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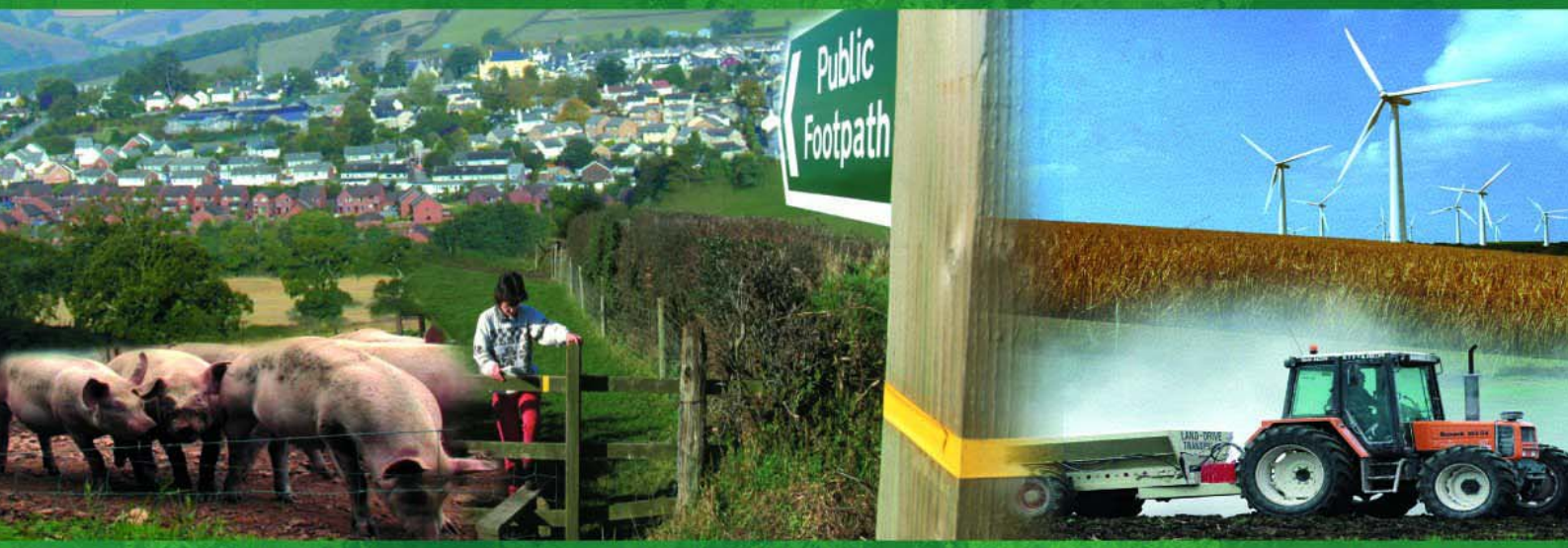

Rural Stress Review

Final Report

Lobley, Johnson and Reed, with Winter and Little

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Final Report

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Introduction

In 2003, on behalf of DEFRA's Rural Stress Action Plan Working Group, the Rural Stress Information Network (RSIN) commissioned the Centre for Rural Research to undertake a review of research on rural stress. The specific objectives of the project were:

- to carry out a comprehensive literature review of research into the field of rural stress undertaken within the UK since 1990
- to set up a list of key contacts in the field of academic research relating to rural stress
- to develop a network of academic contacts which can be used by RSIN, partner organisations and rural support groups to facilitate access to current and ongoing relevant research and which may be used to help commission future research
- to collate the relevant research into a formal report which will address key areas and make a list of recommendations for future work.

During the course of the project it became apparent that there are few academics in the UK conducting research in the area of rural stress and that in addition, a number of networks already exist. Consequently, with the agreement of the RSIN, this objective was modified, allowing greater resources to be devoted to a wide ranging literature review. Appendix 1 lists UK-based academic researchers active in the field of rural stress and mental health research and lists key relevant networks already in existence.

Stress Research

Stress which leads to distress rather than a spur to activity or positive change can be hugely debilitating for individuals, families and, ultimately, communities. The exact effects of this distress varies between individuals, depending on their social, cultural and economic backgrounds, but can range from mild anxiety through to a life threatening spiral of mental illness. That said, the issue of rural stress remains problematic for a number of reasons. Perhaps the most important of these stems from **paucity of academic**

research on 'rural stress' in the UK. Moreover, not only is there a limited evidence base relating to 'rural stress', but much of the research focus has been on occupationally (farming) based studies that are nevertheless frequently presented as an investigation of rural stress. While the literature reviewed for this report does indicate that **farmers can experience high levels of stress,** it remains **important not to confuse 'rural' with 'farming'**. The range of stressors identified in the report suggest that **rather than 'rural stress' it is perhaps better to think of stress which is experienced in a rural context**. This is a subtle but important distinction, implying a particular rural manifestation of more general stress. Another problem (and this is certainly not confined to rural stress research) emerges from the **lack of a clear definition of rural** or the use of competing definitions which frequently makes direct comparisons between different studies problematic. This is compounded by the **use of different definitions of stress**. There is no commonly agreed definition of stress or 'rural stress'. However, frequently occurring aspects of definitions emphasise the interaction between the demands placed on a person, their ability to cope and their perception of the situation. In this *transactional* perspective a single definition of stress becomes irrelevant as stress is a subjective experience. Other researchers, notably sociologists, argue the need to move beyond the investigation of life events as stressors and to consider more deep-seated structural factors (such as socio-economic class) and the role they play in stress.

Despite some of the difficulties with research into stress in rural areas a number of findings and implications emerge from this review:

Rural Stress

- There are well known 'at risk' groups (e.g. farmers, farm workers and their families, elderly people, mothers with young children). People experiencing mental illness, severe and/or chronic material poverty, homelessness, social isolation or prejudice, rapid change which they do not control, and several key life events are all more vulnerable to high levels of stress.

- Women and men experience stress differently; the predominant focus on occupational groups has led to the experience of women being neglected. Where evidence exists (e.g. McGregor et al 1995) it points to higher levels of stress among women.

- Those living in remote rural communities may have adopted a range of coping strategies and coping norms that may prevent disclosure and hamper effective policy delivery. Remote rural dwellers may experience stress differently because of their stoical outlook and cultural norms. This can hide unemployment and homelessness and make service delivery difficult on a number of levels (very limited help seeking; suspicion of formal services; problem with stigma of mental illness; problem of confidentiality).

- In tight-knit or small communities interventions need to be particularly sensitive to the context in which they are operating.

- Social science researchers argue that emotional disorder is a predictable outcome of social change, in contrast to the psychiatric perspective where disorder equals abnormality. Support services need to tackle life-event stressors in context rather than as isolated events.

- Stress caused by short-term life-event stressors will be relieved when the stressors disappear, unlike that caused by long-term 'chronic' stressors (macro uncontrollable events).

- There is a well established link between unemployment and depression and, in turn, a link between depression and suicide.

Farming stress and suicide

- Most of the evidence suggests high levels of stress amongst farmers. It is possible that previous research may have under-estimated stress levels due to problems with sample bias.

- Many of the stressors affecting farmers (such as bureaucracy, dealing with regulation, financial worries and family problems) can be experienced by other small family business operators (particularly in highly regulated sectors). Paperwork is an integral part of any modern business. Simply viewing it as an adjunct to farming, something to be fitted in when the 'real work' is done, will inevitably contribute to increased stress levels.

- There are also important differences for farmers such as vagaries of the weather and an emotional attachment to key business assets (the land) which may have been carefully protected and passed down through generations.

- The experience of being a farmer or a member of a farming family has changed profoundly in the last twenty years and, in all probability, will continue to do so. Since the late 1990s, farmers have faced drastic falls in income from farming enterprises (although incomes are now rising) even though the value of their assets have probably appreciated. Many feel that key stressors such as government policy are beyond their control and this exacerbates stress.

- A more enduring change relates to the position of farmers in society. Castigated for their role in the 'theft of the countryside' in the 1970s and 1980s, farmers have also had to adjust to changing societal expectations, and demographic changes in their own communities. The result is that farmers can feel that they are not understood, that they are under-valued or even unwanted. The evidence reviewed here suggests that these changes have contributed to farmers and their families being vulnerable to stress.

- Perception plays an important role in contributing to stress. For example, evidence suggests that newcomers to rural areas are often not as hostile to agriculture and farmers as farmers themselves think they are (Winter et al 2000). In part, this misperception may be due to the tendency among farmers for self isolation. Furthermore, incomers may be seen as a vulnerable group themselves – farmers and other neighbours can be very difficult to get to know and often regard incomers as 'townies' in a derogatory sense.

- Isolation emerged as an important but contested issue with some researchers suggesting that it is unimportant while others identify it as an important stressor. This is an area requiring further research (see below). However, rather than physical isolation, it appears that social isolation, particularly working alone, as well as a tendency to self-isolation can be a important stressor for farmers.

- Farmers are very reluctant to seek formal advice for psychological problems, turning to family, friends and those they trust for help.

- Those who are most psychologically distressed will arguably be the least well-placed to take advantage of new policy incentives and re-build or realign their businesses.

- The impact of FMD has yet to be fully assessed. Some research suggests little impact on depression levels and much of the other stress research would suggest that once the stressor is removed, stress levels return to normal. However, research undertaken in Wales points to ongoing 'flashbacks' and evidence of post-traumatic stress disorder.

- Farmers are a high risk suicide group. This is unlikely to be fully explained or understood by reference to their occupation alone. Rather, it is the interaction between occupationally induced stress and depression and wider factors such as social fragmentation in rural areas.

- GPs need to be more aware of the suicide risk amongst male farmers who present with either chronic or episodic physical problems who are actually seeking psychological help.

- Access to the means of suicide (such as firearms and poisons) amongst farmers and the possibility of reducing access to means that facilitate impulsive suicide should be recognised.

- In urban areas social fragmentation is the most important geographic indicator of suicide risk; the contemporary measure is explicitly biased against rural areas but could provide a new key indicator (this requires further research)

Other issues

- Medical professions are able to effectively target and intervene in communities if they are able to identify them quickly and accurately. Data need to be of better quality and available more quickly when required to facilitate medical intervention. (see below for more recommendations on data needs.)

- The complexity of contemporary rural life is not always well understood by medical researchers, hence the common assumption that rural equals agriculture.

Research recommendations

A range of future research needs have emerged from this review:

- There is an urgent need to expand the body of research on stress in rural areas and, at the same time, redress the balance that has seen an emphasis on farmers at the expense of the wider rural population.

- The academic disciplines involved in stress research (e.g. medical sciences, geography, sociology) have much to learn from each other. Unfortunately to date, research has been 'fractured' between the different disciplines. Some social science research may suffer from a lack of medical rigour, while research from a medical perspective can be poorly informed in terms of understanding the nature of contemporary rural society, agricultural change and farm household behaviour.

- Following on from the above point, there is a need for a multidisciplinary perspective and collaborative working in future research.

- Much previous research undertaken in the UK has been based on small samples. There is a need for multidisciplinary studies taking a 'broad and shallow' approach (large scale quantitative surveys) to establish 'baseline' data and 'narrow and deep' investigations of the experience of stress in different contexts. In particular it is

important to explore differences between rural locations rather than simply contrasting rural and urban.

- Most of the at risk groups remain under-researched in a rural context. This particularly applies to women as a number of projects suggest high levels of stress among rural women but there has been little in-depth investigation.

- There is scope for more focused research on social exclusion, coping and social support.

- Research is needed to understand the process and nature of social fragmentation in rural areas, including the development of suitable indicators.

Other recommendations

- **Education about the realities of contemporary rural life and the diffusion of research findings:** in addition to the development of baseline indicators, consideration should be given to the means of disseminating research findings in a timely and accurate manner. It is also important that all those involved in stress related interventions are well informed about the realities of contemporary rural life. Continuing Professional Development courses covering contemporary agricultural change, the nature of rural economies and communities, etc should be made available to members of the medical services, social workers, community workers, and others involved in stress initiatives.
- Women in rural areas are an 'at risk' group. In focusing on 'farmer' stress, the needs of women may have been neglected. **Future initiatives should consider how to better identify and respond to the needs of women in rural areas**.
- Those involved in interventions should be sensitive to the context in which they work and take the time needed to develop trust based relationships in the community. Professionals cannot be simply 'parachuted' in and expect to achieve results.

Chapter One: Introduction and background

Stress is a pervasive aspect of life. Indeed, a certain amount of stress is generally regarded as stimulating and life enhancing. That said, according to the Samaritans *stressed out* survey, the majority (82%) of people experience some level of stress and a significant minority (20%) experience high levels of stress (feeling stressed once a day or more). From a policy perspective, stress has been recognised by government as an important public health issue. It is now the second biggest occupational health problem in the UK (after back/skeletal disorders), and an estimated 45 million working days a year are lost because of workplace stress (Anglia Television Community Action Unit 2002). The Health and Safety Executive (HSE) note that some academics have argued that stress is an almost meaningless term given its widespread nature.

Stress is often associated with suicide both conceptually and in policy discourse. The concept of the 'stress iceberg' refers to the notion that the visible evidence of suicide is simply the 'tip' of a much larger mass of stress sufferers. In 1992 the Department of Health (DoH) publication, Health of the Nation, committed government to a reduction in the suicide rate of 15%, and allocated funding for a conference on rural stress. The Rural Stress Action Plan has since committed £1.3 million over four years to increase support to voluntary bodies that are working in partnership to help people in rural areas who suffer from stress (DEFRA 2003). The DoH has also funded research into suicide and rural stress in 1998 with a major study by Hawton *et al*. Despite increased interest in rural stress from a policy perspective and as an area of academic research, and with the possible exception of the work of Philo and colleagues (Philo et al 2003) on rural mental health, a comprehensive overview of the rural stress literature has not been undertaken.

Against this background, on behalf of DEFRA's Rural Stress Action Plan Working Group, the Rural Stress Information Network (RSIN) commissioned the Centre for Rural Research to undertake a review of research on rural stress. The specific objectives of the project were:

- to carry out a comprehensive literature review of research into the field of rural stress undertaken within the UK since 1990
- to set up a list of key contacts in the field of academic research relating to rural stress

- to develop a network of academic contacts which can be used by RSIN, partner organisations and rural support groups to facilitate access to current and ongoing relevant research and which may be used to help commission future research
- to collate the relevant research into a formal report which will address key areas and make a list of recommendations for future work. It is envisaged that the report will be helpful for partner organisations, potential funders of projects and rural support groups to provide evidence of a need for future potential projects.

During the course of the project it became apparent that there are few academics in the UK conducting research in the area of rural stress and that in addition, a number of networks already exist. Consequently, with the agreement of the RSIN, this objective was modified, allowing greater resources to be devoted to a wide ranging literature review. Appendix 1 lists UK-based academic researchers active in the field of rural stress and mental health research and lists key relevant networks already in existence.

The structure of this report is as follows: Chapter Two explores concepts and definitions of both 'stress' and 'rural' and discusses the difficulty of arriving at a universally accepted definition. The main focus of the report, UK based research on rural stress, is contained within Chapter Three which reviews the rather limited research on rural stress and the more thoroughly researched (although still problematic) issue of farmer stress. The chapter identifies the causes of stress and stress mediators and a number of 'at risk' groups including women and young people. At various points, the literature examined for this report moves beyond stress to consider other aspects of mental health and, importantly, suicide in rural areas. These themes are considered in Chapter Four. Chapter Five broadens the discussion still further employing the concept of social exclusion to explore some of the underlying structural factors that can contribute to, and/or exacerbate, stress. In addition, Chapter Five considers some of the initiatives developed to tackle rural stress through a discussion of rural service delivery. Finally, Chapter Six concludes the report, drawing together the implications of the literature reviewed and making recommendations for future research and initiatives.

