

## Written Evidence submitted by the Bovine Tuberculosis Partnership for England (bTBP)(MH0030)

### Introduction

This response is from the Bovine Tuberculosis Partnership for England (bTBP), comprised of members from the agricultural, veterinary, and academic communities, along with officials from the Department for Environment, Food and Rural Affairs (Defra), the Animal and Plant Health Agency (APHA) and Natural England. The aim of the Partnership is to encourage shared ownership, coordination, and decision-making surrounding England's 25-year bTB eradication strategy. The membership of the Partnership and its Terms of Reference can be found at <https://www.gov.uk/government/groups/bovine-tuberculosis-partnership>.

Whilst the Partnership is focused on the epidemiology of the disease and appropriate disease control mechanisms, it is also concerned with the social impacts of bTB: ensuring these are recognised in policy development, to benefit those on the frontline of tackling the disease. In responding to this call for evidence, we focus on the links between animal disease controls and the culling of infected cattle, and the mental health of farmers experiencing a bTB breakdown. Our response also provides details on current activities to limit the social impacts of bTB, and identifies further work being progressed to help alleviate these impacts.

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

#### *Research on Animal Disease and Mental Health*

It is widely held that outbreaks of animal disease are associated with poor social outcomes amongst farmers and veterinarians, including impacts to their mental health. Following the Foot and Mouth Disease (FMD) outbreak in 2001, various academic studies revealed the short and long-term social impacts of animal culling upon farmers and vets.

Qualitative research has revealed a range of factors influencing farmers' mental health during the FMD epidemic and how animal culling and the loss of cattle affected farmers (Convery et al., 2008; Convery et al., 2005; Mort et al., 2005). Quantitative research has also shown how farmers' mental health during the FMD outbreak was associated with depression, with farmers whose cattle were culled marginally (but not statistically significantly) more depressed than others (Peck et al., 2002).

This research also reveals that during FMD, affected farmers were more likely to turn to their own communities and veterinary surgeons for support, preferring anonymous support rather than from health or social work authorities. For FMD and other animal disease outbreaks, the ability to form communities and create 'disaster social capital' appears to be a key way for farmers and vets to cope with animal disease management (Hood and Seedsman, 2004). These communities allow people to come together to share experiences with colleagues as a form of therapy (Bailey et al., 2006).

These studies also reveal, however, that a key part of farmers' stress in animal disease management, arises not just from animal culling, but the way disease management is conducted. For example, recent studies of the management of bTB in New Zealand reveal how distant government and bureaucratic processes compounded the effects of cattle culling to farmers' mental health (Jaye et al., 2021). Similarly, for FMD and bTB in the UK, lack of trust in government processes and a sense of isolation from decision making is connected to poor social outcomes amongst farmers (Convery et al., 2008).

### *Research on bTB and Mental Health*

It is widely held that bTB breakdowns are connected to poor mental health amongst farmers. Despite the significance of bTB as the UK's most costly endemic livestock disease to the taxpayer, there are only two academic studies that have explicitly examined the relationship between bTB and farmers' mental health.

One study (University of Exeter/ADAS, 2010) of farmers' psychiatric morbidity shows that bTB is associated with higher levels of stress than found in the general population. The duration of the bTB incident rather than the number of animals lost to the disease is associated with farmers' anxiety. Dairy farmers with long running bTB breakdowns experience high levels of stress, but for other farm types the effects of bTB appear to be non-existent or even associated with higher levels of mental health. However, personal experience has shown other farm types can be similarly affected.

A more recent study in Wales (Crimes and Enticott, 2019) also found that farmers' mental health was lower than the general population and analogous occupations. Results from this survey revealed that bTB was the primary disease pressure facing farmers, and the third highest of all pressures after finance and the weather. Farmers in high-risk areas whose herds had bTB had statistically significantly lower levels of well-being than those without bTB. In general, and in other bTB risk areas, there was no statistically significant relationship between farmers mental health and their bTB status, or experience of cattle culling. The lack of relationship in mental health and bTB status may point to a range of factors, including the inability of survey methods to reveal specific moments of stress. Indeed, qualitative social research of bTB reveals how farmers' anxiety is triggered at particular moments in the disease control programme, such as testing, how the loss of cattle has emotional impacts, and how experience of a bTB breakdown can help farmers learn to manage these impacts (Crimes and Enticott, 2019).

As with other diseases, these qualitative approaches also reveal how farmers' mental health is related to the way in which the disease is managed, not just the effects to the herd. Thus, these studies reveal that anxiety can be heightened by poor communications with farmers, whilst a sense of marginalisation from decision making can result in a lack of trust in the disease control programme (Enticott, 2008; Broughan et al., 2016).

There are no studies that explicitly examine the relationship between bTB and the mental health of vets who conduct testing, or work within government managing cases. However, qualitative research with vets has shown that negative experiences of bTB testing can be

associated with a loss of enjoyment in being a vet, and is a key factor in leaving farm animal practice, moving abroad to where there is no bTB testing, and/or leaving the profession and seeking alternative employment (Enticott, 2018). A recent survey by Farmers Weekly (October 2021) showed a high proportion of vets mentioning TB testing as unfulfilling and a source of anxiety, citing the negative impact of delivering bad news to farmers if TB positive animals were found. Similarly, most farmers surveyed cited feelings of dread and the stress experienced during the testing process.

### **bTB and the Management of Farmers' Mental Health**

Currently, there are no schemes or programmes that explicitly seek to tackle the mental health impacts of a bTB breakdown, beyond the generic support offered to farmers by voluntary sector organisations such as the Farming Community Network (FCN). Grant funding has been provided to FCN by Defra for several years, including from Defra's Bovine TB Programme, and more recently given a separate grant to help improve their resilience to shocks like the COVID-19 pandemic, in recognition of the valuable support it offers to farmers.

