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Landscapes of support for farming mental health: Adaptability in the face of crisis

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Abstract

Poor mental health is an important and increasingly prevalent issue facing the farming industry. The adaptability of what we, in this article, describe as ‘landscapes of support’ for farming mental health is important to allow support systems to adapt successfully in times of crisis. The term ‘landscapes of support’ refers to the range of support sources available to farmers, including government, third sector bodies and farming/community groups. This article seeks to understand the factors influencing the adaptability of these landscapes of support, especially at a time of crisis. Using a case study of the UK, we undertook a literature review, interviews with 22 mental health support providers and an online survey of people within landscapes of support (93) and farmers themselves (207). We also held an end-of-project workshop. Using an adapted three-point framework to assess adaptability, we found that supporting organisations adapted during the pandemic using a range of interventions (e.g., enhanced digital offering, use of media), but implementation was affected by organisational challenges (e.g., limited digital training,

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funding shortfalls, staff trauma) and operational constraints (e.g., lack of capacity, rural digital divide, tension between providers, stigma). We discuss how landscapes of support for farming mental health can be made more sustainable to deal with future shocks.

KEYWORDS

care-giving, COVID-19, farmers, health, help-seeking, mental health, support, wellbeing

INTRODUCTION

Farmers are already relatively isolated, physically, socially and culturally (Lobley et al., 2019; Wheeler et al., 2022), and studies have indicated that there is a relatively high incidence of low mental health among farmers around the world (Adhikari et al., 2021; Henning-Smith et al., 2021; Meredith et al., 2020; Phillipson et al., 2020; Rudolphi & Barnes, 2020; Smith, 2020; Wypler & Hoffmeyer, 2020). A recent survey funded by the Royal Agricultural Benevolent Fund (RABI, 2021) in England and Wales found that 36% of the farming community was probably or possibly depressed. A wide variety of different factors negatively affect farming mental health. These include financial problems and uncertainty, extreme/unpredictable weather and climate change, public or media criticism, rural crime, isolation, family and relationship difficulties, poor physical health, lack of succession and succession planning, animal and crop disease outbreaks and accidents on the farm (see review by Yazd et al., 2019).

Research has explored whether there are gender differences in the manifestation of mental health problems, with a particular focus being placed on the physical (macho image), economic (male as breadwinners stereotype) and cultural factors (stigma of seeking support), which 'continue to constrain rural masculinities and, ultimately, the health and wellbeing of rural men' (Herron et al., 2020, p. 2). However, in the aforementioned RABI (2021) survey, it emerged that poor mental health affects both male and female farmers, with women, in particular, reporting higher levels of stress and anxiety. In addition, the stress of inspections from regulatory bodies, uncertainty created by policy changes and the demands of paperwork weigh heavily on the minds of farming families (Farm Crisis Network, 2009; Lobley et al., 2004; Peck et al., 2002; Smith, 2020).

In the UK, the COVID-19 pandemic struck at a time of policy transition away from the European Union's Common Agricultural Policy, which was causing widespread concern and uncertainty (Hurley et al., 2022; NAO, 2021). The pandemic brought increasing pressures to farmers around the world, with early studies predicting a significant impact on farming families with higher-than-average co-morbidities and age, compared to the general population (Meredith et al., 2020), as well as the challenge of social isolation, and large numbers of dependent children requiring childcare and home schooling (Darnhofer, 2020; Meredith et al., 2020; Salzwedel et al., 2020). A more recent study indicated that the pandemic had increased levels of stress, anxiety, depression, and suicidal ideation in the UK farming population (Rose et al., 2022).

This article focuses not on the drivers of poor farming mental health but on the organisations and individuals supporting farmers. We examine the factors influencing the adaptability of various organisations offering mental health support to farmers in the UK, with a particular focus on

the impact of the COVID-19 pandemic. We use the term ‘landscapes of support’ to describe informal networks such as peer groups, rural pubs and agricultural shows, as well as formal sources such as public sector or civil society organisations, including farming or mental health charities, National Health Service providers and rural chaplains.

To structure our analysis, we adapt a framework constructed by Scheirer and Dearing (2011). Their work uses a sustainability framework for research on health programme interventions in order to understand the realities faced by organisations within certain communities of practice and how these might affect the outcomes of the end user. The term sustainability, in this context, can be understood as ‘an ongoing adaptation process that enables the fit of an [organisational] intervention within a changing context’ (Allchin et al., 2020, p. 2). It therefore refers not only to how an organisation might remain part of the support landscape but how effectively it can adapt to changes on the part of both user requirement and in terms of real-world changes, such as the COVID-19 pandemic. Applying an adaptability approach to an exploration of the support landscape in farming recognises that any entity operating within this environment cannot be static if it is to be effective and that any complexity arising from within the landscape is due to the fact that such organisations are ‘dynamic, living, social systems’ (Allchin et al., 2020, p. 3).

Our research attempts to specifically identify which factors influence the adaptability of farming mental health support provision through and beyond crises. In the following section, we review the limited amount of research conducted on mental health support organisations targeted at farmers. We outline an adapted three-part framework to describe the adaptability of these support organisations, focusing on (1) interventions used to adapt support in times of crisis, (2) organisational challenges affecting the ability to support and (3) the constraints of the operating environment. We examine the factors affecting their ability to continue providing help throughout and beyond the COVID-19 pandemic. We conclude with overall recommendations for further research on how landscapes of support for farming mental health can be made more sustainable to deal with ongoing and future shocks.

LANDSCAPES OF SUPPORT FOR FARMING MENTAL HEALTH

An article by Hagen et al. (2019) argued that no previous scoping studies had been carried out that explored mental health in farming communities around the world. Whilst there appears to be growing research interest in the drivers of poor farming mental health, and to some extent help-seeking behaviour, there remains a dearth of studies on the organisations and individuals who support farmers through difficult times. The lack of academic work on the subject of rural support organisations was noted a decade ago by Price (2012) and reinforced in subsequent reviews by Hagen et al. (2019) and Younker and Radunovich (2022). In a review of 341 articles on farming mental health, Hagen et al. (2019) found just 20 studies on mental health services or resources and still fewer that had undertaken a rigorous evaluation of outcomes (all from Australia). They argue that evaluations of how these services work and the outcomes they achieve would help to provide evidence and support lobbying for permanent funding of support services. Younker and Radunovich (2022) similarly noted that there had been no systematic literature review of mental health interventions. Upon conducting their review, the authors found few articles on how mental health services work together with just nine articles exploring interventions designed to improve collaboration between the network of support providers. Just one attempted a formal evaluation of how successful the network of services was for farming mental health (Perceval et al., 2011).

