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To : Scottish Parliament's Health and Sport Committee
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MENTAL HEALTH IN FARMING: NFUS SUBMISSION

- NFU Scotland (NFUS) welcomes the opportunity to give evidence to this inquiry on the Scottish Government's draft Suicide Prevention Action Plan.
- Mental health and farming is an area which has gained more attention over recent years.
- Rural Scotland hosts 20% of Scotland's population and living with mental health problems in rural Scotland has different challenges than living with similar issues in urban areas. Lack of anonymity and stigma in rural areas may mean that individuals find it more difficult to present themselves for help when needed. Furthermore, services are mainly urban based and transport to those services is problematic.
- This submission serves to provide some context to the prevalence of mental health issues in the agricultural industry, outlining the primary factors why farmers and crofters may be particularly vulnerable to mental ill health. It then identifies the actions that should be prioritised to reduce suicide risk in rural communities.

Risk Factors

1. Farming is a stressful job. Compared to other professions farming lacks time off, is increasingly subject to market pressures, and is dependent on favourable environmental conditions. Disease infecting livestock, or crops ruined by flooding are real threats that can be mentally traumatising for the farmer as well as cause financial hardship.

2. Difficulties are often faced by farmers single-handedly, who may spend long hours working alone with little human contact. In rural areas mental health services are often inaccessible and even if support services are accessible there is still a stigma attached to actively seeking help. Social isolation can mean mental health issues go unnoticed and easy access to lethal weapons can expose some individuals to the means to committing suicide.

3. The Scottish Government's Suicide Prevention Strategy 2013-16 built on the initial 2002 'Choose Life' initiative, and set out a range of commitments under five broad themes: responding to people in distress, talking about suicide, improving the NHS response to suicide, developing the evidence base, and supporting change and improvement.

4. The Suicide Prevention Strategy recognises that mental health problems and suicide sadly are issues very prevalent within farming/rural communities. The strategy identifies several risk factors specific to suicide in rural/farming communities in Scotland¹. NFUS agrees that these risk factors make farmers and those working in rural areas particularly vulnerable to mental ill health and suicide.

Risk Factor	Comment
Isolation	Social isolation, particularly working alone, as well as physical isolation due to geography can increase suicide risk.
Financial Problems	Public perception of idyllic rural communities is wrong and can make it difficult for those in rural areas to have their voices heard. Living and working in rural areas is financially challenging. Farming livelihoods can be destroyed by

¹ <http://www.chooselife.net/uploads/documents/74-National%20Guide%20to%20Suicide%20Prevention%20in%20Rural%20Areas%20Planning%20Tool.pdf>

	bad weather or disease.
Being 'different' in rural communities	The Office for National Statistics estimates that 4% of the UK population identify as LGB. This is not reflected in the agricultural industry. Being homosexual in traditional rural communities is particularly challenging and could be a cause of mental ill health.
Stigma associate with mental health	Help-seeking may be difficult in rural communities where anonymity is harder to obtain. Most farmers are men and statistically they are less likely to seek help than women.
Barriers to accessing professional care	Culture of self-reliance Poor service provision. For example, out with working hours, excess driving time to keep appointments, poor public transport making access to crisis intervention services inconvenient and impractical.
Poor social networks/ social fragmentation	Some rural communities lack well developed social networks.
Method of choice – availability of lethal means	Firearm ownership is more common in rural areas, and pesticides are often widely available.

An Evidence-Based Approach

5. There is still a lack of fact-based evidence to underpin suicide intervention strategies. Understandably, most work on suicide prevention in rural areas is based on anecdotal evidence and to deliver more targeted intervention strategies further research needs to be done into rural suicide.

6. The Scottish Suicide Information Database published the report *A profile of deaths by suicide in Scotland 2009-2015* in November 2017². NFUS considers that this profile is a useful contribution, and the report will be useful to organisations working to prevent suicide as well as the Scottish Government in the development of the Strategy.
7. In 2016 the Scottish Rural University College (SRUC) undertook a study³ to look specifically at mental health in rural areas and give a more legitimate evidence base to the problem rather than merely anecdotal evidence. The survey received 343 responses from people already experiencing mental health issues. It found that accessibility to mental health services is important – most respondents stated that public transport acts as a barrier to them receiving proper care needed to manage their mental health. The survey also provided an insight into the role of communities in coping with mental ill health. Respondents experienced ‘community’ in many ways, with local connections being close and strong for some, while being judgemental and parochial for others. However, most respondents did not feel they can be open about their mental health problems in their community.
8. To increase the evidence base for suicide prevention strategies NFUS supports pooling resources of the devolved administrations together. Many of the risk factors identified above are applicable to rural areas across the UK. Local authorities and public bodies in Scotland could therefore work together with their counterparts in England, Wales and Northern Ireland to build a larger evidence base from which to develop suicide prevention strategies specifically targeted at rural areas.