Chapter Two: 'Rural', 'stress' and 'rural stress': some defining issues

Introduction

Although there may be a commonsense understanding of the terms, both 'rural' and 'stress' are contested concepts, and definitions in the literature, if given, depend largely on the perspective of the writer. Despite what is sometimes presented as its self-evident nature, academic researchers continue to point to difficulties with the term 'rural' and while there is some commonality in definitions of stress, there are also some distinct conceptual perspectives. The purpose of this chapter is to examine approaches to rural stress by reference to its medical, policy and social dimensions. Following a brief examination of the meaning of the term 'rural' the chapter continues by examining some of the ways in which stress is described and defined by medical and policy-based prescriptions, and its conceptualisation from a sociological perspective. It concludes by exploring the way that 'rural stress' as a concept is applied in the literature reviewed.

What is rural?

As Winter and Rushbrook (2003) have recently stated: "many academics have long been wary of using the word 'rural' in anything other than a loose and generic sense, with some suggesting that it is unhelpful to use it at all". From a policy perspective, targeting, particularly spatial targeting requires a pragmatic approach to the definition of rural. However, as Hodge and Monk (2003) observe:

> While we may recognise an urban to rural transition, this takes place across many different variables, such as density of human settlement, remoteness from urban centres, balance of particular economic sectors and patterns of land use. These variables transform continuously at different rates in different locations. There can be no logical point at which 'urban' changes to 'rural' and the character of rural areas varies between places and through time. Any search for a single definitive definition of rural must be arbitrary at best and potentially futile (p2).

In policy terms there is no single definition of 'rural', in spite of the frequency with which the term is used in the policy arena. The problem of definition was highlighted during a House of Lords debate (Hansard 2002) on rural policy when Lord Patten asked the government to provide a definition of 'rural' when used in respect of public policy.

Previously, a written answer to that question had asserted that the government had no single definition of a rural area, and furthermore, had no plans to produce one. Subsequently, and following a review of urban and rural definitions, the Office of the Deputy Prime Minister (ODPM) announced that a new, policy relevant definition of rural areas would be developed (this is expected to be launched in the near future).

Clearly, the absence of an agreed definition has implications for policy, and the production and interpretation of statistics. For example, Philo *et al* (Philo, Parr et al. 2003) remark that explicit discussion of the rural in the rural mental health literature is lacking, assuming … "a material reality that is simply 'out there', existing as a unitary, coherent and internally homogeneous entity whose fundamental parameters can, in principle, be specified with some precision". They quote from Gregoire and Thornicroft (Gregoire and Thornicroft 1998) to make the point that the rural exists in several different dimensions which should be recognised by rural mental health researchers:

> There is no universally agreed definition of rurality. The concept encompasses ideas such as population density, social and physical environment and land use. What constitutes a rural environment is inevitably relative, particularly internationally – rurality in England is quite different to rurality in Australia (Philo, Parr et al. 2003).

What is stress?

As with rural, there is no single medical condition known as 'stress'. It is a term used in conjunction with others *e.g.* Acute Stress Disorder, Posttraumatic Stress Disorder, under the general umbrella of Anxiety Disorders (Internet Mental Health 2004) and within the broad medical classification of psychiatric morbidity. Each disorder has its own medically defined symptoms that vary from country to country. For instance, the Anxiety Disorders Association of America (ADAA) identifies six anxiety disorders that include Generalised Anxiety Disorder (GAD). This is characterised by excessive, unrealistic worry that lasts six months or more, where anxiety may focus on issues such as health or money and produce symptoms including insomnia, headaches, abdominal upsets, irritability and dizziness (Anxiety Disorders Association of America 2004). The aetiology[1] of most

[1] The assignment of a cause

anxiety disorders is not fully understood, but broadly the likelihood of developing these conditions involves a combination of life experiences, psychological traits and/or genetic factors. Anxiety disorders are commonly conceptualised as an abnormal or exaggerated version of arousal, and are recognised today from research into acute stress syndrome, or the 'fight-or-flight' response (Surgeon General).

The common parlance for these disorders is stress, a term coined by the Slovak scientist, Hans Selye in his seminal work on the subject written in 1950. While the term is one of the few words to be preserved in English in languages that do not use the Roman alphabet, Selye regretted his choice because of its use in physics, a fact that, with his limited knowledge of English, he had overlooked. Selye was plagued throughout his life by the problem of finding an acceptable definition of stress. The difficulty is that stress is at once the cause and the effect … "Stress, in addition to being itself, was also the cause of itself, and the result of itself"(The American Institute of Stress 2004). It is also an unavoidable consequence of life, promoting well-being up to a point, but resulting in ill-health beyond that point. This duality in the term has resulted in **the stimulus now being called the 'stressor' while 'stress' describes the body's reaction** (Surgeon General).

Stressors can be external (adverse physical conditions or stressful psychological environments) or internal (physical or psychological) and may be defined as short-term (acute) or long-term (chronic). Stress becomes chronic when the stressor/s are ongoing, and the urge to act (fight or flee) must be suppressed. Chronic stressors include on-going highly pressured work, long-term relationship problems, loneliness and persistent financial worries (The American Institute of Stress 2001). The Centre for Stress Management collates some contrasting definitions of stress including:

> Stress, it is argued, can only be sensibly defined as a perceptual phenomenon arising from a comparison between the demand on the person and his or her ability to cope. An imbalance in this mechanism, when coping is important, gives rise to the experience of stress, and to the stress response (Cox 1978).

> Stress results from an imbalance between demands and resources (Lazarus and Folkman 1984).

> Stress is the psychological, physiological and behavioural response by an individual when they perceive a lack of equilibrium between the demands placed upon them and their ability to meet those demands, which, over a period of time, leads to ill-health (Palmer 1989).

Their own simplified definition is … "Stress occurs when pressure exceeds your perceived ability to cope" (Centre for Stress Management 2003). The physiology of the stress response is described in detail on the Centre's website. MedNews provides a much shorter and simpler version of the 'flight or fight' response in layman's terms, explaining how the body's nervous system creates changes that get people 'pumped up' to either stand and fight, or run away (Stang 2004). Although these definitions differ, the common element is that stress arises when there is an imbalance or lack of equilibrium between demand and an individual's ability to meet that demand.

From a research perspective, studies have been driven by concern with the high cost of stress on productivity and health. A response-based approach to the study of stress was developed by Selye in 1936 (the General Adaptation Syndrome) that, from a medical perspective, suggested that response to stress followed a universal pattern, rather than varying with the nature of the stressor. The ill-health of workers in the context of rapid industrialisation provided a further impetus for research using a stimulus-based model to identify the sources of stress in the work environment, an approach in which the purely objective measures of environmental conditions were subsequently challenged as being inadequate.

The contemporary emphasis on the holistic approach in health care and a conceptual shift towards health rather than disease has resulted in preventative work being carried out. However, in this new biopsychosocial model of health, stress is still ill-defined. Medical, behavioural and social science research have developed separate perspectives, studies tending to be sharply divided between the medical/physical sphere and the socio-emotional aspects of well-being. These studies adopt either the stimulus-based (stress as the independent variable) or response-based (stress as the dependent variable) model as a guideline.

The interactive or *transactional* model is the modern approach to the study of stress. It considers the stressor source, the perception of the situation and the response (Cox 1978;

Sutherland and Cooper 1990). The interactive model is consistent with Levi's (1987) definition of stress:

> The interaction between, or misfit of, environmental opportunities and demands, and individual needs and abilities, and expectations, elicit reactions. When the fit is bad, when needs are not being met, or when abilities are over- or under taxed, the organism reacts with various pathogenic mechanisms. These are cognitive, emotional, behavioural, and/or physiological and under some conditions of intensity, frequency or duration, and in the presence or absence of certain interacting variables, they may lead to precursors of disease (Sutherland and Cooper 1990, pp23-24).

Stress is associated in the Cox and Mackay transactional model with coping, a subject that, together with social support, has received much attention from researchers as mediators of stressful situations:

> Coping is both psychological (involving cognitive and behavioural strategies) and physiological. If normal coping is ineffective, stress is prolonged and abnormal responses may occur. The occurrence of these, and prolonged exposure to stress *per se,* may give rise to functional and structural damage. The progress of these events is subject to great individual variation (Cox 1978; Sutherland and Cooper 1990).

Aneshensal (1992) emphasises the role of the individual and their perceptions in understanding the nature of stress:

> a state of arousal resulting either from the presence of socioenvironmental demands that tax the ordinary adaptive capacity of the individual or from the absence of the means to attain sought-after ends. External circumstances that challenge or obstruct are labelled stressors; stress refers to internal arousal Thus stress is not an inherent attribute of external conditions, but emanates from discrepancies between those conditions and characteristics of the individual - his or her needs, values, perceptions, resources, and skills.

Sources of funding for stress research are mainly medical, using biomedical models, resulting in a preoccupation with the medical indicators of stress. However, writers from other academic disciplines, such as Sociology, emphasise the need to take into account the broad contexts of stress in peoples' lives rather than concentrating on narrower structures. The broad context is important because of its influence on the stressors to which people are exposed. This more sociologically informed approach emphasises the origins of a stressful life, implying the identification of **causes**, while clinical approaches are more concerned with illness as a **consequence** of stress. Stress is popularly

conceptualised as a **process**, involving stressors, mediators and stress outcomes, a process that Pearlin (1989) criticises because it fails to take into account the influences on this process of wider structural arrangements, for example social and economic class, race and ethnicity, gender and age. Pearlin argues that the structural contexts of people's lives can affect each major phase of the stress process and that this should be the focus of sociological investigations of stress. Notwithstanding this, overviews of stress literature have concluded that the mental health impact of stress is buffered by mediators of *social support* and *coping*.

Coping is conceptualised in two ways, Lazarus and Folkman (1984), distinguishing between problem-focused and emotion-focused coping in their Ways of Coping Checklist. While many studies have been carried out using this model, results however, have not been particularly enlightening, according to Coyne and Downey (1991), and they offer little wisdom about how to avoid becoming depressed. Social support research tends to ignore the interactive nature of the concept, concentrating mainly on recipients of support rather than donors, with associations between measures of support and adaptational outcomes failing to justify the conclusion that the supportiveness of relationships protects against depression.

A further major criticism by both Pearlin (1989) and Aneshensal (1992) is the preoccupation by researchers with *life events* as stressors, and the key assumption that any change, any key life event, requires adjustment. They point out that it is the *quality* of change that is potentially damaging to people, for example, undesired, unscheduled or uncontrolled change, that results in *chronic strains.* These are much more difficult to measure, including issues such as excessive environmental demands, barriers to life goals, resource deprivation and frustration of role expectations. Pearlin suggests that these can be studied by examining social roles: "The focus on role strains can reinforce the links between the contexts that largely structure people's activities, relationships, and experiences, and their well-being" (ibid, p245)[2]. Pearlin also identifies social values as important in explaining why different people exposed to the same stressors may suffer different outcomes. This is particularly apparent in remote, rural communities where the

[2] Some examples of research of this kind can be found in the US literature such as Hoyt *et al'*s (1995; 1997) studies of the long-term effects of the farm crisis; Wijnberg and Reding's (1999) study of poor single mothers in the rural Midwest.

social stigma of mental ill health and the stoicism of the people both affect help-seeking and advice.

Overall, the multiplicity of stress indicators, from medical to mental health, has led to questioning of the usefulness of the concept by sociologists. Aneshensal (1992) believes that stressful life circumstances are often experienced by perfectly ordinary people going about ordinary lives, and that stress arises as a predictable outcome of the social organisation of those lives. Thus, some social groups will be more susceptible than others to stress, largely as a consequence of inequality in the distributive system.

For some writers then stress is a problematic concept, while for others it is of interest because of its association with other mental health issues. Stress is commonly perceived to form part of a continuum of psychological distress where (to mix metaphors) suicide is seen as the tip of the 'stress iceberg'. Suicide is the part of the problem which is visible but under which lies a much greater body of depression, stress and anxiety. Thus for every suicide there are a larger number of attempted suicides and it is estimated that there are 100 people who are depressed and consulting a GP and 400 people who are depressed and not consulting a GP (Jones et al 1994). Therefore, for any clearly defined group within society (such as farmers), a high incidence of suicide indicates widespread but hidden stress.

Stress in the 'rural stress' literature

As with the concept of 'rural', stress is often assumed to be self-evident in much of the literature, with no particular definition being offered. A prominent example of this is the 1998 study of suicide and stress in rural areas by Hawton *et al.* The vast majority of those authors who do give a definition use some form of words akin to those quoted above. A selection of these is presented below:

> People's natural reaction to excessive pressure. Symptoms of stress can include depression, irritability, heart disease and high blood pressure and the consequences can be behavioural as well as physical and psychological (Phelps 2001).

> An excess of demands on the individual beyond their ability to cope (Campbell 2001)

> All of the accepted definitions of stress are based on the principle that a demand is placed on a person, and stress arises as a result of their perceived ability to cope. The word 'cope' is very important. Stress can be positive until it affects your ability to cope or your ability to think, and that's when it becomes pathological. Stress is also experienced in different ways by different groups of people (Jones 1997).

> The word 'stress' tends to be used ambiguously to cover the whole process whereby problems or demands (either external or internal) cause stress (better regarded as 'strain') which in turn gives rise to physical, emotional or behavioural effects. The concept of good stress and bad stress is important. The former provides the extra energy/strength/motivation required to meet a threat/emergency/crisis, whereas the latter equals 'distress', when the stress is greater (too heavy or too long) than one can tolerate (Fairburn 1995).

Other contributions emphasise the unique or *transactional* quality of stress:

> Whether or not a person experiences stress is determined by his/her appraisal of the demands being made and the nature of the resources available to deal with the demands. This appraisal determines a person's stress reaction. Such a conceptualisation posits the view that stress relies heavily on what situations or events a person *perceives* as stressful (Slee 1988).

> Individuals have unique reactions to stressors due to differing modes of coping, mediation and other adaptive capabilities. This makes a single definition of stress impractical – stress is a subjective experience of individuals, defined by the individual (Jacob, Bourke et al. 1997).

Generally, authors do not offer a distinct definition of rural stress. Indeed, in many cases it is not clear that the emphasis is on rural stress per se rather than with more generalised stress issues which have a particular manifestation in the rural context (see Chapter Three). Rural stress is very often conflated with specific occupational stress *e.g.* farmer or farm family stress. Mind, in common with the Samaritans, the Institute of Rural Health, and the Farm Crisis Network, do not specifically define rural stress on their websites, choosing instead to appeal to potential clients with descriptions of stress symptoms rather than the stressors. This approach to rural stress comes from a Mind multi-agency conference:

> Stress is silent; it is personal only to you; you do not wear it on your sleeve; you do not walk around with a placard saying "I am suffering from rural

> stress"; stress has no shape; is not black and white; you cannot touch it; you cannot ask a surgeon to operate and cut it out; you cannot smell it. It is a state of mind that is often not recognised by your partner, your friend, your work-mate, your neighbour, your family or even yourself. It is secretive … and has its own death wish as it can and does sadly too often bring about the demise of its own host (MIND 1998).

Conclusion

As this chapter has shown, both 'rural' and 'stress' remain contested concepts. Medically, stress exists as a neurotic disorder, but is not specifically measured in the Psychiatric Morbidity Survey (Singleton, Bumpstead et al. 2000). In policy terms, stress is a major health problem, affecting productivity in the workplace and impacting on the health service. Thus policy measures are directed towards its reduction, and policy statements defining stress do so in terms of its alleviation. In the rural stress literature, the term 'rural stress' is often left undefined, authors relying on the concept of the rural as a homogeneous entity and 'stress' as a common symptom of modern living. Alternatively it is conflated with farmer stress. There is no commonly agreed definition of 'rural stress' in the literature. However, frequently occurring aspects of definitions emphasise the interaction between the demands placed on a person, their ability to cope and their perception of the situation. In this transactional perspective a single definition of stress becomes irrelevant as stress is a subjective experience. Other researchers, notably sociologists, argue the need to move beyond the investigation of life events as stressors and to consider more deep-seated structural factors (such as socio-economic class) and the role they play in stress.