Below, we outline research on help-seeking behaviour before focusing on the limited amount of research that attempts to describe or analyse the landscapes of support for farming mental health. We highlight two important research gaps. First, there appears to be little to no critical social science research that explores the spatial composition of landscapes of support for farming mental health; specifically, how the network of organisations and individuals collaborate to achieve positive outcomes and whether there is overlap, conflict or disjointedness within it. Second, in contrast to the relatively established focus on how crisis or shock events impact farmers' mental health, for example, post-subsidy removal in New Zealand (Beautrais, 2017), post-1980s farm crisis in the US (Snee, 2017) or foot and mouth disease (FMD) in the UK (Bennett et al., 2002), there appears to be little to no published academic research on how support providers themselves cope with crises, including how they adapt to ensure sustainability of practice during events that place multiple stressors on both farmer and supporter. Our research will focus primarily on the second research gap, exploring how the landscapes of support for farming mental health in the UK adapted during the COVID-19 pandemic, although aspects of collaboration and conflict play a key role in adaptability.

Help-seeking behaviour

The focus of existing research tends to be on barriers to help-seeking from the perspective of farmers with some input from support providers. Barriers discussed below include: (1) availability of support, (2) accessibility of support, (3) financial barriers, (4) stigma and stoicism, (5) gender differences, (6) digital divide and (7) lack of farming knowledge amongst supporters. Many of these barriers are linked.

First and second, availability and accessibility of support services for farmers can be a challenge (Hagen et al., 2021). Geographic isolation in rural areas can mean that support services are less accessible to farmers or more unknown to the target audience (Cole & Bondy, 2020; Loblely et al., 2004; Henning-Smith et al., 2021; Vayro et al., 2020a, 2020b). The inaccessibility of support services is exacerbated by the lack of time farmers have after doing their work and the lack of appointment availability. Because of this, research has argued that rural clinicians should think about 'meeting farmers where they are' (Cole & Bondy, 2020, p. 126) rather than expecting them to travel and proactively seek support.

Third, financial barriers to accessing healthcare services are significant in many parts of the world where clinician support is not free at the point of use. Farmers may lack the ability to pay for mental health advice or counselling, whilst the costs of providing support to farmers can be high (Hagen et al., 2021; Roy et al., 2017).

Fourth, the stigma of speaking out about mental health can be strong in rural communities. A study focusing on farming mental health by Hagen et al. (2021) in Ontario, Canada, conducted 75 semi-structured interviews with farmers and individuals who work with farmers. It identified a number of barriers to help-seeking and discusses these in the context of previous research. The study found that there was a stigma associated with farmers speaking about farming mental health and an associated reluctance to reach out for help. Other studies also suggest that farming culture and values attributed to it such as self-reliance, stoicism, strength and resilience may mean that farmers do not feel comfortable asking for mental health support, which can worsen symptoms over time (Hammersley et al., 2021; Roy et al., 2017; Vayro et al., 2020b). A related concern is that of anonymity; in other words, if farmers reach out for support, there may be a fear of other people finding out and talking about them (Hagen et al., 2021). Whilst family is often an important source

of support for a farmer, this is not the case for everybody. Some farmers live alone, have challenging personal relationships or just do not feel comfortable discussing mental health issues with family—for instance, if they identify as LGBTQ+ (Kennedy et al., 2020; Wypler & Hoffelmeyer, 2020).

Fifth, there may be gender differences in how farmers access support. A study by Hagen et al. (2021) in Canada found that female farmers were more likely to seek formal mental health support, but less likely to have extensive informal or peer support, compared to males. Research attention has often focused on the plight of farming men (e.g., Hammersley et al., 2021), but poor mental health is also an issue amongst female farmers, who often have more care-giving and childcare responsibilities, which restrict the time available to seek support (Hagen et al., 2021).

Sixth, the policy responses around the world to the COVID-19 pandemic involved lockdowns and social distancing, which meant that some support had to be provided online. One of the obvious potential problems with this is the rural digital divide, which is a global problem. Urban/rural inequalities surrounding access to broadband are well documented within the literature, not just in terms of connectivity, but also lack of rural digital skills and ability to invest in digital equipment (Bernard et al., 2019; Philip et al., 2017; Phillipson et al., 2020; Vayro et al., 2020a).

Last, studies have found that farmers prefer to receive support from individuals who understand farming. Hagen et al. (2021) heard from farmers who would not speak to support providers if they were not deemed credible by the farming community; in other words, as having the required level of knowledge to empathise with them.

With so many obstacles to help-seeking at the preliminary level, it is crucial that when a decision is made to seek help, effective and reliable sources of support are in place in order to assist those members of the farming community who require it.

Landscapes of support

A systematic review by Younker and Radunovich (2022) outlined the range of different organisations and individuals who may deliver mental health support to farmers. These include clinical professionals, peers and families and ‘accidental counsellors’ such as financial advisers, vets, and agronomists. Support can, therefore, be formal through professional or volunteering services like mental health charities and clinicians or more informal through family, auction marts, friends and professional contacts. The importance of familial support networks is noted strongly within the literature (Herron et al., 2020; Rudolphi et al., 2019; Vayro et al., 2020a, 2020b). Formal support often focuses more overtly on mental health and wellbeing, whereas informal social support offered by family and friends may not mention mental health by name, but nevertheless supports it. This underlines the importance of considering the breadth of networks and services that make up the ‘landscapes of support’ within which formal support services are offered. Several articles acknowledge the importance of a support provider understanding the nature of farming, which is not always the case, for example, with professional clinicians (Furey et al., 2016; Roy et al., 2017; Younker & Radunovich, 2022).

In a study of dairy farmer mental health in Ireland, Furey et al. (2016) noted that farmers generally prefer to utilise informal sources of support, such as peers and family, in the first instance because of trust. Other trusted spaces of informal support, such as auction marts (Nye et al., 2022), have been identified as areas where farmers can share problems. It is important to acknowledge, however, the potential doubled-edge nature of informal social support in rural settings. In exploring the ‘rural panopticon’, a phrase used to describe the intense surveillance culture

within close-knit rural communities, Philo et al. (2017) identify challenges affecting rural mental health. Reminding us of farming mental health research around stigma, Philo et al. (2017, p. 235) find that close rural communities can be ‘terrible places for gossip’, sometimes referred to as the ‘valley of the twitching curtains’. The feeling of close surveillance, combined with the fact that many rural support providers (e.g., healthcare providers, social workers) reside in the same places as they work (Brownlee et al., 2019; Pugh, 2007), can discourage help-seeking behaviours.

Price (2012) traces the rise of rural support organisations in the UK and Canada from the 1980s, linking their emergence to times of disruption in farming communities brought about by shock events or political change, including the bovine spongiform encephalopathy (BSE) crisis and agro-economic restructuring (e.g., farm incomes fell during the reform of the CAP and NAFTA agreements). Through a content analysis of material produced by a range of organisations, Price (2012) was able to demonstrate that the initial raft of support in these countries tended to focus on male farmers and their needs, excluding women. Hagen et al. (2019) found a dearth of studies describing and evaluating the network of mental health support services available to farmers. Of the limited amount of studies, most offered a description, whilst few undertook an evaluation of how the network worked as a whole.

