

Written evidence submitted by Dr David Rose (University of Reading, project lead), Dr Faye Shortland (University of Reading), Dr Paul Hurley (University of Reading), Dr Jilly Hall, Dr Ruth Little (University of Sheffield), Dr Caroline Nye (University of Exeter) and Professor Matt Lobley (University of Exeter) (MH0007)

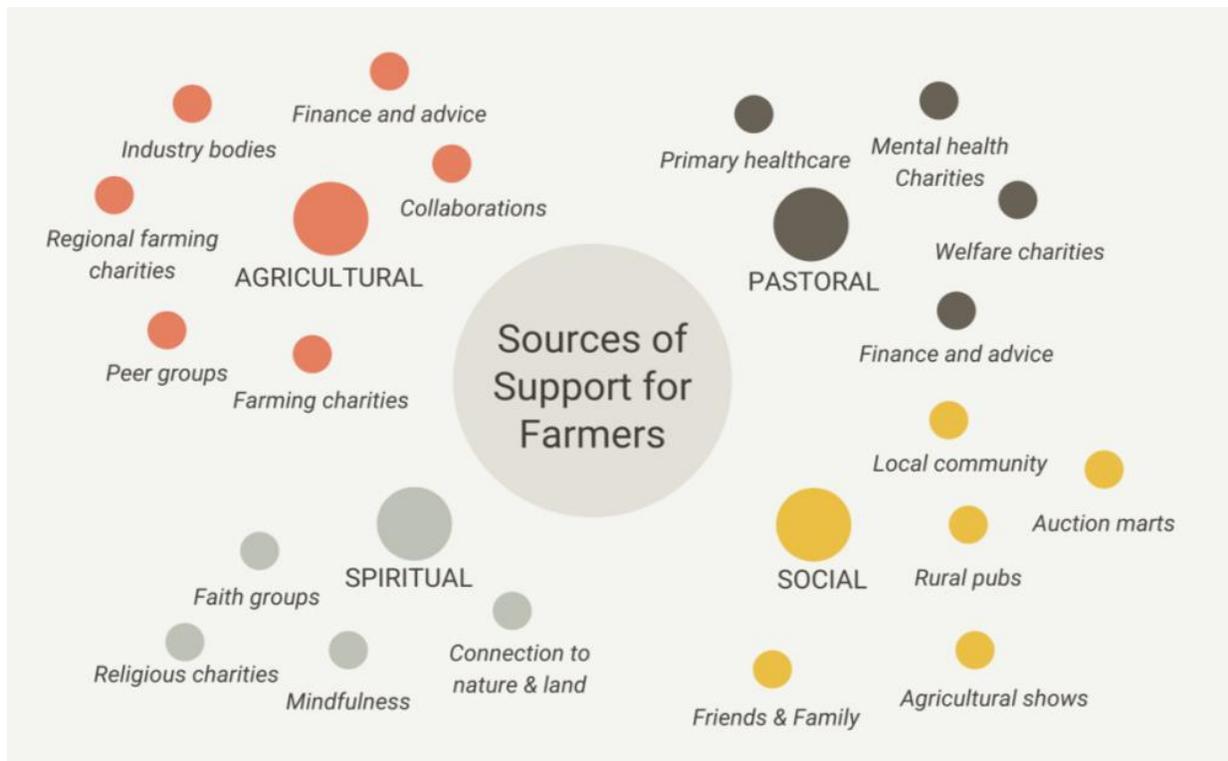
Evidence submission – EFRA Committee Rural Mental Health inquiry

1. The team

This evidence is submitted by Dr David Rose (University of Reading, project lead), Dr Faye Shortland (University of Reading), Dr Paul Hurley (University of Reading), Dr Jilly Hall, Dr Ruth Little (University of Sheffield), Dr Caroline Nye (University of Exeter) and Professor Matt Lobley (University of Exeter). It relates to a 12-month [research project](#), funded by the Economic and Social Research Council, on the impact of the COVID-19 pandemic on farming mental health in the UK and support provision for farming mental health. We have conducted 22 in-depth interviews with UK support providers for farming mental health, as well as a survey of 93 support providers and 207 UK farming families. See appendix for further information on this research.

2. The landscapes of support for farming mental health

The landscape of support for farming mental health in the UK is diverse. Support is provided by a range of organisations – mental health charities, agricultural organisations, faith groups, peers and rural communities. Our interviews and surveys covered this diverse range of supporter types. It is not always clear that these different support providers are joined-up.