The lack of an agreed definition of 'stress', 'rural' and 'rural stress' is problematic in the context of this report. Clearly, differences in the results of various research projects presented in the following chapters may at least partly arise from the use of different definitions of both rural and stress.

Chapter Three: Stress in rural areas

Introduction

This chapter reviews the main UK literature on stress in rural areas. There is very little stress research focusing on rural areas in a general sense. Indeed, the bulk of work is directed at the farming community and although it is often presented as rural stress research it should more accurately be conceived of as occupational research. In the light of this, the chapter also draws on research outside of the UK to provide further evidence of the causes and nature of rural stress. Non-UK research is reviewed in detail in appendix 1.

Rural stress research

As noted, there are few published UK rural stress studies. However, from the limited studies available a number of common stress factors can be identified. For example, Read (1995) cites:

- economic issues (particularly relating to farming change)
- isolation (again, particularly related to farming but also a characteristic of mothers with young children, older people, younger people, unemployed and ethnic minorities)
- value and perceptions of self-worth (farmers perceive themselves to be misunderstood)
- age-related factors (problems relating to succession, inheritance and retirement in farming)
- demographic changes (changes in rural communities, fragmentation of kin networks, competition for housing with incomers)
- employment (mismatched employee profile between those leaving traditional rural industries and requirements of alternative industries e.g. high tech sectors)
- housing and services (difficulties in accessing both)

Cowley (2001) also outlines the issues that lead to stress: namely, unemployment, job insecurity, homelessness, domestic violence and substance abuse. She notes that while

these stress factors occur in both urban and rural settings, many issues tend to remain hidden in rural areas, for example, homelessness may be masked simply by people leaving the countryside. Cowley argues that the elderly and children are particularly disadvantaged in terms of access to services and poverty and, like Read (1995), adopts the stress iceberg model in suggesting that stress and isolation amongst rural workers is revealed by the high suicide rates of vets and farmers. The problem, however, is hidden for other sectors of rural society. Rural communities it is argued are traditionally stoical and tend to keep problems hidden. Other authors also cite deprivation and poor service provision among the cases of stress and identify farmers, rural youth, elderly people and women as particularly at risk (e.g. Jones, 1997; Read and Hughes, 1997).

Jones et al (1994) explore the background to stress in the rural community, focusing again on causes, effects and vulnerable groups. Stress is defined using a simplified model highlighting the need to consider an individual's personality and attitudes as well as the problems they face (i.e. adopting the interactive or transactional model). Jones et al suggest that isolation as a result of changes in farming could be a stressor, although personal factors (personality, attitudes) associated with stress make generalization difficult. These authors identify the adverse consequences of stress: including physical and emotional symptoms; effects on thinking and behavioural change (see table 3.1).

In evaluating previous research on rural stress, Jones et al note that relatively little is known about, for example, farmers as a group compared with the findings of a large body of occupational psychological research in industry. Nevertheless they identify various groups in rural areas considered to be "at risk" (see table 3.2).

The role of isolation is frequently addressed in stress research although different studies produce very different results. A number of studies undertaken in the US indicate that isolation, particularly social isolation, is associated with elevated levels of stress and depression (e.g. Hoyt et al, 1995, 1997; O'Brien et al 1994). The most detailed work on isolation as a stressor in rural areas of the UK has been undertaken by Alison Monk (undated). Although Monk's contribution is useful, the methodology employed and presentation of results is problematic and a number of issues should be considered before examining the results of this work. The study is presented as one of rural isolation as a stressor for rural dwellers but it is, in essence, a study of farmer stress in GB, NI and Eire,

and throughout the report, 'rural' is conflated with 'farmer', although the study was not restricted only to farmers. The population surveyed was not designed to be representative of the farming or rural community, being carried out through a questionnaire distributed largely through personal contacts in Eire, the Ulster Farmers Union (UFU), etc in Northern Ireland, and a variety of organisations and personal contacts in GB. In the presentation of the results it is not possible to distinguish between 'farmers', other farm family members and non-farming rural dwellers. Indeed, there is no indication of the numbers of people in these different categories in the sample and this creates problems with interpretation and comparison. In addition, although Monk claims that "previous samples did not reach a sufficiently representative group of farmers" there is no attempt to empirically validate the representativeness of her own sample (for example in terms of farm type, size, farm household characteristics, etc.). Indeed, this is a problem with much UK farmer stress research.

Table 3.1 Symptoms of stress

Physical symptoms	**Emotional symptoms**
• Nausea • Shortness of breath • Headaches • Backache • Dizziness • Exhaustion • Palpitations	• Apathy • Anger • Anxiety • Despair • Fear • Depression • Ideas of unworthiness • Excitement
Psychological symptoms	**Behavioural symptoms**
• Preoccupation • Confusion • Forgetfulness • Poor judgement • Poor concentration • Obessional ideas • Self-attribution of blame	• Withdrawal • Argumentative • Aggressive • Disturbed sleep • Drinking (alcohol) • Procrastination • Impulsive • Critical of others

Source: Jones et al 1994

Table 3.2: 'At risk' groups in rural areas

Rural dwellers	Agricultural community
Homeless	Farmers and their families
Unemployed	Farm workers and their families
Families or mothers with young children	People leaving agriculture
Elderly people	

Source: Jones et al 1994

Despite these limitations, Monk's work does represent a useful conceptual development in the understanding of isolation as a stressor. Three types of isolation are identified: physical, cultural/social and psychological. **Physical isolation** is linked to the continued decline in the numbers of workers on farms, leading to the progressive isolation of the farmer on larger and larger holdings, and the gradual withdrawal of services from rural communities. Little importance is attached to physical isolation in most academic research, but Monk suggests that it is important in conjunction with **social isolation** of the kind experienced when the constituency of rural areas change or when auction marts or other similar social venues close … "It may be that farmers can cope with one deprivation in their ability to form relationships *e.g.* proximity of people and lack of people who display similarity. This points to physical isolation as a problem in so far as it compounds the problem of loneliness" (chapter 6.6). (Monk Undated). **Cultural isolation** is linked to social isolation as the farmer is marginalized on the farm while the surrounding area becomes inhabited by urban incomers, and advances in technology render social networks unnecessary. Monk's results suggest that these effects are less acute in NI and Eire, possibly because the rural community provides more support to farmers than in mainland Britain, while farmers in GB in general seem more willing to admit problems and ask for help than those in NI and Eire. **Psychological isolation** is essentially self-imposed, stemming from social conditioning which emphasizes the importance of being strong, self-reliant and generally stoical.

The results of Monk's GB survey indicate strong support for statements relating to physical, cultural/social and psychological isolation (e.g. 60% of respondents agreed strongly with the statement that "the physical isolation of farmers is a crucial factor in causing stress"). Further analysis revealed a correlation between the different isolation

variables although as Monk recognizes the interpretation of the relationship is complex and illustrates the role of perception in generating stress:

> it is possible that stress from cultural factors may be linked not with the reality of physical isolation but a perception of it when the problem is not a general lack of people but the lack of the 'right sort of people'.

In contrast to the large scale quantitative approach adopted by Monk, Shaw (1997) reports on a 15 month part time project investigating sources of stress in Upper Teesdale. It is the result of a unique situation where a local community felt there was a general rural stress problem and, taking their concerns to the local Health Authority, worked in partnership to achieve a solution. The aims of the project were to investigate the causes of stress within Upper Teesdale and to make recommendations with the long term aim of improving the mental health of the community.

The picture presented is of an isolated area with a declining economy, poor service infrastructure, few jobs or opportunities for youngsters, a very poor farming sector of largely tenant farmers and an inert population. The methodology aimed to be gentle and gradual, putting no pressure on the local population and ensuring complete confidentiality. Control of the process rested with the community. Those interviewed did not form a statistically representative sample, but included a cross section of the community - farmers and their families, local residents and professionals living and working in the Dale - in what is known as a psycho-social audit. This resulted in the Health Authority funding two counsellors to work part time in the community while research progressed. This report is considered to be a key reference because it is a holistic study, looking at a community rather than a particular section or occupational class of society. It is the only 'rural' study reviewed which does not conflate rural with farming. That said, while the project focused on the community as a whole rather than just farm families, the lack of any descriptive statistics in the report means that it is not possible to discern how many participants were farmers or non-farmers.

Results from the survey show the main stressors are:

- isolation (in terms of either living singly or the perception of there being a significant distance between the individual and others);
- personal relationship crises;
- hopelessness;
- powerlessness;
- lack of alternatives;
- financial uncertainties or problems;
- too many changes;
- high workload;
- illness and disability;
- low self esteem.

The effects of stress are reported as:

- a high proportion of the population in the Upper Dale being treated for depression;
- a high incidence of mental health problems in the area;
- alcohol-related problems.

Stress was found to be prevalent in the whole population with the exception of professionals in charge of their own management, retired farmers over the age of 65 and women working outside Upper Teesdale. It was felt most by farmers in the age group 24-65, the unemployed, young mothers and the socially isolated. Young people identified lacking a place ‘of their own’ as a stressor while young mothers often felt “trapped” with limited options, particularly if they did not have access to a car.

The specific problems of remote and rural areas revealed by this study are that: stress is pervasive throughout the community and is not the sole preserve of one sector or another although clearly some groups cope less well; it can be caused by an overriding sense of hopelessness, some of which is learned and some of which occurs in response to events, land ownership or control; professionals working within the community are also affected by stress caused by their cultural and geographic isolation from urban-based administrations and the difficulties involved in living and working in a remote and rural

community. At the core of the project is the belief that success in tackling these problems must come from within the community:

> Within a rural community, outside professionals will not easily gain access to the isolated troubled individual. It requires an indigenous person to identify the isolated within the community. Professionals can often come burdened with their established practices and do not listen to the community. Any success will come because the community allows it and views an initiative to be what it wants, rather than having it imposed from outside. This is at the very core of the problems of Upper Teesdale, where, throughout its development there have been powerful figures dictating what happens … Outreach workers in the community, who are from the community, are the most likely to be successful (ibid, p16).

The results of these projects examining rural stress point to a wide range of potential stressors few of which, with the possible exception of physical isolation, can be regarded as exclusively rural. Similarly, Ortega and colleagues (Ortega et al 1994) in a review of the impact of the US farming crisis of the 1980s on mental health report that:

> the relationship between a declining agriculturally based economy and mental disorder is simply a special case of the more general relationship between economic and psychological distress (quoted in Philo et al 2003).

While this suggests that there is nothing unique about rural stress, the cumulative impact of multiple stressors may be more likely to be experienced in remote rural areas. To date however, there is insufficient research in the UK to fully explore this idea.

Stress in farming

Farming related stress is the most researched aspect of rural stress in Britain (and elsewhere) and is dominated by the work of McGregor, Deary, and Willock either directly or through informing the work of others. The Hawton study on stress and suicide in farming has also had an important influence in informing subsequent research. The studies reviewed here focus on the identification of stressors (yielding some conflicting results) and the outcomes of stress. Before reviewing this literature it is important to consider the current state of British farming and how it has changed over recent years. This is important because the farming stress research reviewed below spans a period from

the mid-1990s through to the aftermath of the FMD outbreak, a time of considerable economic and social change in British farming.

The mid 1990s were a boom time for British agriculture with farm incomes peaking in 1995. However, this was a short-lived boom and by the following year farm incomes were starting to fall, eventually declining to their lowest levels since the 1930s. Official estimates suggest a 62% reduction in Total Income From Farming between 1995 and 2001. Since then incomes have begun to recover. For example, net farm income rose on average by 20% in 2002, although the rise was from an extremely low base and was largely attributable to Foot and Mouth Disease (FMD) compensation (DEFRA, 2003). At the farm level, compounded by the effects of the FMD outbreak of 2001, the resulting quite severe cost-price squeeze has prompted talk of a 'crisis' in agriculture, predictions of a large-scale exit of marginal farmers no longer able to extract a livelihood from the practice of farming and significant hardship for remaining farmers and their families. Finally, the 2003 Common Agricultural Policy (CAP) reform agreement represents a fundamental change to the architecture of the CAP. The agreement follows a period of considerable uncertainty regarding the future of agricultural policy support mechanisms. DEFRA's announcement in February 2004 of how the new Single Farm Payment will be calculated will lead to a complex pattern of winners and losers throughout England and is causing considerable anxiety among some groups of farmers who expect to lose out.

The work of McGregor and Deary represents the largest single contribution to farmer stress research in GB. McGregor et al (1995) and Deary et al (1997) report the results of a survey of 318 farmers carried out at the Royal and Highland agricultural shows in 1994. The methodology is based largely on the earlier USA Farm Stress Survey carried out by Eberhardt and Pooyan (Eberhardt and Pooyan 1990), when 1400 US farmers were questioned about the most stressful aspects of their jobs. The US studies identified some of the commonly reported stresses in farming: machinery breakdown, uncertainty over harvest (weather, prices, markets), finance, isolation, hazardous working conditions. The methodology involves questions relating to five stress 'domains' namely:

- Economics (including debt, market prices and agricultural policy)
- Geographical isolation (distance from services)

- Time pressure
- Climatic conditions
- Hazardous working conditions

With a few minor alterations the same questions were put to UK farmers for this study with respondents asked to indicate the severity of stress (on a scale of 1-5 where 5 indicates 'very severe') caused by each of 35 stress factors related to the five stress domains. The highest ranking stressors (with a mean score of 3.3) were:

- Filling in government forms
- Adjusting to new government regulation
- Poor weather conditions

Machinery breakdown at difficult times, complying with environmental regulations, too much to do and too little time, and changes in CAP scored slightly lower, inducing moderate rather than severe stress. Geographical isolation was not a major source of stress for most farmers surveyed, scoring the lowest of the six categories of stressor used in the study. This finding is in contrast with the more general rural stress research reported above and as will be seen below, differs from a number of other farming stress projects. McGregor, Deary and Willock offer an explanation for the low ranking accorded to physical isolation and, in doing so, identify a potentially important bias in their results. Respondents to the survey were self-selecting attendees at an agricultural show and as such may be less depressed and stressed in the first place and, in addition, their attendance at the show may be an indication that they leave their farm more frequently and therefore do not perceive physical isolation to be a problem.

In contrast to the US survey on which the methodology was based, stress induced by financial worries was at a lower level than indicated by studies carried out following the US 'farm income crisis', reflecting the fairly stable state of British agriculture in 1994. The results also differ from the US Farm Stress Survey in that farming bureaucracy is high on the list of UK farmers' stressors, whereas US farmers are more concerned about machinery breakdown and uncertainties in markets and the weather. At the time, UK livestock farmers were more financially stressed than arable farmers and dairy farmers

were suffering more from time pressures. Further analysis revealed that older farmers generally suffered significantly less stress – a finding confirmed by Campbell (2001) in Buckinghamshire (although government policy induced stress was significantly higher for this group) and that, despite the low number of female respondents (32 out of 318), women reported a higher level of farming related stress, although it is not clear whether they suffer more stress or are simply more willing to admit to it. Evidence from the US however, suggests that 'farm women' consistently score higher on the stress scale than men (Heppner, Cook et al. 1991; Lobao and Meyer 1991).

