

About the Centre for Rural Policy Research (CRPR), University of Exeter

Dr Wheeler, Dr Nye and Prof. Lobley are members of the Centre for Rural Policy Research (CRPR) at the University of Exeter. The CRPR is home to an inter-disciplinary team of social scientists focusing on the rural environment, economy and society. The CRPR has a longstanding reputation as one of the leading groups in the UK and beyond in the study of land, environment, agriculture and the rural economy. Cutting edge academic research undertaken within the CRPR has been used to inform governments, businesses, NGOs and communities about how land and the environment are managed and used and how policy can be better designed, appraised and evaluated.

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The below responses are drawn primarily from the following CRPR evidence base:

- A major survey conducted by CRPR for the Royal Agricultural Benevolent Institution in 2021, which received 15,296 responses from farmers, members of farming households, farm workers, contractors and other members of the agricultural community (see [RABI, 2021](#)).
- Recent research conducted by CRPR in partnership with the Farming Community Network focusing on loneliness and social isolation in farming communities, involving qualitative workshops and interviews with farmers, members of farming families and farm support practitioners (see Wheeler et al. 2021).
- Research conducted in 2019-20 on the *Role of UK Livestock Auction Markets* (Nye et al. 2021) commissioned by The Prince's Countryside Fund involving in depth face to face interviews, an online survey and a call for written evidence.

Our empirical evidence is supplemented by other previous research and secondary sources in some instances.

Executive Summary

UK agriculture (including farmers, farm family members, farm workers and ancillary staff) is characterised by poor levels of mental health and well-being, which is frequently worse than for the population generally. A range of factors contribute to this situation, including external 'shocks' such as Brexit and Covid but also internal family issues such as succession, as well as problems associated with extreme weather, volatile prices, the stress of 'red-tape' and inspection, isolation and lone working, and also a culture of long working hours and not taking a break.

Mental health problems can be found across the farming sector but certain sub-groupings are particularly affected by stress, depression and anxiety such as pig farmers, livestock farmers and young women aged 25-44.

There are various barriers to help seeking behaviour amongst the farming community, including the well-known farming stoicism but also health care delivery models based on urban settings which may not be appropriate for rural delivery.

As key workers, the health and well-being of the farming community is everybody's responsibility. Our evidence includes a range of recommendations for government, government agencies and

inspectors, the health care profession, farming support networks and farmers themselves that together can help contribute to better health outcomes for our farming community.

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

1.1 Levels of poor mental health in agriculture

A recent survey carried out by the CRPR for the Royal Agricultural Benevolent Institution (RABI) highlighted concerning levels of poor mental health across the agricultural community in England and Wales (RABI, 2021). In particular the survey (N= 15,296) showed that:

- Over a third (36%) of respondents were either possibly (15%) or probably (21%) depressed at the time of completing the survey¹
- Almost half (47%) of respondents were experiencing some form of anxiety (29% mild anxiety, 12% moderate anxiety, 6% severe anxiety) at the time of completing the survey²
- Respondents from livestock-centred enterprises were particularly likely to suffer from poor wellbeing (e.g. 47% from specialist pig, 39% from LFA grazing livestock and 39% from dairy farms were either possibly or probably depressed).
- Whilst levels of poor mental health were concerning across ages and genders, working age people, especially women aged 25-44, were particularly likely to have low mental wellbeing and high anxiety.

The survey also found significant associations between mental and physical health, with those suffering from poor mental wellbeing and anxiety more likely to report physical health problems, particularly pain. This is important because poor physical health is also a significant problem within agriculture, for example 52% of respondents were experiencing moderate/extreme pain at the time of completing the survey and 64% had experienced musculoskeletal issues in the past 5 years.

1.2 Farming stress

Stress has long been recognised as a significant issue affecting the mental health of farmers and farming families. Researchers over the last 20 years or so have identified a number of sources of farming stress, including financial pressures, dealing with regulations and paperwork, living/working alone, relationship problems, animal disease, and perceptions of poor public opinion of farming (e.g. Loblely et al., 2004; Phelps, 2001; Raine, 1999). The CRPR survey for RABI in 2021 confirmed the top 10 sources of stress among the farming community to be:

- Regulation, compliance and inspection
- The Covid-19 pandemic
- Bad/unpredictable weather
- Loss of subsidies/future trade deals
- Rural crime
- Concerns about the future of the farm/farming
- Public access issues (e.g. damage from walkers & dogs, conflicts)
- Financial pressures
- Public & policy pressures around Net Zero & other environmental issues
- Not feeling valued by the public

