take them to Truro. I was a bit worried in case I had an accident when I had two shotguns in the backseat—what would happen to me? I then took them into Truro station, they took them and also took the licences away, because apparently you can just go and buy another gun if I have left the licences behind. I think it felt quite degrading for them that I was doing it. I did feel concerned. Certainly, the board, when I told them what I had done, was horrified and told me I should never ever do such a thing again. We need to look at how we deal with those issues.

Having had some mental first aid training and having done the job for 12 years—and I was a farm manager—I can understand the pressures you are in. I can see the signs. One of the signs particularly that you see are animal welfare issues. We were talking with Stephen earlier and saying that for a good farmer who is doing very well, there may be something that happens—whether that is within their own lives, something like Red Tractor or they have lost the milk contract—and you can see animal welfare starts to deteriorate. They are not being looked after as well as they were. You can see it. You can see it yourselves—all four of us could recognise where animal welfare is not being done properly.

We have a relationship with Cornwall Trading Standards whereby we can ask them to say, “Look, we believe there is something not right here.” I would ask Trading Standards to come in and then there would be no prosecution if we worked together. We have that relationship with a farmer: “Look, I feel it is the right thing to bring Trading Standards in and we can try to sort this out. We can sort out all their passports”—because the farmer has built up such a worry that their passports have not been dealt with or maybe there are one or two more dead animals on the farm—and they can deal with it. They will sort it out. It will all be sorted.

We were involved with a case like that. I was really surprised, taken aback and heartened by the farming community that when these animals went into the market they all came up to me and said, “Are you involved with this? Don’t they look terrible?” I said, “It is what it is, don’t be too worried about it.” However, they all said to me, “There but for the grace of God go I. That could easily have been me in that situation”—in which they mentally lost it and could not quite cope anymore. They could not cope with the paperwork, they could not cope with looking after dad or mother, or mother had passed away or had dementia, or whatever the issue is, plus losing the milk contract and now it was all too much. I was



HOUSE OF COMMONS

heartened that the farming community paid good money, did not just take advantage, and that they thought, "That could be us".

It is the case that you can see it and you can feel it. We have access to a lady in Newlyn who is running a project called FarmFit, with Land to Sea. You may have come across it. There is a mental health nurse who works with the fishermen and one who works with the farmers. I can always refer anybody to that. I know RABI is offering a similar service.

Derek Thomas: Brilliant. Thank you ever so much, all of you.

Q187 **Dr Neil Hudson:** There are some very important take-home messages for us for our report in terms of the importance of mental health first aid training. Prior to entering this place, as a veterinary surgeon I had mental health first aid training and did the ASIST suicide prevention. I think that can be a key recommendation for us.

Edward Richardson: My recommendation would be that there is a reason why that farmer has reached that mental health situation, and it could be the business. There used to be ADAS, which was a free farm advice service to keep farmers up to speed technologically and everything else. That has all been taken away. I think Cornwall is unique in having a farm advice service that is free to farmers. If that was repeated throughout the country, that would help enormously.

Q188 **Dr Neil Hudson:** Thank you, that is very helpful. I thank you all for your powerful testimony today and for all you are doing in terms of outreach to the farming community to provide support.

We have heard powerful testimony from you today, from previous witnesses and in our written evidence as well that, sadly, people in the farming community are over-represented with mental health issues and instance of suicide. It is the same in the veterinary profession as well. A frightening statistic we have seen is the Farm Safety Foundation saying that around one farmer per week takes their life through suicide. That is a frightening statistic. We have heard that people are reluctant to come forward and show they are vulnerable and to reach out for that support.

With that in mind, do you feel, in terms of the work you do, that there is effective join-up locally between your groups, organisations and businesses and so on and others providing support to the farming community—I include the NHS—and helping people with their mental health? Do you think there is adequate join-up and, if not, what could we do to improve that?

