

SUPPORTING FARMER MENTAL HEALTH

Environmental Scan and Resource Map of Mental
Health Support Services across Rural Alberta



Prepared for :

AgKnow

AB Farm Mental Health Network

Report Prepared by:

December 2023

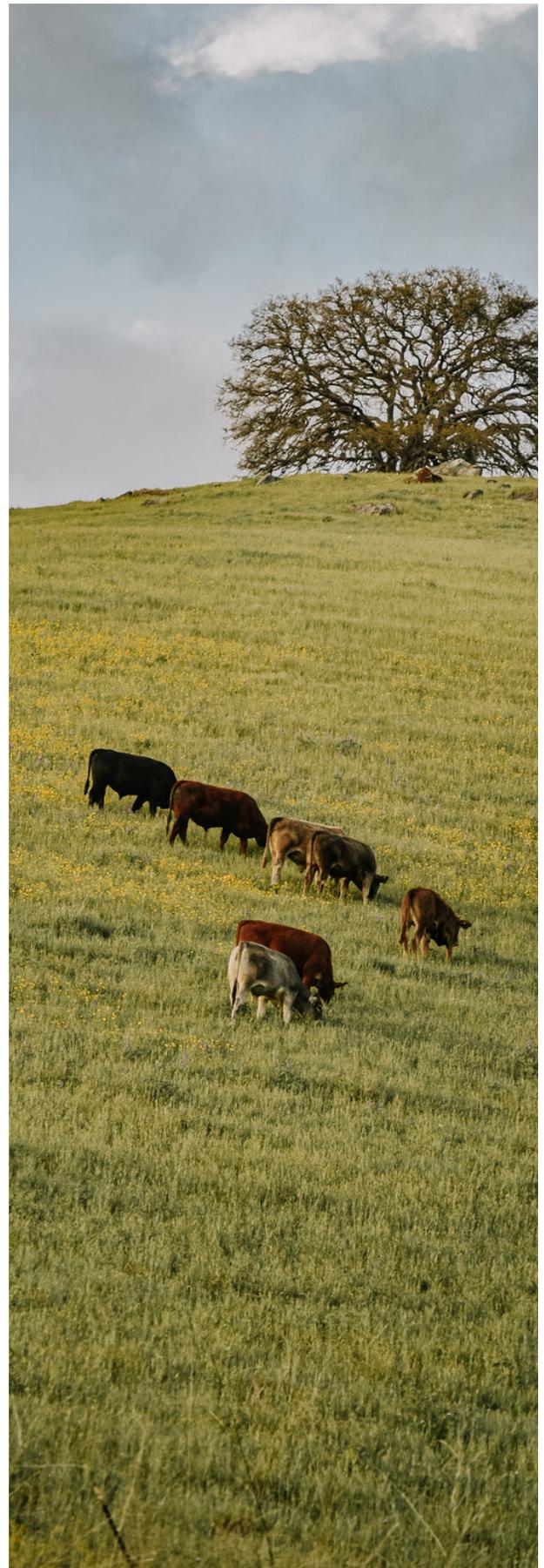
Rebecca Purc-Stephenson, Ph.D.
Nicole Roy, B.A.
University of Alberta



**UNIVERSITY
OF ALBERTA**

Table of Contents

Executive Summary	3
Health Care in Rural Areas	4
Farming in Alberta	5
Occupational Stresses of Farming	6
Mental Health of Farmers	7
Seeking Mental-Health Support	8
Mental Health Services in Rural Areas	9
Purpose of the Project	10
Methodology	11
Summary of the Findings	12
Categories of Programs and Services	12
Resource Map of Programs and Services ...	13
Community-Based Organizations	15
Private Counselling Practices	19
Clubs and Social Groups	21
Conclusions	24
Recommendations	26
References	27
About the Researchers	31
Acknowledgments	32



Executive Summary

Despite efforts to provide comprehensive health care services for all Canadians, health care delivery in rural areas remains a challenge.[1-3] These challenges contribute to inequalities in services, and may explain why rural Canadians experience poorer health status than their urban counterparts.[4-5] Yet, rurality itself does not necessarily lead to rural-urban disparities but rather exacerbates the effects of other factors, such as socio-economic disadvantage, higher levels of personal risk, and more hazardous occupational conditions.[5]

Approximately 15.2% of Alberta's population lives in a rural area.[6] One rural sub-population at risk for poor physical and mental health due to a unique range of personal and occupational stresses are farmers and ranchers.[7-11] Specifically, a recent provincial-wide survey[12] showed that Alberta farmers reported poorer mental health outcomes compared to a national survey of farmers.[13] The Alberta Government acknowledged that the mental health of farmers and ranchers must be supported.[14]

Alberta has a large number of privately and publicly funded organizations offering a range of services.[15] Attempting to enhance the health and wellness of a population by introducing new services or changing existing ones first requires an in-depth examination of current services available for that population.

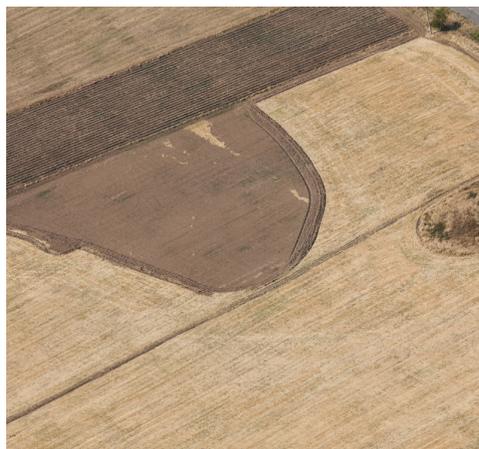
Between March and July 2023, we conducted an environmental scan of programs and services located in rural areas across Alberta that offered any type of mental health support potentially relevant to farmers.

We identified 217 services across the province that were categorized into the following three groups:

- Community-Based Organizations (n = 94, 43%)
- Private Counselling Services (n = 77, 36%)
- Clubs and Social Groups (n = 46, 21%)

After reviewing the content associated with each service, our key findings showed:

- 73.3% of all services were concentrated in the central and southeastern regions.
- 77% of services at Community-Based Organizations provided mental health support programs for adults or seniors but rarely targeted farmers specifically.
- 95% of Private Counselling Practices provided a range of expertise, particularly for anxiety and depression, which are mental health conditions farmers struggle with.
- 5.1% of all services mentioned farmers or agriculture in their programming or resources.
- 5.6% of all services mentioned having a background or experience in farming or agriculture, but this occurred mostly among counsellors.



Health Care in Rural Areas

Canada's universal health care system, rated among the finest globally, is built upon the fundamental and profound principle of ensuring "health for all".[16] Despite efforts to provide health care services and reduce inequalities, many provinces face serious challenges in achieving comprehensive health care delivery in rural areas.[1-3] Rural areas are defined as communities that are geographically located in rural and remote regions.[17]

In 2021, there were approximately 650,027 rural Albertans out of a provincial population of 4,262,635.[6]. As shown in Figure 1, this equals approximately 15.2% of the population.

Rural-dwelling Canadians tend to have poorer health status than their urban counterparts.[4-5] Moreover, individuals living in rural areas are more likely to experience higher mortality rates due to circulatory diseases, and injuries, and poisonings than those living in urban areas, and these rates are higher for men than for women.[5] There is limited information on the health status of Albertans living in rural areas.

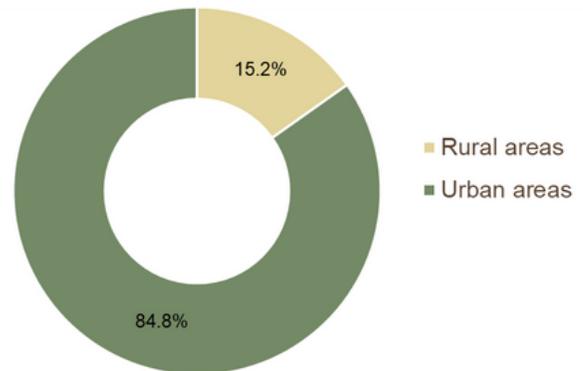


Figure 1. Urban-rural distribution of Albertans

While rurality can significantly influence the accessibility and delivery of health services, it doesn't consistently result in poorer health outcomes. In other words, the label "rural areas" alone doesn't directly cause rural-urban disparities. Instead, residing in a rural area tends to amplify the impact of other factors such as socio-economic disadvantage, ethnicity, limited service availability, increased personal risk, and exposure to more hazardous environmental and occupational conditions.[5]



Farming in Alberta

One particular rural sub-population that may be at risk for poor physical and mental health is farmers and ranchers. Before reviewing the factors that place them at risk, it's important to provide some background about farming in Alberta for context.

Alberta's agri-food sector is a major economic force in the province, and nationally. With a workforce of nearly 70,000 individuals and a substantial contribution of \$9.68 billion to the provincial GDP, the agri-food industry is poised to maintain a leading role in Alberta's economy in the future.[47]

While beef and grain farming are the most common commodities in Alberta, there is a lot of diversity across the province, as shown in Figure 2.



