

What is driving the high suicide rate among farmers?

December 13 2022, by Sharita Forrest



Mental health outreach programs geared toward farmers also need to provide services for their teens, who have similar rates of anxiety and depression, said agricultural and biological engineering professor Josie Rudolphi. The co-director of the North Central Farm and Ranch Stress Assistance Center, Rudolphi is conducting a five-year study on the mental health needs of people who live and work on farms. Credit: Fred Zwicky

Josie Rudolphi is a professor of agricultural and biological engineering at the University of Illinois Urbana-Champaign whose research examined suicide among farmers and ranchers, as well as the mental health of their children. She is the co-director of the North Central Farm and Ranch Stress Assistance Center, a 12-state, 15-partner collaborative based in Illinois Extension that offers stress management and mental health interventions.

Rudolphi spoke with News Bureau research editor Sharita Forrest about the mental health needs of people in the farming industry.

Recent data from the U.S. Centers for Disease Control and Prevention indicated that farmers are twice as likely as people in other occupations to die by suicide. What are the unique stressors affecting the mental health of farmers?

While most farmers in the Midwest had a good harvest this year and [commodity prices](#) are strong, they are faced with incredibly high input costs. Unpredictable commodity prices have so much impact on the viability of a farm. There's a lot to celebrate, but the future is so uncertain.

And they can't control the weather. While Illinois had good weather this growing season, that wasn't the case nationwide. There were [drought conditions](#) in other parts of the country, and that's a huge concern for some of our partners who are providing stress assistance for those farmers.

Migrant workers experience different types of stress than do producers—such as issues with immigration status, acculturation, language and discrimination. We need to focus a lot more attention on

the mental health of farm workers, too.

There's a dearth of health care providers in many rural areas. In addition to that, what are the barriers to providing mental health care to farmers and farm workers?

Most parts of Illinois are designated [mental health care](#) shortage areas—meaning we just don't have the providers and services to meet the need.

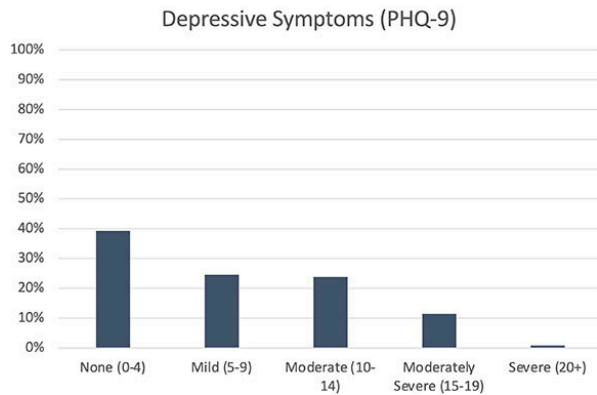
In terms of barriers, we talk about the four A's—accessibility; availability, and we see that as a huge barrier; affordability; and acceptability or stigmatization.

Most farmers are independent producers who operate on very thin margins. Mental health care is often considered a luxury or an unnecessary expense.

Geographical distribution of the populations is another challenge—farmers are scattered across the counties and states. They're not in one centralized workplace like a health care facility or university campus that would make mental health education and outreach easier. And their schedules are incredibly varied.

We still see stigmatization around mental health in these communities, but I think that's starting to change. Stigma seems to be more pervasive among certain demographics. For example, it appears as though it's more challenging for [older generations](#) to talk about mental health issues.

Mental Health: Farm Parents



According to results from the National Health and Nutrition Examination Survey (NHANES), 8.5% of adults had depressive symptoms in 2019, characterized as a score of 10 or greater on the PHQ-9 in 2019. This statistic increased to 27.8% during the COVID-19 pandemic (March – April 2020)

Depressive symptoms among farm parents are significantly greater than among the general population. Credit: Josie Rudolphi

And in [small communities](#), people are very conscious of other people knowing what their vehicles look like and not wanting people to recognize their car or truck parked outside a mental health clinic.

Your study on suicide found that few of the male farmers who died had discussed how they were feeling with family members or friends, while the female farmers were more likely to have done so prior to their deaths. Does the culture of farming—which is still largely a male-dominated occupation that values self-sufficiency and endurance—affect producers'

willingness to seek help?

There's a ton of identity tied up in agriculture, like there is for people in many other occupations.

Agricultural producers are highly independent, and society rewards resiliency and stoicism; however, these labels may be damaging and discourage them from seeking help or reaching out. Our results underscore broader observations among the general population that men are more likely to internalize their experience, meaning they are less likely to talk about what they are going through and how they are feeling.

In the [farmer](#) suicide study, we found that older men and women who farmed were more likely to die by suicide if they had health problems, while younger men were more likely to have had relationship problems. Women farmers who lived in medium-sized towns had higher suicide rates compared with those in [rural areas](#). That was interesting because we typically think of urban and micropolitan areas as having more resources such as access to mental health care.

How prevalent are anxiety and depression among family members, such as minor children?

A farm is not just a place of business, it's also a residence. We recognize that there are 2 million youths living and growing up on farms. We must acknowledge that children are experiencing—or at least being exposed to—some of the realities of the farm.

In a five-year study we have underway on farm youths, during our first year we surveyed 122 farm families, including at least one adult and one adolescent from each family. We administered several instruments that assessed sources of stress and symptoms of depression and anxiety.

We found that almost 60% of the parents experienced at least mild symptoms of anxiety or depression—and the ratio was the same among their children. The severity of depression in the parents and their children was comparable, as well.

It really underscores the need to consider the whole family when we think about mental health initiatives.

This year, we are going to add a non-farm control group to the research project, so that we'll have a comparison group.

Provided by University of Illinois at Urbana-Champaign

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