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Behavioral Health and Stress in Agriculture

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ABSTRACT

Behavioral health and stress are often antecedents to chronic health problems and injury; however, until recently addressing health and safety issues from a behavioral perspective has received little treatment. In this article, we review the current state of behavioral health and stress in agriculture, examine current trends to address this stress, identify gaps still to be filled and make recommendations for future efforts.

KEYWORDS

Stress; behavioral health

Trends/research analysis

Behavioral health and stress impact physical health and injury. Numerous studies have established the link between behavioral health risks and chronic disease.^{1–11} Similarly, the link between behavioral health and workplace injury is well-documented.^{12–16} Considering its importance, what is the current state of behavioral health in agriculture and what do the trends suggest is needed to effectively address these issues in the future?

Suicide rates among farmers in the United States have been consistently found to be amongst the highest of all occupations.¹⁷ Hagen et al.¹⁸ cite numerous studies documenting farmer stress: a 2019 Canadian study reported that perceived stress was significantly higher among farmers than in the general population;¹⁹ studies have demonstrated associations between high stress among farmers and withdrawal from community and social activities, reduced self-esteem, increased physical health problems and substance use, and relationship problems.^{20–22} Physical health issues are often the result of the physical demands of farming. Resulting chronic pain is often an entry way to prescribed opioids, which may later lead to addiction. In the United States, the National Institute for Occupational Safety and Health found that farm workers and farm owners had

the highest rate of deaths out of 130 different occupations examined due to stress-related conditions and mental disorders.²³

Although we lack sufficient historical data to quantify trends, extant data suggest that stress levels and associated adverse outcomes are increasing. The American Psychological Association reports that the incidence of serious psychological distress reported by the overall population increased by as much as 70% between 2008 and 2017.²⁴ More recent reports indicate that stress levels, and accompanying levels of anxiety and depression, have increased more precipitously since COVID-19. There is no reason to think that farmers are an exception. In fact, if one examines the stressors more likely to affect farmers directly, they have only increased in the past decade.

There are multiple reasons for this stress. One significant factor is financial. Between 2013 and 2019, farmers in the United States experienced a 50% decrease in net farm income.²⁵ In 2018, median annual farm income in the United State was negative \$1,553.²⁵ Climate change is resulting in an increasing incidence of devastating natural disasters. Farmers work extremely long hours that can lead to exhaustion. Much of that work can be isolating. Additionally, most farms are in rural places where access to mental health services is lacking,²⁶ and the stigma attached to accessing such services is high.

COVID-19 has disrupted both demand and supply chains and caused added market instability. Farmers have become even more isolated. In an American Farm Bureau poll, a strong majority of farmers and farmworkers reported that the COVID-19 pandemic has impacted their mental health, and more than half say they are personally experiencing more mental health challenges than they were a year ago.²⁷

In addition to the stressors experienced by all farmers, African American, Latino and Indigenous farmers have borne the added stress resulting from a history of systemic discrimination. That discrimination continues today. COVID has further added to this stress as these farmers have experienced higher death rates from the disease. For example, the COVID-19 mortality rates among American Indian and Alaska Natives were roughly 10 times those of White persons.²⁸

Current initiatives

Perhaps the most far-reaching contemporary initiative titled, Farm and Ranch Stress Assistance Network (FRSAN), was re-launched by the National Institute of Food and Agriculture (NIFA) in 2018. As a result of the grant application solicitation by NIFA, four regional grants, totaling \$28.7 M, were awarded in FY 2020. These four regional grants cover all US states and most territories. Each region contextualized its grant activities to local conditions, but there are numerous similarities in how they address behavioral health and the stresses experienced by farmers. Examples of key initiatives include: networking, searchable websites and databases, blogs, articles, trainings, peer trainings, peer support groups, hotlines, root cause research, surveys, teletherapy, one-one in-person counseling, AgrAbility, navigators and promotoras. FRSAN has also further invigorated the extant efforts of AgriSafe and their Farm Response training program.