3. Executive summary

Our evidence and recommendations specifically address the following terms of reference:

1. ToR 1 - What specific mental health challenges are faced by those living and working in rural communities? - see section 4.
2. ToR 4 - Is sufficient mental health support made available to rural communities following 'shocks' such as flooding or mass animal culls? – see section 5.
3. ToR 6 - How 'joined-up' are key actors such as the Department for the Environment, Food and Rural Affairs, the Department for Health and Social Care, NHS England, Public Health England and Local Governments in their approach to improving the quality of, and access to, mental health services in rural and agricultural communities? – see section 6.

Why should we be concerned about farming mental health?

- **Farmers are essential workers.** Research shows that even before the COVID-19 pandemic brought an additional stressor to farming families, mental health in farming communities was poor. RABI's Big Farming Survey suggested that 36% of farming families in England and Wales could be depressed.
- **Farmers are key land managers needed to deliver food and environmental benefits.** The Government has set ambitious environmental and productivity aims, which are to be delivered through new environmental land management plans and farmer-led innovation. A farming community suffering from poor mental health is less able to adapt to new policies and deliver intended benefits.
- **COVID-19** has brought additional stressors, such as social isolation and supply chain issues, as well as exacerbating Brexit-related problems such as labour shortages.
- **Research on mental health support for farming families is limited.** We know little about the landscapes of support for farming families across the devolved administrations.

What should be done to improve support for farming mental health?

- Support those who come into regular contact with farmers (e.g. vets and feed merchants) to access **basic mental health first aid training** and be equipped to **signpost to support services**.
- Support the diverse range of support providers, including the **importance of peer support and 'safe places' to talk** such as Livestock Marts and rural pubs.
- There is less government co-ordination for rural mental health support across the UK compared to other countries, such as Ireland or New Zealand. Our team has been unable to locate a team

within Defra or its arms-length bodies specifically focused on farming mental health. It is not clear what role Defra thinks government should play in rural mental health support.

- Defra and other devolved administrations should, therefore, consider what role they might play in supporting a joined-up landscape of support for farming mental health.
- **Strategies need to be identified** in the farming community **to normalise conversations** around mental health in order to help **reduce stigma as a barrier to help-seeking behaviour**.
- Mental health issues are often multidimensional (e.g. stress and anxiety related to finances) so **support services need to be designed and accessible in a way that is equally multidimensional** in rural areas.
- There is an urgent **short-term need to plug the fund-raising gap** associated with the pandemic.
- The shift to online provision makes addressing the **digital divide / rural broadband issue** urgent.
- The **root causes** of poor farming mental health also need to be addressed as well as improving support.

We would be happy to provide further information to the committee in writing or orally.

4. ToR 1 - What specific mental health challenges are faced by those living and working in rural communities?

Focusing specifically on farming communities, our literature review, survey and interviews, highlighted that there are many drivers of mental health challenges in farming communities. Rarely does one driver exist in isolation from another and the COVID-19 pandemic has exacerbated already poor mental health. These include:

- Loneliness and social isolation
- Illness and isolation from healthcare services
- Family or relationship issues
- Succession/exit planning concerns
- Financial pressures
- Disease outbreaks on the farm (crops or animals)
- Anxiety regarding regulations and inspections
- Post-Brexit policy uncertainty
- Tenancy issues

- Media and online criticism of farmers and animal rights activism
- Rural crime and the fear of rural crime
- Accidents on the farm

Results from our support provider survey showed that the five main reasons for contact during the pandemic were:

1. Loneliness and social isolation
2. Family or relationship issues
3. Financial problems
4. Illness
5. Pressure of regulations and inspections from government

Post-Brexit policy uncertainty also weighs heavily on the minds of farmers.

Farming families go to a number of different types of people for support. One support provider in our interviews said:

'they might talk to vets, they might talk to feed merchants or those people who visit regularly, but after that then, when it gets to that emergency point, they will then look for help elsewhere, to organisations like the Farming Community Network, the Royal Agricultural Benevolent Institution, or one of the other organisations which are offering support.' (Respondent 003)

Interventions to support farming mental health, therefore, need to include the wide range of people who come into contact with, and help, farming families. Defra and its arms-lengths bodies do not appear to have dedicated teams thinking about supporting rural mental health. Defra needs to articulate what its role is in supporting the civil society organisations who help farming families. There is less government co-ordination for rural mental health support across the UK compared to other countries, such as Ireland or New Zealand.