Farms across Alberta are growing in number and size. First, Alberta was one of two provinces to report an increase in the number of farms, with a 2.1% rise from 2016. In 2021, Alberta reported 41,505 farms, accounting for 21.9% of Canada's farms, up from 21.0% in 2016.[48]

Second, Alberta has the second-largest total farm area in the country. In 2021, farms in Alberta reported the second-highest total farm area (behind Saskatchewan), making up 32.0% of Canada's total. In 2021, farms classified as oilseed and grain accounted for the largest total farm area in the province, with 46.4%. This was followed by farms classified as beef and feedlots (39.6%) and other crop farms (7.9%).[48]

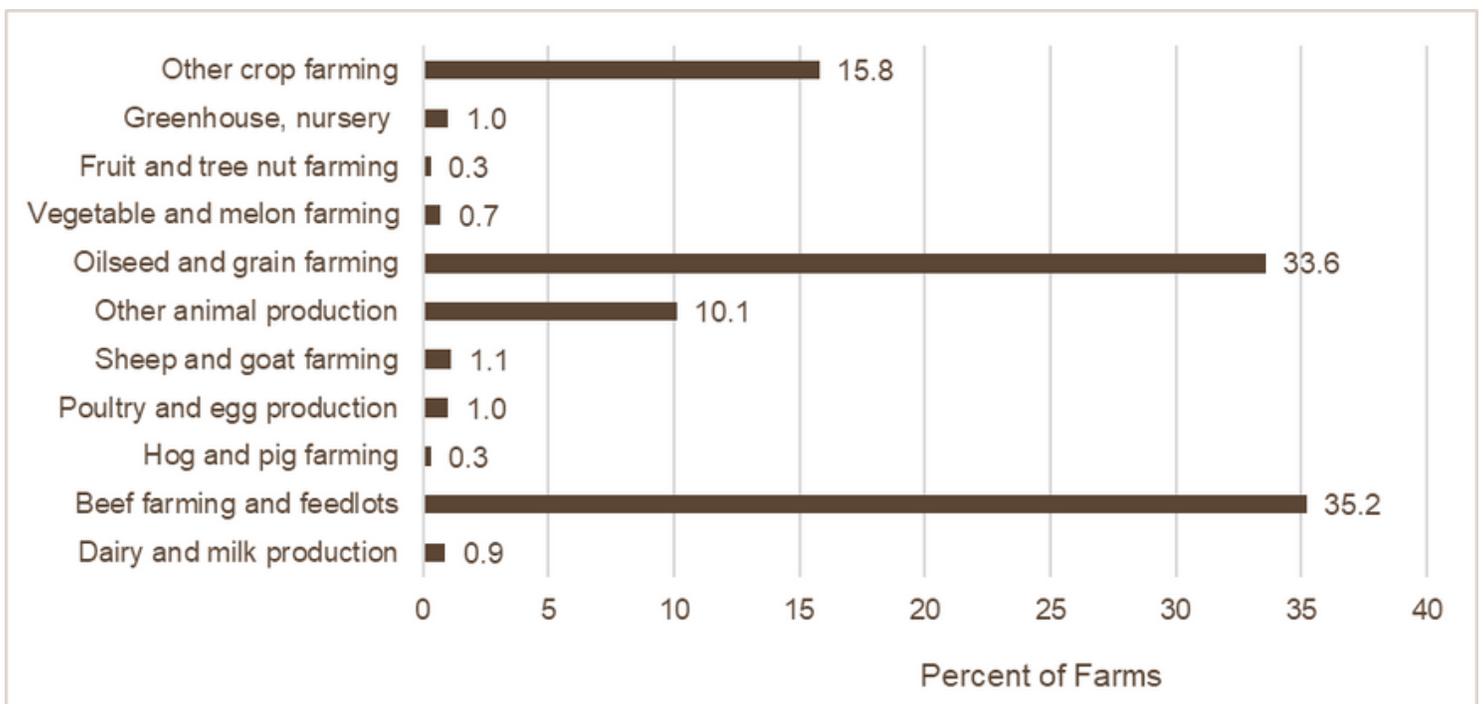


Figure 2. Percentage of farms by farm type in Alberta, 2021

Occupational Stresses of Farming

Agriculture is recognized as one of the most hazardous industries, with considerable attention focused on the physical and mental health of farmers.[7-11] In addition to manual labor, long hours, and time pressures, commonly reported occupational stressors include factors that are often beyond their control, such as variable market prices for crops and livestock, and environmental regulations.[18-20] Furthermore, farmers must contend with volatile weather, including droughts, storms, floods, frost, and wildfires,[21] which can lead to reduced output and, in turn, decreased income.[22]

More recently, farmers have had to endure pandemic-induced inflation and supply shortages that caused increases to input costs. According to its 2023 Farm Input Market Outlook,[23] Farm Credit Canada projected that Canadian farmers will spend a record \$23.1 billion on fertilizer, fuel, chemical, and seed this year, making the 2023 grain and oilseeds crop season the most expensive ever in Canada.

Young adult farmers and ranchers may experience additional stressors, including limited access to land, capital, maintaining an off-farm job, and working to establish themselves in the industry.[24-25] Additionally, younger farmers on an intergenerational family farm may experience more stress due to managerial control and support compared to the older generation.[26]

Other occupational stresses include geographical and social isolation.[19, 27-28] In Alberta, the large-scale farms and common commodities of grain and beef cattle mean that farmers often work alone or with few others throughout the year. However, the work schedule varies tremendously during seeding, harvest, or calving season. These busy seasons can be particularly stressful as farmers work long hours, get less sleep, and may have difficulty finding short-term hired help.[29-30]



Mental Health of Farmers

There is accumulating evidence that the ongoing stress associated with farming can contribute to the development and progression of mental health conditions, including depression, anxiety, and burnout. [12-13,19,31]

Research consistently shows that the mental health of farmers in Canada is poor. A 2021 national study of 1167 Canadian farmers reported that 57.8% experienced mild to severe levels of depression, 49.2% experienced mild to severe levels of anxiety, and high burnout scores, all values exceeding those of the general population.[13]

In fact, most respondents with moderate to severe scores for any outcome reported worsening symptoms since the pandemic began. At the same time, farmers reported low levels of resilience.[13]

Examining the mental health of farmers in Alberta revealed a similar pattern. Between February and July 2023, researchers at the University of Alberta conducted an online survey of over 350 farmers and ranchers across the province.[12]

The results showed that farmers and ranchers reported high levels of depression, anxiety, and burnout, with scores that were poorer than the national average of farmers.[13] At the same time, Alberta farmers reported slightly higher levels of resilience than the national average of farmers, although the scores were still below the general population norms.

Without obtaining the help they need and developing skills to build resilience to stress, farmers are at risk of sustaining injuries and self-medicating,[32] experiencing social withdrawal,[33] and facing an elevated risk of suicide compared to non-farmers.[34]



Seeking Mental-Health Support

Timely help-seeking can minimize the adverse effects of poor mental health,[35] yet many farmers do not seek help for their mental health issues.[36-37] Approximately 9% of farmers in one sample sought help compared to 16% in general rural samples.[38] For many farmers, help-seeking often occurs as a last resort, if at all.[34,39]

Mental health help-seeking involves seeking assistance for distress, mental health challenges, or thoughts and behaviors related to suicide.[40] Seeking help from a professional is crucial, and can often lead to a positive and lasting response.

Professional assistance for mental health can include help from various health professionals, such as nurses, physicians, counsellors, psychologists, and psychiatrists, as well as services provided through telephone, digital platforms, and online resources (encompassing all digital mental health services).

Research to understand the factors involved in the low rates of help-seeking among farmers is growing. What we currently know is that farmers face numerous real or perceived barriers, such as being unaware of available mental health and community services, choosing not to access them due to stigma, facing delays, and being unable to pay for services.[36-37]

However, a considerable portion of research operates under the assumption that stress is confined to the farm and farmer, overlooking the wider context of rural communities and the resources within them.[42-44]

As the predominant focus for farmers facing crises involves mental health counselling, support services, resilience training, mindfulness practices, and resources to identify stress signs in neighbours, a pressing question is: Are there services available in rural and remote areas to help farmers cope with the occupational stresses of farming?



Mental Health Services in Rural Areas

Two significant events took place in recent years that signified a shift in focus to rural mental health, especially among farmers.

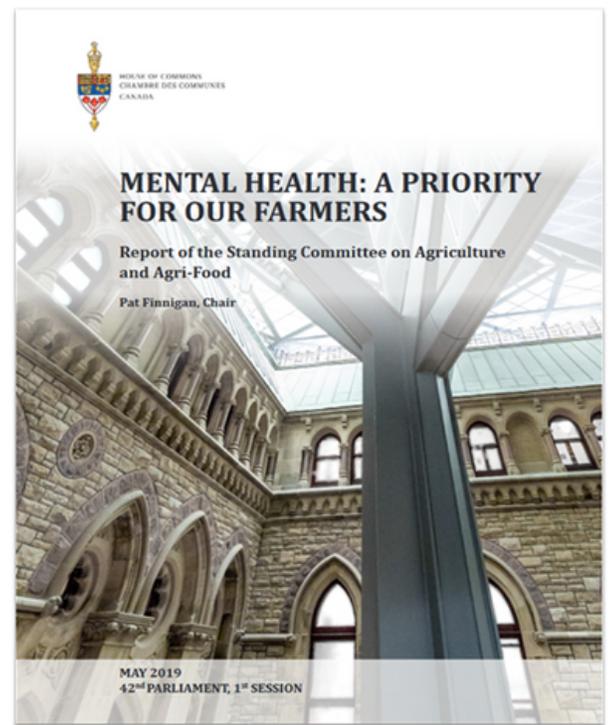
First, the federal government released a report called "Mental Health: A Priority for our Farmers," [45] prepared by the Standing Committee on Agriculture and Agri-Food. This report outlined the government's commitment to providing more attention and resources to address the growing mental health needs of the farming population.

Second, the new agricultural policy framework, called "The Sustainable Canadian Agricultural Partnership" (Sustainable CAP), was announced. It is a five-year (2023–2028) [46] investment by federal, provincial, and territorial governments to strengthen Canada's agriculture and agri-food sector.

These responses are mainly delivered by each province or territory. Provincial governments consult with their interest groups to determine the desired outcomes of policies and programs that will be designed and implemented under the framework.