Of these more in-depth studies (although a detailed spatial analysis of the network still evades the literature), Perceval et al. (2011) and Hart et al. (2011) explore the Farm-Link project in Australia. Farm-Link attempted to improve the level of mental health first aid knowledge and support throughout the rural community in the midst of a severe drought. Staff leading the project undertook the role of a broker, attempting to bridge the gap between agricultural and health sectors (e.g., farmers, farming groups, clinicians). The project mapped the network of support available to farmers with the aim of sharing workloads and fostering joined-up thinking. One of their roles was to ensure that support provided by mental health professionals was appropriate and tailored towards the unique cultural needs of the agricultural sector. The limited evaluation of the project focused on the positive outcome of greater collaboration, arguing that Farm-Link staff had been able to bring different actors within the network together, building trust and information sharing, raising awareness and improving mental health literacy in farming communities. Challenges faced by Farm-Link staff included high workloads, staff shortages and lack of capacity, and the complexity of cases faced that made referrals difficult. The study concluded by calling for more in-depth research on how services can collaborate better to help farmers. A further study mapped the mental health services offered to farmers across 12 states of the US, including the type of support offered (Inwood et al., 2019; though no evaluation was conducted of outcomes or how services worked together).

Several other studies have investigated efforts to improve mental health literacy across rural communities and the services residing in them. The thrust of this research focuses on expanding the so-called ‘safety net’ (Robertson et al., 2021) for farming mental health, equipping ‘community gatekeepers’ (peers, farm advisers, rural residents and others) with the confidence and skills to identify and support distressed farmers. Reporting on a scheme to undertake mental health first aid training for farm extension agents in Mississippi, Robertson et al. (2021) reported that 60% went on to use the skills with 15% going on to encounter a farmer in crisis. Similarly, Hagen et al. (2020) analysed the ‘In the Know’ mental health training programme for farmers and people working with farmers in Ontario, Canada. After participating in a 4-h course, all participants reported increased knowledge in recognising mental health problems and speaking to others about it throughout the 6-month post-training period (see also Cuthbertson et al., 2022; Hammersley et al., [in press](#); Hossain et al., 2010).

Little research explores how supporters themselves cope with crisis. The emotional labour of providing mental health assistance to farmers can lead to individual support providers breaking down and not being able to help. The Younker and Radunovich (2022) review reports that rural veterinarians are a key source of wellbeing support to farmers. However, these ‘accidental counselors’ (Younker & Radunovich, 2022) can suffer stress and trauma from working with emotionally distressed farmers, which can contribute to their own experiences of mental health problems.¹

Some research has begun to look at how support services were affected by the COVID-19 pandemic, but this is sparse. Nye et al. (2021, 2022) explored the impact of COVID-19 on the social role played by auction marts within agricultural communities, which also touched on the adapting role of agricultural chaplains. Before the pandemic, when auction marts were able to go ahead without problem, agricultural chaplains often attended them to be able to offer support face to face. The study discussed how chaplains are not only there to offer specific support but tend to be part of a wider organisation and address both personal and business issues:

Chaplains are frequently, but not always, affiliated on some level with a wider farmer support organisation, such as the Farming Community Network (FCN), offering support and advice for both personal and business resilience. (Nye et al., 2021, p. 55).

UK landscapes of support for farming mental health

Numbers of formal support organisations available to the agricultural community in the UK have been on the increase since the 1980s, when issues with wellbeing and noticeable patterns of high suicide rates among male farmers were noted by researchers (Price, 2012). Such issues were, in part, attributable to shifts in the agricultural way of life caused by agricultural restructuring or crises such as BSE. Rural support organisations gradually evolved in response to growing awareness of farming suicide, depression, stress and anxiety, with organisations such as the Rural Stress Information Network (RSIN), The Farm Crisis Network and the RABI providing support. The characteristic key to such support that separated them conceptually from mainstream support systems in the UK was that they were built upon the premise that they were ‘adequately immersed and sympathetic’ (Price, 2012, p. 362) to the farming lifestyle. The impact of FMD, particularly following the 2001 crisis, drew attention to the wellbeing of the farming community once again (Gregoire, 2002) and spurred the emergence of new rural support organisations across the country. Many of these organisations carved a niche for themselves within the support market by focussing on one or two specific organisational aims, such as mental health support, business and financial support or assistance with housing, among other things. Since the 2001 FMD crisis, new support organisations have continued to emerge, often driven by an individual’s personal experience, or a particular need being identified within a region. While some organisations have morphed, declined or ceased to exist (e.g., RSIN), adapted or struggled to find their place within the landscape of support, many remain and continue to find ways to maintain organisational resilience in the face of their own challenges, in order to support those faced by the farming community.

From our literature review and assessment of the Prince’s Countryside Fund National Directory of Farm and Rural Support Groups, we identified diverse contemporary landscapes of support for farming mental health (Figure 1). We note that landscapes of support for farming mental health differ by devolved administration (agriculture is a devolved issue approached differently by administrations in England, Scotland, Wales and Northern Ireland), as well as within regions, with some counties appearing to have more formal organisations covering the area.

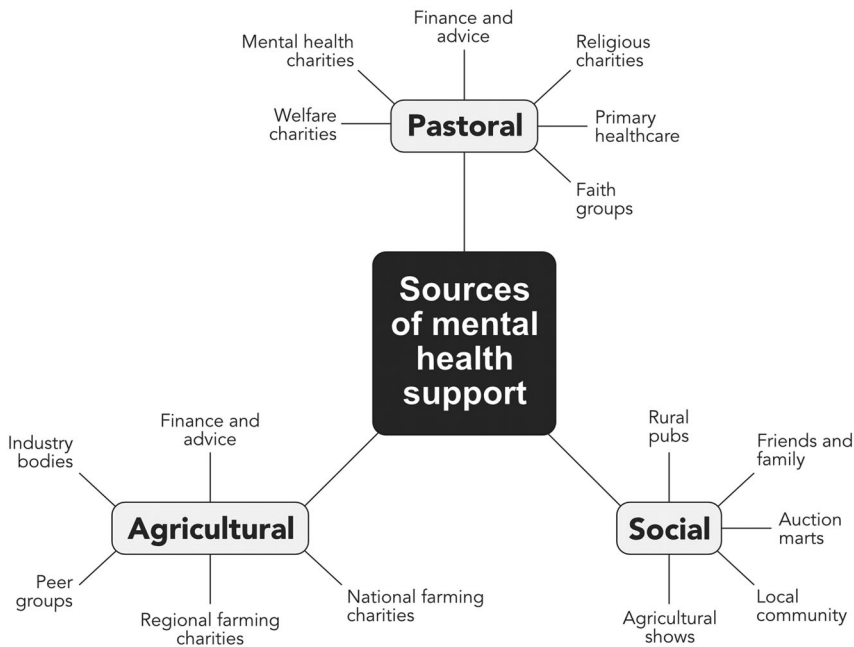


FIGURE 1 Sources of mental health support for farmers

Figure 1 describes these organisations and places of support in a way that is relevant for the UK context used in this research. A similar exercise to map the landscapes of support for farming mental health in other places could be undertaken; similarities with Figure 1 are expected, accounting for local differences in culture, politics and religion.

There are a range of organisations/individuals focusing formally on farming mental health and wellbeing in the UK. These include general medical practitioners, mental health support services such as counselling, farming mental health charities, agricultural chaplains, and non-farming specific mental health charities. The reach of each organisation varies, with some adopting a focus across a nation (e.g., England), while others offering more regional or localised support. Informal sources of support are also found in social venues, including rural pubs, auction marts and agricultural shows. Farmers' families are a key source of support.

