

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [anhydraddoldebau iechyd meddwl](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [mental health inequalities](#)

MHI 75

Ymateb gan: | Response from: DPJ Foundation

Response to the Consultation on Mental Health Inequalities on behalf of the DPJ Foundation.

The DPJ Foundation is a mental health charity that works with the agricultural community in Wales. This response is submitted based on our experiences gained from working with people across the whole of Wales from the farming and agricultural community. It is submitted in English as this is the working language of the person preparing this response. Our services are offered in English and Welsh.

We operate a 24/7 confidential helpline, Share the Load which is staffed by volunteers. We also offer access to fully funded professional counselling within a week of the person making contact with us / referral. These services are available in English or Welsh, dependant on the choice of the person accessing support. Our counselling service is designed to work as the person accessing support requires. This may be face-to-face, online, by telephone or text. It can mean offering outreach counselling at the person's home or place of work. We offer the counselling at a time that suits the person requiring support - that can be in the daytime, evening or weekend.

We have over 80 volunteers across the whole of Wales and have supported over 550 people with counselling since the Share the Load service was established in January 2018.

We also deliver Mental Health Awareness (a mental health first aid style) training and speak to groups about Mental Health and Wellbeing in agriculture. We have trained in excess of 1,800 people and have delivered awareness raising sessions to many more. We undertake awareness raising in places where farmers visit such as livestock markets, shows and agricultural merchants as well as working with businesses such as vets and farm advisors to raise their awareness of how to support someone who may be struggling with their mental health. We recognise that we need to challenge the stigma that exists around poor mental health in agriculture and we do this by starting conversations and raising awareness on social media and in person.

Which groups of people are disproportionately affected by poor mental health in Wales? What factors contribute to worse mental health within these groups?

We see that people in agriculture have a disproportionately higher suicide rate than the wider population. This suggests that those in agriculture are affected disproportionately by poor mental health. There have also been recent studies undertaken by the RABI/Exeter University and Reading University that show high levels of anxiety, depression and suicidal ideation and indeed higher levels than in the general population. However, these studies were not limited to Wales and we do not have Wales specific figures at this stage (data is awaited).

The factors that are unique / heightened within this group that we see contributing to poor mental health are:

- Physical Isolation and long periods with limited social contact.
- Perception/feeling of being marginalised by wider society.
- Difficulty in taking time off to recover or to prioritise self care due to often being self employed and having deadlines to meet or livestock to care for.
- Financial pressures.
- Pressures to change their way of existence.
- Number of factors that have a big impact on livelihood and lifestyle, but which are outside the individual's control (e.g. the weather, price fluctuations, livestock disease, public opinion or policy changes).
- Lack of understanding or empathy when seeking help.
- Relationship breakdowns/problems often not just having an impact on their home life, but also on their work / career. There is effectively no escape.
- Stigma around mental health and in particular poor mental health which affects farming disproportionately, probably as a male dominated, traditional and close sector.
- Issues around farm succession and tenancy where farmers may lose their home and business at the same time. Many farms are family businesses with low / no pay to family members. When things go wrong this can have a severe adverse impact on mental health, especially if there the individual already has an underlying mental health problem.
- Independence / self-sufficiency and a reluctance to seek help.

Amongst our core work (with the agricultural community) we also have some examples of specific people groups who seem to be further affected.

We are aware of long waiting times for specialist support with eating disorders. We were able to find a specialist counsellor to provide support, but this individual had already been waiting for many months before approaching us.

There also appears to be a gap in provision for younger children, with available support being patchwork in availability and not always offered in a way that works best for the individual child.

For the groups identified, what are the barriers to accessing mental health services? How effectively can existing services meet their needs, and how could their experience of using mental health services be improved?

Barriers that we perceive or which our clients have reported include:

- Limited opening hours.
- Lack of understanding or empathy with a farming lifestyle.
- Failure to recognise that farming is often an identity rather than a job.
- Long waiting times for support.
- Lack of face to face support.
- Absence of available services in Welsh.
- Physical geography – distance to travel for services.
- Fear of losing their shotgun/firearms licence.

We have examples of some farmers being told by their GPs or other professionals that they need to stop farming in order to recover. This completely fails to recognise that for many farmers their identity is tied up with their farming. To stop farming would not be an option and therefore they choose not to access any support.