In 2022, the Minister of Agriculture and Irrigation in Alberta provided seed funding to the Agricultural Research Extension Council of Alberta (ARECA) to examine the mental health of farmers in the province.

Through collaboration with researchers at the University of Alberta and key partners, AgKnow was formed. One of the first goals of AgKnow was to establish a baseline understanding of current programs and services across rural Alberta that provided mental health support that could be relevant to farmers.



Purpose of the Current Project

The main goal of this project was to:

- Conduct an environmental scan of programs and services available in rural areas across Alberta that supported the mental health needs of farmers, their families, and farming communities.
- Identify opportunities to expand programming to further serve the needs of farmers.



Methodology

Approach

Guided by environmental scan methodology, we conducted a systematic internet search of programs and services offering any type of mental health support for individuals living in rural areas in Alberta.

Search Strategy

Starting in March 2023, we searched for programs and services using a series of search terms: anxiety, coping, counselling, crisis, depression, isolation, mental health, support, stress, suicide, therapy, and well-being, in conjunction with agriculture, farm, and rural.

Our initial search focused on identifying programs and services that met the following criteria:

- Located outside major city centers of Calgary, Edmonton, Red Deer, and Lethbridge.
- Situated in a rural area in Alberta.
- In operation for at least the past 12 months.
- Independent of a hospital or health care facility (e.g., not outpatient service).
- Provided services to the general public (e.g., non-specialized services, not industry groups).

Therefore, any privately- or publicly-funded service or program that offered any type of mental health support to individuals living in rural areas in Alberta was eligible to be included in this project. Our focus was on publicly visible and available services and programs. We excluded work of internal committees or programs in development.

In May, we decided to expand our search criteria by including programs and services in northern urban regions because they serviced a large geographical area that included many rural farming communities. Excluding these programs and services would not provide an accurate reflection of resources available to northern rural communities.

Reliability Checks

To reduce bias and increase the reliability of our findings, we engaged in the additional steps:

- We entered search terms in two search engines: Google and Firefox.
- We replicated our searches to ensure consistency and that we reached saturation.
- We reviewed the websites of provincial organizations (e.g., Canadian Mental Health Association) to ensure that we captured all rural locations that might not have a web presence.
- We searched the official websites of the organizations or programs, as well as any other social media websites (e.g., Facebook).
- We contacted mental health experts in the area to review and validate our list.

Data Collection and Analysis

For each program or service, we noted the type of service/program, location, services offered, hours of operation, and funding source. All data were coded in a spreadsheet using a deductive descriptive coding approach,[49] and we created a typology of:

- Type of service or program (e.g., community-based organization, private counseling practice, club).
- Target audience (e.g., farm population, general population [seniors, adults, women, children]).
- Delivery format (e.g., self-help, mediated, in-person, telephone, online, hybrid).
- Program type (e.g., workshop, course).
- Program goals (e.g., skills-building, knowledge-building, community-building, harm reduction).
- Program activities (e.g., talking, exercise, eating/food sharing, recreation).

In addition, all online content was reviewed, and any mention of “mental health” was coded to more fully understand the programs and services offered.

Summary of the Findings

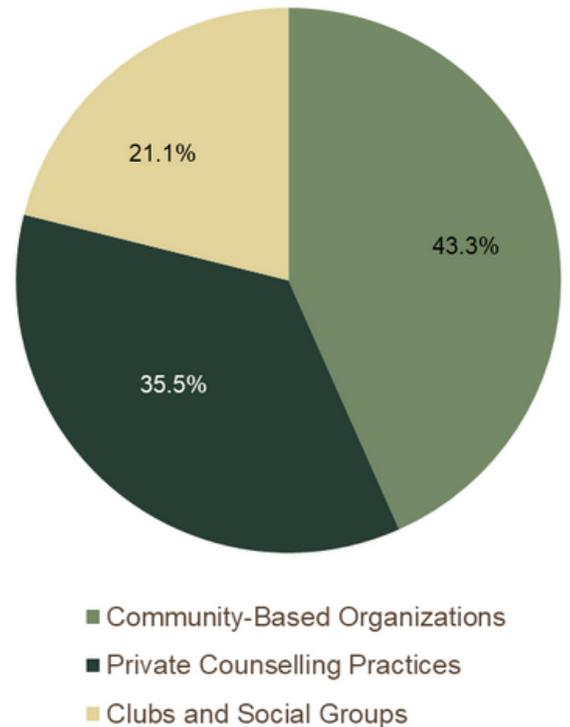
Categories of Available Programs and Services

Our initial search identified 232 programs and services that offered any type of mental health support to farmers or farm families. After applying our eligibility criteria, 15 programs or services were removed. The main reasons for removal included being located in an urban-bordering area that mainly serviced urban-dwelling clients and being inactive for the past 12 months. Therefore, our final sample included 217 programs and services.

Of these programs and services, we found that they fell into one of three categories:

- Community-Based Organizations (CBOs, n = 94, 43%)
- Private Counselling Practices (PCPs, n = 77, 36%)
- Clubs and Social Groups (CSGs, n = 46, 21%)

Figure 3. Number and type of programs and services for rural areas in Alberta



Summary of the Findings

Resource Map of Programs and Services

After identifying all of the programs and services that met our inclusion criteria, we placed their location on a provincial map to better understand where resources were located relative to each other and rural areas across Alberta (see Figure 4).