Stephen Dodsworth: We see representation from RABI. We do see farming charities coming in and out of the mart. The mart staff, like has been said, have first aid training. We had a guy in the other week training us all how to use the defib and telling us how unlikely it is we will ever have to do it. However, I know I will go back to work tomorrow and speak to at least one farmer who I have a concern about, about who I think, "He's just not right. He's a bit down today." I have had instances



when I have thought, "He's a bit down. I wouldn't be surprised if he sold the farm because he's just sick of it." In that particular instance, a guy springs to mind who took his own life shortly after that. That shook me. Again, I am not trained. Afterwards I thought, "Maybe I should have seen something," but I did not.

As was said, if the Trading Standards come into the mart a farmer's reaction is, "I'm not talking to him." You will have been there as a vet. If a vet comes into a mart everybody is looking at the vet thinking, "What's he up to? What have we done?" However, if it was us—the mart staff—who were trained, people would talk to us. People would speak to me differently to somebody else—no disrespect to any of the charities. Perhaps the answer for me—what I take from this today—is to train us rather than to bring a foreign body in. Farmers do not like talking to people, they would rather talk to somebody they know.

Melinda Raker: Apologies, Dr Hudson, for picking up something you have just said. Your quote from the Farm Safety Foundation is old. We work with them and I know Steph Berkeley quite well. We have been asked not to use that phrase of one farmer taking their own life every week.

Q189 **Dr Neil Hudson:** It is one we have had on our inquiry. When we released the inquiry it was the statistic we put together in the Select Committee.

Melinda Raker: I think it would be good if you followed the Office for National Statistics and its phrasing or spoke to Professor Louis Appleby, who you probably know. He is a Government adviser on suicide. It is important not just to say "farmers". I have an article we wrote with the Farm Safety Foundation and it includes farmers, managers, proprietors of agricultural-related services and those working in agricultural-related trades and elementary agricultural occupations. Farm work is a high risk, those in horticultural are a high risk, and gamekeepers are too.

Dr Neil Hudson: As I said, including veterinary surgeons as well.

Melinda Raker: Exactly, we cover that as well. I would like to give you another positive. I live in the Breckland area of Norfolk. When they approached me about working with YANA I could not believe I was speaking to someone from a local council; you think it is about council tax or wheelie bins. They have set up Mindful Towns and are recruiting mental health champions. They want to recruit 250 mental health champions in the next 18 months. They are working with us, with Mind and with the wellbeing service in Norfolk and Waveney. I will leave this paper with you. It is an excellent example of a local council really caring for its community. I think it is outstanding and deserves commendation and perhaps you could get in touch.

Q190 **Dr Neil Hudson:** Thank you. Trudy, do you have anything to add to my question about whether there is sufficient join-up between the people,



HOUSE OF COMMONS

the groups and the organisations—including the NHS—providing mental health support?

Trudy Herniman: With our group, we have people on there from RABI, FCN, the NFU, Cornish Mutual, Mole Valley Farmers and whatever it might be. We have those different organisations and we have brought them together. What you find is that everyone has the same purpose. You have the leaflet there, the Prince's Countryside Fund.

Melinda Raker: We set it up.

Trudy Herniman: There is a leaflet that has all the organisations in there, it is fantastic. It usually does work very well on a local level.

I have been to some of these webinars they have set up. I love going to things like that. Part of the reason for coming here today is to try to learn more from other people. I do not want to spend resources I do not have to reinvent the wheel if somebody else is doing it really well. Share best practice, find out what people are doing. It is about talking to people. Talking to people, they will naturally open up—you only need to ask a couple of questions. Farmers can be a bit grumpy. You say good morning and they grunt at you. I will go to the market, sit there and get grunted at. Eventually, someone goes, "All right, mate?" and I go, "Great, I've made inroads." It is not a quick turnaround.

Q191 **Dr Neil Hudson:** That is helpful. One of the hopes of our inquiry is to shine a light on some of these issues. As you have just said, in terms of sharing best practice, people watching this session today and looking at our report then go back to their own institutions and workplaces and say, "Look, this is what we potentially can do."