A further study by McGregor et al (McGregor, Willock et al. 1996) was carried out in 1994 using a sample of 256 arable and hill farmers on the east coast of Scotland to assess their goals, objectives, attitudes and behaviour in certain areas of decision making. Farmers' decisions are influenced by a variety of factors including stress, and the ability to cope with it. Using the General Health Questionnaire (GHQ), which measures psychological distress in a non-clinical situation, results showed that only 11% scored highly (against an average of 20% in the general population), and that these individuals also scored highly on the personality trait of neuroticism. This indicates that those farmers cope using their emotions rather than being task-oriented, and blame themselves for problems arising, leading them to think they cannot cope. Similarly, in the US, Heppner et al (1991) report that farming men react differently to stressors than women, reflecting a more pervasive and ambiguous sense of personal failure linked to their traditional need for achievement. Based on these findings, McGregor et al argue that:

> … farmers falling into the high stress group will exhibit irrational decision making or make no significant decisions at all. This has obvious implications for the overall management and hence profitability of their business (p234).

This research has important policy implications particularly in a context where considerable resources are being directed towards farmers to aid their transition out of a protracted period of difficulty and to assist them in restructuring their businesses. Those who are most psychologically distressed will arguably be the least well-placed to take advantage of new policy incentives and re-build or realign their businesses.

A similar study was carried out at the Royal Welsh Agricultural Show in 1998 at the behest of the Powys Rural Stress Group (Boulanger, Gilman et al. 1999) which sought to

replicate the research of McGregor *et al*[3]. The research was undertaken in response to the high suicide rate for farmers in the county of Powys, which, based on the stress iceberg concept, was thought to obscure high levels of farming related stress. Adopting the McGregor methodology, 325 questionnaires were completed by farmers visiting the NFU, FUW and CLA stands at the Royal Welsh Show. Results suggest that government policy, finance, time pressure, and the future of the family farm were top stressors. A substantive difference was found in comparison to the McGregor study in relation to financial pressure as a stressor. The Welsh experience showed that significantly higher levels of stress were experienced by livestock farmers in contrast to the low levels reported by McGregor, whose study had included a much higher proportion of arable farmers. At the same time, the Welsh study confirmed the relative unimportance of isolation as a stressor identified by McGregor and colleagues. Again, there was obvious bias in the sample of respondents, those farmers prepared to fill out a questionnaire representing a sample of outgoing, confident individuals prepared to participate actively in giving voice to their frustrations.

One of the only other relatively large scale studies was undertaken in North Yorkshire on behalf of the Health and Safety Laboratory (Phelps 2001), and was developed in response to identical research in West Northumberland (Sutherland and Paxton 2000). This in turn was based on the questionnaire used in the Hawton *et* al research into suicide and stress in farmers. The survey was carried out in 2000 (prior to FMD but at a time when farmers were experiencing a considerable economic downturn) and sought to identify the level of stress among farmers in North Yorkshire, the contributory factors, and what coping and support mechanisms were used by farmers. The questionnaire included items from the HAD Scale[4] (Zigmond and Snaith 1983) and the SRR Scale[5] (Holmes and Rahe 1967). The respondents (272) were selected through attending a farm safety awareness day (the proviso being that if they attended the course their farms would not be inspected for 12 months!) and were therefore not particularly representative of farmers generally in North

[3] Interestingly, the authors cite McGregor's 1995 study as the only published study on farmer stress (at that time), also citing Hawton et al on farmer suicide, and an unpublished account of farmers in the Yorkshire Dales as representing the UK literature. The body of published literature is still not much larger.
[4] The Hospital Anxiety and Depression Scale developed by Zigmond and Snaith (1983) is a 14 item self-report questionnaire which measures the presence and severity of both anxiety and depression and produces a separate score for each.
[5] Holmes & Rahe's (1967) Social Readjustment Rating Scale rates the stressfulness of various life events and adds them together to produce a Life Change Unit (LCU) score.

Yorkshire (the response rate of 38.7% was high for research of this nature). The results of the analysis revealed that farmers in North Yorkshire were experiencing high levels of anxiety, depression and stress. Half reported experiencing mild or severe anxiety and 24% reported severe anxiety. A wide range of factors in eight categories were identified as contributing to the level of mental ill-health reported by respondents:

- Financial situation (including debt problems, possible bankruptcy, danger of losing farm, impact of government policy)
- Isolation and relationships (including living/working alone, relationship problems/breakdown)
- Time pressure and leisure (including insufficient time to complete work/spend with family)
- Government legislation/regulations
- Stressful life events (based on the Social Readjustment Rating Scale)
- Hazards of farming
- Health problems
- Working with Organophosphates

The main stressors predominantly related to government policy and legislation, financial problems and time pressure. Table 3.3, reproduced from the report, indicates the extent to which respondents found a range of factors "very or highly stressful".

Table 3.3: Stress factors

High stress factors	% of respondents finding factors very/highly stressful
Government policy	68.0
Regulation – amount of paperwork	67.6
Regulation – the effect of regulation/legislation	64.7
Time pressure	54.0
Regulations – understanding/completing forms	43.8
Financial problems	37.1
Unpredictability of farm work	27.9
Isolation	12.9
Hazards of farm work	11.8

Source: Phelps, 2001

In addition to respondents self-reporting of stressors, statistical analysis revealed a range of factors significantly associated (in a statistical sense) with high levels of both anxiety and depression:

- Serious financial problems
- Worrying about money a lot of the time
- Feeling isolated
- Working alone most of the time
- Time pressure
- Legislation/regulations – amount of paperwork
- Legislation/regulations – problems understanding/completing forms
- Legislation/regulations – problems with the effects of legislation/regulations
- Danger of losing the farm
- SRSS stressful life events
- Hazards of farm work
- Physical health problems
- Unpredictability of farm work

(Phelps, 2001 p23)

These findings are more than just significant in a statistical sense. The respondents were clearly suffering from high levels of stress and since this survey they will have had to face the consequences of the FMD outbreak and its aftermath and the uncertainty of the financial consequences of CAP reform. In addition, there are indications that farmers feeling more depressed will be less likely to attend meetings and leave their farm (Read et al, 2002; Lobley et al 2000), suggesting that this survey may under-represent the levels of stress felt among certain sections of the farming population. In this context it is worth quoting some of the report's discussion at length:

> It is apparent from the results of this study that the nature and effects of recent government policy and legislation has contributed greatly to the level of mental ill-health in farmers, with over two-thirds of respondents stating that government policy generally was very/highly stressful. Farmers are encountering problems with not only the effects of new legislation and regulation but are also experiencing significant levels of anxiety and depression as a result of the sheer volume of paperwork involved. In particular, farmers feel that there is too much unnecessary paperwork, which

> creates time pressure and often interferes with their ability to complete all the tasks required on the farm (p23).

In England, the new Single Farm Payment (to be introduced from 2005) should reduce *some* of the paperwork involved in farming but it is associated with significant levels of anxiety among some farmers.

The results of the Phelps survey are confusing in relation to the role of isolation. Relatively few farmers perceived isolation to be a stressor (in line with the findings of the McGregor team and Boulanger et al) but independent statistical analysis indicates that there *is* a significant statistical relationship between anxiety, depression and isolation:

> just over a fifth of respondents stated that they felt isolated, which was also significantly associated with higher levels of anxiety and/or depression. As well as the physical isolation inherent in farming and the fact that the majority of farmers in this study worked alone most of the time, the finding that a number of respondents felt that not only the government was unsupportive, but that also the non-farming community did not understand or support farming may contribute to a feeling of isolation. The finding that the feeling of isolation is associated with high levels of anxiety and depression highlights the importance of social support networks as a coping mechanism (p24).

Following on from this, the factors that were identified as potentially reducing the level of mental ill-health predominantly related to social support mechanisms *e.g.* having a confidant and seeing close friends and family regularly.

The quote from the Phelps report (above) regarding the impact of isolation only adds to the confusion regarding its role and the contradictory findings of several key studies. Researchers employing the 'McGregor methodology' find that isolation is not a significant stressor but others, including the so-called 'rural stress' studies identify isolation as an important stressor (see, for example, Peak District Rural Deprivation Forum, 2004, Campbell, 2001). In a small scale study of farming stress in Buckinghamshire Campbell (2001), reports that "isolation was mentioned by most farmers interviewed as a cause of stress". He goes on to distinguish between physical isolation (which is less of an issue in Bucks although many farmers are still isolated from other people during their working day) and psychological isolation stating that whilst there is much public sympathy for farmers as a result of BSE and FMD, "their public

standing has perhaps never been worse". This, he argues, is a result of the changing nature of society which is increasingly urban based or urban influenced and consequently doers not understand farming or farmers. While there is also contradictory evidence regarding the attitudes of rural incomers to farmers (see for example Winter et al 2000) this nevertheless suggests that the theme of 'reconnecting' identified in the Curry report should explicitly include social reconnection. Indeed, as Campbell states:

> There is an urgent need for the farming community to communicate more effectively with non-farming people. They may not see why they should do so but there is such a lack of understanding that this is imperative.

Another study, co-incidentally also carried out in North Yorkshire (Raine, 1999), offers further clues to the role played by isolation. The research adopted a purposive sampling method to identify 20 farmers of different age and operating farms of different sizes and types, and set out to discover through semi-structured interviews, the causes and effects of stress on farmers. It focused on three main issues: farmers' perceptions of the stress involved in farming, the causes of stress, and the personal effects of stress. Most farmers interviewed considered farming to be stressful, and that it was becoming more so, with livestock farmers more stressed than arable (see also Boulanger et al 1999). Specific seasons were said to be more stressful than others (e.g. lambing, harvesting and planting), but the study identified three consistently cited stressors. Paperwork or bureaucracy was the most cited stressor regardless of farm type or size while financial matters and BSE also emerged as important stressors. Isolation was a problem for those who worked alone, especially single hill farmers. Interestingly, those citing isolation as a stressor were all reported to have strong family networks and good social lives but nevertheless felt isolated and stressed. This clearly suggests that regardless of how well socially connected an individual may be, working alone and making day-to-day, on the job decisions alone contributes to elevated personal stress levels. Moreover, underlying all these was an overwhelming belief that farming has a very bleak future and that many stressors were essentially uncontrollable:

> There is evidence to suggest that situations perceived to be uncontrollable or unpredictable are especially stressful. Farmers' lack of control over key stressors has been noted previously, and one of the most striking features about the main causes of stress identified in this study is their uncontrollable

> and unpredictable nature. Certainly farmers cannot control or predict fluctuations in prices, the amount of livestock losses or problems such as BSE. They are also unable to control the amount of paperwork and, even though it is relatively predictable, its occurrence on a regular basis is likely to negate any benefit from having foreknowledge. Given the potential for uncontrollable and unpredictable problems to be stressful, it is perhaps not surprising that these issues were cited (Raine 1999) p267.

The issue of lack of control as a stressor and the related concept of 'mastery' has been linked to stress in farming communities elsewhere. For example, in New Zealand Doyle (2000) suggests that 'mastery' or a feeling of control was an important stress mediator.

The work of Booth and Lloyd (2000) is an example of a research approach which is strong on medical methodology but rather weaker in terms of a social-science based understanding of recent agricultural change and the implications for farm households. Most of the relevant published work by Booth and Lloyd is concerned with farmers and suicide but their 2000 paper, based on a postal survey, focuses on the nature and extent of occupational stress in farming. The study involved a random sample of 1000 names from the NFU membership list in the South West of England. This yielded 303 respondents who completed the GHQ.28 (General health Questionnaire) and the HAD (Hospital Anxiety Depression Scale) together with an additional questionnaire for demographic details (following a similar methodology to Peck et al 2002 – see below and achieving a 30% response rate) The authors say it is hard to compare their results with those of other UK studies but believe that they confirm the high levels of perceived stress in the farming community.

The results indicate that 35% of respondents scored positively on the GHQ (average for the general SW region population is 30.1% and for England is 31%). There was a significant difference between women and men in the survey, with women showing higher levels of stress than men (confirming the findings of McGregor et al and others). Booth and Lloyd argue that despite, or even because of the small number of female respondents (32), this warrants further research in view of farmers' wives' PMR[6] for the years 1988-1992 of 175. Results regarding the perceived sources of stress largely confirm

[6] PMR – Proportional Mortality Ratio is the proportion of deaths due to suicide in an occupational group compared with the proportion in the general population. The standard PMR is 100.

other UK studies (e.g. new legislation, the amount of paperwork and media criticism) although isolation was not perceived as a problem. The authors conclude that:

> … farmers, and particularly farmer's wives, are at risk of elevated levels of psychiatric morbidity and that the main perceived sources of stress relate directly to legislative procedures and changes in farming practices as a result of this. Together with these inherent sources of occupational stress, respondents also highlighted external media criticism as a significant stress (p71).

They go on to state that in the absence of increased public awareness of these issues, local collective action and national policy change, that:

> Given the likelihood of continuing change in farming practice and rural neighbourhoods, the current levels of occupational stress may be predicted to continue for members of the farming community (p72).

The impact of foot and mouth disease

The literature reviewed so far reflects research conducted prior to the 2001 FMD outbreak. There are however, a few sources which offer some clues as to the impact of FMD on levels of farmer and farm family stress and well-being.

For example, Peck et al (2002) compared an area of high disease incidence (118 farmers in Cumbria) with an area of low incidence (80 farmers in the Scottish Highlands) to assess the psychological impact of FMD, and to discover what major supports farmers had sought. The authors used the GHQ12 (General Health Questionnaire 12-item version) to ascertain the former, while interviews were used to assess the latter (participants were identified from Yellow Pages). The overall response rate was 29%, which the authors consider low, but is almost identical to that obtained by the Eberhardt and Pooyan study in the US.

The results suggest that farmers who had experienced slaughter of their animals were only marginally more depressed than those who had not, but they had sought more sources of support. None of the other variables were significantly associated with the depression item. The results also show that farmers in the affected areas exhibited higher PM than those in unaffected areas. The Samaritans and other external sources of support

were basically not used by this sample of respondents. Most farmers either 'just got on with it' or turned to close family, friends or other farmers for support. Only 11% consulted a GP while 40% sought help from a vet and 22% contacted farming organisations (see table 3.4). Nearly half of farmers would like to have had written advice about the crisis and just over one third would support a farmers self-help group. 25% would have used a telephone support line, but only 13% would like to have had visits from health or social workers (see table 3.5). These findings are in line with the popular stereotype of farmers being self-reliant, resilient and independent. Doyle's research is New Zealand also found that for farmers, social support largely comes from friends and family and that close to 50% of farmers would not seek professional help. These findings have implications for service delivery to the farming community:

> ..farmers tended to shun conventional sources of support (*e.g.* health and local authorities, the Samaritans, or ministers of religion). Instead they turned to the farming community itself, or to people in a closely related profession such as veterinary surgeons. In addition many farmers were willing to receive support from relatively anonymous sources such as an internet help line, or written self-help materials. These findings have clear implications for the establishment of support services for the farming community (Peck, Grant et al. 2002) p530.

Table 3.4: Sources of support used by farmers during the FMD outbreak

Source	No.	%
Close family	154	78
Close friends	118	60
Other farmers	147	74
Ministers/priests	25	13
Veterinary surgeons	79	40
GP	21	11
Specialist	3	1.5
Samaritans	1	0.5
Just got on with it	141	71
NFU	18	9
Other farming organisations	26	13
Other sources	1	0.5

Source: Peck et al 2002

Table 3.5: Attitude toward sources of support (% of respondents)

Source	Would use personally	Very/quite helpful	Not helpful or harmful
Telephone support line	25	42	9
Visits from health or social work	13	24	26
Internet help line	21	35	15
Farmers' self help group	38	50	5
Written advice sent to all farmers	45	40	11

Source: Peck et al 2002

A more wide ranging investigation in terms of the individuals surveyed (agricultural businesses/farm families, other rural business and support services – including vets and slaughtermen) was undertaken by the Institute for Rural Health (Deaville, 2003) for the Welsh Assembly. This investigation of the impact of FMD on mental health and well-being was undertaken between October 2001 and March 2002 and combined the use of semi-structured interviews with the completion of SF36 and HAD questionnaires. The results of the survey demonstrated:

> … a significant level of poorer general health, emotional health, depression and anxiety. This research has provided evidence of the short and medium term health impact of the situation. Qualitative data have shown a continued level of stress and physical health and there is also evidence of continued trauma as a result of the cull. There is strong evidence therefore that the long-term health impact will remain in the study sample as a result of the foot and mouth disease outbreak (p47).