The adaptability of landscapes of support through and beyond crisis

As previously discussed, there is a dearth of research exploring how actors within the landscapes of support for farming mental health work together and how they are affected by, and respond to, times of crisis. This article seeks to understand factors influencing the adaptability of organisations (i.e., ability to keep giving support) during 'normal times', but particularly at times of crisis. In light of recent research suggesting that rural areas may often exist in a state of 'permacrisis' (Shucksmith et al., [forthcoming](#)), however, it may be more prudent to suggest that support organisations must learn to adapt to regular periods of disruption, caused by multiple stressors that influence each other. The COVID-19 pandemic provides the shock example in this case as it caused or exacerbated multiple stressors for farmers, as well as challenging the ability of supporters to help farmers (e.g., with social distancing and lockdowns). Using a



FIGURE 2 Adaptability of farmer mental health support during the COVID-19 pandemic

modified version of a framework by Scheirer and Dearing (2011),² we assess the adaptability of the UK landscapes of support for farming mental health during the COVID-19 pandemic. Using a similar three-point framework, we assess (1) the *interventions used to adapt support* during the pandemic, and how (2) *organisational challenges* and (3) *operational constraints* affect the ability of the landscapes of support to adapt through and beyond times of crisis (Figure 2).

METHODOLOGY

Research was undertaken in the UK between May and December 2021, an unstable time in which the COVID-19 pandemic and associated restrictions were frequently changing. During this time, the UK experienced intermittent periods of national and regional restrictions (across the devolved nations and across regional tier systems) and lockdowns. These involved policies in which social mixing was limited to small ‘bubbles’, social distancing from non-household contacts, working from home was either mandated or advised, and businesses and public services were closed or offered reduced services. We used a mixed methods approach: interviews with support providers, an online survey of support providers and farmers and a workshop bringing together support providers and policymakers from across the UK. The interviews and surveys were part of a larger study, which also touched upon specific drivers of poor farming mental health. Only the material relating to support for farming mental health and the impact of the pandemic on the adaptability of support are analysed here (see Appendices 1–3). Ethical approval was granted by the University of Reading.

Interviews

We aimed to explore the views of those who provide support for farming mental health. Recruitment was undertaken using the Prince’s Countryside Fund (2021) National Directory of Farm and Rural Support Groups to contact supporters of farming mental health, as well as taking recommendations from this initial list of contacts and gatekeepers known to the project team through previous work. This directory lists many formal sources of support for farmers, including mental health charities. We expanded the sample to include rural chaplains, healthcare providers, farming industry and peer groups, local policymakers, auction mart staff, and local community groups. We acknowledge that, to a certain extent, our sample favours formal sources of support over spaces of informal support in the community, which we know that farmers use. However,

it is worth noting that for all methods, the sample achieved covered the breadth of the three categories identified in Figure 1—14 agricultural (10 farming mental health charities [regional and national], one industry group, three peer groups [farmer groups or farmer support groups]), six pastoral (two chaplains, three health care, one local council) and two social support (one auction mart staff, one local community group). Noting the research of Pugh (2007) and Brownlee et al. (2019) about the dual relationships of rural support workers, several interviewees performed multiple roles; for example, mental health charity workers often lived in farming communities, helped to organise agricultural shows, farmed themselves or took part in community groups. We spoke to chaplains, a community group, and an auction mart staff member who provided a more informal perspective of social support.

We conducted 22 interviews with supporters from England, Wales and Scotland (Northern Irish contacts made subsequently were included in the survey and workshop) between May and June 2021, varying from 30 to 70 min. Interviews were piloted with four supporters and were included in the analysis as part of the 22. No changes were made to the wording of questions post-pilot. Interviews were conducted online or by telephone due to the ongoing pandemic. Three members of the project team undertook the interviews and their positionality is elaborated on in the Positionality section. We based our questions around three main themes (see Appendix 1): (1) farmer support in 'normal' times, (2) COVID-19 farmer support and (3) future challenges and solutions. Interviews were thematically coded either manually or using NVivo by two co-authors. Quotes presented in the article give the reader context on the type of respondent (e.g., charity, chaplain) and their unique numeric identifier.

Surveys

An online survey of the same target group across the UK further investigated some of the major themes discussed in the interviews and was open between November and December 2021. The full set of questions can be viewed in Appendix 2 with the sample characteristics reported in Appendix 4, including the range of supporter roles (13 roles across the three categories). It was available in English and Welsh, although no responses were received in Welsh. The survey was distributed via our interviewees through their own networks, as well as being advertised on social media, in the farming press (*Farmers Weekly* and *Farmers Guardian*) and on The Farming Forum. In total, 93 supporters of farming mental health answered the survey (Appendix 4). To reiterate the point above about our sample holding multiple roles, formal and informal, 25 respondents gave multiple answers to the question of what type of role they performed. For example, although some said they worked for a mental health charity or industry group, they acknowledge their dual role in organising agricultural shows or in rural pubs.

To capture some views from farmers about support challenges, as well as who they reached out to for support, we conducted an online survey distributed in the same way as above (see Appendix 3). The survey was also open between November and December 2021 and available in English and Welsh. We gathered 207 responses from across the UK covering a range of ages and sectors and with both genders widely covered (Appendix 4). Open-ended answers were thematically coded manually and using NVivo. For some questions, answers were not included if it was not clear what the respondent meant. For example, the survey of support providers asked what interventions had worked best during the pandemic. Whilst 55 comments were coded into clear themes, some answers were short or not directly related to the question at hand.

Workshop

An end-of-project workshop was organised to discuss the barriers and solutions to improving landscapes of support for farming mental health across the UK. The discussion part of the online workshop was attended by approximately 30 individuals (attendees dropped in and out due to other commitments). These individuals formed part of the diverse formal and informal landscapes of support including farming mental health charities, chaplains, agricultural industry groups, policymakers, rural support organisations, counsellors, clinicians and academics who worked on mental health issues. They were split into four groups, with a member of the project team facilitating plus a note-taker. There were two 40-min sessions. The first discussed recommendations from the project (from the interviews and surveys), which were made available to delegates via Jamboard. Delegates could comment on the wording of existing recommendations, add their own on the Jamboard or suggest new ones verbally that were captured by the note-taker. The second discussed barriers and solutions to implementing recommendations to improve the landscapes of support. The process for capturing views was the same. At the end of the workshop, each group Jamboard was combined with notes from each group and thematically coded manually for inclusion in this article.

Positionality

The interviews were undertaken by three female researchers with extensive experience in interviewing both farmers and farmer support workers. Their own networks were utilised for recruitment for the interviews. Researcher 1 has a background in interviewing farmers and policymakers as well as undertaking ethnographic research. Researcher 1's farming networks are primarily based within the North-West of England. These networks were utilised to recruit interviewees and to share the surveys online. Researcher 2 has extensive experience researching rural communities from a social science perspective, and while she does not come from a farming background, has worked on a variety of farms in the capacity of farm worker or farm manager. Researcher 2 was able to use contacts obtained from previous research. Researcher 3 has worked in and alongside the farming industry for over 40 years. She served for nine years as a trustee and board member of the farming charity, the Farming Community Network.