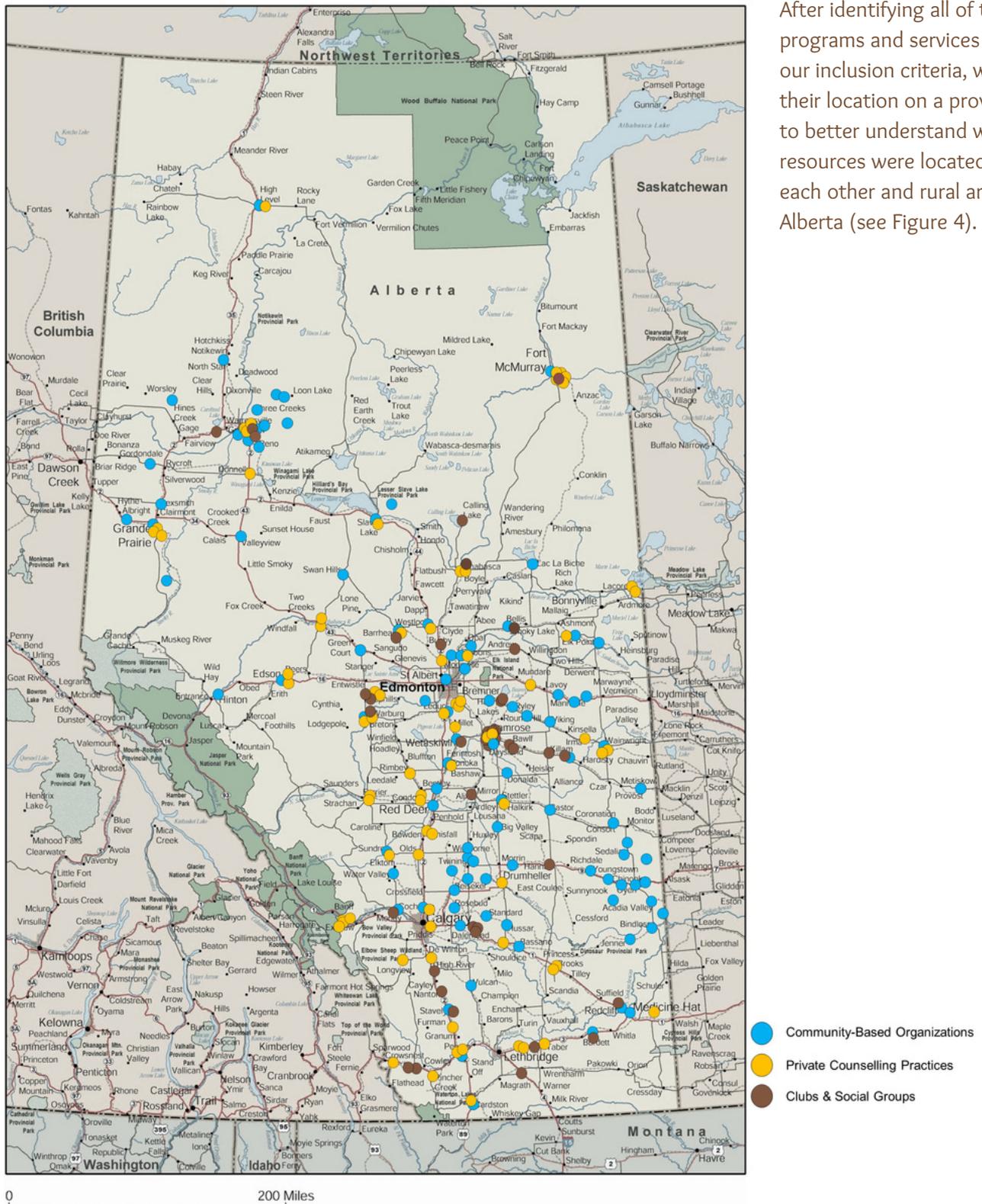


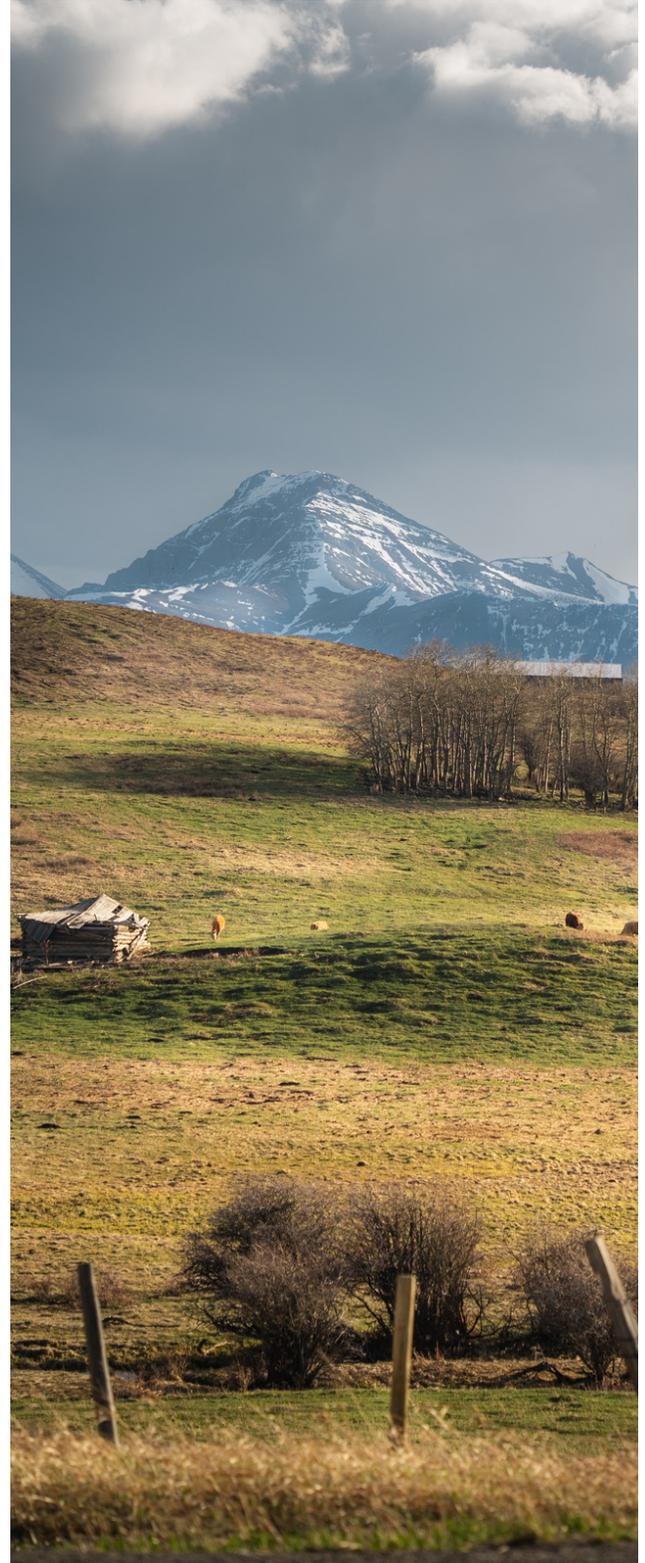
Figure 4. Resource map of programs and services for rural areas in Alberta

Summary of the Findings

Resource Map of Programs and Services

As shown in Figure 4, we observed that:

- 73.3% of all services were concentrated in the central and southeastern regions.
- There were relatively few programs or services in northern Alberta (e.g., north of Morinville) with many services clustered in the northwestern region.
- Most CBOs and PCPs were located near an urban area.
- The largest and well-resourced CBO, the Canadian Mental Health Association (CMHA), had office locations only in urban areas (i.e., Camrose, Grand Prairie, Fort McMurray included in our search, with additional offices in Edmonton, Calgary, Red Deer and Lethbridge) but served individuals in the surrounding rural areas.
- The Family and Community Support Services (FCSS) were more likely to be located in rural areas and offered programs and services that were tailored to the needs of a specific community.
- There are approximately 200 Hutterite colonies across Alberta (not shown) with most residing in southeastern areas that were relatively close to various resources.



Summary of the Findings

Community-Based Organizations

Overview

CBOs were publicly available, non-profit organizations that promote and enhance the well-being of individuals, families, and communities. Many of these organizations involved a joint municipal/provincial partnership that assisted in funding mostly preventive social service programs.

Example organizations included the FCSS and the CMHA, which offered a wide range of programs and services on various mental health topics (e.g., isolation, chronic pain, suicide, men’s mental health), as well as support groups, and recreational activities.

The CBOs were the most complex compared to PCPs and CSGs. They primarily offered services for individuals in their area. Our content analysis revealed that “mental health” or related terms (e.g., therapy, counselling, emotional support, etc) were mentioned 1,778 times in the program or service descriptions.

Types of Programs and Services

We reviewed and categorized the programs and services that CBOs offered, and found that they fell into one of four types:

- mental health support programs
- social and recreational programs
- individual and family counselling
- workshops and seminars

As Figure 5 shows, the vast majority (77%) were mental health support programs that represented mostly indirect forms of mental health support by helping individuals adopt healthier lifestyles, improve their quality of life, and build capacity to prevent and deal with crisis situations should they arise.

Common programs involved home-care support, elder abuse support groups, family support, income support, emotional support, and peer support programs.

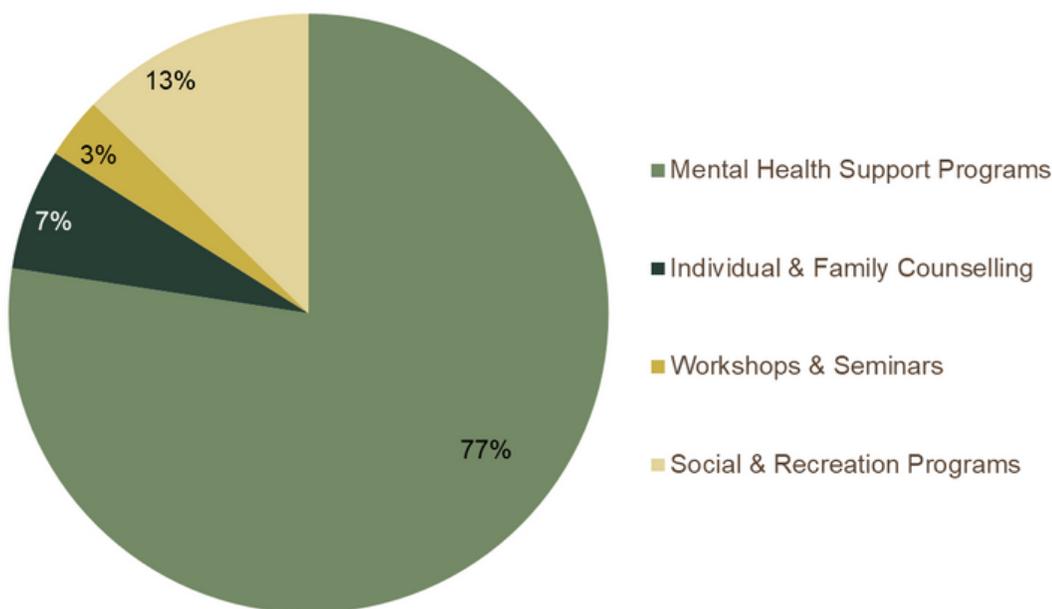


Figure 5. Types of programs and services at community-based organizations for rural Alberta

Summary of the Findings

Community-Based Organizations

Example Programs

To give the reader a better sense of the types of programs and services that fall within the **mental health support programs** category, we listed several programs below.

- **Wellness Navigator Program:** A program that guides individuals to relevant and appropriate resources for their mental health or support needs, including addictions, family resource centers, and counseling services.
- **Community Connections Program:** A program that provides opportunities for residents of all ages to participate in the community (e.g., volunteering) to strengthen their skills and provide opportunities for them to connect with others in their community.
- **Emotional Safe Spot:** A mental health support group that offers a first step toward counseling.
- **Let's Talk Program:** Education and information sessions aimed to build knowledge about issues that affect a community such as dietary needs, fraud, internet literacy, elder abuse, and gratitude.
- **Bounceback Program:** A guided self-help program to assist adults in managing low mood, depression, anxiety, or worry.
- **Keep In Touch (KIT) Program:** A program that started during the pandemic to improve the mental health and well-being of seniors by giving them opportunities to share their life experiences, and look towards the future with a friend.
- **In Touch Check-In and Chat Program:** A program where individuals can register with the office to receive a call once or twice a week during business hours for check-in and chat. While not a counseling program, it aims to build relationships and reduce isolation and loneliness.
- **Dragonfly Support Group:** A monthly group for parents whose child faces mental health issues.
- **Buddy Up Program:** A suicide-prevention program for men that encourages them to have real conversations and seek support.
- **The Friendly Visitor and Calling Program:** A program to provide people with a friend who will visit/call them to help them through lonely times.



Summary of the Findings

Community-Based Organizations

Next to mental health support programs, CBOs commonly offered **social and recreation programs** (13%) on a recurring weekly or monthly schedule.

As Figure 6 shows, many of the activities involved organizing opportunities (i.e., time, place) for residents to meet for coffee, engage in crafts or quilting, play cards or pool, participate in low-impact exercise and outings (e.g., community gardening, trips to the farmers market), or join community dinners (e.g., pancake breakfast) or potluck events.

Of these, participating in a community dinner or potluck was the most common. While these activities were not described as mental health supports per se, there is growing evidence that these types of services in rural areas are important indirect sources of mental health support, countering the negative effects of isolation by building personal connections and fostering a strong sense of community.[50-51]

The least common types of programs and services that CBOs provided were counseling services for individuals or families (7%), and workshops and seminars (3%).

The **counseling services** were delivered by healthcare professionals, but the availability of these were limited, varied a bit across CBOs, and were often heavily contingent on funding a position.

Workshops and seminars covered a range of topics with the goal of enhancing knowledge and/or building capacity to deal with a specific issue.