The study revealed high levels of anxiety and depression with 57% of the sample experiencing high levels of anxiety or depression or both:

> There were higher levels of depression (47.7% of the total sample) than anxiety (37.5%) … Levels for both depression and anxiety were highest in the agricultural business and other rural business target groups. Both were also evident in the service-provider group but to a slightly lesser extent (p46).

Women were found to be slightly more likely to be experiencing mild, moderate or severe depression (measured using the HAD) while the qualitative data pointed to a wide range of stressors including loss of control (over the situation). Although the interviewers did not have direct contact with children, the results indicated that over 50% of respondents

reported that the FMD outbreak had affected their children, with many parents pointing to long-term consequences. In addition, Deaville et al (2003) expressed concern regarding

> … the prevalence of 'flashbacks' and the fact that individuals were not able to put events out of their minds. This was still continuing for some individuals at the time of the study. This suggests an impact that would not necessarily be identified through measures such as the SF36 or the HAD and also suggests the presence of post-traumatic stress disorder, largely among the service providers (p45).

The other key relevant source on the impact of FMD, but from a social science rather than medical perspective, is a report produced by the Centre for Rural Economy (CRE) at Newcastle University. This wide-ranging report on the consequences of FMD in Cumbria explores the impacts of FMD on farming, on the wider rural economy, on farming life and on village, business and household life. Bennett and Franks (2002) in their chapter on the effects of FMD on farming life in the Northern Fells include some discussion on coping responses, isolation, stress and the effect on young people during the outbreak. According to the authors, family-based businesses draw more heavily on family resources during times of crisis, and this was particularly the case during the FMD outbreak with farms/households reducing outside labour, undertaking additional work, and cutting back on general household expenditure. For example, one in six families renegotiated loans or mortgages.

Family and social life were severely restricted during the outbreak, children being kept at home and the elderly not visited. Isolation, frequently self-imposed, grew during the outbreak, most families completely isolating themselves for an average of 19 days; some as much as 60 days. Fear of contamination prevented the usual social intercourse, and many felt shunned, ignored and disease ridden. Telephone communication, especially with those outside of the area, enabled many to cope. The curtailment of social activities caused stressful situations for households. Significantly, research undertaken in another FMD 'hotspot' (North Devon) revealed a similar curtailment of social interaction but also an indication that social interaction and social networks were slow to recover in the wake of the outbreak (Read et al 2002). In the Cumbrian example, fear of finding the disease in stock was a constant stressor. Similar findings were recorded in north Devon as the following example illustrates:

> ... there were people in tears and one thing and another, but I mean it wasn't no good getting like that. I mean I knew I didn't have it, but you dreamt you had it every night, and every morning when you looked at everything it was a greater period of stress, you know, than if you did have it.

In Cumbria (as in north Devon) the threat of FMD and associated anxiety created stressful situations for farm households and coping with movement restrictions was confounded by financial worries caused by the loss of outside incomes. Young people had to leave home so that they could continue to attend school and work. Bennett and Franks report that people's usual ways of coping (such as going to the pub, visiting friends) were constrained and that some men bottled up their anxieties while women tended to 'mop up' the tension. Couples coped individually rather than together and household relations became strained (for example by the disruption of having to confine children at home, and by women's anxiety over the security of off-farm jobs they could no longer get to).

The cull itself was a deeply distressing experience for all families concerned, but cleaning up afterwards, according to Bennett and Franks, was cathartic. In the aftermath most farmers simply wanted a return to 'normality'. Farming wives and families, however, were often less sure about the possibility of a return to 'normal' farming:

> Farmers' wives and families are more likely than farmers to consider alternative sources in income or lifestyles. Some farmers' wives, for example, have skills and qualifications outside of agriculture and are more open to new challenges such as attending computer courses. FMD and the compulsory purchase of stock has provided farming families with a potential window for change to do things differently, to get out of farming or set up a new business. Often it is farmers' wives and young people who look through this window and question the aim to restock and to return to what things were (ibid, p80).

The research in North Devon revealed that whilst the cleaning up after the cull may have been cathartic and offered important new but temporary sources of incomes for those who conducted it, a large group remained outside of this healing process. Those who were subject to 'D notices' during the outbreak, which prevented them from moving their livestock but were not culled suffered more than those whose animals were culled. They experienced the anxiety of waiting to see if they were afflicted by the disease, the costs of feeding their animals or keeping more animals than they had intended but received no compensation. Also, unlike those affected by the cull they did not have a rest, many

whose herds were culled had effectively an enforced sabbatical as the farm was cleaned and they bought a new herd. Their neighbours whilst relieved not have lost their animals, suffered the anxiety, the extra work, and the financial loss and then returned to the post-FMD normality. This introduced a new source of tension into the communities which were affected by FMD and new stresses on families and individuals through the lottery of disease (Reed, Lobley, Winter, and Chandler 2002).

Researchers are also considering the longer term impacts of FMD, such as the study lead by Maggie Mort at Lancaster University which will be published later in 2004 (see also, Bailey et al, 2003).

Farming women

Research on farming stress (e.g. McGregor et al 1995; Booth and Lloyd, 2000) indicates that farming women experience higher levels of stress than their male counterparts. This however, is a particularly under-researched area with most research implicitly or explicitly focusing on male farmers despite considerable evidence regarding the significance of women's' contribution to farming. Price and Evans (forthcoming) explore the concept of stress in farming women through the theme of work. Their study took place in Powys in mid-Wales, which has the highest suicide rate for farmers in England and Wales. Six case study farms were selected including a range of sizes and types, and a repeated life history methodology was utilized. Four main issues were addressed through these interviews: defending the way of life; patriarchy and appendent position; technical employment; and income generation.

The general conclusion is that there is doubt about the sustainability of the farming 'way of life' under increasingly stressful conditions where women can/will no longer act as an appropriate appendent to male partners, maintain multiple burdensome roles and continue supplementing farm income. The study focuses on the concept of farming as a 'way of life', which, the authors believe, is central to the development of a non health-based approach to understanding farming stress. Frequently, the qualities perceived to contribute to this way of life belie the reality of farm life, becoming a source of stress in the struggle to reconcile the two. The study examines the extent to which internalisation of the 'way of life' has taken place within the farm family dynamics, and the contribution

this has made to stress in farming women. The family farming 'way of life' is struggling to adapt to macro-economic and political restructuring of the industry. To maintain this 'way of life' in a capitalist system, it is argued that women must submit to patriarchal power relations and exploitation of their labour. This leads to the creation of an identity that is constrained and challenged by the internalisation of a construction of themselves that is inferior to men, leading to a build-up of stress. The authors argue that:

> the maintenance of a patriarchal family farming 'way of life' of 'agri-culture' requires the farming woman to act as an appropriate appendant to maintain the status of her farming husband or partner. Her identity is ultimately internalized as being inferior to the maintenance of 'his' (ibid, p8).

A prime source of stress in farming women, according to Price and Evans, is the need to adhere to and perpetuate an historical imagination of an idyllic farming 'way of life'. A contrasting perspective is provided by Christensen *et al* (1997) who argue that women's perspectives change over their life course; that they seek to alter constraining situations and create strengths, fulfilment and fun in their relationships, taking an active role in influencing and shaping their own lives. They suggest that the life course provides the temporal context for understanding patterns of diversity and change in women's experiences of emotional well-being. The authors acknowledge the similarities between urban and rural women's experiences in their life roles, but point out that within an agricultural community these practical and emotional problems can be particularly acute. The ethnographic study of seven farming women in the north of England suggests that, unlike women in other settings, farming women's experiences of practical and emotional difficulties require a different approach to achieving personal well-being. The study found strong contrasts between the accounts of women of different ages, which could be explained in a number of ways. The authors choose to concentrate on the fact that, while each woman's experience across the life course was different, they may, nevertheless, share particular sets of cultural strategies which enable them to 'just get on with it'. In getting on with it, they demonstrate a 'practised creativity' which they develop throughout their life course, mediating the effects of geographical and social isolation that epitomise so much of their lives in the traditional, male dominated, familial way of life. Coping strategies centre round the transformation of the farm and the extended family through the woman's 'embodiment' of farming as a 'way of life'. In supporting this way

of life and 'owning' it, women are not marginalized within it, rather contributing to their own well-being and future prosperity:

> While stoicism might seem to represent one of the few assets available to women, it is important to recognize that the family members who take priority within women's daily lives also represent their future status and indeed wealth. Thus when women 'acquiesce' to situations and demands which do not serve their immediate interest, this acquiescence is not the result of overt oppression but rather an expression of a shared view that in benefiting a wider unit, such as the family, women themselves stand to gain (p639).

Young people

Several researchers have identified young people as a group at risk of rural stress. There have however, been very few attempts to explore this group in detail. A notable example is the body of work produced by Alison Monk and colleagues (Monk, 1997; Monk and Thorogood, 1996; Monk and Robson, 1999). This work focuses on agricultural students at agricultural colleges and university departments in the UK. Analysis showed that young people from a farming background were significantly more likely to know a suicide victim than a non-farming respondent but that little was known by students about sources of help available with the exception of the Samaritans (Monk, 1997; Monk and Thorogood, 1996). In a further study (Monk and Robson, 1999) 24 agricultural colleges were surveyed to assess whether the incidence of stress-related problems is increasing amongst rural students and whether their experience differs significantly from that of young urban people. Monk uses the perceptions of college wardens to assess student stress-related problems (a methodology that raises issues regarding data reliability) and concludes that agricultural students are under much the same pressure as their urban counterparts and the older generation. This research raises some interesting issues that require more vigorous investigation.

Conclusions

The UK rural stress research reviewed in this chapter points (with a few exceptions) to a consistent and wide range of stressors, few of which can be regarded as exclusively rural. Rather, stress experienced by people in rural areas is frequently of a similar nature to that

experienced elsewhere, although living in a rural area may add new dimensions to the stress experience if access to services for example is difficult. While the research reviewed here is generally well informed, in many ways the evidence base remains 'thin'. Surveys undertaken which capture a particular snapshot in time and which are frequently confined to a particular locality and/or unrepresentative group can make broader generalisations difficult (for example, sample bias may mean that surveys under-represent the incidence of farming related stress).

In addition, it is important that rural stress research is correctly 'labelled'. Much of the work that claims to be investigating rural stress is actually focused on the single most easily identified occupational group: farmers. While we do not wish in any way to downplay the difficulties faced by farmers and their families in recent years and recognise the stress that they experience, the focus on this particular group may have served to obscure the plight of other rural dwellers. Finally, the impact of FMD has yet to be fully assessed. Some research suggests little impact on depression levels and much of the other stress research would suggest that once the stressor is removed, stress levels return to normal. However, research undertaken in Wales points to ongoing 'flashbacks' and evidence of post-traumatic stress disorder.

Chapter Four: Beyond stress: rural mental health issues, depression and suicide

Introduction

The main focus of this report is on stress in rural areas. However, the 'iceberg' model points to an association between stress, depression and, for some, suicide. The latter in particular has been a major driver of stress initiatives and farmers have been the target of research into rural suicide. This chapter reviews some of the key publications on depression, mental health and suicide amongst farmers and, in doing so, emphasises the importance of understanding the nature of rural areas and communities and of not treating rural in a manner that is synonymous with farmers.

Depression and mental health

Eisner *et al* (1999) examined the effect of the 1996 'beef crisis' on depression and anxiety in farmers from the perspective of a general medical practice in North Yorkshire. The study is a pragmatic repeat of research carried out in 1994 on a mix of male farmers with a control group (age matched, male and in current employment unrelated to farming), enabling the research team to identify differences in psychiatric morbidity in farmers following an unexpected life event. With a response rate of 85%, 106 farmers and 93 controls took part and completed a HAD scale.

The results indicate that the proportion of farmers suffering from anxiety or depression fell between 1994 and 1996 but that farmers are still generally more depressed than controls (an average of nearly twice as many farmers were depressed in this study compared with the controls). However, the 'beef crisis' had not had much effect at the time of the study:

> These data show that the differences in anxiety and depression between farmers and controls found in 1994 still exist, but that the factors that occurred between 1994 and 1996 seem to have had little effect in their depression and anxiety scores, although the reduction in depression and anxiety is much less than that seen in controls. The common perception that the mental health of farmers has suffered as a result of the beef crisis is not borne out by these data. This is either a 'real' finding or the methodology

> used in this study was not sophisticated enough to prove these suspicions (ibid, pp385-386).

The authors also suggest that a longer time period is needed to detect significant changes in mental health. In contrast, the study by Thomas *et al* (2003) to estimate the prevalence of neurotic symptoms and thoughts of life not worth living, found that only 6% of farmers reported clinically relevant psychiatric morbidity and that this was not significantly associated with factors such as farm type or size. Although the prevalence of PM among farmers was lower than in the general population, farmers were more likely to think that life was not worth living. The low prevalence of PM could reflect the nature of the sample group of 425 farmers from Hereford, Norwich and Preston who had to complete the Revised Clinical Interview Schedule (CIS-R) by computer. This method of data collection arguably indicates a level of motivation and educational attainment in respondents normally associated with more successful farmers, rather than those likely to be suffering from high psychiatric morbidity. The authors believe that the difference in PM and suicidal ideation in farmers compared to the general population warrants further investigation, and that theirs is a systematic measure of mental health worth repeating in the wake of FMD.

There is very little evidence comparing rural and urban differences in mental health. However, a key medical mental health reference that is frequently quoted in the literature is the study by Paykel *et al* (2000) examining the differences in non-psychotic mental disorder between urban and rural areas. Previous studies had yielded inconsistent findings, and the authors conducted a large-scale study of data from subjects in the Household Survey of the National Morbidity Survey of GB, examining three aspects of mental health: PM, alcohol dependence and drug dependency. Overall the study indicated lower rates of psychiatric morbidity, alcohol dependence and drug dependency in rural areas in GB. The large sample (9777) was categorised as either ‘urban’, ‘semi-rural’ or ‘rural’ on the basis of interviewers own judgement of the area around the home of the interviewee. In all three aspects of mental health, social differences were found to explain much but not all of the difference. There have been fewer rural than urban mental health studies, but the conventional wisdom is that mental disorders are more common in urban environments. Overall, the study showed that in GB rates of PM, reported alcohol dependency and drug dependence are lower in rural areas than urban.

Compared with urban subjects, rural subjects were found to be older, with a significantly higher number among social class II and lower number among manual workers. More were married and had higher educational qualifications. The rates for part-time work were higher, while there were fewer unemployed or economically inactive. The housing profile was also significantly different, with a very high number of subjects living in detached houses, and very few in smaller houses and flats. The rental market contained significant differences, with LA/HA provision in rural areas being one third that of urban areas and private rented property being about 50% higher in rural areas. Rural subjects were less likely to have suffered a stressful life event in the past year and less likely to perceive themselves as lacking support. These differences in demographic and social variables give an impression of rural areas as being 'better' places to live in many ways than urban areas, but other interpretations can be can be put upon these statistics. The authors acknowledge that some deprivation exists within rural populations, including service inaccessibility, poor housing and the decline of agricultural employment. Low GP consultation and out-patient attendances could be explained by distances from practice surgeries, while attention has been drawn by other studies to a neglect of rural general and mental health care (see p277). While this study sets out to probe the assumption that rural life is low in problems compared with urban, the findings tend to play down the extent to which these problems within rural areas can affect the mental health of people who may, for one reason or another, hide the reality of their condition or have it obscured from others. Gregorie and Thornicroft (1998) for example, conclude that the apparently higher incidence of psychiatric morbidity in urban areas should be interpreted with caution as there is evidence of hidden morbidity in rural areas:

> In the UK, overall psychiatric morbidity appears to be greater in urban areas. This must be interpreted with caution as we still know little about patterns of individual disorders and there is some evidence of greater hidden morbidity and higher thresholds for reporting symptoms in rural areas. Furthermore, greater accessibility to services in urban areas may lead to resource-led drift of users to those areas. The size of even the largest rural/urban differences is small compared with the effects of other factors such as race, national or local geographical differences and social class (ibid, p275).

