

# A CRISIS IN THE FARMING COMMUNITY

## A PATHWAY TO ACCEPTABLE, ACCESSIBLE AND AVAILABLE MENTAL HEALTH CARE IN RURAL MINNESOTA

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***“I was in partnership with my husband until April 1 of 2017, and on that day my husband killed himself”***. – **Theresa Gillie** a grain farmer, Kittson County Commissioner, board member and past president of the Minnesota Soybean Growers Association, pleading for increased funding for rural mental health services at a Minnesota House Agriculture and Food Finance and Policy Division hearing.

### EXECUTIVE SUMMARY

**Minnesota needs to invest in a comprehensive approach to ensure that mental health services are acceptable, accessible, and available to farm families all across rural Minnesota.**

Minnesota relies on farmers to put food on our tables and to help drive our economy. The chronic stressors associated with an unstable farm economy is taking its toll on farm families all across Minnesota. Chronic stress can contribute to marital tensions, domestic violence, work disruption, depression, anxiety, and suicide. Minnesota has only 1 mental health counselor dedicated to doing outreach and crisis counseling to farm families. Many mental health professionals lack competency in working in rural communities, including understanding farm related stressors.

Minnesota is doing some things right, like the Minnesota Farm and Rural Help Line. But, it needs to do more to strategically invest in effective and innovative approaches that improve acceptability, accessibility, and availability of mental health services and supports to farm families across Minnesota.

### THE PROBLEM IN MINNESOTA

About 8% percent (434,000) Minnesotans live a rural area, with another 7% (390,000) people living in or near a small town (2,500 to 9,999). [Figure 1](#) is a map of the state by 4 geography types: urban, large town, small town and rural, with yellow representing rural areas.<sup>9</sup>

Farm families live with the chronic stressors associated with an unstable farm economy.<sup>7</sup> An MPR new story *In Occupation where Stress is Ample, Farmers have Few Options for Mental Health Care* documents the problem for farm families in Minnesota reporting “farmers often feel like one misstep or disaster could send them into a spiral that feels difficult to come back from.” Many of the stressors that farm families face are out of their control: weather, lower prices for crops, overproduction, government policy, global trade — all impacts their ability to make a living and sustain their farm family way of life.<sup>17</sup>

Map of Minnesota by four RUCA-based geography types

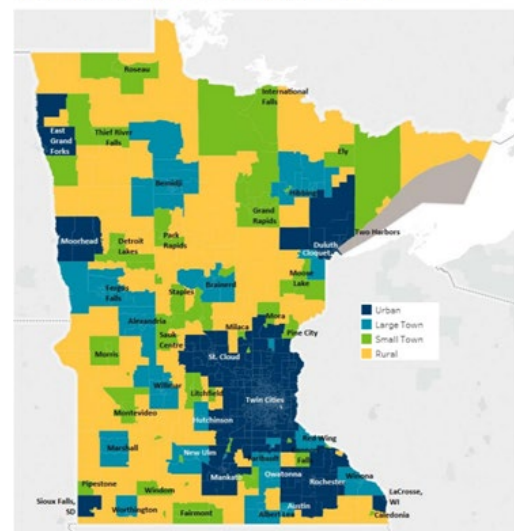


Figure 1

Farm families experience mental health challenges associated with the physical demands and financial pressures of farming.<sup>3</sup> Chronic stress can contribute to depression, anxiety, suicide<sup>1</sup>, marital tensions, domestic violence, and work disruption.<sup>17</sup>

- **Women** juggle multiple roles due to the decline in profitability in farming: farm work, second job, running a household, and caring for children.<sup>17</sup> Women tend to be more open to talking about stress and getting help.<sup>1</sup>
- **Men** tend to pull away and isolate when stressed. Pride, sense of independence, lack of confidence in resources, and their own beliefs about mental health impact their willingness to seek services.<sup>19</sup>

## **BARRIERS TO MENTAL HEALTH SERVICES IN RURAL COMMUNITIES**

### **Acceptability: Social stigma and rural community compatibility**

- The social stigma associated with ‘mental illness’ is compounded in rural communities. Privacy is valued. There is concerns about others knowing one’s personal business and being the subject of community gossip.<sup>10</sup>
- Pride, rugged independence, ‘pull yourself up by your bootstraps’ mindset contributes to resistance to talking about problems and seeking mental health services.<sup>18</sup>
- Mental health professionals lack competency in working in rural communities.<sup>11</sup>
- Urban approaches are assumed to work in rural areas.<sup>11</sup>

“People hear mental health and they think mental illness.” –

Ted Matthews, Mental Health Outreach Program Counselor

### **Accessibility: Getting there and paying for care**

- Distance is a barrier. Rural Minnesotan travel further to access services.<sup>15</sup>
- Transportation is a barrier. 10% of all households in non-metro/rural households are carless. Public transportation is not readily available.<sup>15</sup>
- Lack of health insurance/inadequate health insurance is a barrier. 1 in 5 rural residents do not have health insurance.<sup>3</sup> Uninsured rates are over 30% in more isolated rural communities.<sup>3</sup>

### **Availability: Places and people to provide care**

- Chronic shortage of mental health professionals and mental health provider agencies.<sup>15</sup>
- Lack of telecommunication investments limits opportunity to utilize telehealth.<sup>13</sup>