Edward Richardson: One of the really useful things has been the Prince's Countryside Fund. It has put a farm support worker in who co-ordinates us, whether it is in Cornwall, Cumbria, Northern Ireland or Scotland. It has been useful to have that person who can help us and provide a bit of advice. I can speak to Lincolnshire and share notes or I can speak to Melinda at YANA. Whatever we can do, we can all work together.

In the south-west we have a group that meets once every three or four weeks. It includes the Exmoor Hill Farming Network, the Dartmoor project, FCN, RABI and the rural chaplaincy, which has been mentioned a few times. I see the rural chaplaincy as our people on the ground who will find that farmer we do not have time to get to. They can tell us about it and we can then get involved with that farmer. Our south-west group, the way we network between the different organisations and meet regularly, also supports us when we have had a bad day, a bad farmer. I think that is important—to back us up so they can recognise it in us as well as we can recognise it in them.

Dr Neil Hudson: Mental health first aiders need support themselves as well because it is such a heavy burden when you are talking to people



HOUSE OF COMMONS

about these key issues. Thank you.

In the interests of time, Chair, I rolled the second part of my question into the first, so I can hand back to you.

Chair: That is very kind.

Q192 **Julian Sturdy:** I want to talk a bit about funding and resources. The Government have launched a farm resilience fund to support farmers through the transition to the new funding model. We have talked a lot about mental health and training and the possible need for funding. On top of that, what type of activities do you think need support from that funding model? What do you think should be prioritised?

Melinda Raker: We are incredibly lucky in that we apply for a few grants, but I think we are a prime example of an industry supporting its own. We do not have a fundraising department. The rural community supports us and we support them.

We set up a directory because we were often asked if there were other YANA or mental health provisions in the country. Trudy mentioned this phrase and I was given it phrase when I set it up: "Don't try to reinvent the wheel, but work with the existing agencies." Here is a network of all the rural support groups. They could have funding. All these support groups could have the mechanism of doing what we are doing, which is the mental health first aid training and the counselling, with some funding. I do not think it would cost a vast amount in Government terms. I will leave that with you.

Edward Richardson: As an organisation, we have seen the work massively increase over the last 12 months. We are looking for a second adviser to cover the east of Cornwall. Being based in Penzance, for me to get to Bude or to Saltash it is an hour and 40 minutes, then you put the visit on top of that. We are looking to place somebody in the east of the county. All our funding comes from the different sources we go to but they never quite give you enough. We have been given half the funding.

Julian Sturdy: Half-funded is what you are saying?

Edward Richardson: It is half-funding. We do a lot of basic payment schemes and countryside stewardship, which brings a bit of other funding. It also helps that when you are talking to that farmer in the market, you are not just talking to him because you are in trouble; you may be talking to him about the BPS. It helps and eases that conversation.

In Northern Ireland, Government gives support to Rural Support Northern Ireland. I do think organisations like our own are not just projects anymore, they are part of the farming community and Government should put something into the pot to keep us going.

Q193 **Julian Sturdy:** When you talk about that funding, are you talking about



funding for one year and then—

Edward Richardson: I have been doing this job for 12 years. I have been nearly made redundant three times because we have nearly run out of money. My predecessor, we did run out of money, and he had to get another job and we were out of action for nine months.

Q194 **Julian Sturdy:** That tells it quite clearly, doesn't it, Chair? Trudy, do you want to touch on this?

Trudy Herniman: We do not have any funding. We are a group of volunteers. Most of us have full-time jobs and do this either in our spare time or when there are markets, shows or events. Everything we have done has been from our own investment, support and the goodwill of people and some of the other organisations we are involved with.

A lot of the funding always goes to RABI or to the FCN because they are seen as the bigger charities. Perhaps we need to be smarter with writing things like funding bids but, again, when you are working full-time it is difficult to then try to clear headspace to be able to get into something like that.