The lack of a universally agreed definition of rurality creates problems when interpreting results from studies and there is a need to carefully define rurality in the specific context of individual studies (Gregorie and Thornicroft, 1998). This theme is taken up by Philo *et al* (2003) in their comprehensive review of mental health literature. They note that:

> …the more assertively 'scientific' an article or text is, the more objectively rigorous it strives to be in terms of applying diagnostic criteria, the *less* examined, the more commonsensical, is its underlying take on what is rural (emphasis in original).

Basing their analysis on Bachrach's (Bachrach 1983) identification of five categories of rural places, Philo *et al* propose five dimensions to rural space within which mental health issues should be considered: *physical, demographic, economic, social,* and *cultural*. They argue that the basic geographical concerns of physical space are the same in all literatures; it is the foundation of social isolation and stress:

> Although there is scant scholarship on such matters, there is some warrant for suggesting that the more harsh the physical setting … the more likely it is that local people will experience stresses which can prompt mental ill-health (Philo, Parr et al. 2003) p268.

Sparcity and decline in rural spaces, together with the paucity and lack of variability in everyday contacts may have negative impacts on mental health (this is confirmed by those studies identifying isolation as a stressor and those demonstrating that friend and kinship networks play a mediating role in the experience of stress). In turn, this can be compounded by the lack of anonymity in rural locations where public spaces are limited, resulting in a rural mental health scene that is thought to be 'messier' in terms of confidentiality than urban counterparts.

Sparsely inhabited rural areas arguably produce *Gemeinschaft* characteristics in communities where social life is based on intimate encounters and close-knit life worlds full of natural supports; community attachment remains vital to the mental health of residents. The assumed *Gemeinschaft* characteristics, however, do not guarantee peoples' ability to cope with stress, but their stress levels are generally lower (Jacobs et al 1997). Some authors thus argue the case for generating local support groups as a substitute for mental health services, and there are studies concerned with local support and social

connectedness (see Shaw 1997). However, the social relations associated with *Gemeinschaft* can be harmful to the mental health of some people where the lack of anonymity is a problem. High levels of suspicion and stigma colour the perception of mental health services in rural areas amongst some groups ... "What is clear from numerous studies is that the 'glare' of rural familiarity can feed into the often quite acute under-utilisation of local mental health services" (p273).

This 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. Several of the farming and rural stress studies reviewed above referred to the social and cultural isolation caused by community change although Philo *et al* suggest incomers themselves may face problems:

> Within some of the most recent literature … there has been a growing interest in the impacts associated with 'incomers' to rural areas, any but not all of whom may be 'counter-urbanites', given that these cannot but introduce alien demands, practices and expectations into any one rural mental health setting. Such incomers are often seen as not exhibiting the same characteristics as traditional rural folk, which has led some to remark that this factor in itself can be stressful for indigenous populations as their values and everyday business are inevitably disrupted by the incomers. …Incomers may also face problems themselves, with a lack of social support being available to deal with mental health problems arising in part at least as a result of difficulties experienced in adjusting to a new environment and social *milieu*…Moreover, some writers have suggested that community tolerance of mental ill-health may not extend to those who have only recently moved into a rural locality, one where their 'new' status will be readily apparent (ibid, p274).

Extending the theme of acceptance by indigenous populations, Philo et al claim that often extreme eccentricity is allowed within the cultural boundaries of a community, but this is accompanied by a sense of community attachment that proscribes the attributes and attitudes of its members:

> The result is that the personal characteristics of rural dwellers are often forced to fit within a quite particular 'myth system', one that appears to be repeated across many different rural settings, and one hinging around traits variously described as 'resilient', 'stoical' and individualistic. Such a self-imaging easily translates into a fiercely independent streak – a culture of self-sufficiency, even when encountering psychological stresses of all kinds (ibid, p275).

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 ideology in the form of, for example, fatalism, can mask chronic depression. The authors conclude that

> Considering the assumed *Gemeinschaft* characteristics of 'community' and 'belonging', the supposed personality traits of fatalism, religiosity and varying kinds of repression: all of these seemingly meld together to create a structure of expectations, interpretations and emotional conflicts that do indeed foster distinctive, and potentially explosive, cultures of 'rural madness' (p276).

Rural Suicide

This section provides an overview of the available literature about suicide in rural areas. Due to the limitations of this literature the bulk of the discussion will be about suicide by farmers, who present the most easily identifiable rural group and have attracted most attention to date. To contextualise this discussion it will be necessary to review some of the broader literature about suicide and to establish what links it has with the phenomena of stress.

Approximately 5000 people year take their own lives in the UK every year, which is one person every 2 hours and suicide has become the leading cause of death amongst men below the age of 35. It is 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 For example, 3509 men and 1231 women died from suicide in the year 2000. The main methods used in suicide are hanging and self-poisoning with medical drugs. Suicide rates vary between geographical area (see below) and social class; those in social class V (unskilled manual occupations) are more than four times more likely to take their lives that those in social class I (executives). These stark figures belie the complexity of suicide, which is ultimately the story of an individual and can never be adequately analysed or understood through statistical analysis.

The common sense view of suicide is that it is an unambiguous act; that someone because of an overwhelming event, succession of events, is no longer able to continue and they deliberately take their own life. How others understand their act is conditioned by cultural, spiritual and social views, and at a societal level a number of administrative factors. In some cultures suicide is considered a sin and remains illegal. Catholic and Muslim countries have strong cultural prohibitions against suicide, whilst in Japan it is not so morally reprehensible. Suicide may also be considered by some to be acceptable in times of extreme circumstances, such as in the face of a terminal illness, whilst for other people 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, usually through some form of evidence. When that evidence is missing then the coroner may record the death as 'undetermined'. It would appear that some people commit suicide almost impulsively and others take their own lives by mistake when their cry for help goes wrong. In response to these uncertainties it has become a convention that 'undetermined' deaths are included in suicide statistics. Furthermore, most government statistics are recorded using official forms, which include some facts about the deceased life and not others; this means that only a fragment of their lives is recorded. Some studies have suggested that there is a tendency to under-report suicide in children, because of the moral abhorrence of the idea, and that the professional background of the coroner may influence decisions they make when classifying deaths. This is not to suggest that the figures are inaccurate, but that suicide is a phenomenon that requires interpretation that is open to a variety of influences and differences in understanding.

Suicide in rural areas is usually addressed in one of two ways; firstly, through the *geographical location* of the deceased, where they lived or died, or through their *occupation*, which if predominantly or exclusively rural may provide insights. Each of these discussions however, 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. For example, if the residents of one town became ill with the same disease we might assume that their common location was the most important factor, when they actually caught the disease from a wide range of different sources that were unknown or opaque to the observer. It is important to sort through the data in such a way that what is discussed is not an 'artefact' of the way in which data is

collected. It is clear to us through this review that in some instances, there have been reports which in parts have made this error.

Not everyone is equally vulnerable to suicide and many of the risk factors are well known, some of which were mentioned above. It is well established that some occupations demonstrate a greater than average rate of suicide; these 'high risk' professions change over time but persistently include medical professionals – doctors, pharmacists, dentists, as well as vets and farmers. These occupational groups, it is often argued, 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 these high risk occupations form only 1-2% of the total suicides in one year. This point is raised not to dismiss or diminish the importance of the topic but to place the focus on occupation in a broader context.

The principal study of suicide in farmers is that of Keith Hawton and colleagues 'Suicide and Stress in Farmers' (1998). In this the authors review the literature pertaining to the topic, report on 'psychological autopsies' and a postal survey they conducted in 1995/96. A psychological autopsy is an attempt to determine the factors that led to the suicide through an analysis of the documentary evidence and structured interviews with relatives. Hawton et al were provided with details of 84 people who committed suicide between 1991-93, against which they compared the 'control group', those who contributed to the postal survey. Methodologically this presents a number of challenges; for the psychological autopsy the gap between the interview and the bereavement is large, possibly lessening and conditioning participation. In addition, between 1991-93 and the postal survey of 1995/6, the social and economic climate of farming had changed. Major reforms to the Common Agricultural Policy had been implemented and for some, the boom times of the mid 1990s may have already been over. Finally, as has been mentioned in previous chapters, those who take part in surveys may not be those who are actually suffering the worst effects of stress and hardship. Although these reservations are important it is worthwhile considering the findings of their investigation at some length.

Of those who had committed suicide 16/84 were retired, another 10 were either too ill mentally or physically to be working on the farm, or were off the farm for a range of

reasons. The remaining 58/84 represented the *'working sample'* - those actively engaged in farming. Demographically, the control group were broadly similar to the study group, although because of the inclusion of those who were retired, the *working group* was on average older. Significantly, the deceased were more likely to have been single, divorced or separated than the control group, a recognised risk factor for suicide. The study found no association with farm type, although the working group tended to have smaller farms than the control. Of the deceased, the research team assessed that 58/84 had a definite or probable mental disorder at the time of their death, and in another 10 cases there was insufficient information to make an assessment. Of these disorders 32/84 were definitely depressive, with 17/84 probably depressive, 4 were alcohol dependent and 3 suffering from other disorders. Again, depressive illness has a strong association with suicide.

The majority of the deceased had seen their general practitioner in the 3 months preceding their deaths, with 17 having seen a psychiatrist in the last year. 27 had received treatment for a psychiatric disorder shortly before they died, 12 from their GP, 4 were on leave or were day patients and 11 were outpatients. Of those who were depressed, 19/52 were being treated with antidepressants, although whether they were being treated adequately or were taking their medication was an open question. Just over half had a history of psychiatric illness, 11 had previously attempted suicide, most of which had been made in the year before their successful attempt. Of the working farmers 21/56 were physically ill, with 11 being acutely or chronically ill. In the retired farmers 22/26 were physically ill at the time of their deaths, with some facing potentially terminal illnesses. The reasons for this psychological and physical morbidity appeared to be complex and factors would appear to often be inter-related.

In any group there are always the exceptions to the general trends. For example, 2 farmers in the study committed suicide with no apparent problems or ill-health. Generally most faced family or relationship problems, with most of the working farmers (45/56) experiencing a combination of problems. Occupational problems affected most of the working group of farmers (36/56), and these could be meaningfully divided between financial problems (15) and more broadly occupational. Half of the financial problems were so serious that the farm was endangered. Of the other occupational problems, 7 were anxious about retirement, 5 wanted to leave farming and 4 were in a work related dispute with a relative. Bereavement, particularly that of a close relative,

affected 13/56 of the working group and this included some relatives who had also committed suicide. These problems proved to be insufferable to those people who took their own lives, although it would appear unclear how many of these are connected directly to farming.

Hawton and colleagues were only able to gather detailed information on 24/56 of the working group. In these cases they were able to determine which of all the problems faced by the farmer were most important in leading them to suicide. Mental illness (12/24) was the most important 'major influence', work problems 5/24, financial 4/24, legal 3/24, physical health 3/24 and relationship 3/24 being the next most common. As they report:

> Although problems at work and in family life were the most common difficulties, they appear less likely to be important in causing suicide than financial and legal problems and mental ill-health. The problems with work and family life seemed to raise the background level of stress, cutting off possibilities for support. Estrangement from the family may have been the last straw in a series of events. (Hawton et al 1998:46)

The tragedy of these individuals had no single clear route of causation rather a complex ecology of problems overtook these people.

Hawton and colleagues could find no relationship between the number of farmers, farm type, and the rate of suicide in the general population, with the levels of farm suicide. The strongest argument of something peculiarly agricultural, let alone rural, that Hawton and his collaborators were able to determine amongst farmers was their means of suicide being associated with agriculture in 44% of the deaths. That the means of suicide reflects the environment of the deceased does not on its own appear to be a strong argument that farmers are at risk because of something inherent in their profession. This does not mean that farming is an inherently dangerous way of life, but that at certain times it is more dangerous for some people and in some places.

Suicide is not evenly spatially distributed and particular areas experience suicide rates that are quite distinct. It would appear that in the figures which were available to Hawton et al between 1981-1993, the overall trend was downward, with the possible exception of Wales. The disparities between regions are marked in some measurements whilst in others the patterns appear very similar. In absolute terms the South West had the

highest rates of farmer suicide, 137 in the 12 year period under discussion, whilst the West Midlands had the highest mean average rate. This rather confusing picture is clearer at a county level, with Powys, West Sussex, Devon, Hampshire, Cambridgeshire, Suffolk, Humberside, Warwickshire, West Yorkshire and West Sussex having relatively high levels. Devon had the highest absolute number (62), with Dyfed (46), North Yorkshire (35) and Powys (33) sharing a similar experience. It is noteworthy that Somerset, Cornwall and Dorset, which also have high populations of farmers, do not have high levels of suicide.

Other studies of the geographic pattern of suicide have highlighted the risk that farmers face while others studies have suggested that there are low levels of suicide in some rural areas. For example, a quantitative study by Kelly, Charlton and Jenkins (1995) on occupation and geography as factors in suicide found that a number of rural areas had elevated levels of suicide, which they associated exclusively with farmers: "The existence of several rural areas in this list fits in with farmers being one of the highest risk occupations. Farmers tend to live in isolated communities with little social support." (Kelly et al 1995:21). Specifically, they identify Dyfed and Powys, but also areas of Cornwall, Devon, Somerset, Suffolk, Cumbria and Gloucestershire. Unfortunately they make the common assumption that rural areas are dominated by farmers and that physical isolation is always the equivalent of social isolation.

In contrast, Bunting and Kelly (1998), point to a more complex and differentiated pattern when considering geographic variation rather than occupation. By dividing the population by age groups the patterns become even more complex, indicating that suicide is a multifaceted phenomenon, which is not easily reduced to a single measurable statistic (Bunting and Kelly 1998). The local authorities with significantly higher rates of suicide were predominately located in Wales and the North West of England. They were mostly urban areas but 4/19 were classified as 'Traditional Seaside Towns'. For older men, inner city areas had the highest levels, whilst the 'mixed urban and rural' areas accounted for half the areas with the lowest levels. For women of all ages the areas with the highest rate were predominantly urban areas with rural and coastal areas again dominating those areas with the lowest rates of suicide. That rural areas can have both elevated and low levels of suicide suggests that the importance of understanding the differences within rural areas is more important than simply focusing on distinctions between town and country.

This leaves the impression that certain areas are 'dangerous' or more likely to have high rates of suicide. This however is an ecological fallacy. As can be seen from the discussion above the reasons for suicide are complex and location alone is certainly not enough. Rather, in the instance of farmers (who are almost by definition place based), what is being indicated is 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, as noted earlier. One of the risk factors for suicide that has never been quantified but is widely agreed on, is exposure to suicide either by a family member or known associate. Added to this is the impact of demonstration, that media portrayals either factual or fictional, can lead those who are vulnerable to emulate the methodology reported or dramatised. Farmers will be aware that others in their local community have taken their own lives and this becomes a model of potential behaviour. In this argument the vulnerability to suicide is held within the community and identity of farming, to which particular individuals become vulnerable.