¹ Based on responses to the internationally validated Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), using cut points identified by Bianco (2012)

² Based on responses to the Generalised Anxiety Disorder-7 scale (GAD-7)

A number of these stressors relate to issues that fall partly or wholly within the remit of government policy, especially: regulation, compliance and inspection; loss of subsidies/future trade deals; and pressures around Net Zero and other environmental issues. Evidence from other CRPR research (including on Loneliness and Social Isolation 2021; Sustainable Intensification Platform baseline survey 2016; South West Farm Surveys in 2002, 2010 and 2006) suggests that many farmers feel a high burden of stress from 'red tape and bureaucracy', particularly in relation to paperwork and farm inspections associated with receiving public payments. Fears of being unfairly penalised for honest mistakes and delays in financial payments from the Rural Payments Agency have also caused significant distress for many farmers.

The survey also demonstrated a significant association between poor mental health and negative perceptions of business finances and related challenges. In particular, respondents with lower mental wellbeing and higher anxiety scores were more likely to: be feeling stressed about farming issues (such as those listed above); to view current topical subjects as major challenges (e.g. the phasing out of the Basic Payment Scheme and future schemes paying for environmental management/public goods); to have a poorer perception of their business performance, prospects and viability; and to lack a successor.

1.3 Lack of leisure time

The demands of farming, particularly in the face of low financial returns, can make it difficult for farmers to take time off and this can have a negative impact on mental health. Our survey for RABI (2021) found that almost half of respondents (45%) do not take a holiday every year and a fifth (20%) *never* take a holiday. Furthermore, almost a third (29%) of respondents hardly ever or never leave the farm for leisure purposes. This is concerning since the survey also found a statistically significant association between the frequency with which respondents left the farm for leisure purposes and/or holidays and mental wellbeing and anxiety.

1.4 Loneliness and social isolation in farming

Our survey for RABI found that 25% of respondents said they occasionally feel lonely, 14% sometimes felt lonely and 4% often/always felt lonely. In addition, 19% of respondents were stressed quite a lot/to a large extent by 'feeling isolated/not seeing people off the farm'. Women were more likely than men to feel lonely and younger respondents were more likely than older respondents to feel lonely.

Research conducted by the CRPR in partnership with the Farming Community Network (FCN) in 2020-21 (see Wheeler et al., 2021) focused specifically on the issue of loneliness and social isolation in farming and identified a number of farming-related factors that contribute to feelings of loneliness, which in some cases can be profound and are related to other mental and physical health problems. These factors include:

- Long working hours, partly driven by challenging economics and pressure to keep the family business going.
- Lone-working, which is felt to have increased over the years due to increasing mechanisation and fewer people working on farms.
- Lack of social opportunities, as it can be difficult to take time away from the farm.
- Declining business related contact, including due to reductions in the number of traditional meeting places/events such as livestock auction markets (see also Nye et al., 2021).
- Geographical isolation associated with rural locations, poor broadband connectivity and transport links.

- Business-related stress, especially where the individual has sole decision-making responsibilities.
- Family tensions and expectations associated with the family business (e.g. farm succession).
- A lack of home/work boundaries, which can make it difficult to discuss personal problems with family members.
- Relationship difficulties, often related to the long working hours involved in farming.

A sense of ‘cultural loneliness’ among farmers – a feeling of being misunderstood by and isolated from wider society - was also identified. This was associated with:

- Changes to local communities and associated tensions and misunderstandings regarding farming.
- Perceptions of a wider public disconnection with, and undervaluing of, farmers and farming.
- Contractions in the size of the farming community (linked to wider agricultural restructuring processes in which farms have got fewer and larger over recent decades).
- Public pressure around issues such as climate change and other environmental problems.
- Policy demands, inspections and regulations, which can create a sense of being unfairly burdened and scrutinised.

Our work on livestock marts identified the important role they play in helping to combat social isolation to the extent that some farmer participants in our research reported attending marts for social contact even if they were not engaging in livestock transactions (Nye et al 2020).

1.5 Mental health challenges for farming women

Findings from both our research on loneliness and our survey for RABI demonstrate that mental health problems in agriculture are not confined to male farmers (who often form the focus of research and general discourse on this topic), with farming women also frequently suffering from these issues. In fact, our survey for RABI found that women (and particularly women aged 25-44) were more likely than men to suffer from low mental wellbeing and anxiety. For example, 43% of women compared to 33% of men were possibly or probably depressed, and 58% of women compared to 44% of men were suffering from mild, moderate or severe anxiety.