Limitations

There are some limitations of this study though it is important to reiterate the shortage of academic research into how landscapes of support for farming mental health work. This article represents a first step to describe and explore how it works in one country with the aim of inspiring future such work elsewhere. We note that the interviews and surveys of supporters were biased towards formal sources of support, acknowledging that we did include informal support. A local approach in specific rural communities could help to identify and include a wider range of sources of support. We also acknowledge that this study lacks a layer of granularity that would have allowed an in-depth study of how the landscapes of support differs in parts of the UK. Agriculture is a devolved issue in the UK and the landscapes vary in each constituent part; for example, Northern Ireland has a dedicated organisation called Rural Support that undertakes co-ordination of a range of mental health supporter types. In contrast, other parts of the UK have rather more ad

hoc landscapes of support, which is less obviously co-ordinated. When discussing the operating environment, we tried to tease out the differences in collaboration between, for example, Northern Ireland and other parts of the UK, but note that we have not conducted a spatially granular analysis to enable us to bring forth nuances. This was not possible due to the amount of, and length of funding (e.g., 1 year, one full-time post-doc and limited staff time elsewhere), and associated timescales on which data had to be collected (May–November 2021). Future research could compare and contrast different landscapes between parts of the UK, and also between regions of the same devolved nation, to explore issues of collaboration, overlap and conflict in more detail.

RESULTS AND DISCUSSION

Before exploring how organisations adapted during the COVID-19, we briefly discuss the scale of the farmers' mental health challenges during the pandemic. Our farmer survey found that 67% of farmers felt more stressed during the pandemic, 63% more anxious, 38% more depressed and 12% more suicidal (Rose et al., 2022). Our statistics should be interpreted alongside contemporaneous studies of the state of farming mental health in parts of the UK. These include a study finding that 36% of farmers in England and Wales are probably or possibly depressed (RABI, 2021) and a survey showing that 92% of young farmers rate poor mental health as the biggest hidden problem faced by farmers.³ However, a recent review has suggested that we still have conflicting data on the extent and nature of farm mental health challenges (Chiswell, 2022).

As a shock event, COVID-19 caused multiple stressors that impacted farmers. A supporter of farmer mental health said in an interview, '*farming's always been volatile but along comes COVID-19 and really throws a spanner in the works*' (counsellor, 7). One of the main themes to come out of our research was that of complexity. Our interviews and surveys confirmed that farmers' mental health can be affected by a number of issues, including the media's portrayal of farmers, pressure from vegan/animal rights groups, farm accidents, volatile markets, family issues, tenancy problems, policy change, bureaucracy, rural crime and a lack of control over many of these problems (Rose et al., 2022). Referring to policy changes by the Department for Environment, Food and Rural Affairs, a supporter of farm mental health from an industry group (and a farmer) referred to the idea of multiple sources of stress:

DEFRA...can't just throw all these police stingers...they can't throw all these stingers in the road as we're trying to drive down it one after the other and expect us to come through them all without our tyres punctured. (interview 4)

COVID-19 restrictions exacerbated existing stressors for farmers, through factors that included social isolation, managing work with childcare responsibilities due to school closures and not being able to get off the farm to have a break from work. Deaths caused by contracting COVID-19, and the attendant grief, have caused succession crises and had a detrimental impact on mental health. While in some families, bereavement has been the cause of conflict and stress, in others, it has left farmers without support to run the family farm. The array of complex issues facing farmers means that providing support for them can be very difficult, as there are multiple stressors that amplify each other. Our findings on the impact of COVID-19 on farming mental health support research at the start of the pandemic from global studies, which argued that farming communities would face significant challenges due to isolation, childcare dependency and other reasons

If you received help for poor mental health during COVID, which type of support did you find useful? (n=65)

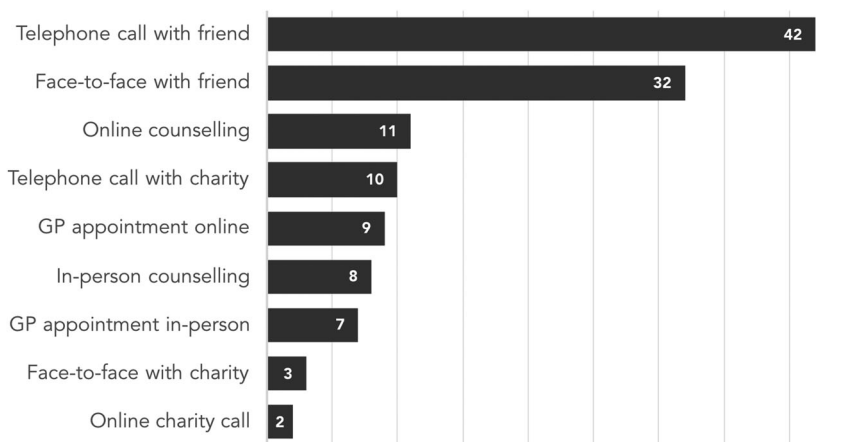


FIGURE 3 Most useful types of support for farming mental health during the pandemic ($n = 65$)

(e.g., Adhikari et al., 2021; Henning-Smith et al., 2021; Hossain et al., 2020; Meredith et al., 2020; Phillipson et al., 2020; Rudolphi & Barnes, 2020; Smith, 2020; Wypler & Hoffmeyer, 2020).

The survey also confirmed that a range of different support was sought by farmers during the pandemic. For those who reached out for support during the pandemic (and answered the question), Figure 3 shows that farmers generally relied upon peer support (42 farmers asked for help from a friend via phone and 32 face to face), but other sources of help such as counselling, General Practitioners (GPs) and charities were also sought. In the 'other' comments section of the farmer survey, other sources of support were identified with one farmer saying that '*my church friends and faith is my mental health support*'. These comments reinforce the complex mix of formal and informal support for farmers noted by the literature, which also notes the particular value of informal social sources of support (Deegan & Dunne, 2022; Furey et al., 2016; Roy et al., 2017).

Interventions to adapt support

Within this context of apparently worsening farming mental health, support-giving organisations themselves were constrained both by lockdowns and social distancing rules, which caused multiple challenges when trying to provide support to farmers. Face-to-face support, for example, by clinicians, chaplains or peers, could not easily be provided in the same way. As recognised by a farmer in the survey, '*the restrictive government regulations [in this case] around church meetings in the pandemic were the biggest obstacle to support*'.

However, support-giving organisations found ways to adapt (Figure 2). A survey respondent who performed multiple support roles⁴ said that their '*level of tenacity increased to enable us to fulfil our aims*'. Adaptation involved providing more help online or over the phone, using social media more, sending out proactive newsletters to farmers, working through other organisations like Young Farmers Clubs, and raising awareness of mental health in farming in the media. The survey of support providers asked what interventions had worked best during the pandemic. In total, 55 comments were coded, with each sometimes highlighting several interventions—30

selected the importance of phone support, 21 highlighted online support via video calls and social media, 11 said that face-to-face support with social distancing worked best, whilst four spoke about the value of working through others, including in churches and colleges.

