Written Evidence submitted by Dr Morris Charlton (MH0008)

I write as an individual with invitation to submit via BASC. I reside in a rurally sparse area and am active in rural communities; I farm, and am involved in Deer Management as a Trustee of the British Deer Society. I am also a Trustee of CPRE North Yorkshire. I lead on Dark Skies in the YDNP in addition to ecological consultancy work. In addition I am involved in numerous Charities as an activist focused on disadvantage and poverty. The work and contacts allow for a good perception and insight into the current dynamics regarding mental health issues in rural areas. It is somewhat truncated as the original sub mission date was 07.01.22.

CALL FOR EVIDENCE

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

The key issues and challenges impacting on mental health of those living in rural areas are loneliness and isolation. There is a particular focus on those between the ages of 16-25 and post 60. This has been exacerbated by prolonged periods of restriction by C19 requirements. As a consequence of C19 loneliness and isolation has led a number of people to develop polarised conditions and either post Covid cognitive dysfunction or cognitive dysfunction brought about by isolation. There is a body of literature regarding cognitive dysfunction as a consequence of Covid – brain fog. For isolation induced dysfunction there is a simple inability to carry out simple daily processes – losing keys, purses, forgetfulness etc.

Polarised conditions put people in the above age ranges at risk of substance misuse – alcohol and drugs. Rural Domestic abuse has always been a hidden issue – it is less so now that pressures of C19 have impacted. Young people are becoming isolated in rural areas as a consequence of simply losing social skills of interacting face to face.

Anxiety has been a key issue for those in rural areas for a significant period of time. This is a consequence in the main due to uncertainty – farmer's costs and whether costs and markets will lead to bankruptcy are key (See Reports from RABI). In addition there are pressures as a consequence of accessing shops / banks / post offices / Doctors / Hospitals and difficulty and costs of rural transport. Covid has enhanced these difficulties. A key issue as a consequence of C19 is heightened levels of anxiety – this can lead to polarised conditions. Anxiety can lead in addition lead to paranoia. This is a vicious cycle. News of energy price rises above 50% and high petrol and diesel costs have caused high levels of anxiety evidenced in general conversations with all sectors of rural communities

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?

Demand is very high on charities such as RABI/ CALM / GWT / NGO et al. Emergency Services training has improved as has that for First Responders. Services have significant waiting lists and these have increased as a consequence of C19.

There remains a societal recognition/ maturity issue regarding mental health – people still, in rural areas say pull yourself together. Public education is required to develop a more mature societal understanding of mental health issue. We need a Recognise (self and friends / Colleagues), reach out, respond, reflect and recover approaches.

Mental Health First Aid has not established and embedded meaningfully in schools yet. It was not developed to manage additional conditions and coping difficulties brought about by C19.

With regard to severe conditions mental health support for young people CAMHS services were stretched 10 years ago – they are even more so now. It is questionable as to whether they can support the growing numbers of young people being referred. The state of the current system for mental health and suicide prevention is therefore under pressure. This is in spite of some outstanding work carried out by British Transport Police and the charity CALM in reducing suicides on railway line.

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?

As above – they are under significant pressure. They currently, therefore cannot meet the specific needs of the community(ies) in rural areas. Services are patchy and inconsistent.

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

Simply put - absolutely not. I have experienced such shocks and mental health support was inadequate.

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

Simply put - absolutely not. Funding was "stretched" and inadequate before C19 – it will certainly not meet need now.

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

Simply put - absolutely not. . It also should be rural mental health as opposed to just one sector ?

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?

Public spending is under pressure – all public services are seemingly under pressure. Rural infrastructures – transport / rail services / taxis have declined or have become very expensive. It is hard to believe that new land management schemes post CAP have much recognition of the anxieties/ mental health issues that are caused as a consequence of the inconsistencies and lack of information about finance for the future changes. Is it within the wit of DEFRA to coordinate with DHSC/ PHE? Local Government may attempt to coordinate with limited levels of success but they are depleted of experiences and expert staff due to budget reductions in real terms.

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