Whilst some of the reasons for poor mental health among farming women are the same as for men, there are some differences which suggest a targeted approach to addressing mental health issues among farming women is warranted. For instance, our research on loneliness highlighted that, whilst arguably beginning to change, traditional gender roles persist within agriculture (particularly family farming) and women are often required to juggle multiple home, childcare, and business related tasks, which can be stressful and isolating, particularly if their partner works long hours on the farm. Evidence from our work on auction marts revealed that some female farmers lack confidence within certain domains of farming, such as marts themselves, or feel excluded by events or marketing biased towards males. Being female in what has, traditionally, been a male domain can therefore lead to greater anxiety levels as well as stress, stemming from a need to work harder in order to ‘prove oneself’.

1.6 Trigger points for poor mental health

The following is an extract from our report on loneliness and social isolation in farming (Wheeler et al. 2021, p.7)

There is often no single event that leads to feelings of loneliness or poor mental health, with issues instead gradually building over time and, as one participant put it, ‘slowly chipping away’ at a person’s wellbeing. Another described it as ‘death by a thousand cuts’. Our research did, however,

identify various circumstances that can act as the trigger that makes people 'crack', and particular stages in farming life that can be especially stressful and potentially isolating. These included:

- Death or illness of a loved one;
- Unmanageable debt;
- Farm inspections;
- Moving farms;
- Becoming parents;
- Returning to or taking on the family farm;
- Retirement;
- Planning battles;
- Being the victim of rural crime;
- Bovine TB;
- Relationship breakdown;
- Witnessing suicide.

1.7 Barriers to help-seeking among farmers

Our research projects on loneliness and auction marts identified a number of factors that can hinder or discourage farmers from seeking help for mental health issues, many of which have also been confirmed elsewhere in the academic literature. These include:

- Stoicism among farmers, particularly related to ideas of rural masculinity.
- A reliance upon other family members (often female) to push male family members to seek help when required, a pattern which requires significant cultural change to correct.
- Stigma and a lack of understanding around mental health issues within agriculture
- Reluctance to visit a GP due to: a sense that their farming situation would not be understood; an unwillingness to take medication; and a fear that their shotgun license would be revoked if they are diagnosed with a mental health condition.
- Lack of time to seek help
- Lack of awareness of sources of support
- Not wanting to burden others
- Issues around accessibility to healthcare sites, or the inconvenience of opening times
- Loss of faith in primary healthcare services due to negative prior experiences

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?

2.1 Public health provision

People living in rural Britain and working in agriculture are offered NHS mental health services largely designed around evidence from research in urban populations. Longer distances from mental health centres, dispersed and smaller multidisciplinary teams, and difficulty in recruitment all impact on access to established evidence-based mental health models of care.

As elaborated below, it is essential that people from the farming community feel that farming-specific issues and circumstances will be understood by those they are seeking help from. We therefore recommend the provision of information and training for rural GPs, Community Psychiatric Nurses and other health workers on the specific issues and challenges faced by members of the

farming community. The Farming Community Network (FCN) have stated that they are well placed and willing to assist with this (see Wheeler et al. 2021).

2.2 Farming Help charities and other farm support organisations

Our research on loneliness and related mental health in farming highlighted the importance of having access to farming-specific support for mental health problems and associated business/farm-related issues. Such support is currently primarily provided by charitable organisations and local initiatives, including but not limited to: the Farming Community Network (FCN); Royal Agricultural Benevolent Institution (RABI); Addington Fund; You Are Not Alone (YANA); and the Farm Safety Foundation.

Our research participants were unanimous in their opinion that it is essential to have healthcare/support professionals who understand the particular demands and characteristics of the farming context. As stated in our summary report:

“Being able to talk freely to someone who understood farming issues but who was separate from their own farming and family circle was seen as invaluable by those who had utilised such support. Practical help, for example by FCN volunteers assisting with resolving particular administrative and planning issues, and financial assistance provided by RABI in times of crisis, was also greatly appreciated and seen as vital in enabling those individuals to recover from highly stressful situations. The relatively recent establishment of farm support outreach at livestock markets and other events was also noted as an effective way of making support more accessible to farmers who may not otherwise seek help.” (Wheeler et al. 2021, p.17)

These types of organisations are clearly succeeding in meeting the needs of the agricultural community in the cases where they are involved. Their work is, however, naturally limited to their resource capacity and demand for their services is only likely to grow, particularly as BPS payments reduce in the coming years. There is also scope to further raise awareness of their existence within the farming community as not everyone is aware of what support is available and how it can be accessed.