The two statistically significant factors effecting generalised suicide rates are deprivation and what has been termed 'social fragmentation'. Specific studies linking suicide to both of these social phenomena have been based on urban areas or are based on generalised statistics that do not include any geographical component. Lewis and Sloggett in their study of the interlinkage between suicide, deprivation and unemployment, concluded that, "Our results are consistent with the view that unemployment increases the risk of suicide and that economic and social policies that reduce unemployment will also tend to reduce suicide rates" (Lewis and Sloggett 1998). Lester, Cantor and Leenaars in their study of suicide rates in the UK and Ireland found that unemployment was unambiguously linked to suicides rates in the all four nations for men, but only in England, Scotland and Wales for women (Lester, Cantor, and Leenars 1997). Again this suggests that deprivation is important but so are local cultural factors.

This has led to an attempt to understand the ecology of suicide, considering not only the general statistical measures of deprivation but also social structures of areas. Congdon (1996), in a study of several small areas in London, considered suicides and attempted suicides – parasuicide. In a detailed and highly sophisticated paper, he used deprivation indices but also constructed an 'anomie score' to measure the social fragmentation of an

area. Congdon concluded that deprivation was most important in male suicides but that social fragmentation was more important for women. Whitely and colleagues revisited Congdon's social fragmentation index and concluded that:

> Areas characterised by high social fragmentation have higher rates of suicide and that this association is independent of deprivation. Furthermore, the areas with the greatest absolute increase in social fragmentation between 1981 and 1991 also had greater increases in suicide, again independent of deprivation. (Whitley, Gunnell, Dorling, and Davey Smith 1999:1036)

Although measuring these indices at a constituency level, and wary of concluding that those who take their own lives share the characteristics of the areas they live in, the findings of Whitley and colleagues point towards a more sophisticated understanding of suicide.

These ecologically based studies do remedy some of the shortcomings that we have identified above. The drawback that they have is that they specifically describe an urban ecology. For example, the Townsend score, a common measurement of deprivation, is based on levels of unemployment, households renting, no-car households and household overcrowding. Given the nature of contemporary rural areas it is unlikely that large groups of households would appear with these characteristics. Car ownership in many areas is widespread as there is no other transport, whilst high levels of self-employment may mask unemployment or underemployment. Equally, Congdon's social fragmentation index is comprised of levels of non-married adults, one person households, population turnover and private renting. This is certainly a pertinent measure of social anomie for many urban areas but many rural areas may be severely fragmented before any such indices would detect these factors. Adapted and amended to be suitable rural areas, the ecological approach to suicide may indeed provide useful tools in being able to direct social support.

Summary

The research reviewed in this chapter points to higher levels of depression among farmers compared to the general population and suggests that they are more likely to display suicidal ideation (thoughts of life not worth living). Certainly, farmers are consistently in one of the high risk occupational groups for suicide although. While this is partly

explained by access to the means (guns, chemicals) and possibly a certain familiarity with death, it seems that this behavioural pattern is particularly complex, being influenced by the possibility of knowing another farmer/person who has committed suicide and a range of other stressors such as financial or work related legal problems (the latter are obviously not exclusive to farming).

Chapter Five: Deprivation, social exclusion and rural service delivery

Introduction

Much of the literature reviewed so far identifies the significance of stressful life events and occupational stress but also points to underlying structural issues (e.g. access to services, social isolation) that can contribute to and make coping with stress in a rural context more problematic. The MIND conference on Mental Health in the Countryside (MIND 1999) identified the following problems as having the potential to cause poor mental health in the community:

- unemployment,
- poverty,
- low esteem,
- various forms of deprivation including the lack of affordable housing,
- physical and social isolation,
- poor local transport,
- lack of information.

All of these can be associated with social exclusion and this chapter seeks to broaden the discussion of stress to encompass some of these issues. In addition, this chapter considers rural service delivery, reviewing a number of initiatives which highlight the need to adopt socially inclusive models of intervention and to employ staff who are well grounded in the issues facing particular geographical and occupational communities.

Deprivation social exclusion and the rural idyll

Writing in the 1980s, McLaughlin (1986) argued that the concept of rural deprivation lacked credibility in English culture and that it was conceptualised as an urban experience (although he subsequently went on to prove that this was not the case). It is now widely recognised that poverty and deprivation exist within rural areas despite the popular image. Certainly it is true that very few large concentrations of poverty and disadvantage exist in

rural areas, but by definition they could not. Rural hardship is more widely distributed. Poor people in rural areas often live among the more affluent. There are no very large 'sink' estates where poverty is concentrated[7]. As it is so dispersed and occurs in often scenic areas, the impact and importance of this hardship is frequently discounted (including by the people who experience it – see Asthana et al 2002).

As with the other key concepts discussed in this report, definitions and understanding of deprivation, disadvantage, poverty and social exclusion remain deeply contested, at least within academic circles. According to Shucksmith et al (1994), deprivation is a less precise concept than poverty. It is generally agreed to mean something more than just the lack of material resources and is essentially a normative concept, incorporating value-judgements about what is morally acceptable and what is not. Townsend (1987) defines deprivation as … "a state of observable and demonstrable disadvantage relative to the local community or the wider society or nation to which an individual, family or group belongs" (ibid, p345).

The concept of social exclusion adopts a broader perspective, implying a wide-ranging, dynamic process that prevents sections of society as a whole from participating in aspects of mainstream cultural, social, economic and political life (Midgley et al 2003). In shifting the focus away from single indices of poverty for example, the social exclusion perspective involves a more multifaceted approach to understanding the processes which lead to hardship, poverty and a lack of social integration. That said, there is no agreed definition of social exclusion. The government's Social Exclusion Unit (SEU) defines social exclusion as: "a shorthand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime, bad health and family breakdown" (SEU, 2001). According to Burchardt et al (1999) an individual is socially excluded if:

> he or she is geographically resident in a society but for reasons beyond his of her control he or she cannot participate in the normal activities of citizens in that society and he or she would like to so participate.

[7] Although it is recognised that there are some concentrations of hardship, poverty and disadvantage such is in former mining villages in the north of England.

However, they conclude that there is no clear-cut multidimensional category of socially excluded people so that it is not possible to discuss 'the socially excluded' as a single group.

Cox (1998) argues that the concept of social exclusion may be more apposite than poverty because it shifts the focus from income and expenditure to multidimensional disadvantage, relating the individual to the society in which he/she lives. As a medical practitioner, he argues that doctors should look beyond the rural idyll and recognise that, as every where else in the world, poverty in Britain is not confined to cities. Reed and Lobley (2004), in focusing on the nature of social exclusion in rural areas, suggest that it is characterised (after Shucksmith) as falling into three competing schools of thought: integrationist (no work), poverty (no money) and underclass (no morals). They advocate applying the integrationist view in research, emphasising the role of work in bringing important benefits to individuals and their families, beyond the material. Social exclusion in this view is not about the failing of victims but rather the systems which fail individuals and push them out of the main flows of society.

Thus, social exclusion represents a breakdown or malfunctioning of the major societal systems (Shucksmith and Chapman, 1998). Research undertaken by Shucksmith in Scotland identified failures in democratic and legal systems, the labour market and welfare state, with important consequences for families and communities. Some of those identified were: out-migration causing social isolation for elderly people left behind and the loss of informal support networks, factors which can induce and mediate stress. The most vulnerable to isolation are people who are also frequently identified as 'at risk' of stress: teenagers, single young people, the elderly (notably widowers), and mothers with young children. To understand social exclusion, changes in the major societal systems need to be better understood. The processes that make certain groups vulnerable at particular stages of their lives or in specific localities or in response to specific events need to be better appreciated. Research needs to probe the pathways to exclusion and integration, and methodologies need to be developed to address these questions which look beyond the level of the individual/household to the wider networks of kinship support found in areas where marginalisation occurs. The boundaries between researchers and community empowerment may need to be lowered to understand what makes some people socially robust and others fragile.

Research by rural social scientists have, over recent years, begun to acknowledge theoretical and conceptual developments within the study of rural society that have opened up the concepts of social exclusion more broadly. Work, for example, on rural lifestyles (see Cloke et al, 1994) argued that the adoption of more cultural approaches to the study of social exclusion helped to understand the more experiential nature of exclusion. Such work moved away for normative definitions of marginalisation to a more fluid and varying understanding of social exclusion in rural areas in which people's individual lifestyles, histories and values were seen to contribute to the overall wellbeing. Similarly, recent work by Geographers on the importance of emotions in the relationship between space and social exclusion has shown how people's experience and lifestyles need to be understood with reference to their feelings about places and events. In a rural context the emotional attachment that people develop with communities can be seen to profoundly affect their experiences of issues such as safety, fear and exclusion (see Panelli et al., forthcoming).

Paid employment is often promoted as the key to tackling social exclusion although researchers note that employment conditions as well as lack of employment can cause distress. Research undertaken in two small rural towns in Scotland (Pavis et al. 2001) focusing on a group of geographically marginalised young people with low educational qualifications challenged the assertion that social inclusion can be equated with being in work. The research found that working conditions (e.g. low wage levels, job satisfaction, long hours), and the difficulties experienced by those who were excluded from work by having a 'bad' reputation, were causing psychological problems amongst youngsters. Many lived with parents because they couldn't afford their own accommodation in addition to transport and clothing. Others with young families were pushed into low quality rented accommodation in geographically isolated areas. Strong social networks benefited some, while those who were excluded by social stigma or disability/behavioural problems tended to be 'excluded' from opportunities and resources. Remaining in an area tends to label an individual as a 'no-hoper' while those with higher educational ability usually leave. The implications for rural stress are that social exclusion in one area often leads to other forms of social exclusion, resulting in a downward spiral of hopelessness and lack of well-being.

Homelessness is both a cause and consequence of social exclusion that is emphasized in the literature. Access to housing emerged as an issue contributing to stress in several of the projects reviewed in the previous chapter and homelessness has been described as the … "principal engine of social change" (Shucksmith, 2000 quoted in Asthana et al. 2002). The shortage of low cost housing in rural areas has been exacerbated by migrants and second home buyers inflating house prices. Research has shown that up to two thirds of young people leaving universities would not return to their rural homes, a key influence being the lack of suitable housing. Asthana et al (ibid) refer to the 'concealed households' in rural areas, assumptions of homelessness as an urban phenomenon contributing to normalised conceptualizations about rurality. The reality is that homelessness in rural areas accounts for 11.6% of the country's homeless (Cox 1998).

Young people in particular find meaningful independence in rural areas difficult to achieve, many being forced to live at home because of the shortage of rental property although homelessness, like poverty, remains one of the secrets of rural life (Reed and Lobley, 2004). Homelessness is complex, and no less so in rural areas. People have developed sophisticated ways of coping including sofa-surfing – moving between a network of friends and family. Whilst for others it is episodic as they find and leave seasonal work, or 'take a break' from urban homelessness. Inflation has forced many young people out of the housing market, the low pay and the increase in house prices in rural areas ensuring that those living and working in those areas are increasingly vulnerable and disadvantaged. It is estimated that nationally 40% of newly formed households in rural areas are unable to afford to purchase a home (Shucksmith, 2000). An alternative is to seek rented accommodation, but this is also problematic. The private rented sector in rural areas is slightly larger than in urban areas (Cloke et al, 2003) but is often prohibitively expensive, particularly in the more attractive and accessible rural areas. Social housing on the other hand, offers an obvious route to tackling housing issues but is in short supply in rural areas. In 1999 social housing provision accounted for only 15% of total rural housing stock compared to an average of 23% for England (Cabinet Office, 2000). Social housing, where it is available, is important not only because it can provide affordable accommodation but also because it can allow people to remain within their community and networks of kinship and association, which, in turn, provide support (for example, friends and family helping with childcare) and are a vital source of information about job opportunities (Shucksmith 2000).

Most of the literature on social exclusion emphasises the importance of locality (see for example, Shucksmith, 2000; King, 1999) or at least the importance of understanding the local context in which larger societal forces and system failures are played out. Whilst accepting the locally contextualised nature of social exclusion (and the fact that different groups within the same locality can experience social exclusion in very different ways e.g. older people and younger people in rural areas) a number of shared factors to rural social exclusion can be identified. Briefly:

- Socially excluded households will be geographically scattered, often living alongside the far more affluent.

- Distance, isolation and poor access to jobs and services are a general feature of rural exclusion, placing importance on the ability to use private means of transport.

- Problems with housing tend not to be focussed so much on the quality of housing, as it might be in urban areas, but on the availability of any affordable housing at all.

- Absolute lack of employment is not as much of a problem as low wage, under, temporary and seasonal employment.

- The myth of the rural idyll leads to misunderstandings about rural hardship making it harder for those living in rural areas to have their voices heard, both by those who live in urban areas and those who live in the countryside.

- Traditional rural attitudes about self-reliance may lead to individuals not making claims about their needs but also families and communities supporting others.

Rural service delivery

Rural mental health issues

The Mind conference on Mental Health in the Countryside (MIND 1999) usefully outlines the legislative background to mental health issues in the UK. In the previous two years the government put in place a number of strategies to tackle a broad range of needs relating to the wider factors affecting mental health and illness:

- New NHS White Paper; Our Healthier Nation, placing mental health as one of the four key health priorities (together with accidents, coronary heart disease and cancer; reducing suicide amongst vulnerable groups will be a key target);

- Modernising Mental Health Services (MHS) (1998) - to tackle the root causes of mental health, providing a high standard of services and providing quickly for those who need them. The main aims of Modernising MHSs are safe, sound and supportive services. There is investment of over £700m in a new mental health National Service Framework which determines service models and national standards.

The report emphasizes the particular problems of devising policy solutions for specifically rural mental ill health some of which reflect issues already identified in this report:

- The problems of defining 'rurality' and the inadequacy of current social indicators;
- The difference between reality and perceptions of life in rural Britain;
- The inadequacy of mental health provision to rural communities compared to the urban situation;
- The bias in statistics cause by the provision of services, i.e. people drift to where services exist so that many 'urban' statistics reflect displaced 'rural' issues MIND (1999) p4.

The conference outlined some of the difficulties with the 'rural':

- There are few studies in rural areas on the effect of social class and occupation because of the difficulty in defining these in rural areas where many people have more than one job and rural communities have mixed populations. The exception to this is farmer suicide.
- Service provision is more problematic in rural areas because of late presentation caused by the stigma of mental illness and the geographical distances involved in accessing services in many cases.
- There is also a greater burden on carers where there are fewer services.
- There is a particular shortage of specialist mental health services, and often patients become urban users of services because they have sought help in the nearest town.
- Professionals responsible for the delivery of services must be considered in relation to isolation in rural environments and the greater difficulties of recruitment.

The conference concluded that creating a mentally healthy community requires the involvement of the whole community (recent policy initiatives recognising that rural health activists include lay people from within the community) and should tackle the whole range of community needs including economic and financial needs, health and social concerns. In others words, creating mentally healthy communities requires a multifaceted and socially inclusive approach.

The other key policy initiative is the Government's Rural White paper (Our Countryside – The Future) and, more specifically, the review of the Rural White Paper by Defra (DEFRA 2004). The review makes it clear that government has failed to substantively tackle some of the issues raised above. The White Paper's aspirational vision has proved difficult to quantify because socio-economic analysis of rural communities/economies is more difficult due to their dispersed and diverse form, and it relied on anecdotal information that made it difficult to set clear objectives linked to delivery mechanisms. A lack of prioritisation between objectives made it hard to target services to people with greatest need and highlighted the fact that the needs of vulnerable groups had not been sufficiently recognised in policy design and delivery. There was a commitment in the

White Paper that key public services should be delivered equitably in rural areas as in other areas, backed up by a series of specific objectives. However, social exclusion and community capacity, for example, were identified as key issues, but it was not made clear what was being sought that was specific to rural areas. Government makes several commitments in the review in relation to social exclusion:

- to undertake more work to understand the distribution of rural deprivation and develop a policy response;
- to improve and develop rural voluntary sector infrastructure;
- and develop policy solutions that provide for particular communities of interests or issues

There is, however, little in the review specifically concerning mental health problems in rural areas, these few words summing up the situation … "and the rural stress action plan is now addressing uniquely rural health concerns" (ibid, p35).

