

## The mental health of landholders in Southern Queensland – issues and support

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Running title: Supporting mental health of farmers

**KEY WORDS:** Australia, mental health, farmers, support, Queensland

## ABSTRACT

**Objective:** *To inform development of an initiative designed to support the mental wellbeing of rural landholders in Queensland.*

**Design:** *Interactive focus groups.*

**Setting:** *Rural and remote Queensland.*

**Participants:** *Representative of organisations and agencies dealing with rural landholders, rural landholders' themselves and health professionals.*

**Main outcome measures:** *Factors contributing to the declining mental health of rural landholders. Recommendations for inclusion into mental health first aid programmes held for field officers.*

**Results:** *Key areas identified to contribute to the decline in mental health of rural landholders were: isolation in its varying forms; the ongoing drought; increased government regulations; and widening of the schism between urban and rural Australians. The issues that affect rural landholders are recognised to have a 'knock-on' effect on the people that interact with them. In particular rural support organisations are concerned for the wellbeing of their staff, prompting some to begin to put protocols in place should their staff need mental health support. Additional mental health training of field officers that involves awareness, recognition, communication skills, understanding and empathy is perceived to be beneficial.*

**Conclusion:** *Training of field officers was considered to be of benefit to the support of rural landholders. An understanding of the various and diverse issues that rural landholders face should be a fundamental component of that training.*

**KEY WORDS:** *Mental health, farmers, extension agent, Queensland*

### What this paper adds

#### What is already known on the subject:

- The mental health of rural landholders in Australia has declined in recent years.
- Extension agents and field officers who are often the first point of contact have few skills or resources to identify or support farmers who are depressed or at risk of self harm.

#### What this study adds:

- Identification of factors contributing to the decline in mental health as voiced by key stakeholders.
- Views and recommendations as to how training of extension workers can support the mental wellbeing of both landowners and the extension workers themselves.

## Introduction

The health of rural landholders is vitally important. That cohort is not only responsible for the productivity of the nation's agricultural industry but their wellbeing directly affects the entire social and economic future of agriculturally-dependant rural communities. The health of rural communities is lower than that of urban communities.<sup>1</sup> Cancer, heart disease, stress and suicide rates are higher.<sup>2</sup> The national suicide prevention strategy identified rural communities as being at high risk.<sup>3</sup> The vulnerability of farmers to stress have been documented<sup>4</sup> and authors of a recent review of literature concluded that the farming environment has a unique set of characteristics that are potentially hazardous to mental health.<sup>5</sup> Contributory factors to the stress upon farmers include production demands, financial uncertainty, weather patterns, long work hours, inter-generational relationships and an ageing population.<sup>6</sup>

Worrisome evidence is appearing for a recent and rapid decline in the mental wellbeing in farming communities in Australia and an increased incidence in suicide.<sup>7,8,9,10</sup> There is a need to initiate effective measures to identify people at risk and to address prevention, diagnosis, treatment and support of this vulnerable group. One initiative is the delivery of need-based mental health training directed at field officers who are involved in working with rural landholders. Service providers such as these are often the first port of call for emotional support and referral for farmers yet they are limited by their qualifications, skills and role.<sup>11</sup>

The initiative takes the form of ongoing training for field officers working in Southern Queensland using the Mental Health First Aid (MHFA) Kit<sup>12</sup> with the content modified as appropriate for the specific participants. Prior to the first training workshop a series of focus groups were held with key stakeholders to determine the most important issues related to mental health of landholders. Outcomes are presented in this paper and were used to plan and inform the training curriculum.

## Method

Three focus groups were held in July 2007 with representation from rural landholders (n=8), rural organisations/agencies (n=4) and health professionals (n = 11). A facilitator initiated discussion around general questions designed to gain an insight into the participants' perceptions of the mental health issues affecting rural landholders and what measures they thought necessary to resolve these issues. Those questions asked for opinions on:

- current pressure on rural landholders and their families
- incidence and significance of mental health issues
- impact on extension and other staff
- initiatives to deal with mental health issues in rural communities and/or staff
- potential benefits and outcomes of training field staff

Participants were also asked for suggested course inclusions for mental health training. The MHFA trainers attended the workshops as observers.