Focusing on phone and online support offered, charities continued to run helplines during the pandemic. As one supporter said (charity, 2), a *'phone call is a jolly good starting point'*, whilst another (charity, 11) spoke about the usefulness of their helpline, which is able *'to do statistics of who rings from where, age, sex and things'*. This had identified that *'the group which has done the most increased number of calls is young males'* (ibid).

Online support was increasingly offered. Methods such as online webinars, training, and church services proved useful for farmers as an online space to 'see' and interact with other people when COVID-19 restrictions meant they could not do this in person. A chaplain said in an interview:

Traditional methods of doing things and the opportunities of meeting people and talking to people have not been present in the same way, but other methods of connecting with people have been present. The church's online presence has gone up exponentially... where they would have never, ever, thought about doing an online service... adapted amazingly in terms of creating online services for beneficiaries. (Chaplain, 3)

A survey respondent, who performed multiple roles in national and regional farm charities, a farming mental health charity and at an auction mart, identified the culture shift towards online working:

We provide counselling and we struggled to find counsellors pre-pandemic who would do online (e.g., Zoom) counselling or telephone counselling. Since the pandemic, almost all counsellors now will offer this.

Participants in our study were pleasantly surprised at how well communities adapted to engaging online (notwithstanding connectivity issues discussed in Operational Constraints section), demonstrating the resilience within rural communities and ultimately within the support providers to adapt quickly and learn what works best. Some essential work had to continue in person, even with the lockdowns and social distancing, such as pastoral assistance and audits, and hybrid approaches were adopted in some instances. But, face-to-face support remained.

Adaptations of various forms were, therefore, made to maintain support during the pandemic. It is useful to document these since we found no previous academic studies into how support providers adapted styles of working during times of crisis.

Organisational challenges

Though actors within landscapes of support for farming mental health adapted to offer continued help during the pandemic, several organisational factors provided challenges (Figure 2). In this section, we specifically refer to internal issues within individual support organisations (or by individual support). Some of these factors restrict the ability of supporters to offer help in more 'normal' times but also make it harder for them to adapt in times of crisis. The survey of supporters ($n = 93$) asked respondents to judge how serious various barriers were to the ability to provide

adapted support on a scale of 1 (*not at all*) to 5 (*very much*). Ranking of six barriers based on mean score with the highest ranked first were as follows:

1. Lack of face to face with farmers—4.02.
2. Challenges of adapting to using more technology—3.14.
3. Lack of funding/fundraising stopping—2.90.
4. = Staff mental health suffering/no in-person training for staff—2.78.
6. Staff recruitment issues—2.31.

This ranking illustrates that the lack of ability to offer face-to-face support challenged organisations the most, but organisational challenges such as adapting to using more technology (43 respondents giving a 4 or 5), lack of funding (32 giving a 4 or 5), poor staff mental health (30 giving 4 or 5) and lack of in-person training (33 giving 4 or 5) did challenge adaptation. Below, we focus on three themes—lack of funding, limited digital training, and staff trauma.

Lack of funding was the most commonly discussed theme at the workshop when exploring how to improve landscapes of support. Sixty-nine comments (which could be interpreted clearly) were made by supporters in the survey when thinking how to improve landscapes of support. Thirty-seven of these comments related to improved funding to recruit more staff and offer targeted long-term support and more services.

Although a farming charity support noted in the survey that Zoom literacy had '*developed apace and enabled links across a wider spectrum*', other supporters talked in the interview about the challenges of moving towards online systems. A counsellor (7) spoke about the challenges of therapists getting to grips with new systems:

...it meant that a lot of our therapists had to very quickly pick up new skills in using digital platforms of one kind or another and often several, depending who they're working with... particularly using three different platforms, not only to engage them in therapy but also to then record client management.

It was also deemed to be difficult to understand fully the scale of the problem using distance methods of support. One charity representative said:

...the staff found it difficult, like we all did, in terms of trying to get that sense about how a person really was just over the phone. They need to obtain new skills and listening and identifying the signs a bit better of somebody who's not feeling so well. (Chaplain, 17)

The pandemic also stressed the mental health of supporters. One supporter said that:

...spending 8 h, a lot of the time on the phone each day, takes its toll on somebody as well, listening to a lot of people's worries, concerns and often in a very troubling place when it comes to their mental health. (Mental health charity, 12)

Organisational factors thus affect the extent to which landscapes of support is sustainable (able to adapt to challenges). Despite the lack of academic literature exploring the working styles of support organisations during times of crisis, some of the organisational challenges noted by our study have been highlighted in more general studies. For example, previous research has noted

the damage to adviser mental health when encountering stressful or tragic situations; such as veterinarians having to cull livestock and support devastated farmers.⁵ It is unsurprising that low morale and mental health of support providers can constrain the ability to continue to offer help in times of crisis.

Operational constraints

Adding to adaptation challenges faced internally by organisations, the wider operating environment in which they work affects their ability to optimise support in times of crisis, as well as more 'normal' times. Our research identified four operational constraints within UK landscapes of support for farming mental health (Figure 2): (1) tension and fragmentation between actors, (2) lack of capacity to deliver professional mental health support and limited farming knowledge in rural communities, (3) the rural digital divide and (4) stigma and lack of awareness preventing help-seeking.

The first challenge related to that of tension between different organisations within the landscapes of support. Here, we note the limitation of the work lacking spatial granularity; some parts of the UK have more connected landscapes of support for farming mental health (e.g., Northern Ireland) than others. Therefore, the tension within the landscapes identified by several supporters is not widely applicable across all nations of the UK and across different regions within them. The workshop also noted many good examples of collaboration and partnership working between different organisations, including a partnership between three major farming mental health charities.⁶ It was clear in the workshop that supporters recognised that '*no one organisation can deal with all the problems out there*' (workshop comment).

In the workshop, survey and interviews, there was evident tension in some regions as a result of multiple support organisations offering the same or similar support, and this could lead to issues over communicating where to go for support, knowing who is best placed to offer support, and ultimately cause issues regarding fundraising and ensuring each support organisation had enough funds to keep staff employed.

On tension and overlap, a comment in the supporter survey said:

We have been working as specialists in the field of farmer mental health for [many] years and have been delivering support for those in need as well as training for farmers and other professionals working with farmers to raise awareness of mental health matters and to provide 'first aid' training in what to do to help. There are other organisations that do valuable work alongside us, supporting people in different ways, especially around some of those causal factors. . . I am concerned that other organisations with more money, but less expertise will muddy the water by replicating what we and others do. This won't benefit farmers in [placename] and won't support good mental health.

In the interviews, one supporter (charity, 5) spoke about overlap within a region:

I don't think it helps us that there are organisations in [region] who seem to do the same thing, so for us to then refer, it could be a challenge to know who's the best, who's the most appropriate person to refer to really, and that could. . . make it difficult for us, and I anticipate that for a farmer, that could be quite difficult.