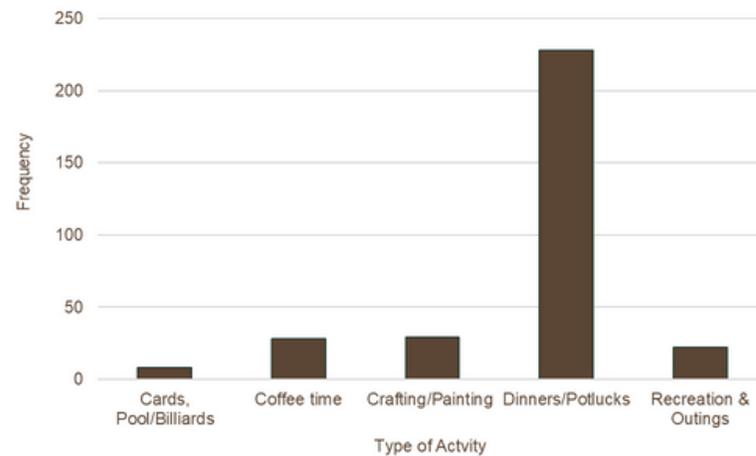


Figure 6. Types of social and recreation programs mentioned, advertised or offered by CBOs for rural Alberta

Example programs that fall into the workshop and seminar category:

- **Guys Night:** informational seminars about vulnerability and trauma-informed care for men.
- **Anger Awareness Workshop:** a seminar for adults to learn about the triggers of anger and some effective coping strategies.
- **Understanding your Grief and Loss:** a workshop to learn about the stages of grief after loss and ways to cope.
- **Mental Health First Aid:** a workshop to learn how to provide initial support to someone who may be developing a mental health problem or experiencing a mental health crisis.
- **Applied Suicide Intervention Skills Training (ASIST):** a program for residents to better understand the needs of a person at risk of suicide, and work with them to create a plan that will support their immediate safety.

Summary of the Findings

Community-Based Organizations

Target Audience

While many events were described as family-friendly, the majority of programs and services at CBOs commonly targeted seniors (77%), followed by working-aged adults over 18 years (23%).

We followed up with several CBO employees and social service experts to help us understand the target audience differences. From these discussions, we learned that many programs and services focused on seniors because:

- Seniors were believed to be at a higher risk of social isolation, elder abuse, cognitive decline, and poorer physical health compared to working-aged adults.
- Seniors were more likely to have a flexible schedule to attend programs and services.
- Senior programs were less resource-intensive (e.g., social and recreational activity) compared to programs for working-aged adults (e.g., workshop or seminar).

In their view, the programs for seniors versus working-aged adults balanced out (i.e., more programs and greater attendance but less intensive programming for seniors versus fewer programs and less attendance but more intensive programming for working-aged adults).

Engaging Farmers

Very few CBOs explicitly mentioned programs for farmers or those working in agriculture. Our scan found 11 CBOs that mentioned farming, farmers, or agriculture in their program descriptions or resource page, but only one CBO offered a farmer-specific program. The remaining mentioned a Farmer's Day event, that they funded a local agricultural society, or listed farmer resources (e.g., AgKnow website).

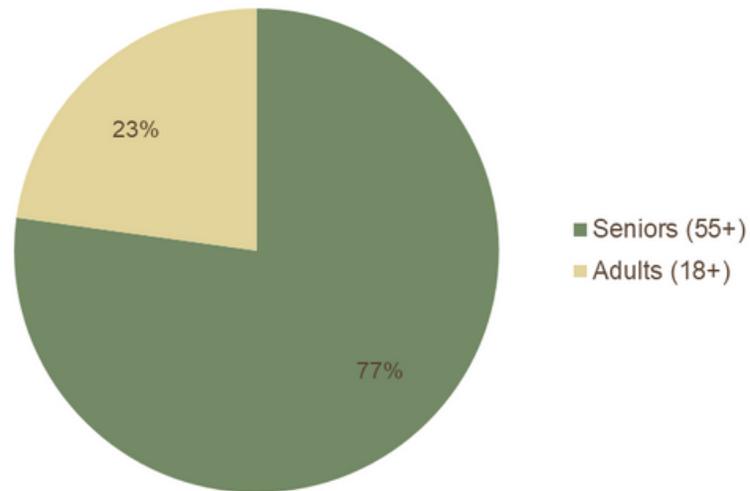


Figure 7. Participants for programs and services at community-based organizations for rural Alberta



Summary of the Findings

Private Counselling Practices

Overview

We identified 77 PCPs across rural Alberta. Counselling practices referred to privately-owned businesses of one or more individuals that offered therapy, counselling, and other forms of psychological services to clients.

Counselling practices most often included "talk therapy" through in-person, online, or telephone modalities. Ten of these practices also offered animal-assisted therapy, including equine therapy (n = 5), dog therapy (n = 3), or both equine and dog therapy (n = 3). Two practices offered art therapy.

Types of Mental Health Professional Specializations

The specializations of professionals varied, and most practices provided expertise in two or more mental health conditions. As shown in Figure 8, we coded how frequently they mentioned certain mental health conditions and their experience with each.

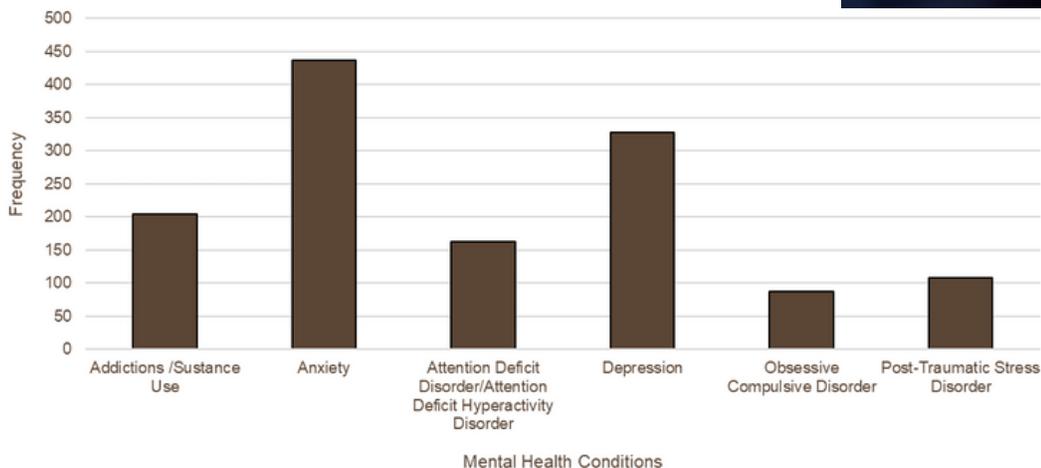
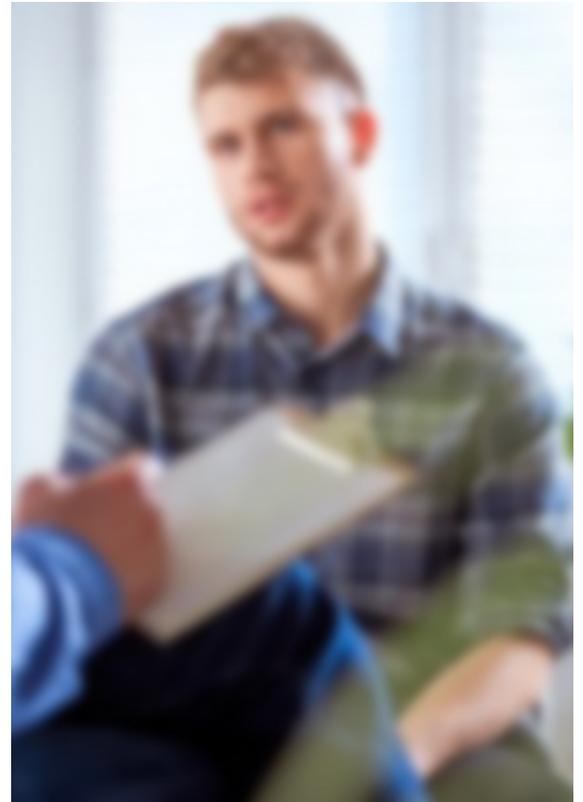


Figure 8. Specializations of mental health professionals

As shown in Figure 8, mental health professionals most often noted a specialization in anxiety-related conditions (e.g., social anxiety, general anxiety disorder, panic disorders), followed by depression, and addictions (e.g., substance use, gambling, hoarding).

Summary of the Findings

Private Counselling Practices

Common Help-Seeking Issues

According to the practice websites, mental health professionals offered services for individuals seeking support for a range of issues that may not be mutually exclusive. As shown in Figure 9, the most common issues that professionals noted they could support their clients with were past trauma or abuse, grief and loss, stress, and conflicts with family or relationship concerns.