Ethics approval for the study was given by the university Human Research and Ethics committee.

## Results

### Current pressure on rural landholders and their families

*Ongoing drought*

Participants were unanimous that the ongoing drought was a major source of pressure for rural landholders and their families. They were however careful to point out that the drought was in addition to other pressures already being faced by the landholders. *“The length of the drought, that’s become an economic problem for a lot of people”*. Many of those affected were said to feel that there is no way out of their current financial difficulties. One health worker noted that *“there is increase in a sense of hopelessness”*.

#### *Isolation*

The changing social structure was emphasised by all groups. Rural communities are shrinking as residents move away for employment. On farms there are fewer and smaller families. Longer working hours and dwindling finances leave little time or resources for socialising. This isolation led to rural landholders feeling *“abandoned by the government, abandoned by society and we’re now marginalised”*.

There was a general consensus that mental health is an issue for the whole community and key people should encourage whole communities to get involved to overcome the isolation. One participant offered *“a nice outcome would be people sort of start caring about individuals...developing those social community networks again that they’ve lost a little bit of”*. Another individual described this sense of social networking as *“community connectedness”*.

#### *Legislation and regulation*

Exacerbating this sense of isolation is the pressure brought on by increasing government legislation and regulation of the rural industries. All three focus groups agreed that this increasing imposition was an additional strain to rural landholders.

#### *Aging farming community*

The aging farming community and the loss of *“older, experienced workers”* was of concern to organisations and land owners. This was seen to contribute to the *weakening social structure*. A related concern for all three groups was *“generational loyalty”*, *“succession”* or *“family tradition”*; the convention where a property is inherited by the next generation in the family. For some, the young people have moved away and there is no one to leave the property to. For others the property has been running at a loss for so long, there’s nothing left of any value to leave. This results in a *“perceived failure in their traditional role as farmer and provider”* and *“failing the family, themselves and previous generations”*.

#### *Resilience and stoicism*

Health workers also raised the traditions of resilience and stoicism common to farming men as an issue. This isolates farmers further and inhibits them from seeking help. As one health worker described *“farmers are restrained by ideas of manliness that you don’t disclose your feelings and you just soldier on”*.

#### *Cost and competition for resources*

The rising costs of labour and supplies represent another burden. In rural Queensland other industries are having a huge impact on farming. In particular the mining industry with whom landowners cannot compete for labour.

#### *Support*

The final key area was the perceived decline in support for rural landholders in general. What was referred to as *“enmity between city and rural”*. There was a sense that society, government and traditional agricultural agencies were no longer behind the rural landholders. *“People feel that they’re being just not appreciated ... not thought of and there’s just this sort of a feeling of ‘like the black dog’”*.

Landholders were acutely aware of the decreasing numbers of field agents and noted that *“they’re under contract... pressed for time...there’s so few people and they’ve got to get returns”*. One landholder saw extension officers as adding to stress *“...it’s almost a ‘them and us’ and that they’re actually against us”*. Members of other focus groups admitted that this may in part be due to having younger less experienced staff dealing with farmers in difficult situations *“...it’s way out of their league to be able to handle”*.

### ***Incidence and significance of mental health issues***

Anxiety, depression, suicide or suicidal thoughts were all mental health themes commonly raised by all focus groups. All three groups felt that mental health issues were increasing in prevalence. Landholders highlighted the difficulty in gauging the mental health of their peers. *“Even those people that are really close, you don’t know when someone’s really depressed”*.

All three focus groups said that social stigma was an obstacle to seeking help with a reluctance to seek help by the stereotypical strong farmer because *“they’ve got to save face and not be depressed because there is a stigma attached”*.