There was also evident tension between organisations of different sizes. A mental health charity supporter in the interview said:

I think it was fairly evident then that there was quite a number of very small organisations that were quite bitter about the ability of the larger organisations to command a higher profile. (Mental health charity, 1)

Two survey comments showed that this lack of co-ordination had a material negative impact at times for farmers. One farmer in the survey spoke about the need to '*align mental health services into one number [because] there are too many which creates a barrier*', whilst a supporter said that lack of co-operation meant that clients had '*to repeat their story multiple times*', which could be challenging for them (emotionally and time-wise).

Collaboration and co-ordination between different support organisations are thus complex, and there are often struggles due to both funding issues and staffing pressures. This was discussed further in the interviews by two supporters:

... it's [support is] variously funded. It might be funded by local authorities. It might be funded by basic crime commissioners, big funders like the Lottery and so on, but these little bits of work tend to happen in isolation. There's no co-ordination across them, and I think that's a really big mistake, particularly with third sector type provision, is that opportunities I suppose for efficiencies and for learning to happen, it doesn't always happen and I suppose that's a concern, is that we don't want to see good work happening in silos, which only lasts as long as the life of the funding does. (Counsellor, 7)

... at a local level, I don't like admitting it, but there's often a poor relationship that means that the organisations don't work well together, and although the senior management may well have a good relationship and want to work more closely, ultimately it depends on the local volunteers and local staff, and even the local volunteers of [organisation]. Although they're not directly involved in the welfare support of local farmers, even the [organisation] volunteers have a big impact on how sister charities are portrayed to the local farming community. (Mental health charity, 1)

Silo working was cited as an issue alongside the need for the landscape to be more joined up, particularly to fill gaps in provision. It was stated that organisations often try to protect themselves and their funding, but if they were to pool their resources and work together, it might lead to less replication and possibly bigger funding pots that multiple organisations could use:

Politics, when politics come into it, it becomes very insular. Certainly, the risk of that insular thinking increases, which leads to, I think, that very unhelpful silo working. Even in discussions I'm having, which ultimately serve every partner around the table should have an interest in improving the mental health profile of rural communities, whether they're in Wales, Scotland or anywhere else but I'm engaged in a three-way discussion, or four-way if you include the [organisation], where I'm almost having to referee because of these historical differences... it's almost like a protectionism that creeps in. (Counsellor, 7)

Ultimately, these organisations that offer support are all trying to help the same communities, and as stated below, working together is one of the best ways to ensure the communities receive the help and advice that they need:

I mean, we've got to work together because we're working to serve the same people, and we're working in ways that are complementary. I mean, we've got to support each other and work together. I don't think it's a matter of choice, and... and that's what we want to do. Always, that's been something we put a big stress on, you know, and that's why we wanted folks... included folks. So, you know, when we had training days, [organisation] and [organisation] would be invited along. And to be fair on the counter, you know, [organisation] have put on some of the mental health first aid courses, and they've given us an open invitation to go to those. (Charity, 2)

A challenge to working together could be the General Data Protection Regulation, which limits information sharing. One supporter said in interview:

The Data Protection Act wasn't such a thing then. We're talking about 20 years ago. So, if a neighbouring farmer phoned us up about somebody then we would... actually we probably would have cross-referred it to the [organisation] who would then be able to knock on their door. (Charity, 22)

When discussing solutions to improve landscapes of support in the workshop, several comments identified challenges of competition. One comment said that we need to bring together all organisations because '*it is not a competition*', whilst two further points argued that '*smaller organisations need to sit at the same table*' because '*they are not always taken seriously*' when they have valuable knowledge. Of 69 comments in the supporter survey about improving landscapes of support, 10 referred to the need to join up support providers better.

The second theme relates to the lack of capacity to support farm mental health in rural areas. This lack of capacity relates to the amount of provision, but also both to the ability of both health-care and non-healthcare supporters to cover the range of expertise needed to help farmers with their mental health. This safety net includes people in rural communities, as well as primary healthcare providers and others. Mental health services in rural areas were considered to be lacking:

...much of the healthcare funding in rural settings goes into primary care. This was this disparity there of course that a lot of talk recently has been about addressing this sort of levelling up, I can't remember the specific term they use, but it's about ensuring that there's equal balance of mental and physical health. (Counsellor, 7)

When provision of mental health services is lacking, limited understanding of the rural setting of those in rural communities is more exposed, which was reflected upon by the same interviewee:

...fundamentally from our point of view, there just isn't the provision. There isn't the provision and there isn't specialist provision as well and we're not talking about necessarily people working a higher level of competence necessarily. We're talking about people just understand the rural setting, the rural context. (Counsellor, 7)

A workshop participant mentioned the real-world impacts of lack of availability of rural mental health care:

A farmer from Mid Wales who was initially hospitalised locally for his mental health...has been moved to Brighton, not just over the border, to the other side of the country...that type of distance isn't a one-off unfortunately.

Non-healthcare supporters reflected on a lack of professional expertise to provide mental health support. Despite the valuable care they offered, some were quick to point out that they were '*not an expert in mental health*' (farmer support group, 20), whilst another thought that '*there's a lot of nuances that we don't [understand]*' (local council, 9). In addition, whilst some chaplain or charity providers felt that they were not always adequately trained to deal with complex mental health problems, particularly at times of crisis, there was some criticism that specialist healthcare providers, such as GPs or counsellors, did not understand the nature of farming (despite having professional mental health knowledge). A survey respondent with multiple roles⁷ said that '*[l]ocal GP practices are not meeting the needs of rural communities*'. Being trained in both mental health advice and farming is a significant challenge, which can limit the capacity of a single provider to provide the right support. This was noted by a farmer respondent to the survey, who said:

There is some dubious help out there. Don't get me wrong, volunteers on helplines and presentations delivered to rural youth groups are better than nothing, but there is better help out there through Mind, Samaritans, etc. If they had a bit more farming knowledge and the farming community felt more able to reach out to them, I do think people could be helped better than some of the rural support out there at the moment.

In the supporter survey, greater training for support providers was a commonly discussed theme, including two comments articulating more training as a way of improving landscapes of support. One called for '*access to funded training for volunteers on specific issues, improved and streamlined counselling training to widen the number of skilled counsellors*', whilst another asked for '*more training to greater understand how the situations should be handled*'. A workshop attendee even commented that they had heard of a story in which a GP told a farmer to stop farming if they were facing mental health difficulties, thus demonstrating the lack of awareness of the 24/7 nature of farming. A common solution proposed by workshop attendees was to increase mental health training for people in rural communities, including healthcare providers, as well as those who come into regular contact with farmers (e.g., advisers, merchants). Such a move was viewed as a way of building supportive capacity with the operating environment for rural mental health. Responding to the supporter survey, 18 comments related to the need to improve training for all people in landscapes of support. In both the interviewees and workshop, further issues restricting the accessibility of the operating environment for farm mental health support were raised, including poor public transport and the time-poor nature of farming.

