

Written Evidence submitted by Rural Action Derbyshire (MH0006)

This response has been prepared by Rural Action Derbyshire, an independent charity and member of the Action for Communities in Rural England (ACRE) network of rural community councils. We have been working to address rural disadvantage since 1924. We are the host of Derbyshire Rural Chaplaincy and we deliver Suicide Awareness Training on behalf of the Derbyshire Suicide and Self Harm Prevention Network. Rural Mental Health is such an important issue as we feel that service providers and commissioners do not always understand the pressures and barriers affecting people living in rural areas that can affect mental health and make it difficult to access help.

Question 1

What specific mental health challenges are faced by those living and working in rural communities?

Many people in rural areas feel isolated and access to services is difficult or challenging. The mental health problems are the same as the general population but perhaps more surprisingly poverty plays a key part in rural mental health. The cost of living is spiralling generally and this is felt more strongly amongst people on low and very low income who live in a rural area. This is having a devastating effect on mental health. Coupled with isolation caused by distance, geography and loss of social connections, many people feel increasingly isolated and lonely resulting in higher incidences of mental health issues. Farmers in particular feel anxious about the future, which seems to be out of their control and threatening their very way of life and that of their families. They are amongst the least likely to seek help for their mental health due to stigma, difficulty in accessing services and their stoic nature.

1. Poverty exists as much in the countryside as in urban areas – but is often more hidden and dispersed thereby being far less visible.
 - In 2016, 15% of all children in Derbyshire lived in low income families. More recent data for the numbers of children receiving Free School Meals suggests that this figure is nearer 25% currently.
 - In 2019, 14% of all households were in fuel poverty – again with the effects of the pandemic and energy prices doubling in recent months the current figure is likely to be much higher. Plans to increase the fuel cap will throw more households into fuel poverty exacerbating the effects of off gas grid properties which are not protected by the fuel cap.

Not being able to feed your children or keep warm has a massive effect on mental health. People in rural areas also have less access to low cost food, and rented housing in rural areas is often poorly insulated with inefficient and expensive heating.

- Rural Action Derbyshire received funding from the Princes Countryside Trust and Derbyshire County Council in 2020 to provide emergency cash funding for rural people in severe financial or emotional hardship. Many of the applications we have supported have cited poor to severe mental health conditions arising from financial difficulties and untreated conditions.
2. Many rural communities are also changing their very fabric due to housing and employment pressures causing a net outward migration of low paid workers and an incoming population

of more wealthy professionals. This loss of social connections has been further impacted by the closure of village halls, lunch clubs and other social occasions and many older people in particular have lost their social connections and become withdrawn and anxious. Some people in rural areas can go days without seeing another human being.

3. We know from our own experience as well as published surveys such as the Royal Agricultural Benevolent Institution (RABI) survey of farmers in 2021, that farmers feel under attack from vociferous and often uninformed campaigners around issues of veganism and climate change. They often feel undervalued and that rural communities are changing beyond recognition. They feel that they have no control over their own destiny and that the decades of experience and love for the land that they represent counts for nothing any more.

These feelings feed and drive many other issues eg loneliness and isolation, anxiety and depression (RABI, 2021) and social and geographical isolation is also a factor (Mills, 2016) particularly with younger farmers.

4. Currently many farmers are anxious about the future of farming with good reason. The changes to the Basic Payment Scheme are already being felt and reducing farm incomes. Many farms, particularly tenanted extensive grassland farms producing lamb and suckler beef (which make up a significant part of our county) may not be viable without support (Farmers Weekly 31.12.21).

The new Environmental Land Management Scheme (ELMS) is expected to mitigate for the withdrawal of area based support but take up so far has been poor. There is a great deal of anxiety given that full details yet of what is available to farmers is unknown, and many are very hesitant about ELM schemes based on previous experience under Countryside Stewardship schemes. We are aware that many land owners are hedging their bets and not renewing tenancy agreements or offering only short extensions to FBTs whilst they wait for more details. There are concerns that ELMS will result in fewer, larger farms resulting in less opportunity for young entrants due to high land values, lack of housing and employment. (Farmers Guardian 31.12.21)

Question 2

What is the current state of mental health & suicide prevention service provision for those working in agriculture and those living in rural areas more generally? Do they meet the specific needs of that community?