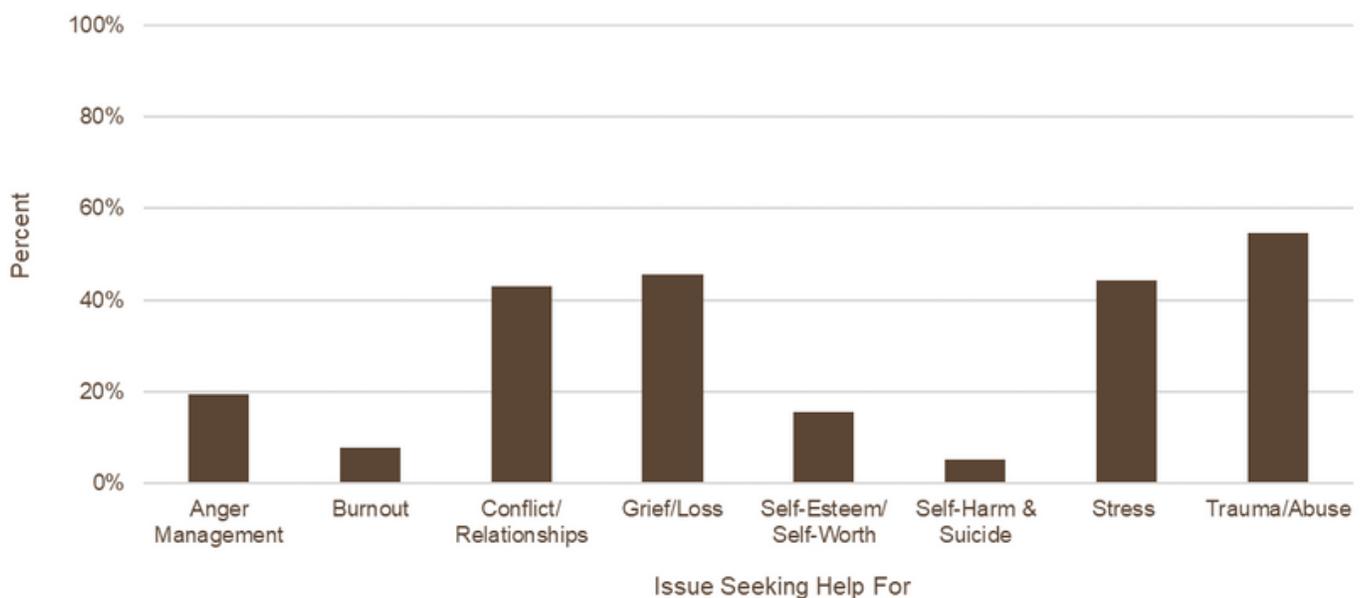


Figure 9. Common issues mental health professionals said they could assist clients with

Target Audience

Unlike the CBOs and CSGs, mental health professionals rarely specified their target audience. In the vast majority of cases, mental health professionals offered support for individuals of any age range, including adolescents, young adults, working-aged adults, seniors, couples, and families.

Engaging Farmers

Only 12 (7.8%) explicitly mentioned a background in farming or agriculture. For example, six mentioned growing up on a farm in Alberta and previously working in the local agricultural industry, being involved in 4H, and their families operated grain, beef cattle, or poultry farms. The remaining six mentioned that they live on an acreage or hobby farm with several animals (e.g., dogs, cats, horses, chickens).

Summary of the Findings

Clubs and Social Groups

Overview

The last category of programs and services were CSGs. To be included in the CSG category, programs had to be external from a formalized organization or industry group, focus on a shared interest or activity, include more than three members, operate independently by community members, and not require its members to have a membership or to pay a fee to participate.

Following these, CSGs commonly participated in organized coffee time, or crafting/quilting for charity events, all of which required little physical movement and perhaps a greater opportunity for interaction and talking. Less common activities were recreation and exercise (e.g., community gardening, line dancing, square dancing, carpet bowling, curling), and singing and choring. Most groups met in community centers on a weekly or monthly basis, and often outside of regular business hours (e.g., evenings, weekends).

Types of Activities

Most CSGs offered more than one type of activity as shown in Figure 10. As shown, participating in cards or pool (e.g., cribbage, whist, billiards) was the most common activity, followed by organized dinners or potlucks (e.g., perogy nights, monthly breakfasts, pancake dinners).

Similar to CBOs, many of the clubs and groups were described as providing meaningful connections, fellowship, and a way to get involved in the community rather than listing the mental health benefits. As mentioned earlier, previous research shows that informal forms of social support such as those offered through CSGs can be important sources of mental health support, and work to counteract the negative effects of isolation.[50-51]

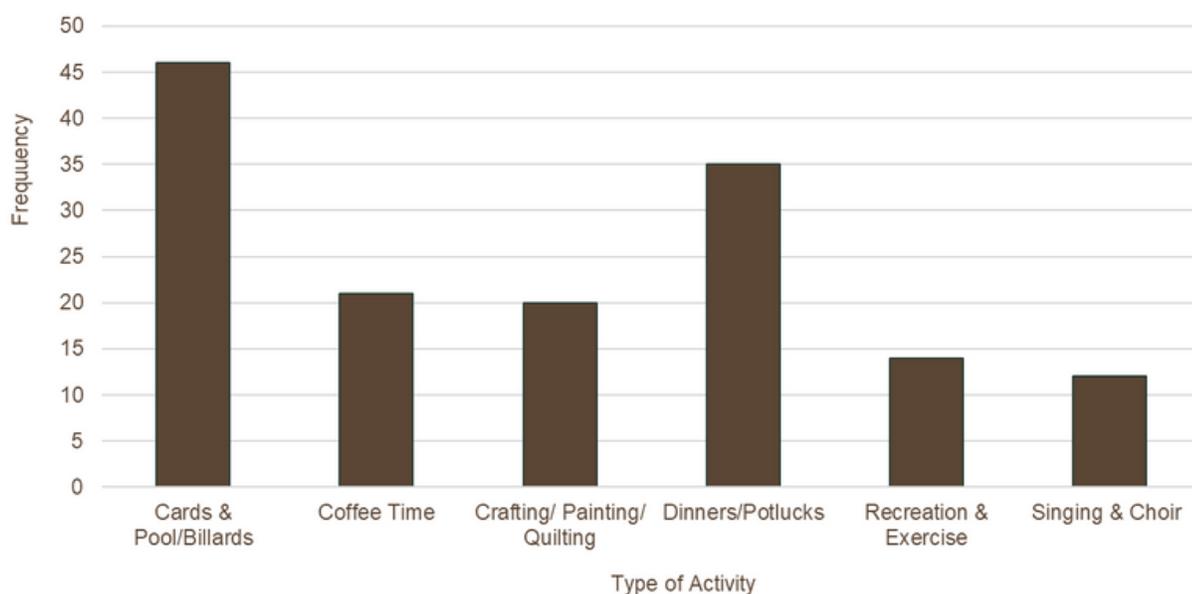


Figure 10. Types of activities offer at Clubs and Social Groups for rural Alberta

Summary of the Findings

Clubs and Social Groups

Example Programs

To give the reader a better sense of the types of activities the clubs and social groups engaged in, we have listed several below.

- **Smoky Lake Seniors Club:** Provides coffee weekday mornings, organized games and activities, potluck suppers, movie nights, cribbage tournaments, garage sales, casino and shopping bus trips.
- **Rainbow Club:** Provides community events and activities targeted towards seniors, and includes walking programs, perogy dinners, coffee time.
- **Seniors Jamboree:** Provides regular monthly events for seniors held at a community centre, and often features live music and refreshments.
- **Wheatland Whirlers Square and Round Dance Club:** A group of people from different backgrounds who enjoy dancing and music, and meet every week at a community centre to dance.
- **Hope Bridges Society:** Provides connections between adults and community through art by offering art based classes for adults of all levels.
- **Men's Shed:** Provides a place for men to come together and undertake a variety of activities such as woodworking, bike repair, metalworking, etc.

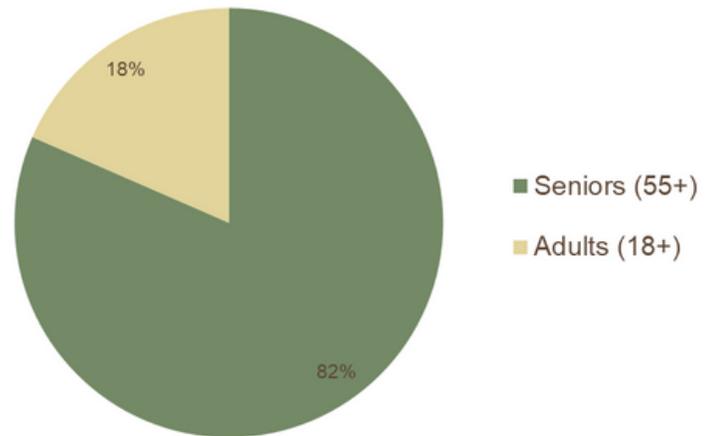


Summary of the Findings

Clubs and Social Groups

Target Audience

As shown in Figure 11, the majority of CSGs appeared to target seniors (82%), however many advertised that any adult was welcome (18%). There were few cases that targeted children or adolescents, and would generally say instead that families were welcome.



Engaging Farmers

There was no mention of farming, farmers, or agriculture in any of the descriptions.

Figure 11. Participants for Clubs and Social Groups



Conclusions

In this report, we provided a snapshot of over 200 programs and services offering various forms of direct and indirect forms of mental health support for individuals residing in rural areas in Alberta. Our research underscores the diverse range of programs available for those living in rural communities. Key strengths identified for each service type included:

- CBOs: These organizations offered a spectrum of mental health support programs for adults, alongside social activities, workshops, seminars, and some counselling services. Notably, only one CBO had a farmer-specific program in place.
- PCPs: Health care professionals are accessible throughout the province, equipped with expertise in mental health conditions, such as anxiety and depression, that farmers commonly struggle with.
- CSGs: These groups provide a variety of social activities and engage community residents through "social snacking" as a means to foster connections and build community bonds.

When we reviewed what resources are available to farmers amidst a national farmer mental health crisis, we found very few programs and services for them. Indeed, we observed a significant discrepancy between the recommended ways farmers are told to cope with the stresses of farming (e.g., build resilience to stress, increase mental health literacy, use therapy) and the resources available to them.

Upon closer examination, our findings reveal several challenges with these programs and services, including:

- A focus on seniors.
- Operation during regular business hours.
- Variation in programming and services based on location.
- Outdated website information (e.g., contact details, program details).
- Concentration in the central and southeastern regions of Alberta.
- Lack of specific targeting towards farmers, farm families, or farming communities.



