

Briefing 181 – last reviewed January 25, 2008

Rural Stress Review Depression and suicide among farmers

Summary

There are higher levels of depression among farmers compared to the general population and they are more likely to display thoughts that life is not worth living. They are consistently a high risk group for suicide. While this is partly explained by access to the means and possibly a familiarity with death, it can also be influenced by knowing others who have committed suicide and other stressors such as financial problems.

Introduction

This is the third of four Briefings taken from Rural Stress Review carried out by a University of Exeter team, Matt Lobley, Gillian Johnson and Matt Reed with Michael Winter and Jo Little. The full report is no longer available on the CRR website.

Depression and mental health

A study by a medical practice in North Yorkshire showed that nearly twice as many farmers were depressed compared with non-farmers. Despite this the statistics show that, in the UK, overall psychiatric illness appears to be greater in urban than rural areas. This must be interpreted with caution as there is evidence of greater hidden illness and reluctance to report symptoms in rural areas. Furthermore, greater accessibility to services in urban areas may lead rural people to look for help there. Also the size of the rural/urban difference is small compared with the effects of other factors such as race, national or local geographical differences and social class.

There is some reason for suggesting that the harsher the physical setting the more likely it is that local people will experience stresses which can prompt mental ill-health.

Low quality and the lack of variability in everyday contacts may have negative impacts on mental health. In turn, this can be compounded by the lack of anonymity in rural locations producing problems with confidentiality. On the other hand sparsely inhabited rural areas can produce situations where social life is based on intimate encounters and close-knit worlds full of natural supports which are vital to mental health. These characteristics do not guarantee people's ability to cope with stress, but their stress levels are generally lower. Some authors argue the case for generating local support groups as a substitute for mental health services. However, again, anonymity can be a problem with this approach.

High levels of suspicion and stigma colour the perception of mental health services in rural areas.

The rural social scene is itself differentiated by gender, age, ethnicity and class intersecting with rural mental health issues experienced by groups such as rural women, adolescents, and incomers.

Incomers are often seen as not exhibiting the same characteristics as traditional rural people, which has led some to remark that this factor in itself can be stressful for indigenous populations. Incomers may also face problems themselves, with a lack of social support being available to deal with mental health problems arising in part as a result of difficulties in adjusting to a new environment.

Often extreme eccentricity is allowed within the cultural boundaries of a community and this is accompanied by a sense of community attachment. However this may not be extended to the mental health of incomers.

The personal characteristics of rural dwellers are often forced to fit within a particular 'myth system' hinging around traits variously described as resilient, stoical, fatalistic and individualistic. Such self-imagining easily translates into a fiercely independent streak. This characteristic is recognisable in the traditional farmer culture of self-sufficiency, often resulting in farmers believing they have no need to access services.

Rural Suicide

Approximately 5000 people take their own lives in the UK every year, and suicide has become the leading cause of death amongst men below the age of 35. It is also the main cause of early death in people living with mental illness. In the past 20 years suicide has become less common amongst older men and women and more common in younger people. Men are nearly three times more likely to take their own lives than women. Suicide rates vary between geographical area and social class; those in unskilled manual occupations are more than four times more likely to take their lives than those in executive jobs.

The common sense view of suicide is that it is an unambiguous act; that someone because of an overwhelming event or succession of events, is no longer able to continue. How others understand their act is conditioned by cultural, spiritual and social views. Suicide may be considered by some to be acceptable in times of extreme circumstances, such as in the face of a terminal illness, whilst for others it is never permissible. This is partly reflected in the reporting of suicide in official statistics. For a coroner to record a verdict of suicide they must be able to establish that the deceased intended to commit suicide. When that evidence is missing the coroner may record the death as 'undetermined'. It has become a convention that 'undetermined' deaths are included in suicide statistics.

Not everyone is equally vulnerable to suicide and many of the risk factors are well known. It is well established that some occupations demonstrate a greater than average rate of suicide; these include medical professionals – doctors, pharmacists, dentists, as well as vets and farmers. These groups are at risk because of their access to the means of suicide – largely drugs and guns, a familiarity with death – human or animal, and a heavy workload. A great deal of attention is focussed on these occupational high risk groups but it is important to note that they form only 1-2% of the total suicides in one year.

Finding reasons for individual suicides must be informed by an awareness of the limitations of our knowledge, much of which is based on knowing one salient fact but presuming that it is the central or most important one. Although problems at work and in family life are the most common difficulties, they appear less likely to be important in causing suicide than financial and legal problems and mental ill-health.

Suicide is not evenly spatially distributed and particular areas experience suicide rates that are quite distinct. It would appear that the overall trend is downward, with the possible exception of Wales. At a county level Powys, West Sussex, Devon, Hampshire, Cambridgeshire, Suffolk, Humberside, Warwickshire, West Yorkshire and West Sussex have relatively high levels. It is noteworthy that Somerset, Cornwall and Dorset, which also have high populations of farmers, do not have high levels.

The reasons for suicide are complex and location alone is certainly not enough. Rather, in the instance of farmers, there are communities in which there is an elevated risk of suicide because of a complex interplay of factors including history. That the farming community is relatively closed and intimate, with families often farming alongside each other for generations, may well add to particular forms of behaviour. One of the risk factors is exposure to suicide by someone who is known. Added to this is the impact of demonstration, that media portrayals either factual or fictional, can lead those who are vulnerable to emulate.

Alan Spedding, 26 October 2004, reviewed 11 October 2005

RuSource briefings provide concise information on current farming and rural issues for rural professionals. They are circulated weekly by email and produced by Alan Spedding in association with the Arthur Rank Centre, the national focus for the rural church.

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Past briefings can be accessed on the Arthur Rank Centre website <http://www.arthurrankcentre.org.uk/> along with other useful material illustrating the Centre's roles as the hub of Christian concern for the wellbeing of rural people.

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