Current State

MH and suicide prevention services are no different in rural areas than in towns and cities. The NHS provides its initial services for mental health care mainly through GPs and A&E in hospitals. Community services also cover rural areas. However, there are differences in the rolling out of such services:

- GP surgeries in rural areas are often only open on a part-time basis
- Waiting times for help with mental health problems can be 12 to 20 weeks and then treatments may only be for a relatively short time. For example, most counselling provision

is only for a maximum of six sessions, after which the patient has to pay. There is a perceived discrepancy here with those who need physical health care

- A&E departments require travel and then queuing since A&E departments usually are under pressure; in these *Covid-19* times, many people are reluctant to use A&E for fear of infection. This extends to other services such as 111, since the caller may be referred to a clinic or A&E department.
- There appears to be a misunderstanding amongst some health professionals of the seriousness and/or erratic nature of mental health illness. There also seems to be a lack of quick-acting drugs/treatments which can help particularly with depression - rather than better explored illnesses such as schizophrenia.
- Many people in rural areas tend not to seek help until a crisis develops. This may be because of access to mental health services, distance, lack of time or a perception that they are wasting people's time. The stoic nature of rural people often prevents people seeking help for health problems both mental and physical.
- Farmers have schedules to keep for their stock. For example, milking (animals can only hold their milk for a certain time, often a short time, depending on the breed of cattle or sheep). Thus, there is a reluctance to access services with a waiting time away from the farm
- Distances can be a problem with little or no public transport provision; one rural lady is known to have set out at 8am to meet an appointment at the local GP's surgery at 10am. The journey by 'bus required a change of service with a wait in between. The surgery is two miles away but rural folk can be proud and so not accept help and may feel a stigma in needing medical services. In addition, mental health problems can prevent people feeling confident in using public transport or meeting people
- Similarly to the point above, travelling to CAMHS appointments can be challenging; for example one family had to travel nearly 30 miles for a face to face appointment.
- On-line solutions can be tricky to access with poor or no Broadband support and varying mobile telephone signals. These also require IT skills which may be lacking. Most farmers work from the mobile telephone rather than a computer *per se*. However, there is evidence to suggest that when people are ill with depression and other mental health issues, the traditional telephone, rather than the computer, is the least intrusive as an intervention. It is usually easily available and uses the natural voice with the caller not being visible to the receiver of the call (Mills, 2016). This was also substantiated by more recent work amongst young farmers (Brailsford and Mills, 2020)
- It is difficult for young people to meet after school because of transport problems and distances involved which is exacerbated by lack of safe spaces for young people to meet after school, as well as more recently by *Covid-19* restrictions and fears.
- Rural poverty is linked to poor mental health in that most of the applications to the Rural Hardship Fund (Derbyshire) have cited poor to severe mental health conditions
- While depression and anxiety are not gender specific, women are more likely to suffer than men (RABI, 2021)

Meeting the needs of the Rural Community

- It is obvious from the points above that while the present provision can help, it is not sufficient on its own to prevent suicides and mental health problems
- Much depends on other supports available such as local and national rural chaplaincy support (*Derbyshire Rural Chaplaincy* and *The Agricultural Chaplains Association*), charitable organisations such as *the Royal Agricultural Benevolent Institution (RABI)* and *the Farming*

Community Network. Other charities, such as *The Farming Life Centre* based in Bakewell, and the *NFU* help with wider farming issues as well as providing listening support. *Rural Action Derbyshire* covers a wider area than agriculture and gives support across Derbyshire to those in poverty and to those with (mental) health issues. All these charities have a higher rate of uptake than would be preferred

- Many of the charities involved in rural mental health work unsociable hours so that the farmers can access them easily

Question 3

What are the causes of the higher than average rate of suicide amongst those working in agriculture? Are there other linked professions, such as vets, that have similar issues? How effective are suicide prevention services offered to these groups?

- The nature of farming means that the workers are often isolated and this can lead to loneliness which in turn can lead to mental health issues (Russell, 2014)
- Mental health may not be seen as being so important as physical health (Brailsford and Mills, 2020)
- Working patterns require constant attention and rest and recreation are difficult to complete on a regular basis, thus making farmers less inclined to take regular holidays
- Worry and stress about financial matters, animal health, family concerns, especially if the farmer is of a third or fourth generation, rural crime, not being valued by the public (RABI, 2021)
- The *Covid-19* Pandemic, along with public access to their land, which may be linked to the Pandemic (RABI, 2021)
- Pressure to not be the person who 'causes' the farm to enter into liquidation, especially if the farm has been built up by previous generations (RABI, 2021)
- Equipment (for other uses) and facilities for enabling death by suicide are readily available on farms. For example, strong ropes and deserted barns with beams are commonplace as are other facilities such as slurry pits and sharp implements. In addition, distances from the farmhouse can mean time alone to accomplish such happenings
- Wariness in seeking help early enough through a feeling of stigma and admitting there is a problem. For example, in a small study (Brailsford and Mills, 2020) only 6% of young farmers admitted having mental health problems, 33% stated they did not have such problems but 61% avoided answering this question. They are also less likely than older people to confide in anyone (RABI, 2021)
- Lack of time given to each patient either by the GP or most other NHS services. Local charities not only build up a trusting relationship with the client/patient but also are available regularly such as at the local livestock market, possibly as a health hub, as at Bakewell Livestock market

Question 4

Is sufficient mental health support made available to rural communities following “shocks” such as flooding or mass animal culls?