Julian Sturdy: Yes—they are not always easy.

Trudy Herniman: No.

Stephen Dodsworth: It is not that relevant to what we do, the whole funding side of things. We are running a business. The whole mental health aspect of farmers comes almost secondary to what we do. Therefore, I am not going to waste anybody's time—it is not really relevant to what we do.

Q195 **Julian Sturdy:** To finish, a lot has been touched on mental health. What could the Government do to improve support for the farming community's mental health?

Stephen Dodsworth: I started by talking about "farmer bashing", as I call it, but it genuinely is how farmers feel. That is what I am getting all the time—they are scared to turn on the television and certainly to read the papers.

To give you a quick example, on Radio 5 the other morning Deborah Meaden—I do not care if people choose to be vegan, that is their choice—said, "I'm vegan because farming is responsible for 30% of the emissions." And that was it—the end. See you later, everybody. I thought, "Woah, hang on a minute, where is the balanced argument to that?" I hear that all the time on the TV and on the radio. Then I hear farmers saying, "No, I don't watch so and so. I put so and so on the other night, they were at us again." It is literally becoming like, "They're at us again". These people are trying to feed everybody and they are made to feel by the media like they are second-class citizens. That, for me, is the main thing that needs to change. It is horrendous at the moment, it really is.



HOUSE OF COMMONS

Trudy Herniman: Jeremy Clarkson probably did more for improving the image of farmers, love him or loathe him.

Stephen Dodsworth: But not on mainstream TV or mainstream radio, you see. Everybody told me about “Clarkson’s Farm”, but nobody over about 40 because nobody else has Amazon. The farmers I am talking about have five TV channels and are not going to see that.

Julian Sturdy: That is a really good point.

Edward Richardson: I would like to see George Eustice and Victoria Prentis stand up and say, “Farming is important. We need food in this country. It is not all about ELMS. It is not all about trees. It is about food production. What about self-sufficiency, what are we doing about that?”, to make the farmers feel important. They do not make money from the production of food. They make money by the BPS or diversification, so food is not really important.

Q196 **Julian Sturdy:** You get the sense things are going to have to change very quickly given where we are.

Edward Richardson: I think we are approaching a situation where we are going to run out of it and I do not see this Government doing anything about it. I do not see them responding at all. They are responding by giving arms to Ukraine but they are not saying—like Germany has done and Ireland has done earlier—“What about our own food production? What about feeding ourselves?”

Trudy Herniman: I walked through Parliament Square earlier and remembered the last time I was here, which was when we came to London to lobby about the milk price. An MP at the time came in with a bottle of water and said, “I pay more for this than you do for milk and this is naturally sourced.” It shook me. When I walked through Parliament Square earlier it reminded me of the breadth and gravity of it.

Edward Richardson: Livestock producers are important in this carbon argument. The grazing of cows on pasture and grazing of sheep on pasture is an important carbon source. It is not just about, “Eating meat is wrong.” Where I live in west Cornwall is an iron age field system. There is a bronze age village with a wall all around it for holding cattle. We have had grazing livestock and buffalo all across the world and yet, suddenly, the eating of beef and lamb is wrong, when what could be greener than eating lamb?

Q197 **Julian Sturdy:** It is a carbon sink, isn’t it?

Edward Richardson: It is. The west of the country is not somewhere that is going to grow a lot of grain, corn and vegetables. It is going to be where grasses can be grown that we can produce food from.

The other issue that I hear when I speak to colleagues in the Cumbria Farmer Network is about this vast removal of livestock off the hills. We



HOUSE OF COMMONS

have Natural England saying, “We have to move them off” and then we have a problem with bracken control. By losing the farmers from there we also lose the infrastructure of the village. They are the ones with the snowplough. They are the ones who put the straw in for the fete. Taking away farmers, losing them or selling that land to put forests on, we then lose the dairy farm and there are not the dairy farms to support the people who repair and maintain the parlours. As we lose farmers we lose the infrastructure as well that wraps around them.