Collaboration /

² <https://www.isdscotland.org/Health-Topics/Public-Health/Publications/2017-11-14/2017-11-14-ScotSID-Report.pdf>

³ https://www.sruc.ac.uk/downloads/file/3332/national_rural_mental_health_survey_scotland_report_of_key_findings

Collaboration

9. In addition to the points outlined above, NFUS sees value in collaboration between governmental and non-governmental organisations. A continued, dedicated programme for suicide prevention such as the Suicide Prevention Strategy 2013-16 encourages organisations to work together to address the issue. Collaboration is particularly important as by working together organisations are better equipped to penetrate rural communities and ensure accessibility of services. For example, RSABI is working with Police Scotland to put suicide helpline stickers on gun cabinets in Scotland. This initiative could be the difference between somebody committing suicide or not.
10. Within the regions of Scotland, NFUS is involved in a range of collaborative projects which could be used as examples of best practice. One example of this is the Dumfries and Galloway Health and Wellbeing in the Farming Community Project which is a joint approach between NFU Scotland, Dumfries and Galloway Health and Social Care and Dumfries and Galloway Council, to engage and work with the local farming community to address health and wellbeing issues.
11. The Health and Wellbeing in the Farming Community Project was the result of a needs assessment by DG Health and Wellbeing (NHS Dumfries & Galloway and Dumfries & Galloway Council Joint Unit) in 2016. In this study the main issues identified included social isolation, stress, financial problems, depression and work-related hazards. It also identified the barriers that are preventing those at risk from seeking help. These included a culture of resilience, the nature of farming itself including long working hours, and lack of knowledge of local services.
12. Having been launched in 2017, the project will ensure that voices are heard, there is a better understanding of the barriers, concerns and issues facing the community, and that positive action is taken forward. An action plan has been developed to address the issues that were identified. Plans are now being put into place including mental health training and awareness, developing a retired farmer's social group, working with men to improve their self-care and wellbeing, and actions to help address workplace health and safety practice.

13. NFUS is a founding member of the National Rural Mental Health Forum, which is a further example of a very useful platform in which to bring organisations together to collaborate. The Forum serves to discuss issues related to mental health in rural areas and to push for better support for mental health services in Scotland, and is made up of a broad range of organisations, including The Samaritans, Mental Health Charities and rural organisations with membership in remote areas of Scotland. Its purpose is dedicated to tackling mental health and wellbeing across rural Scotland.
14. NFUS welcomes that the Scottish Government's Mental Health Strategy 2017-2027⁴ outlined that it would "[support] the further development of the National Rural Mental Health Forum to reflect the unique challenges presented by rural isolation".
15. The National Rural Mental Health Forum and the organisations it encompasses are in a strong position to:
- co-ordinate awareness-raising of mental health challenges through its network,
 - develop community support for those who are suffering through its membership organisations,
 - inform policy of the challenges and opportunities to aid Scottish Government to tackle mental ill health and suicide prevention in Scotland.

Education and Training

16. NFUS supports mandatory training in suicide prevention and mental health for professional groups as well as extending training into community groups. Isolation is a risk factor that can contribute to mental ill health in rural areas. However, with isolation, most people still relate to someone in their lives, and if that someone has training, then they can recognise and act on early signs of poor mental health.

⁴ <http://www.gov.scot/Resource/0051/00516047.pdf>

17. NFUS would like to see dedicated mental health first aiders at local organisations in rural areas. According to the National Rural Mental Health Forum, mental health first aid training is not widely available, it varies in costs, and it is not advertised by providers in some regions of Scotland. If local and community groups received mental health first aid training this would increase access to mental health services for rural communities. For example, several NFUS Regional Managers – as the first port of call for dealing with NFUS member queries – will undergo training to become mental health first aiders. NHS district nurses, and religious ministers are other good examples of people who could become mental health first aiders. Government support and funding of training would be welcomed.
18. It is also important that GP's in rural areas have sufficient training to give an appropriate diagnosis of mental health problems. The period between a farmer seeing their GP and then receiving appropriate follow-up mental health services should be as short as possible.

Awareness Raising

19. NFUS supports continued awareness raising of mental ill health. Much work has already been done to remove the stigma attached to mental ill health in agriculture, however, there is still room for improvement.
20. The Scottish Association of Young Farmers Clubs (SAYFC) is running a campaign to encourage conversations about mental health and break the stigma that often surrounds it. SAYFC members are aged between 14 and 30 years. During this period there are so many life events going on that can influence mental well-being.
21. SAYFC's aim is to specifically target its audience of young people living in Scotland's rural communities through raising awareness of poor mental health triggers and causes, how to recognise the signs and how to seek help if you or others are suffering.
22. Since launching early last year the campaign has proved successful, featuring in over 30 publications with hundreds of thousands of people reading about the campaign on social media.