- We are not aware of mental health support following shock situations in rural communities other than that provided by charities such as the *Chaplaincy Derbyshire* (previously, *Workplace Chaplaincy Derbyshire*) which supplies trained emergency chaplains for specific situations. Thus, farmers who lose animals for whatever reason (and there are other mass culling/deaths necessities beyond statutory culls such as those animals which are TB positive) are usually supported by the voluntary sector, in particular, *Derbyshire Rural Chaplaincy* and other local charities
- Climate change remains a specific problem for farmers and those in rural communities not only in terms of flooding but also in severe weather (heavy snow, very high winds, landslides etc). In addition, trauma has occurred through commercial hype about the effects of ruminating animals on levels of CO₂ admissions and the media calls for people to eat less red meat. Through these actions, farmers have been caused stress especially when they see no decrease in aeroplane travel, for example, which they claim is a far greater dispenser of CO₂
- The above suggests that there is insufficient support for rural communities in times of shocks

Question 5

Does the Government’s recent investment in mental health services adequately provide for agricultural mental health?

- No, there is little awareness of recent additional investment in mental health at a local level
- A problem seems to be the lack of real knowledge and treatments which may work quickly for illnesses such as depression and self-negation. More established mental illnesses, such as schizophrenia, seem to be catered for in a better way
- There are many causes, it would seem, of mental health, ranging from isolation and loneliness to established illnesses. Where the symptoms are more vague, in a physiological sense, treatments seem to be much more ‘hit and miss’. For example, two farmers from the same family were prescribed the same anti-depressant which helped the one farmer but made little difference to the other. The GP did not change the prescription for the latter farmer and this increased the anxiety of the latter farmer who later took his own life. We conclude that much more research is needed into depressive illnesses and their treatments and, consequently, better training for the relative clinicians
- As loneliness and isolation are major factors in mental health, particularly in rural communities, interventions should be evaluated against specific criteria (or heuristics) (Mills, 2017)
- There is some concern that the recent funding initiative may not reach the local situation

Question 6

How joined up are key actors, such as Defra, DHSC, NHS England, Public Health England and Local Government in their approach to improving quality of, and access to, mental health service in rural and agricultural communities?

- There is evidence that a lack of joined up information is contributing to stress for farmers. For example, only 48 hours' notice is given to farmers for a RPA Inspection. As many farmers are now working part-time and so have other work to be financially viable, this notice of time is insufficient in many cases. Indeed, regulation is a stress factor amongst farmers, particularly in the pig, dairy and mixed farming sectors (RABI, 2021).
- The example of CO₂ omissions and climate change expresses well the lack of joined up information from DEFRA and the Government. Farmers feel under threat with the lack of positive support for food production caused by climate change issues. On one hand, food programmes on the BBC and other media promote growing food locally (a report on *The World at One* (Radio 4) has recommended very recently that housing estates have in-built allotments for this purpose) but farmers feel criticised for doing that, albeit on a larger scale
- Arguments need to be balanced and based on properly carried out research findings not on hype and opinion. This research should involve the main stakeholders and reputable independent researchers
- In conclusion, it would seem that there is still much work to do in all the Government departments and agencies before a united and clear dissipation of information can take place

References

Brailsford, E and Mills, S, 2020, *Analysis of Perceived Needs of Young Farmers in Derbyshire*, Derbyshire Rural Chaplaincy.

Mills, S, 2016, 'Rural isolation: Can computer mediated communication help?', *Rural Theology*, **14**, 12 – 24.

Mills, S, 2017, 'Loneliness: Do Interventions Help?', *Rural Theology*, **15**(2), 113-123.

Nye, C, Winter, M and Lobley, M, 2021, *More than a Mart: The role of UK Livestock Auction markets in Rural Communities*, Full Report to Prince's Countryside Fund, London: The Prince's Countryside Fund.

RABI, 2021, *The Big Farming Survey, The health and wellbeing of the farming community in England and Wales in the 2020s*, Oxford: The Royal Agricultural Benevolent Institution.

Russell, D W, 2014, 'Loneliness and social neuroscience', *World Psychiatry*, **13**, 150-151.

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