The health worker focus group spoke of seeing increased alcohol consumption, family dysfunction, anger and frustration and *“feeling that everything’s out of their control”*. The group were concerned with the impact on the younger generations and they spoke of seeing more depression and anxiety in children and adolescents. *“All the family dysfunction, all the suicide, the alcohol, what are we going to see in mental health issues in children who are growing up in those families?”*.

Exposure to affluent lifestyles and changing societal values was considered to have raised lifestyle expectations and increased the difficulty of coping with the daily struggle.

### ***Impact on agency staff in contact with rural landholders and their families***

There was a strong view that the pressures facing rural landholders and their families were also impacting on field staff. It was suggested that the most directly affected field staff were the farm financial counsellors *“who were bearing the brunt of stress on a day-by-day basis”*. Health workers considered field staff to be in a *vulnerable position* and being *“vicariously traumatised. ....they’re finding it really, really difficult...to deal with the stropky client, the crying client, the person the same as their father bursting into tears and that sort of thing”*. There was suggestion by the organisations that the use of sick leave may be reflective of the stress these staff members are under.

### ***Initiatives to deal with mental health issues in rural communities and/or staff***

Health workers were the most aware of the numerous mental health initiatives available from both government and non-government agencies. However all participants were familiar with Beyond Blue, Lifeline and Men’s Line. A problem was noted of *“people not quite knowing when they’re at that point of needing help”*.

Landholders spoke from personal experience of being referred from person to person, and wished that they could speak to one person. Health workers were concerned that the rural doctor crisis meant that many areas operating with short term locums there was little opportunity for continuity in relationships.

### ***Potential benefits and outcomes of training field staff***

Some organisations already offer support to their staff including workshops, referral schemes and the availability of psychologists. However greater awareness of mental health issues among clientele was unanimously seen as a potential benefit of training field staff. The unified hope was that training would provide people with the ability to understand mental health issues and recognise symptoms as well as the skills to appropriately refer a person for more help.

Organisations and health workers both spoke about “*empowering*” or “*enabling staff to equip them to deal with bad endings*” as a potential outcome of training. It was important however that field staff know “*that they’re not going to be responsible for fixing that person’s mental health*”.

### **Suggested course inclusions for mental health training**

It was agreed that a strong emphasis needs to be placed on communication skills in training. “*There needs to be a very big communication issue and openness and honesty. Just being aware that strong communication skills are a tool of their trade*” and, “*the ability to be able to talk to people*” were also voiced. Reassuring people about the benefits of seeking help required these skills.

Another persistent theme thought to be necessary in training was empathy and an understanding of the similarities and differences between rural and urban Australians. “*I think in any training that’s given it would be important to promote ... that rural Australia is really doing it tough. They need to be perhaps more sympathetic and empathetic with landowners – not this them and us feeling that is there*”.

A possible inclusion was information about the links between drug and alcohol use and mental health. One landholder queried whether there ought to be some information on genetics and mental health, asking “*should there be some sort of emphasis put on the genetic side of it, like if your family has a genetic issue in their family with depression?*”.

## **Discussion**

Landowners, health professionals and agency representatives all acknowledged the decline in mental health among landowners and the increase in suicide rates that has been reported widely.<sup>9,13</sup>

Headlines blame the drought,<sup>7,8,10</sup> however all participants were insistent that the drought merely exacerbates the situation. This is a very important issue as rainfall will not alleviate many of the factors responsible for the changing face of farming. Adequate water will not for example change the workforce crisis resulting from competition with the mining industry. Local, state and national governments must decide how important rural Australia is and adopt strategies to support farming regardless of rainfall.

Training of extension workers/field officers is just one of a number of initiatives in Southwest Queensland addressing mental health issues. Training of field officers was supported by the participants. This concurs with work of Fuller and Broadbent who acknowledged that local service providers can be the first port of call for emotional support and referral however were limited by their qualifications, skills and roles.<sup>11</sup>

Trainers of the MHFA who were present at all the focus groups now have the opportunity to consider the results and to adapt the training appropriately.

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