There is also concern that individuals only seek help from farm support organisations ‘as a last resort’, when issues may have already spiralled and be severely impacting on mental health. As well as encouraging and enabling people to seek help at an earlier stage, there is therefore also a need for more preventative measures to tackle some of the issues before they escalate. Such measures include:

- Greater provision of practical support for farm businesses (e.g. guidance on applying for agri-environment payments; business planning advice; farm worker grants; assistance with the planning system; skills training; and family/business mediation (including but not limited to succession planning)).
- Support for the continuation and expansion of peer-to-peer farming networks and other social opportunities/activities, in both face-to-face and online formats.

Our research on the role of auction marts identified marts as “ideal venues for primary healthcare services, given that farmers often do not seek, or have limited access to, mental and physical health assistance. By gaining the trust of the visiting farmers, cultural and attitudinal barriers can, to some extent, be remedied, and by providing a service specifically aimed at farmers and the agricultural community in-situ, without the need for an appointment, the stress associated with visiting a local surgery is alleviated” (Nye et al 2020 p.9). A number of marts offer mental health and well-being

services either via Agricultural Chaplains or other farm support organisation, but comparatively few offered any kind of primary healthcare service. Where such support did exist, it tended to be widely used and have a significant impact upon the health and wellbeing of many mart attendees. It was also revealed that farmers often visited primary healthcare facilities at marts under the pretext of having a physical illness, but that ultimately mental health issues, sometimes very serious, proved to be at the core of their visit. Multiple formats of support must therefore be available to ensure the most hard to reach individuals have a pathway to help.

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?

Rural workers appear to have a greater prevalence of factors known to be associated with suicide such as isolation, loneliness and access to lethal means – such as firearms & pesticides - and remote locations. The precise reasons behind the high rate of suicide in farming are difficult to unravel but the literature suggests a combination of access to means, knowing someone who has committed suicide and farmers' greater familiarity with death than the average person in the wider population may play a role (Lobley et al., 2004). The seminal work on farming suicide by Hawton et al. (1998) also suggests that farmers are more likely to act on suicidal thoughts and feelings. 29% of the farmers we interviewed for our research on auction marts reported “knowing of at least one farming-related person within their region, auction mart community, and sometimes, within their own family, who had committed suicide during their lifetime” (Nye et al 2020 p.9). The challenges for mental health affecting the farming community set out in section 1 of this document are all likely to contribute to the presence of higher than average suicide rates within agriculture.

There is some evidence that sociocultural factors around the stigma of speaking about mental health and suicide remain strong in rural agricultural communities at a time when urban society has become more open in regard to these matters (Oxford Farming Conference reports in 2022). This may also be implicated in the higher than average suicide rate.

4. Recommendations

- The wellbeing of the farming community is everybody's responsibility. All those involved in regulatory and compliance inspection and enforcement need to understand that their work is one of the top stressors in the farming community and that they will frequently be engaging with people who are possibly/probably depressed and/or experiencing high levels of anxiety. This understanding should inform how they approach and deal with members of the farming community.
- The work of the Farming Help charities is vital. These charities must be properly funded over the long term so that they can continue to provide support to all across agriculture through difficult times, crisis and periods of change. At a minimum, government should provide additional financial support to farming help charities for the duration of the agricultural transition so that more support can be provided during what will be a challenging time for many.
- Provision of training for all regulatory inspectors and farm assurance assessors regarding mental health issues, approaching their work sensitively, spotting the signs of poor wellbeing and where to signpost people for appropriate help and support.

- Future mental health services in rural areas should be co-designed and produced by the intended beneficiaries. The new community mental health framework in England puts an onus on current mental health services, primary care services, community, voluntary and other agencies involved with a community to design ‘what works’ for the local population. Working around populations of 30-50 thousand people may be too large for widely dispersed rural settings. Specific consideration might be given to designing with smaller populations in relevant geographical settings for examples valleys. Targeted health and wellbeing campaigns including the use of pop-up clinics, for example, at livestock marts are valuable and should be supported.
- Expansion of practical and business support for farmers, for example on business planning, finance, succession, and Environmental Land Management schemes.
- Continued investment in rural broadband access from local authorities/providers is essential to improve connectivity and reduce isolation.
- Support should be targeted and tailored towards the needs of particularly vulnerable groups (e.g. young/middle-aged women and upland farmers). When interventions are designed they should take into account that the reasons for poor mental health outcomes appear to differ between women and men.
- Taking time away from the farm should be normalised as it pays wellbeing dividends.
- Many farmers will have needs relating to their mental health and wellbeing, physical health and the health of their business. This means that multidimensional support should be provided. If this is not possible within a single organisation, partnership working to deliver multidimensional support should be explored.

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