Third, the digital divide provided challenges for the whole operating environment to work effectively during lockdowns and social distancing and will continue to present challenges as governments increasingly promoted a 'digital by default' agenda (Hurley et al., 2022). Despite organisations adapting to provide online services, lack of rural connectivity, digital skills and finances to invest in IT equipment meant that support could not reach everyone. Two comments in the interview illustrate the impact of the digital divide:

There are still a reasonable percentage of farmers who are not IT literate, so you know, we deliberately couldn't do those. (Local council, 9)

Some people just have not got the skills, the technology, the resources to use the Internet. So what I've found is, it has disproportionately impacted those without those skills [...] So COVID has heightened the divide between those that can use a mobile phone or a laptop or a computer, and those that can't [...] They've been more isolated as a result of that. (Farmer support group, 20)

Fourth, barriers to help-seeking affect the operation of the landscapes of support. Issues of stigma, pride and secrecy are noted below as barriers to seeking help.

Farming communities... can be a barrier because whilst they can be very close and supportive and so on, sometimes that creates an environment where people don't want to do the dirty laundry in public. It's that kind of mentality, if you like, I don't want to share this sort of stuff because, again, will there be consequences? Will something bad happen as a result? Whispers in the post office or whatever else. (Counsellor, 7)

It's a very sad fact that the majority of farmers who require support won't ask for support. Feelings of pride, embarrassment, fear of judgment, people knowing, that sort of thing. (Charity, 21)

Reflecting on these four points, our study creates new knowledge of how the operating environment in this space can constrain the adaptability of support. A tension, or at least a gap, between actors in the landscape was noted in studies of the Farm-Link project in Australia (Hart et al., 2011; Perceval et al., 2011), prompting the need for staff to act as brokers between organisations. However, our study is the first to explore how organisations within landscapes of support work together (or not), particularly during times of crisis. Tension between organisations, and barriers to collaboration, clearly have the potential to threaten effective provision of support and adaptation to crisis events.

Additionally, our study reinforces existing research that articulates the importance of a wide safety net for mental health (Cuthbertson et al., 2022; Hossain et al., 2010; Robertson et al., 2021), the issue of the digital divide (Bernard et al., 2019; Hurley et al., 2022; Philip et al., 2017; Phillipson et al., 2020) and the effects of barriers to help-seeking (Cole & Bondy, 2020; Hagen et al., 2021; Henning-Smith et al., 2021; Vayro et al., 2020a, 2020b). Our study identifies, however, that these factors can reduce the adaptability of landscapes of support and their ability to operate in new circumstances. Previous literature has also highlighted the importance of mental health supporters having a good understanding of farming (Furey et al., 2016; Hagen et al., 2021; Roy et al., 2017). The lack of such knowledge from some (not all!) counsellors, GPs, and other healthcare providers can become more obvious and more problematic in times of crisis for farmers. Likewise, the lack of professional knowledge of mental health from some charity volunteers and chaplains can be exposed during times of crisis. If the wider safety net for farmers lacks knowledge of farming or mental health, or the digital divide makes support inaccessible or barriers to help-seeking stop farmers from reaching support, there is significantly reduced capacity for organisations to help each other to reach those most in need during times of crisis. Our empirical data also hark to the idea of the 'rural panopticon' (Philo et al., 2017). Whilst informal spaces of support in rural

communities are welcomed by farmers, the close-knit nature of rural communities and the potential for '*whispers in the post office*' (our data presented above), can complicate help-seeking in rural areas.

CONCLUSION

Poor mental health is a key challenge for the farming industry, which reflects a long-standing trend within the sector and poses important questions on how farmers can be better supported in the future. This article set out to explore the landscapes of support available to farmers and the impacts of the COVID-19 on support services' ability to provide mental health and welfare support in response to individual and social crises. COVID-19 underlined the status of farmers as essential or 'key' workers, but it also highlighted and exacerbated stress, anxiety, and suicidal ideations as a result of the loss of social contact imposed by periods of lockdown and social distancing measures. Critical social infrastructure of the farming community was lost and feelings of isolation were intensified. These impacts led to an increase in the call for farming support providers, which also encountered challenges in meeting demand.

The purpose of this article was to understand the factors influencing the adaptability of the support services available to farmers, especially at a time of crisis or during long periods of 'perma-crisis' (Shucksmith et al., [forthcoming](#)), and to inform debates on the future resilience of farmers to future changes. Our findings suggest that the adaptability of landscapes of support depends on three areas: (1) the effectiveness of interventions to sustain support during times of disruption, (2) overcoming organisational challenges affecting the ability to adapt and (3) an operational environment that fosters adaptation through more effective collaboration. In times of agricultural transition and multiple stressors, these lessons are important in terms of rural resilience, and this reworked three-point framework gives important contextual insights into the factors influencing the ability of support organisations to provide the safety net that the agricultural community require.

Our research provides important contextual detail on how support providers responded and adapted to the challenges of COVID-19. It reveals that providers adapted to the new socially constrained operating environment by pivoting to online provision. This highlights important lessons for the adaptability of provision in terms of limitations both for providers and recipients with regard to digital skills and poor rural Internet connectivity. Further insights from the research point to the importance of training for organisations and individuals who support farmers, ranging from help for organisations to formal mental health providers and GP services. This training should be focused both on improving knowledge of the rural context and farming for healthcare providers as well as professional mental health training for non-healthcare actors. Taking support to where farmers gather, such as at auction marts and agricultural shows, is also important, as well as digital training for all. Facilitating greater collaboration and co-ordination between organisations is also key. Research on how to support farming mental health would benefit from further empirical explorations of the impact of formal support organisations on the intended beneficiaries, from the perspective of both uptake of services as well as using more longitudinal methods to determine how the service benefits users in the long term.

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CONFLICT OF INTEREST

The authors declare no conflicts of interest.

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DATA AVAILABILITY STATEMENT

Anonymised survey and workshop data are available at <https://reshare.ukdataservice.ac.uk/855791/>. Interview data are unavailable for ethical reasons given it is a sensitive topic and the sample population is small and potentially identifiable. Interviewees did not give permission for data to be archived.

ETHICS STATEMENT

The study was approved by an Ethics Committee in the School of Agriculture, Policy and Development at the University of Reading.

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ENDNOTES

¹See <https://www.howfarmvetscope.co.uk/>.

²We follow closely the framework to measure sustainability outlined by Scheirer and Dearing (2011), although place a closer emphasis on the idea of adaptability. Their original framework also contained three components to measure how organisations can change in response to crisis: (1) characteristics of interventions used to adapt to the change, (2) factors in the organisational setting affecting the ability to change and (3) factors in the community environment affecting the ability to change. Our wording is similar and takes inspiration from the original.

³<https://www.farminglife.com/country-and-farming/mental-health-is-biggest-problem-facing-uk-farmers-3567478>.

⁴This survey respondent picked the following answers—religious charity, faith group (e.g., chaplain), local community group, auction mart, rural pub, agricultural show—showing the multiple roles supporters can play as part of close-knit rural communities (pugh, 2007).

⁵See <https://www.howfarmvetscope.co.uk/>.

⁶<https://www.linkedin.com/feed/update/urn:li:activity:6940029635493543936/>.

⁷This supporters selected the following answers to the question of role performed—industry body (e.g., NFU, AHDB, LEAF), national farming charity (e.g., non-mental health-specific), regional farming charity (e.g., non-mental health-specific), religious charity, finance and advice.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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