## **POLICY APPROACHES IN MINNESOTA: PAST**

### **Sowing the Seeds of Hope (SSoH) Project**

From 1999 to 2011 the [SSoH Project](#) provided quality affordable mental healthcare to uninsured, underinsured, and at-risk ranch and farm families. The project, created by the Wisconsin Office of Rural Health and Wisconsin Primary Health Care Association, was funded by grants from the U.S. Department of Health and Human Services Office of Rural Health Policy, Bureau of Primary Health Care, federal and state dollars and private donations. Seven states, including Minnesota, were part of the regional collaborative.<sup>12</sup>

- Nearly a half-million telephone calls were placed to farmers.
- Training provided for over 10,000 rural behavioral health professionals.
- Provided subsidized behavioral health resources to over 100,000 farm families.<sup>12</sup>

The SSoH Project, regarded as a model rural health program, was discontinued in 2014 when funding for the program was not included in the federal Farm Bill.<sup>16</sup> Congress deemed the project an “unnecessary expenditure which would increase the national debt, while also saying farmers are the most important asset to agricultural production”.<sup>16</sup>

## Down on the Farm: Supporting Famers in Stressful Times Program

In 2018 the Minnesota Department of Agriculture (MDOA) conducted 3-hour workshops in 6 parts of the state (Willmar, Marshall, Austin, North Mankato, Grand Rapids, and Thief River Falls) as part of a [Down on the Farm: Supporting Farmers in Stressful Times Program](#). The goal was to create more support for farmers in their own communities by educating people who interact with them on a regular basis (e.g., agriculture educators, veterinarians, bankers, clergy, crop consultants, health care professionals) to recognize and know how to respond when they see farmers experiencing stress, anxiety, depression, and other mental health concerns. Participants learned how to recognize signs of emotional and mental distress and crisis, how to start a conversation about stress and distress, use active listening skills, and find local and regional resources.<sup>7</sup>

## POLICY APPROACHES IN MINNESOTA: PRESENT

**Minnesota Farm and Rural Help Line.** [MN Farm and Rural Helpline](#) provides free and confidential 24/7 rural mental health crisis line, where calls are answered by trained staff and volunteers.<sup>8</sup>

**The Mental Health Outreach Program.** The [Mental Health Outreach Program](#) is a crisis outreach program administered through the Southern Minnesota Center of Agriculture.<sup>8</sup>

**Mobile Crisis Teams.** [Mobile Crisis Teams](#) (MCT) provide a rapid (generally within 2 hour) in-person response, short-term counseling or mental health services during a crisis or emergency. All 87 counties have a 24/7 adult mental health response number to access emergency mental health services.<sup>8</sup>

- What might be lacking is education of mental health crisis response workers about the farm related stressors that impact farm families.



## POLICY APPROACHES IN MINNESOTA: FUTURE

**Telehealth** can address access, availability, and acceptability barriers as part of a comprehensive approach. Telehealth “refers to using internet and communication technologies, such as videoconferencing, chat, and text messaging, to provide health information and treatments in real time”.<sup>12</sup> A telehealth program in Oregon was identified as one of 7 programs across the country that works by the [National Rural Health Resource Center](#).<sup>17</sup>

**Social Media** expands opportunities to do outreach, to educate, and to provide supports to farm families, and to target community members/groups they encounter on a regular basis.

- Facebook groups: Rural Support, Ask the Farmers About That, & My Minnesota Farmers CSA
- Twitter: Helpful hashtags and groups dedicated to supporting farm families: #agtwitter, #MNFarmersUnion, @femalefarmers, @guardian, @econhardship.<sup>10</sup>

**Relocate Mental Health Professionals to Primary Care Clinics.** A mental health center in the Upper Peninsula of Michigan closed its outpatient clinics and relocated staff to primary care clinics. The change resulted in increased referrals, fewer cancellations or no-shows, and reduced cost of operation. This approach was identified as one of 7 programs across the country that works by the National Rural Health Center.<sup>17</sup>

## RECOMMENDATION

### Minnesota needs to invest in a comprehensive approach to ensure that mental health services are acceptable, accessible, and available to farm families all across rural Minnesota.

Minnesota relies on farmers to put food on our tables and to help drive our economy. The chronic stressors associated with an unstable, and often unsustainable, farm economy is taking its toll on farm families all across Minnesota. Minnesota is doing some things right. But it needs to do more to strategically invest in effective and innovative approaches that improve acceptability, accessibility, and availability of mental health services and supports to farm families across Minnesota.

- Expand the role of [UMASH](#), a partnership between the Upper Midwest Agricultural Safety and Health Center and the Minnesota Department of Agriculture.<sup>14</sup> UMASH builds partnerships, creates innovation and action to address the needs of farmers struggling with the economic, social, and environmental factors challenging their mental health and well-being.
- Use the Sowing Seeds of Hope (SSoH) Project as a model to strengthen mental health acceptability, access, and availability to farm families.
- Re-invest and expand the Down on the Farm Program to every farming community in Minnesota.
- Increase the number of mental health counselors in the Mental Health Outreach Program. Every rural region should have at least 1 mental health counselor specializing in farmer mental health.
- Invest in telehealth technology and approaches.
- Incorporate mental health services into trusted primary health care clinics to lessen the acceptability barrier associated with mental health care.

To access this document online go to: <http://sbs.mnsu.edu/socialwork/policybriefs.html>

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