Conclusions

Regarding the variability in programs and services across locations, numerous programs and services in rural areas were predominantly shaped by individual initiatives. This implies that the sustainability and nature of available programming heavily hinge on the individuals spearheading them, with their continuation often reliant on funding availability, as in the case of CBOs. Consequently, programs can become personalized to the interests and goals of individuals or communities.

While this approach may seem advantageous, as it tailors programs to the needs of local residents, it can result in a reactive and fragmented landscape of mental health support programs across the province that might not be helping those in crisis.

Concerning the targeting of farmers, PCPs were more likely to highlight their connection to agriculture on their websites compared to CBOs and CSGs. Recognizing farmers' reluctance to seek mental health support from "outsiders," it is crucial for health care professionals to demonstrate their connection to farming. Nevertheless, all programs and services faced limitations in engaging with farmers due to:

- **Limited awareness strategies:** Primarily relying on websites, social media (e.g., Facebook, Instagram), and word-of-mouth for program promotion.
- **Limited accessibility:** Operating during regular business hours, featuring varying programs across locations, or having to pay for PCP services.
- **Limited relevance:** Many programs and services primarily targeted seniors or the general adult population.

While unpacking the reasons for the lack of resources in rural areas is beyond the scope of this project, the past few decades have seen rural communities across Canada shrink as individuals leave to find opportunities in urban areas.[52] In farming communities, this trend manifests itself in part through data showing that the average age of farmers in Alberta is increasing, and there are fewer individuals entering the industry.[48]

Some researchers claim that much of the stress farmers face today may result from substantial economic restructuring of rural areas that has changed rural social lives and institutions.[53] In other words, rural areas have changed, which, in turn, has altered rural social life and the available resources for residents. This analysis does not intend to be purely discursive but seeks to promote innovative approaches for addressing the mental health crisis among farmers beyond the individual level, emphasizing the connection between the agricultural economy and rural social life in general.



Recommendations

While the programs and services available to support the mental health needs of rural Albertans had many notable strengths, our analysis uncovered ways to improve the resources for farmers, their families, and farming communities. We developed 10 recommendations:

Targeted Farmer-Centric Programming:

- Develop and implement mental health support programs specifically designed for farmers, farm families, and farming communities, addressing their unique needs and challenges.

Increased Awareness Strategies:

- Expand awareness initiatives for mental health programs, employing diverse and farmer-focused marketing strategies beyond websites and social media. Outreach strategies should communicate resources and events with agricultural groups.

Enhanced Relevance:

- Tailor programs to be directly relevant to the farming demographic, recognizing the distinct stressors and mental health issues they face. This includes incorporating farming-related content, scenarios, and testimonials into program materials.

Improved Accessibility:

- Consider operating hours and standardize program offerings across different locations to enhance accessibility for farmers who often have irregular and demanding schedules. Consider evening or weekend sessions to accommodate their needs.

Collaborative Partnerships:

- Foster collaborations between CBOs, PCPs, and CSGs with farmer mental health initiatives such as AgKnow or the Canadian Centre for Agricultural Wellbeing to create a cohesive network of mental health support, ensuring a unified and comprehensive approach.

Geographical Expansion:

- Strategically expand program locations to cover a wider geographical area, especially targeting underserved regions to reduce disparities in mental health services access for rural communities.

Inclusive Program Design:

- Design programs that are inclusive and sensitive to the diverse age groups within rural areas, ensuring offerings cater not only to seniors but also to working-aged adults, acknowledging the varied mental health needs across different demographics

Regular Website Updates:

- Service providers should implement regular reviews and updates of program information on websites to ensure accuracy, relevance, and contact details are current. This is crucial for maintaining trust and facilitating ease of access for potential participants.

Proactive and Strategic Programming:

- While maintaining responsiveness to community needs, instill a proactive and strategic approach in program planning to avoid inconsistencies in offerings across different locations, ensuring a more cohesive and comprehensive support structure.

Comprehensive Training for Health Care Professionals:

- Provide training to health care professionals on effective engagement with farming communities, emphasizing the importance of demonstrating a genuine understanding of agricultural challenges and culture. Individuals with formalized training in mental health should be the ones delivering education rather than individuals with lived experience of poor mental health on the farm.

References

- 1 Public Health Agency of Canada. (2006). How healthy are rural Canadians? An assessment of their health status and health determinants. Summary Report. Retrieved from phac-aspc.gc.ca
- 2 Wilson, C. R., Rourke, J., Oandasan, I. F., & Bosco, C. (2020). Progress made on access to rural health care in Canada. *Canadian Family Physician*, 66(1), 31-36.
- 3 Soles, T. L., Wilson, C. R., & Oandasan, I. F. (2017). Family medicine education in rural communities as a health service intervention supporting recruitment and retention of physicians: advancing rural family medicine: the Canadian Collaborative Taskforce. *Canadian Family Physician*, 63(1), 32-38.
- 4 DesMeules, M., Pong, R. W., Read Guernsey, J., Wang, F., Luo, W., & Dressler, M. P. (2012). Rural health status and determinants in Canada. *Health in Rural Canada*, 1, 23-43.
- 5 Pong, R. W., DesMeules, M., & Lagacé, C. (2009). Rural-urban disparities in health: how does Canada fare and how does Canada compare with Australia? *Australian Journal of Rural Health*, 17(1), 58-64.
- 6 Statistics Canada (2022). Focus on Geography Series, 2021 Census of Population: Focus on Alberta. Retrieved from: <https://www12.statcan.gc.ca/census-recensement/2021/as-sa/fogs-spg/page.cfm?lang=E&topic=1&dguid=2021A000248>
- 7 Bondy, M., & Cole, D. (2019). Farmers' health and wellbeing in the context of changing farming practice: a qualitative study. *European Journal of Public Health*, 29, 186-597. <https://doi.org/10.1093/eurpub/ckz186.597>
- 8 Earls, A., & Hall, H. (2018). Lessons for Succession Planning in Rural Canada: A Review of Farm Succession Plans & Available Resources in Haldimand County, Ontario. *Journal of Rural and Community Development*, 13(4), 25-42.
- 9 Fennell, K. M., Jarrett, C. E., Kettler, L. J., Dollman, J., & Turnbull, D. A. (2016). "Watching the bank balance build up then blow away and the rain clouds do the same": A thematic analysis of South Australian farmers' sources of stress during drought. *Journal of Rural Studies*, 46, 102-110. <https://doi.org/10.1016/j.jrurstud.2016.05.005>
- 10 Fraser, C. E., Smith, K. B., Judd, F., Humphreys, J. S., Fragar, L. J., & Henderson, A. (2005). Farming and mental health problems and mental illness. *International Journal of Social Psychiatry*, 51(4), 340-349. <https://doi.org/10.1177/0020764005060844>
- 11 Hagen, B. N., Albright, A., Sargeant, J., Winder, C. B., Harper, S. L., O'Sullivan, T. L., & Jones-Bitton, A. (2019). Research trends in farmers' mental health: A scoping review of mental health outcomes and interventions among farming populations worldwide. *PLoS One*, 14(12), e0225661. <https://doi.org/10.1371/journal.pone.0225661>
- 12 Purc-Stephenson, R., Dedrick, S. & Keehn, J. (2023, October 18-21). Assessing stress, mental health, and barriers to seeking healthcare among farmers: A mixed methods study [Poster presentation]. International Society of Quality of Life Research, Calgary, AB, Canada. [s-for-farmers-and-ranchers.html](https://www.isqol.ca/2023/abstracts-for-farmers-and-ranchers.html)

References

- 13 Thompson, R., Hagen, B. N., Lumley, M. N., Winder, C. B., Gohar, B., & Jones-Bitton, A. (2022). Mental Health and Substance Use of Farmers in Canada during COVID-19. *International Journal of Environmental Research and Public Health*, 19(20), 13566. <https://doi.org/10.3390/ijerph192013566>
- 14 Government of Canada (2023). Enhancing mental health support for farmers and ranchers. Retrieved from <https://www.canada.ca/en/agriculture-agri-food/news/2023/11/enhancing-mental-health-supports-for-farmers-and-ranchers.html>
- 15 Alberta Government (2023). Family and social support. Retrieved from <https://www.alberta.ca/family-social-caregiver-supports>
- 16 Kozier, B., Erb, G., Berman, A.J., Burke, K., Bouchal, D.S.R., & Hirst, S.P. (2000). *Fundamentals of nursing: The nature of nursing practice in Canada (Canadian ed.)*. Toronto: Prentice Hall.
- 17 Charbonneau, G. (2018). Recruiting physicians to practice in rural communities. *Canadian Family Physician*, 64(8), 621-621.
- 18 Booth, N. J., & Lloyd, K. (2000). Stress in farmers. *International Journal of Social Psychiatry*, 46(1), 67-73.
- 19 Jones-Bitton, A., Best, C., MacTavish, J., Fleming, S., & Hoy, S. (2020). Stress, anxiety, depression, and resilience in Canadian farmers. *Social Psychiatry and Psychiatric Epidemiology*, 55(2), 229-236. <https://doi.org/10.1007/s00127-019-01738-2>
- 20 Kearney, G. D., Rafferty, A. P., Hendricks, L. R., Allen, D. L., & Tutor-Marcom, R. (2014). A cross sectional study of stressors among farmers in Eastern North Carolina. *North Carolina Medical Journal*, 75(6), 384-392.
- 21 Ellis, N. R., & Albrecht, G. A. (2017). Climate change threats to family farmers' sense of place and mental wellbeing: A case study from the Western Australian Wheatbelt. *Social Science & Medicine*, 175, 161-168.
- 22 Riethmuller, M. L., Dzidic, P. L., McEvoy, P. M., & Newnham, E. A. (2023). Change, connection and community: A qualitative exploration of farmers' mental health. *Journal of Rural Studies*, 97, 591-600. <https://doi.org/10.1016/j.jrurstud.2023.01.018>
- 23 Farm Credit Canada (2023). 2023 Outlook for the crop input market. Retrieved from <https://www.fcc-fac.ca/en/knowledge/economics/2023-outlook-crop-input-market>
- 24 Ahearn, M. (2011). Potential challenges for beginning farmers and ranchers. In *CHOICES Online Magazine*. Milwaukee: Agricultural & Applied Economics Association.
- 25 Ngo, M., & Brklacich, M. (2014). New farmers' efforts to create a sense of place in rural communities: insights from southern Ontario, Canada. *Agriculture and Human Values*, 31, 53-67.
- 26 Rosenblatt, P. C., & Anderson, R. M. (2019). Interaction in Farm Families: Tension and Stress 1. In *The family in rural society* (pp. 147-166). Routledge.
- 27 Waldman, K. B., Giroux, S. A., Farmer, J. R., Heaberlin, B. M., Blekking, J. P., & Todd, P. M. (2021). Socioeconomic threats are more salient to farmers than environmental threats. *Journal of Rural Studies*, 86, 508-517. <https://doi.org/10.1016/j.jrurstud.2021.07.016>