Another program of the USDA-NIFA, the New Technologies for Ag Extension Grants (NTAE), funds the extension programs at Land-Grant Institutions and has resulted in the development of a National Framework for Health Equity and Wellbeing. This framework is centered on health

equity as a core value, workforce development, partnerships, and community development influencing the social determinants of health. A 2021 report by Burton et al is available.²⁹

Information about NIFA grants: www.nifa.usda.gov

The eleven Centers for Agricultural, Forestry and Fishing funded by the National Institute for Occupational Safety and Health, are charged with addressing occupational illness and injury in the AgFF sector. Their programs include research, education, outreach, interventions, and networking related to injuries, exposures and stress. The Centers have been working on these issues for decades.

Information about AgFF centers: www.cdc.gov/niosh/topics/aginjury/

Gaps

The emerging projects to address farm-related stress in the United States represent an important first step towards remedying the problem. It will take time for the full impact of these projects, such as those aimed at reducing stigma around mental health, to be realized.

Meanwhile, important gaps remain to address. A key next step will be to develop widespread access to behavioral health providers familiar with agriculture. Access to such services is compounded by a dearth of providers in many rural areas, and the associated costs of accessing such care. Most clinicians know little about agriculture, which can undermine the trusting relationship required for the work to succeed. Clinicians will require more than simply a cursory understanding of the stresses faced by farmers. They will need to understand the resources available to help farmers with their real-world issues. Farmers' mental health issues are often inextricably linked to real world problems (e.g., access to credit) on the farm that they, the farmers, must solve, and farmers often present these issues before presenting the mental health issues.

The underlying causes of the financial stress experienced by small farmers remains unaddressed and require significant changes in farm policy. There are many components to this which are largely

beyond the scope of this paper. The industrialization of agriculture is a process that began many decades ago. Corporate interests continue to lobby for policies that benefit large agribusinesses to the detriment of small family farms.

As racial discrimination remains systemic in the United States, broad-based, ongoing, active efforts will be required to mitigate the unique stresses experienced by African American, Latino and Indigenous farmers. Furthermore, the training of behavioral health providers needs to be updated to include cultural awareness in order for providers to be responsive to the needs of these groups.

Recommendations

The need for access to direct clinical support for farmers can begin to be met in several ways. Several states are already providing components of this. NY FarmNet pairs family consultants with financial consultants to meet both the social and financial needs of farmers. In Vermont, Farm First provides farmers with direct access to a farm resource coordinator and a licensed mental health counselor. The farm resource coordinator can connect farmers with key resources that address pressing farm issues, while counselors provide ongoing emotional support to farmers.

Yet another approach to meet the emotional and resource support needs of farmers is to train farmers themselves to be supports for one another. The Farm First program in Vermont has begun developing a farmer peer support network. Farmers receive training on how to provide such support and how to connect farmers with significant needs to licensed mental health clinicians. Farm First exists in part because of farmers in the citizen legislature of Vermont who have voted to allocate funding directly for this purpose. Other states would benefit from similar approaches.

Neither behavioral health providers, nor highly skilled financial and farm resource experts can adequately respond to the full needs of farmers. Both are required. Experimentation is important in this regard to determine what will work for the farmers in need.

Agricultural economists, farm experts and political leaders could relieve some of the underlying causes of financial stress that plague small farmers by coming together to advance creative bipartisan

policies that better balance the needs of large agribusinesses with those of small family farms. Small family farmers comprise a huge constituency of rural voters, important to both major political parties.

Lastly, innovative programs and efforts must be made to meet the multiple challenges faced by African American, Latino and Indigenous farmers. Future programs must seek to make available to these communities the same types of clinical support resources described above. In some instances that will mean a need for workforce development efforts designed to increase the number and availability of skilled clinicians from multiracial communities.

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