Melinda Raker: I think people have forgotten what the countryside was like during foot and mouth. They have either forgotten or they are too young to know about it. It was devastating.

Q198 **Chair:** Stephen, I noticed you wanted to make a final comment?

Stephen Dodsworth: I did and then it was touched on. None of the facts and figures we hear factor the carbon being sunk, with cattle and sheep grazing, how much is going back in. It is a cycle. If the number of cattle and sheep in this world never increased again then the amount of carbon being sunk would be no more, so it is a negative figure. That is never ever mentioned.

We eat our own lamb. We put three lambs in the freezer, eat them every year. That is fine. That is how we choose to live. If I go on the BBC website on my food calculator and put in how much lamb I eat, basically they tell me it is the equivalent of flying to Texas and back three times. No, it's not. If people would eat locally it is more sustainable and it is the greenest thing you can do. However, what I am saying you will never hear on mainstream TV or radio, never. There is an agenda against beef and sheep farmers.

Q199 **Julian Sturdy:** We do not talk about exporting environmental damage, do we? We stop growing food, we stop producing food here, we just export the environmental damage abroad.

Edward Richardson: The classic example of that is oilseed rape. There was the ban on neonicotinoids. We are now looking for oilseeds that we could have had because of what has happened in Ukraine. The area of oilseed rape dropped by half. It is starting to grow back up again but it is nowhere near the levels it was. Yet, “We need that rape,” so we buy it in with neonicotinoids. The Government said they would not lower standards and not allow imports into the country that are below standard. Oilseed rape is one of them. They have already broken what they said they were going to do.

Q200 **Chair:** I had better bring this to a close. The closing proposition that seems to be coming forward is the importance of the Government championing food—in particular, in uncertain global times, the importance of food and the importance of farmers in delivering that, the need for balance between the imperative food production and nutrition alongside, obviously, environmental considerations, and not having a



HOUSE OF COMMONS

situation where we have this “farmer bashing” and the like. We have talked about mental health. You seem to be underlining the fact that those uncertainties and that lack of support is the background noise that is encouraging further problems with mental health.

Is there anything you want to add about particular recommendations we should be making? Could I have a one-liner or one idea from each of you?

Edward Richardson: I would say stop the rate of fall of the basic payment scheme. Like Scotland, Northern Ireland and Wales have done, while you introduce the agricultural transition work leave the basic payment scheme where it is because it is falling at a faster rate than the introduction of these new schemes. When you look at the landscape recovery and the local nature recovery schemes, they are in their infancy. The ball has not been put into them yet to make them work.

Chair: It is causing major distress, obviously.

Edward Richardson: There is nothing there, there is no information on it. It is a pie in the sky really—both those schemes are. The SFI payments are negligible compared to the rate of fall of the basic payment scheme.

Chair: Do what they are doing in Northern Ireland, Wales and Scotland on that, okay.

Melinda Raker: I would say make use and support all the rural support groups, because we know exactly what is going on in our own area. We cannot compare Norfolk with Cornwall with Wales, everything is different. We are agile. We know what is going on. Please ask the Government to support us in every way and to make use of our knowledge.

Chair: Do not reinvent the wheel, as it were, but support it spinning.

Trudy Herniman: I think they have both covered it.

Q201 **Chair:** Stephen, you made a general point about championing farming and so on.

Trudy Herniman: Definitely.

Stephen Dodsworth: That is exactly it. The housewives in the city need to know that farmers are not evil monsters. We are not trying to create problems, we are trying to feed people.

Trudy Herniman: Put the great back into Great Britain.

Chair: It has been a great pleasure to share time with you. Thank you very much for your evidence, which is very compelling. We will be putting a report together and we hope to embrace the recommendations to be made in that. Thank you again. If there is anything you want to add and send to us, we are always happy to receive that. Thank you so much.



HOUSE OF COMMONS