We are attempting to overcome some of these barriers in the way that we have developed our service. We have ensured that the service has been co-produced by farmers for farmers, taking into account the barriers above. Our volunteers all have an understanding of agriculture and the industry's challenges. We pride ourselves on the rapid timescales that we operate and the person-centred service. Our outreach service means that for those who are physically isolated or who have difficulty in taking time out, we can offer them counselling at home.

We also are aware of people who have been detained in hospital for their mental health being geographically remote from their support structures and also upon release having inconsistency in the personnel working with them, meaning that they were reliving their suicide attempt repeatedly as having to cover the same ground multiple times with different people.

To what extent does Welsh Government policy recognise and address the mental health needs of these groups? Where are the policy gaps?

We believe that the Welsh Government does acknowledge that there are mental health challenges experienced by members of the farming community and in providing funding to us this recognises that there is a need.

However, certain policy decisions undoubtedly add to the causal factors that impact on poor mental health. For example, the Welsh Government's policy on Bovine TB and its control is often cited as one of the biggest stressors that impact on farmers and their families, especially when losing livestock through culling. Likewise, the communication around TB and Farm Support Payments can also cause extreme worry. The tone of communication can be unhelpful and also we have examples of communications which would have had an adverse lifechanging impact on the recipient's business having been incorrectly sent. This is a procedural rather than policy issue, but should not be able to happen. In this case, the recipient of the letter was physically sick and consumed with worry until receiving a follow up email to say the previous communication had been sent in error.

Equally, the climate change discourse often seems to use inflammatory language which compounds some of the causal issues outlined above.

What further action is needed, by whom/where, to improve mental health and outcomes for the groups of people identified and reduce mental health inequalities in Wales?

We are working with a number of medical professionals and a medical and nursing school to input on the training for medical professionals around mental health. We would like to see mental health awareness and wellbeing treated as pervasive subjects across all medical training. We are heartened to see a rural healthcare focussed nursing course being developed by Aberystwyth University with a desire to prepare the future workforce to work in rural areas and with the rural community.

We are also working with a number of police forces and with the Welsh Government's Rural Crime Prevention Co-ordinator to improve the training for rural police officers in mental health awareness and around suicide and suicide postvention.

We are working with a number of schools and colleges to deliver training to pupils, students and to teachers around mental health awareness. We would like to see mental health literacy being incorporated into all education settings. There appears to still be a culture of reluctance to speak about suicide in some universities, despite

evidence showing that asking someone about suicide and raising awareness that suicide can be preventable are the best ways to prevent suicide. We are undertaking this work in English and in Welsh.

We are aware that social prescribing schemes are in place in different parts of Wales. However, there are differences in approach and levels of service available. We feel that a social prescribing approach is positive, but also feel that there needs to be consideration given to how farmers requiring support fit into this – for example prescribing getting outdoors will not necessarily be appropriate for someone who already works outside.

Every minister and official of the government should be required to undergo Mental Health Awareness training as a minimum and should be required to consider the implications of their policies, communications and actions on the individuals within the population of Wales. This should also be extended to Local Authority Staff and other public sector employees.

Farmers are people and what we see in agriculture is often a reflection from wider society. We need to see role models in public life, leaders in politics, schools, business, sports and the arts speaking up about their own mental health challenges and showing that despite having poor mental health, they have accessed support and been able to lead full and productive lives. We need more mainstream role models showing that it is ok to get help and that it will not

We also need to see stronger action taken to address discrimination around mental health. Often people are fearful of taking action through the employment tribunals due to the implications on them and their careers. It would be great to see business organisations (such as the CBI and FSB) championing mental health awareness and challenging behaviours that impact on those with poor mental health. Accepting that prioritising a better work/life balance is a healthy choice.

Contact: Kate Miles, Charity Manager
The DPJ Foundation
Ground Floor Rear Office
5 Dark Street
Haverfordwest
SA61 2DS

Our website is www.thedpjfoundation.co.uk and our Share the Load helpline is 0800 587 4262.

The DPJ Foundation is a Charitable Incorporated Organisation with the Registered Charity Number: 1173063.