

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

Rural isolation and accessibility of mental health services are challenges faced by those living and working in rural communities. These challenges are compounded by poorer public transport in rural areas for those without cars. Poorer accessibility to wider services in rural areas, ranging from health care and child-care, social and recreational opportunities to business support and financial services can further undermine the well-being of those facing mental health issues.

Defra has received anecdotal reports of the mental health and wellbeing challenges faced by individuals who work in sectors affected by labour shortages. Many businesses in agri-food sectors facing labour shortages are located in rural areas and employ individuals in rural communities.

Our engagement with stakeholders has indicated that there are cases of employees having to work longer hours due to colleague absences and a reduced workforce, resulting in increased stress and pressure being placed on employees. We have also heard anecdotally that increased vacancy rates are leading to additional strains on management staff who must spend more time trying to source additional employees to fill vacancies.

Workers in animal culling have been highlighted as having potential mental health impacts. Defra has received several pieces of correspondence about labour shortages in the pig sector highlighting the impact of needing to cull healthy pigs on the farmers, vets and slaughter workers involved in the process. Some of these letters highlighted the mental health impact that the Foot and Mouth Disease virus culls had in 2001 on those who were involved. We are also mindful of the current Avian Influenza outbreak.

The Future Farming & Countryside Programme works with a number of farming charities to ensure planned changes in policy are delivered effectively. Recently we have contributed to the Royal Agricultural Benevolent Institution (RABI) Big Farming Survey, which highlights mental health challenges for farming communities. This was the largest ever research project about the health and wellbeing of farming people in England and Wales; there were 15,296 responses between January and March 2021. The sample size suggests the findings provide an accurate reflection of the national farming population.

The RABI research found mental health challenges in relation to isolation and social capital with almost a third (29%) of respondents hardly ever, or never, leaving the farm, and nearly half (43%) of respondents experiencing some level of loneliness. The research revealed for the first time a clear relationship between mental health and business health. Over a third of respondents (36%) were likely to be possibly (15%) or probably (21%) depressed; almost half (47%) of respondents were experiencing anxiety; and 19% knew someone who had attempted to take their own life.

A combination of factors contributes to poor levels of mental health and wellbeing. The RABI survey found an average of 6 different factors contributing to stress. These

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were a mixture of natural factors (for example weather), health factors including COVID-19, regulatory and financial factors (for example loss of subsidies), and social factors (for example rural crime and public access). The effects of stress range from the ability to take time off and lacking motivation, to reducing the quality of farm work and concentration on safety.

The RABI data shows there is a relationship between people's mental health and the sector of farming they are involved in, and also between their mental health and their gender. According to the survey, women are more likely to report higher levels of poor mental wellbeing and higher levels of anxiety. The farming community is most likely to report poor mental health in four sectors of agriculture: specialist pigs, dairy, upland and lowland grazing livestock.

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

The Department for Health and Social Care (DHSC) has advised that local clinical commissioning groups (CCGs) are responsible for decisions about the provision of services in their area and on how our investment in mental health services should be used to meet the needs of their populations living in rural areas.

Every local authority has a multi-agency suicide prevention plan in place, which should take into account the needs of their population. As such, if a rural local area has a high level of farming, we expect that local plans are tailored to take that into account. DHSC provided almost £600,000 in 2019/20 to the Local Government Association for a support programme to help local authorities strengthen their plans. Further funding is also being provided for 2021/22.

DHSC is investing an additional £57 million in suicide prevention by 2023/24 through the NHS Long Term Plan. This will see investment in all areas of the country to support local suicide prevention plans and the development of suicide bereavement services. DHSC is also providing an extra £5 million in 2021/22, to be made available specifically to support suicide prevention voluntary and community sector organisations. DHSC launched a £4 million Suicide Prevention Grant Fund for voluntary and community sector organisations, to support them to continue to deliver vital suicide prevention services on 2 December 2021.

The RABI 'Big Farming Survey' mentioned in Question 1 considered, for the first time, the relationship between the physical and mental health of those working in agriculture and the health of farm businesses. Among its conclusions was that there was a close link between business resilience and personal wellbeing: farmers who believed the prospects for their farming business were poor were more likely to suffer from poor mental health and anxiety.

As such, supporting sustainable businesses through a period of change such as the agricultural transition period will have positive impacts on wellbeing. Defra has a number of initiatives designed to help improve agricultural productivity and general business performance including the Farm Resilience Fund, which provides free business advice to farmers and is delivered by third-party organisations who are selected by competitive tender. The interim phase of the Resilience Fund is currently live, with a scale-up phase being developed for launch next year. Whilst the focus of the projects supported under the Resilience Fund is business resilience, numerous delivery partners are offering signposting services to expert mental health support where it is identified this is required.