References

- 28 Perceval, M., Kőlves, K., Ross, V., Reddy, P., & De Leo, D. (2019). Environmental factors and suicide in Australian farmers: A qualitative study. *Archives of Environmental & Occupational Health*, 74(5), 279-286.
- 29 Brennan, M., Hennessy, T., Meredith, D., & Dillon, E. (2022). Weather, workload and money: Determining and evaluating sources of stress for farmers in Ireland. *Journal of Agromedicine*, 27(2), 132-142. <https://doi.org/10.1080/1059924X.2021.1988020>
- 30 Reissig, L., Crameri, A., & von Wyl, A. (2019). Prevalence and predictors of burnout in Swiss farmers–Burnout in the context of interrelation of work and household. *Mental Health & Prevention*, 14, 200157.
- 31 Habib, K. E., Gold, P. W., & Chrousos, G. P. (2001). Neuroendocrinology of stress. *Endocrinology and Metabolism Clinics of North America*, 30(3), 695–728.
- 32 Hopkins, N., Proctor, C., Muilenburg, J. L., & Kershaw, T. (2023). “It’s easier to go to the beer store than ask for help”: A qualitative exploration of barriers to health care in rural farming communities. *Journal of Rural Mental Health*, 47(2), 104. <https://doi.org/10.1037/rmh0000224>
- 33 Jones-Bitton, A., Hagen, B., Fleming, S. J., & Hoy, S. (2019). Farmer burnout in Canada. *International Journal of Environmental Research and Public Health*, 16(24), 5074. <https://doi.org/10.3390/ijerph16245074>
- 34 Purc-Stephenson, R., Doctor, J., & Keehn, J. E. (2023). Understanding the factors contributing to farmer suicide: a meta-synthesis of qualitative research. *Rural and Remote Health*, 23(3), 1-11.
- 35 Sagar-Ouriaghli, I., Godfrey, E., Bridge, L., Meade, L., & Brown, J. S. (2019). Improving mental health service utilization among men: a systematic review and synthesis of behavior change techniques within interventions targeting help-seeking. *American Journal of Men’s Health*, 13(3), 1557988319857009. <https://doi.org/10.1177/1557988319857009>
- 36 Vayro, C., Brownlow, C., Ireland, M., & March, S. (2023). A thematic analysis of the personal factors influencing mental health help-seeking in farmers. *The Journal of Rural Health*, 39(2), 374-382. <https://doi.org/10.1111/jrh.12705>
- 37 Hagen, B. N., Sawatzky, A., Harper, S. L., O’Sullivan, T. L., & Jones-Bitton, A. (2022). “Farmers aren’t into the emotions and things, right?”: A qualitative exploration of motivations and barriers for mental health help-seeking among Canadian farmers. *Journal of Agromedicine*, 27(2), 113-123. <https://doi.org/10.1080/1059924X.2021.1893884>
- 38 Brew, B., Inder, K., Allen, J., Thomas, M., & Kelly, B. (2016). The health and wellbeing of Australian farmers: a longitudinal cohort study. *BMC Public Health*, 16(1), 1-11.
- 39 Komiti, A., Judd, F., & Jackson, H. (2006). The influence of stigma and attitudes on seeking help from a GP for mental health problems: a rural context. *Social Psychiatry and Psychiatric Epidemiology*, 41, 738-745. <https://doi.org/10.1007/s00127-006-0089-4> *tice. Leisure Sciences*, 31(5), 417-433.

References

- 40 Rickwood, D., Thomas, K., & Bradford, S. (2012). Help-seeking measures in mental health: a rapid review. Sax Institute, 1, 35.
- 41 Seidler, Z. E., Rice, S. M., Kealy, D., Oliffe, J. L., & Ogrodniczuk, J. S. (2020). What gets in the way? Men's perspectives of barriers to mental health services. *International Journal of Social Psychiatry*, 66(2), 105-110. <https://doi.org/10.1177/0020764019886336>
- 42 Cuthbertson, C., Eschbach, C., & Shelle, G. (2022). Addressing farm stress through extension mental health literacy programs. *Journal of Agromedicine*, 27(2), 124-131. <https://doi.org/10.1080/1059924X.2021.1950590>
- 43 Gregoire, A. (2002). The mental health of farmers. *Occupational Medicine*, 52(8), 471-476. <https://doi.org/10.1093/occmed/52.8.471>
- 44 Judd, F., Jackson, H., Komiti, A., Murray, G., Fraser, C., Grieve, A., & Gomez, R. (2006). Help-seeking by rural residents for mental health problems: the importance of agrarian values. *Australian & New Zealand Journal of Psychiatry*, 40(9), 769-776. <https://doi.org/10.1080/j.1440-1614.2006.01882.x>
- 45 Mental health: A priority for our farmers. Report of the Standing Committee on Agriculture and Agri-Food. Retrieved from <https://www.ourcommons.ca/Content/Committee/421/AGRI/Reports/RP10508975/agrirp16/agrirp16-e.pdf>
- 46 Government of Canada (2022). Next Agricultural Policy Framework. Retrieved from <https://agriculture.canada.ca/en/about-our-department/transparency-and-corporate-reporting/public-opinion-research-and-consultations/share-ideas-next-agricultural-policy-framework>
- 47 Invest Alberta. (2023). Rich Ground and Talent for Agricultural Innovators. Retrieved from: <https://investalberta.ca/agriculture/>
- 48 Statistics Canada (2023). Canadian Agriculture at a Glance. Retrieved from: <https://www150.statcan.gc.ca/n1/pub/96-325-x/2021001/article/00009-eng.htm>
- 49 Saldaña, J. (2016). *The Coding Manual for Qualitative Researchers* (3rd Ed.). Sage Publications Ltd.
- 50 Hutchinson, S. L., Lauckner, H., Meisner, B. A., Gallant, K., & Silversides, C. (2017). Fostering self-determination and sense of belonging through leisure education: Reflections on the Steps to Connect program. *Society and Leisure*, 40(3), 360-376. <https://doi.org/10.1080/07053436.2017.1378503>
- 51 Dunlap, R. (2009). Taking Aunt Kathy to dinner: Family dinner as a focal practice. *Leisure Sciences*, 31(5), 417-433. <https://doi.org/10.1080/01490400902988325>
- 52 Epp, R., & Whitson, D. (Eds.). (2001). *Writing off the rural west: Globalization, governments and the transformation of rural communities*. University of Alberta.
- 53 Heaberlin, B., & Shattuck, A. (2023). Farm stress and the production of rural sacrifice zones. *Journal of Rural Studies*, 97, 70-80. <https://doi.org/10.1016/j.jrurstud.2022.11.007>

About the Authors

Authors

Rebecca Purc-Stephenson, Ph.D., Professor (Psychology), Department of Social Sciences, University of Alberta

Nicole Roy, B.A. [candidate], Research Assistant, University of Alberta

Contact

University of Alberta, Augustana Campus
4901 46 Avenue, Camrose, AB T4V 2R3
Phone: 780-679-1100
Email: purcstep@ualberta.ca
<https://apps.ualberta.ca/directory/person/purcstep>

Recommended Citation

Purc-Stephenson, R. & Roy, N. (2023). Supporting farmer mental health: Environmental scan and resource map of mental health support services across rural Alberta. University of Alberta. [url]

About the Researchers

Dr. Purc-Stephenson is an applied social psychologist and a full professor at the University of Alberta's Augustana Campus. Working alongside AgKnow as its lead researcher, Dr. Purc-Stephenson has conducted studies on stress and coping, succession planning, farm animal epidemics and depopulation, and the delivery of mental health services in rural areas. Her research lab at the University of Alberta collaborates with community partners across the province to enhance the mental health of farmers, their family members, and those working in the agricultural industry through evidence-based programming and education.

Nicole Roy is a fourth-year undergraduate student majoring in Psychology. She joined the farmer mental health research lab at the Augustana Campus in 2023 and was involved in studies investigating ways to deliver mental health services to farmers, as well as conducting an environmental scan of mental health services in rural areas.



Acknowledgments

The research and work in this report were made possible with the financial support provided by the Agriculture Research and Extension Council of Alberta (ARECA). ARECA received funding from the Minister of Agriculture and Irrigation of the Alberta Government to launch AgKnow, the Alberta Mental Health Network.

.We would further like to acknowledge AgKnow (agknow.ca) for assisting in the awareness and recruitment efforts related to this research project.