It is common to find veterinary surgeons – particularly in the private sector – acting as a kind of proxy social support service. In some veterinary practices, farmers who have experienced a bTB breakdown may be contacted by practice managers several days later to 'check in' with them and provide relevant advice. Private vets may signpost farmers towards support services or personally help them through their breakdown. In some cases, this may take place as part of biosecurity advisory visits. Schemes like the TB Advisory Service (TBAS) in England and Cymorth TB in Wales provide tailored biosecurity advice to farmers. However, the value of these visits is often simply the opportunity for farmers to talk with someone. In the evaluation of Cymorth TB for example (Enticott and Ward, 2015), what was rated most highly was the opportunity for social interaction between vets and farmers.

#### **What is it like to have a bTB breakdown? A Farmer's Perspective**

As a farmer who experienced the devastating impact of TB in a low-risk area, it had a profound effect on not only our farm but was intensified by a huge unwarranted sense of guilt that you had might have somehow inflicted TB, and all the associated restrictions on neighbouring farms. The psychological pressure was greatly reduced by the support of local farming families and our excellent vet practice.

Vets working on bTB often refer to themselves as a kind of 'social worker', providing care to the farmer as much as to their animals. However, it is important to recognise that vets do not routinely receive formal training in social care or mental health but draw on their own experiences. This may mean that the support offered to farmers may vary. At the same time, it is important to recognise the importance of the social care dimension of bTB schemes such as the TB Advisory Service (TBAS). TBAS is a government (Defra) funded project and provides free bespoke, practical, and cost-effective biosecurity advice to farmers. However, the implementation of this advice can be dependent on the social care

provided to farmers by those who deliver it. Funding and evaluation of such schemes should consider the importance of these social dimensions.

#### **Overview of the TB Advisory Service (TBAS): A TBAS Vet's Perspective of Working With bTB**

TBAS was established in 2017, funded by the Rural Development Programme for England and, more recently, Defra. The service offered free visits to farms by trained TB advisors (usually vets) to provide cost effective, practical recommendations based on the risks identified. Visits were initially available to farmers in the High Risk and Edge Areas, but from 2022 advice will be available to all farmers in England.

98% of Farmers that had a free farm visit said the recommendations were useful and 90% rated the service as excellent. Whilst the main aim of the TBAS is to encourage farmers to reduce their risk of TB by improving their biosecurity, vets and advisors involved in the programme describe how much of their work involves a form of 'social work' for farmers who are emotionally distressed by the impacts of bTB such as the culling cattle or the difficulty of accessing relevant information. The following examples are typical experiences of TBAS advisors:

*"I took a seemingly straight forward telephone query about interferon gamma testing, late on a Friday afternoon, and though it would take a few minutes to speak to the farmer. Nearly an hour later I was myself distressed as I had had to deal with a suicidal farmer on the end of the phone. The farmer had witnessed over 30 in calf cows shot on his own farm as they were too close to calving to travel to slaughter. He was then asked to help load them on to the transport to be taken away. After relaying these traumatic events to me he proceeded to tell me he wanted to turn the gun on himself. I am not trained to deal with these situations, I came off the phone not knowing if I had helped or not. Luckily, I knew the farmer's own vet (through networks), so I broke confidentiality and called them out of hours to see if they were able to get in contact with the farmer. The vet, typical of many of my colleagues, dropped their own plans and spent their Friday evening making sure their client was ok."*

*"I took a phone call from a lady who had been told over the phone, all her in calf heifers would have to be shot as there would not be a licence issued to move them somewhere more suitable to be calved. There was no TB biosecurity advice I could give to her, I could only listen and try to explain the governments reason to not allow a licence to happen and what we could possibly do to prevent this situation in the future, this is not the role of a TBAS adviser, but I felt it was my role to try and explain TB policy to some extent".*

The effect of dealing with cases like these can be extremely draining for TBAS advisors and can take its own toll on their mental health and careers. As these examples show, the support farmers receive relies on advisors' own commitment to 'doing the right thing' and going beyond what is required of them, and in some cases the good fortune of knowing the right people to contact. Advisors are not specifically trained in providing emotional support to farmers. However, TBAS is looking at ways to arm our vets with skills on mental health first aid and to maintain their own mental health resilience. This is not, however, part of the official remit of the service nor does TBAS receive funding specially for it.

## **A new bTB Partnership and improving bTB Communications**

In response to an independent review of the bTB Strategy (Godfray 2018), the bTBP has been established to encourage shared ownership, coordination and decision-making as we continue to progress the bTB Strategy.

Recent work by the bTBP has identified a range of potential improvements to communications with farmers. Work is also planned to look further at information flow and data sharing with a view to identifying improvements to the management of a bTB breakdown. The aim is to simplify interactions between farmers and vets to make farmers' lives easier and, hopefully, reduce the anxiety associated with bTB controls.

A key outcome from the initial work is to recommend that all communication relating to bTB should undergo a mental health audit to ensure that it is fit for purpose and provide opportunities to learn from specific techniques that can be used to help farmers deal with a bTB breakdown. The audit should focus on existing training for vets and other advisors in the TBAS and APHA to ensure that it is fit for purpose and where relevant updated to ensure that farmers receive the best quality communication when dealing with bTB. This may include the provision of post-breakdown follow-up checks for farmers. Further improvements to communications may include the use of local and/or regional 'bTB champions' to act as a central point for bTB information; upskilling veterinary practices to provide bTB advice; and creating mobile 'bTB clinics' at markets and shows to provide advice to farmers.

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