There are also several established and effective agricultural charities which provide hugely important support to farmers and farm workers. These organisations including the Farming Connection Network, RABI, Forage Aid, Young Farmers Association, Adlington Fund, Princes Countryside Fund and many other local charities. Agricultural membership bodies and advisors also often provide signposting to clinical or support services to those they advise who may be experiencing mental health challenges. These services are in addition to other support such as the Samaritans.

3. What are the causes of the higher-than-average rate of suicide amongst those working in agriculture? How are other associated professions, such as vets, affected? How effective are suicide prevention services offered to these groups?

As described in the first question there are a variety of factors influencing mental health and wellbeing. There is no data available which links specific causes of poor wellbeing to levels of suicide. However, suicide is linked to existing mental health challenges such as depression, and also loneliness, given the sometimes isolated nature of farming. There are a multitude of causes of stress in addition to those listed in the first question and the pressure that leads to suicide is very situation specific. It has been suggested that the higher-than-average rate of suicide in agriculture could also be influenced by increased access to means of taking one's own life such as firearms, and the fact that many farmers deal with life and death as part of farming (this can include loss of livestock). These same issues could affect vets.

The statistics do confirm higher rates of mortality for those working in agriculture and it can be suggested that farm workers are more at risk than farmers and managers. The RABI report notes that 19% of respondents knew someone who had attempted to take their own life and 1.5% reported attempting it themselves.

The 2012 government Suicide Prevention Strategy noted that farmers and other agricultural workers (along with doctors and nurses) were at the highest risk of occupational groups and suggested that this was 'probably because they have ready access to the means of suicide and know how to use them.'¹ There is no specific reference to these groups within the latest progress reports or cross-government workplan.

¹ ['Preventing suicide in England: A cross-government outcomes strategy to save lives'](#) (September 2012), page

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

This Government is committed to supporting everyone's mental health and wellbeing, and to ensuring that the right support is in place, including for those affected by flooding or other 'shocks'.

NHS England has clinical guidelines on dealing with major incidents, including on providing psychosocial support for both patients and staff. Talking therapies are being made available remotely so people can access help safely from home and the NHS is working to ensure the option of face-to-face support is provided to people with serious mental health illnesses across all ages where it is clinically safe to do so.

For those with severe needs or in crisis, all NHS mental health providers have established 24/7 urgent mental health helplines. DHSC has also announced that in 2021/22 the NHS will receive around an additional £500 million to address waiting times for mental health services, give more people the mental health support they need, and invest in the NHS workforce.

5. Does the Government's recent investment in mental health services adequately provide for rural mental health?

DHSC published its Mental Health Recovery Action Plan in March 2021, backed by an additional £500 million for 2021/22 to address waiting times for mental health services and give more people the mental health support they need, including those working in agriculture and those living in rural areas.

DHSC is also investing an additional £57 million in suicide prevention by 2023/24 through the NHS Long Term Plan. This will see investment in all areas of the country, including rural areas, to support local suicide prevention plans and the development of suicide bereavement services. In addition to this, we are providing an extra £5 million in 2021/22, to be made available specifically to support suicide prevention voluntary and community sector organisations. This is on top of the additional investment under the NHS Long Term Plan, which committed to increasing spending on mental health services in real terms by at least £2.3 billion a year by 2023/24.

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?

Defra attends the quarterly meetings of the ministerial COVID-19 Mental Health and Wellbeing Task and Finish Group, chaired by Minister Keegan and Paymaster General, NHSE and Office for Health Improvement and Disparities (OHID) Mental Health Directors also attend these meetings.

Defra is working closely with DHSC, NHS England and NHS Improvement, Natural England, Public Health England, National Academy for Social Prescribing and Sport England to deliver the £5.77 million 'preventing and tackling mental ill health through green social prescribing' project'.

This project, running October 2020 – April 2023, will look at how to increase use and connection to the natural environment through referral to green and blue social prescribing services within communities in England to prevent and tackle mental ill health. The programme will enact key components of the NHS Long Term Plan (e.g., to embed personalisation within the NHS and to transform the delivery of mental health services) and the 25 Year Environmental Plan.

Seven test and learn sites are exploring the impact of nature-based activities on mental health, what is required to connect people to these activities and how they can be scaled up to ensure they are accessible to people in England who need them. Test and learn sites were selected as containing communities disproportionately affected by COVID-19 and/or communities disadvantaged by health inequalities. This could include those living in deprived areas, both in urban and rural areas.

Defra is also working with DHSC to make sure policies are rural proofed. This includes work on the government's second annual report on rural proofing which will be published next year.