There are a broad range of barriers that exist to help-seeking for mental health issues, which have existed before the pandemic. These include social factors such as pride and stigma, *'I think it is for everybody in society as well, but probably more so in farming'* (Respondent 014, our interview).

Farming culture is a key barrier to help-seeking and is linked to barriers that can be gendered: *'it's a typical man thing, you know. We don't like to admit that... a weakness.'* (Respondent 009, our interview). There are also physical and occupational barriers to help-seeking, such as working long hours, lone working and geographical isolation, or less accessible rural services. The sense

that *'time is extremely precious'* (Respondent 008, our interview) is both a practical and attitudinal issue.

5. ToR 4 - Is sufficient mental health support made available to rural communities following 'shocks' such as flooding or mass animal culls? – see section 5.

The COVID-19 pandemic, alongside the post-Brexit agricultural transition, is a shock event. We asked farmers and support organisations about the mental health of farmers during the pandemic. **67% of farmers surveyed reported feeling more stressed, 63% felt more anxious, 38% felt more depressed, and 12% felt more suicidal.** There is often a lag time between feelings of stress and anxiety and the worsening of mental health impacts towards depression and crisis events. We are concerned that the impacts of the COVID-19 pandemic will be long-lasting, mirroring the scarring impacts of historical crisis events such as Foot and Mouth disease. Support, therefore, needs to be long-term.

We asked farmers about the challenges that had affected their mental health during the pandemic. The primary drivers they identified were:

- Decreased social contact
- Issues with the general public on private land
- Moving online for social events
- Lack of shows and meets
- Labour/recruitment issues

The landscapes of support offered to farmers were radically disrupted by the pandemic. The top three barriers to effective support provision were:

- Lack of face-to-face interaction
- Self-isolation / lack of trained staff
- Lack of funding / fundraising stopping (e.g. the network of Young Farmers Clubs noted a shortfall of £1 million of funding during the pandemic)

Informal peer support was directly affected by lockdowns and the loss of spaces of social interaction. The 'drop and go' policies of marts was identified by many, including one respondent who said that *'our canteen is probably [as] good a counselling for farmers as they'll ever get'* (Respondent 10). Formalised support was also impacted, with the lack of face-to-face interaction the most highly reported barrier to delivering support. This was reported as affecting service provision and quality, as well as staff and volunteer wellbeing.

Some supporters found that farmers had positively adapted to online interactions (notwithstanding poor digital connectivity and skills in some rural areas) and that capacity for remote engagement

had increased. Although some reported higher levels of engagement, others felt that *'those little chats, you can't have on Zoom'* (Respondent 002), were lost opportunities to talk more openly about mental health. Although civil society organisations adapted and provided innovative support during the pandemic, it was difficult for many to provide the same level of support.

While the pandemic underlined many organisations' resilience, a number identified practical and operational challenges in delivering support for farmers, including:

- **Training** new and existing staff and volunteers, including in using technology and in providing mental health support.
- **Funding** for additional short- and long-term government resourcing of third sector organisations; for NHS services that prioritise physical over mental health; and to identify support gaps and cooperation opportunities across organisations.
- Rural communities tend to be more isolated from mental health services. Poor rural connectivity has challenged the ability of rural communities to access online support.

The experience of the COVID-19 pandemic suggests that the landscapes of support for farming mental health across the devolved administrations are not optimally designed to target accessible support for all farming families that need it.

6. ToR 6 - How 'joined-up' are key actors such as the Department for the Environment, Food and Rural Affairs, the Department for Health and Social Care, NHS England, Public Health England and Local Governments in their approach to improving the quality of, and access to, mental health services in rural and agricultural communities?

Our evidence suggests that support is rarely well co-ordinated. Mental health charities, for example, tend to create networks and work with others. It is not always clear where farmers should go for initial help, or more importantly, for their ongoing support. Farmers tend to value support from those who understand farming, but also from those who are trained in mental health support. It is not clear that farmers are getting enough support from individuals who both understand farming and are trained mental health professionals. The landscape of support needs to work together to co-ordinate support better in rural areas. There may be overlap, and at times conflict, between support providers and/or disconnection between different providers e.g. NHS, mental health charities, farmer groups, and chaplains. There is less government co-ordination for rural mental health support across the UK compared to other countries, such as Ireland or New Zealand. The landscapes of support for farming mental health in England and the devolved administrations have been created organically by civil society organisations, rather than in a planned fashion.