Farmer and rural mental health issues

The Rural Stress Action Plan (RSAP) was set up as a result of the government initiative for rural mental health contained within the Action Plan for Farming published on 30 March 2000. Its aim was to work in partnership to deliver support to make a difference to those in distress in rural areas. It had a number of objectives in terms of the development of partnerships, supporting those in distress, awareness-raising, publicity, training and evaluation. The government increased its support to voluntary bodies dealing with rural stress, providing £0.5m in the year 2000, and the focus of this support was farmers and the farming community. The Rural Support Initiative Fund (RSIF), part of RSAP, was administered by the Rural Stress Information Network (RSIN) in partnership with the Royal Agricultural Benevolent Institution (RABI), the Arthur Rank Centre (ARC), the Farm Crisis Network (FCN) and the Samaritans. The ARC-Addington fund was created as a separate response to the FMD crisis, not linked to the RSIF/RSAP.

The 2000-2001 RSAP was evaluated by Sue Shaw (Shaw 2001), who reviews the 6 initiatives that made up the RSAP, concluding that … "the development of a vision of

partnership under the RSAP translated into a mutual understanding and trust on the ground which meant that the partners were able to rise to meet the needs" (ibid, p5). The evaluation provides examples of specific projects and delivery models, for example:

- farmer dominant study groups (a model that has been successfully used in several other countries);
- 'one stop shops' (local council, CAB, Volunteer Bureau et al provide information at a 'farmer' location e.g. a local mart);
- a local base (offering information, support, advice, training, social gatherings and events provided by the community for the community – e.g. Upper Teesdale).

However, the report cautions that the RSAP, set up initially by MAFF as a short-term measure to assist farming through a period of crisis, is in danger of having its work devalued by continued expansion to accommodate the fallout from longer-term rural restructuring, which may indicate deficiencies in other government policies. Disappointment with the level of consultation with MAFF/DEFRA during and after the FMD crisis led partners to question the future role and responsibilities of the RSAP. The challenge of consolidating and extending the partnership has been met through the inclusion of organizations such as CAB and MIND on the working group (which may expand still further) to respond to what is perceived as continuing threats to well-being from the ongoing changes in the countryside:

> The 2001 FMD crisis has exposed the realities of rural life, injecting new energy and urgency into the ongoing debate on the future of the countryside. It has made it clear that many public and official perceptions of the countryside are out of date, misguided and ill informed. In 1967, farming dominated the countryside and FMD was an animal disease issue. Since then, rural areas have seen huge changes. Tourism and recreation have expanded, counter-urbanisation has gathered momentum, changing farming practices and diversification have altered how the countryside works and how it looks. The social fabric of rural communities has changed and some are under threat. In this context, the issues that impact on the psychological well-being of rural people must now be recognized and placed on the agendas of all those whose actions impact on rural people (ibid, p65).

Stress initiatives

As a response to the RSAP, a plethora of initiatives arose to take advantage of the extra government funding available for the promotion of mental health projects in rural areas. Many of these reflect the need to increase the number of localised stress support initiatives and develop the coverage of local grass-roots support. For example, the East Yorkshire Rural Stress Initiative (EYRSI)[8] was established to promote good mental health in rural East Yorkshire in accordance with government targets for mental health and the reduction of suicide and is directly concerned with the farming population of the area (Barker 2001). The aims of the initiative are:

- to raise widespread awareness of the extent of stress in rural communities;
- promote potential sources of statutory and voluntary help to farming communities;
- change the traditional culture of 'suffering in silence'.

This requires a multifaceted approach:

- developing a rural information campaign (helpline card, campaign to link causes of mental ill-health to both medical and practical solutions, campaign to include talks to rural groups, especially women's organisations on recognising signs of stress);
- training groups of rural links (people who have some kind of business in the rural community who farmers know and trust to act as 'signposters' to help);
- running a media campaign (helping to change the culture of 'suffering' in silence by removing the stigma of asking for help[9]).

In terms of outcomes from the project, the helpline card was generally well received when distributed through the appropriate people (e.g. GPs Vets, NFU offices, churches, pubs,

[8] Now known as the Yorkshire Rural Support Network (east).

[9] There is evidence from elsewhere that this can be an effective approach. Malcolm (2000) describes an awareness raising and educational initiative in Australia, commentating that: "For the community as a whole we have started to 'normalise' mental illness; hopefully the day will come when people will be as able to say to their neighbour 'I went to the doctor yesterday to get treatment for my depression', as if they had been for a cold or a broken leg. Decreasing the stigma and bringing mental illness out into the open so we can recognize and treat it and people don't see it as a weakness, or their own fault, is a great step forward (p172).

auction marts[10]). The talks took a while to become widely publicised but were facilitated by the production of the RSIN video 'Help at Hand'. The media campaign was very successful with coverage on Radio 5 Live and the local networks. A website had been set up which was reported to be easy to use, relevant, and empowering (unfortunately this website is no longer available[11]). The rural link idea proved harder to develop with the project finding it difficult to recruit 'rural links' (partly due to reluctance to become involved in an untried pilot scheme). Subsequently several rural links were recruited and Barker (2001 p17) reports that this has been a successful aspect of the overall initiative while stressing that:

- It is important to get the right people (who farmers know and trust) involved
- Confidentiality is important, farming people will not trust rural links if they feel their problems are going to become well known within the community
- Rural links need regular support themselves

Another successful initiative, The Farmers' Health Project (FHP) (Burnett and Mort 2001) was set up by the NHS Executive (North West) to bridge the gap between farmers, isolated by their physical and cultural characteristics, and mainstream health services. The project involved using action research through a Nurse Practitioner-led mobile outreach service in order to address under-use of mainstream health care by men between 30-65 years old. Arising out of concern with the effects of the BSE crisis and other market factors on the mental health of farmers, the project also had a more general concern about the vulnerability of farmers to occupational hazards. Action research was preferred for several reasons including the perception that problems were complex and multifaceted and that ongoing evaluation would allow for user views to be incorporated into delivery. In line with the aims of action research, all project workers either came from farming backgrounds or had extensive experience of farming communities. This was a pioneering model of service delivery, and it took some time to get it off the ground. The project team's main task was to develop the outreach role which was achieved through network

[10] Martineau (2003) explored the potential of using micro-businesses in rural areas to support rural stress initiatives by displaying material and receiving training in identifying stress in their customers and the appropriate response to that stress by themselves. Research in Cornwall and Northumberland indicated that micro-business (with less than 10 employees) owners showed a willingness to cooperate with the aims of the RSAP and its member organizations. Martineau recommends that further research into how these people could be involved in countering stress in rural areas should be carried out.

[11] A new site (www.yorkshireruralsupport.org) will be launched including info about North and South Yorkshire as well and East Yorkshire.

building, raising the project's profile through the media, and building trust with potential patients. They also established links with a wide variety of agencies throughout the farming community which was useful when FMD halted the mobile service.

An average of 17% of the patients presenting at the mobile clinics were suffering some form of mental health problem. All patients were treated by the mobile unit, and were not 'signposted' to other sources of help except those needing GP care, financial advice or bereavement counselling. A range of assistance was given including lifestyle and health promotion. Significant problems were found in 56% of those requesting a 'check-up' rather than articulating some particular malady, justifying the sensitive approach of the project. The project was able to tackle accessibility issues and a particular advantage for farmers was the fact that they had access to services 'at work', being able to visit the mobile clinic at market etc., rather than having to change and make a special effort to visit a surgery. As far as the mental health needs of patients was concerned, this was seen as a good way of reaching the farming community, especially in isolated areas, where symptoms are often not identified until too late.

A recurring theme in the literature on rural stress initiatives is the need for them to be grounded in the locality and to involve people who have a good understanding of farming and farmers. In the wake of FMD Deaville et al (2003) report that while there was an increased demand for support services

> it must be stressed, however, that the contacts made are the 'tip of the iceberg' and that there is evidence of a larger group of individuals who also have not sought assistance. This points to a potential role for service providers to be more proactive both during and after any future situation as well as providing outreach services, particularly from people with an understanding of the nature of farming and the emotional bond between a farmer and his/her animals (p43).

Hughes and Keady (1996) also emphasise the importance of fully understanding farming culture, particularly in a remote rural area, before being able to gain full access to farmers' lives and trust. The authors report a particular approach to rural mental health nursing in Meirionnydd in Snowdonia National Park based on the working experience of the first author in her capacity as a community mental health nurse. The working model adopted – SAFE (Strategy for Action on Farmers' Emotions) is a time consuming, six stage process. The authors report that farmers tend to trust the advice of other farmers

above all and that the subtle and tenuous bonds which tie the farming community together can make it hard to 'break in' from the outside. As a result they suggest that

> it is particularly important for mental health nurses to first immerse themselves in the culture and environment of the farming community before an effective strategy for intervention can be commenced (p23)

Following this observation, the six stages of the SAFE model are:

- building the picture (networking, establishing demographic profile of the area);
- establishing priorities;
- getting the message through (targeting farmers, agricultural community, wider community support networks, etc);
- making the link (establishing trust);
- maintaining involvement (maintaining an established and consolidated, reciprocal and trusting relationship);
- evaluating the response.

The strategy is locally-based, and relies on working in partnership with other agencies and organisations, fitting in with farmer lifestyles and cultures in terms of service delivery, and maintaining trust over time with the families involved.

A more complex picture of CPNs is revealed by Parr and Philo (2003). Drawing on research in remote and rural Highland locations, the authors examine the notion of 'community care' - an umbrella term including formal and informal caring related to mental health patients in rural areas. As Hughes and Keady suggest, Parr and Philo find that formal care providers adopt culturally sensitive caring practices in remote localities where caring is a contested social practice with difficult relationships and negotiation occurring on an individual, family and community scale. The authors note that 'community care' is usually associated with an urban context, conceptualising physically proximate individuals in a socially distant context (i.e. socially fragmented individuals and groups living close to each other but leading disparate lives). This contrasts with rural communities where people are arguably "physically distant from neighbours (particularly

in crofting communities) but more socially proximate" (ibid, p475). Such social connectedness however, should not be assumed to lead to more caring communities:

> The genealogy of an individual and their family is something collectively known, placed, remembered and narrated by other community members, especially those who have long links with the area and residents in question. This may have particular implications for people who have experienced emotional and psychological disruption. Crucially, though, we cannot assume that this social proximity will always lead to more caring communities, especially with respect to mental health issues (ibid, p475).

In such settings, formal mental health providers (GPs, CPNs) recognise 'local moral orders' pertaining to social behaviour and adapt practices which are sensitive to local cultural meanings and social relations surrounding ill-health e.g. problems of anonymity in a small community (Parr and Philo describe a CPN who will park her car – which is well known in the community – a mile from a client's home in order to maintain the client's anonymity). The community status of the carer is also important but being a local can be good or bad to different people; gender is important and men proved to be difficult recipients of care, especially from a woman who may be local. This demonstrates a need for more 'local' male workers to deliver care to men. Often CPNs try to keep their role secret to avoid difficult situations with people they know while long-term relationships with users demand much of care providers:

> For some CPNs, the involvement of their selves in care relationships becomes more than just formal work, but also about friendship, pleasure and companionship … In general, however, considerations such as maintaining confidentiality, being discrete and erecting boundaries around working roles means that 'community care' in rural areas is mostly about individuals receiving face-to-face services in isolation. This is the best way, favoured by clients it seems, for preventing any leakage of information about their condition from one domain to another (ibid, p480).

Summary

This chapter has explored some of the broader issues which often underlie the experience of stress. As chapter two indicated, writers conceptualising stress from a sociological perspective often highlight the need to consider the role played by the broader structures of society in contributing to stress. Indeed, chapter three identified a range of stressors, some of which represented stressful live events but others which were more associated

with structural imbalances in society, such as difficulties in accessing services and affordable housing. While there is evidence that stress levels diminish as life event-type stressors pass (Ortega et al 1994), where stress results from more deep-rooted problems such as social exclusion there is clearly a need to address the causes rather than simply target the symptoms.

Just as the economics, geography and culture of rural areas can exacerbate stressors, the delivery of mental health services in rural, and particularly, remote rural places is constrained by economics, geography and culture, requiring sensitive and situated understandings of particular places and the attitudes and needs of people living in those places. Despite the comments about the need to address underlying causes, the initiatives reviewed in this chapter point to the successful combination of bottom-up, informal networks of support on one hand, together with sensitive, mobile formal outreach services on the other.

Chapter Six: Conclusions and recommendations

Introduction

The main objective of this project was to review recent research on rural stress in the UK and to make recommendations for future work. Stress which leads to distress rather than as a spur to activity or positive change can be hugely debilitating for individuals and families and ultimately communities. The exact effects of this distress varies between individuals, depending on their social, cultural and economic backgrounds, but can range from mild anxiety through to a life threatening spiral of mental illness. That said, the issue of rural stress remains problematic for a number of reasons. Perhaps the most important of these stems from **paucity of academic research on 'rural stress' in the UK**. Moreover, not only is there a limited evidence base relating to 'rural stress', but much of the research focus has been on occupationally (farming) based studies that are frequently presented as an investigation of rural stress. The literature reviewed for this report does indicate that **farmers can experience high levels of stress** but it remains **important not to confuse 'rural' with 'farming'**. The range of stressors identified in earlier chapters suggest that **rather than 'rural stress' it is perhaps better to think of stress which is experienced in a rural context**. This is a subtle but important distinction, implying a particular rural manifestation of more general stress. Another problem (and this is certainly not confined to rural stress research) emerges from the **lack of a clear definition of rural** or the use of competing definitions frequently which make direct comparisons between different studies problematic. This is compounded by the **use of different definitions of stress**. Despite some of the difficulties with research into stress in rural areas a number of findings and implications emerge from this review:

Rural Stress

- There are well known 'at risk' groups (e.g. farmers, farm workers and their families, elderly people, mothers with young children). People experiencing mental illness, severe and/or chronic material poverty, homelessness, social isolation or prejudice, rapid change which they do not control, and several key life events are all more vulnerable to high levels of stress.

- Women and men experience stress differently; the predominant focus on occupational groups has led to the experience of women being neglected. Where evidence exists (e.g. McGregor et al 1995) it points to higher levels of stress among women.

- Those living in remote rural communities may have adopted a range of coping strategies and coping norms that may prevent disclosure and hamper effective policy delivery. Remote rural dwellers may experience stress differently because of their stoical outlook and cultural norms. This can hide unemployment and homelessness and make service delivery difficult on a number of levels (very limited help seeking; suspicion of formal services; problem with stigma of mental illness; problem of confidentiality).

- In tight-knit or small communities interventions need to be particularly sensitive to the context in which they are operating.

- Social science researchers argue that emotional disorder is a predictable outcome of social change, in contrast to the psychiatric perspective where disorder equals abnormality. Support services need to tackle life-event stressors in context rather than as isolated events.

- Stress caused by short-term life-event stressors will be relieved when the stressors disappear, unlike that caused by long-term 'chronic' stressors (macro uncontrollable events).

- There is a well established link between unemployment and depression and, in turn, a link between depression and suicide.

Farming stress and suicide

- Most of the evidence suggests high levels of stress amongst farmers. It is possible that previous research may have under-estimated stress levels due to problems with sample bias.

- Many of the stressors affecting farmers (such as bureaucracy, dealing with regulation, financial worries, family problems) can be experienced by other small family business operators (particularly in highly regulated sectors). Paperwork is an integral part of any modern business. Simply viewing it as an adjunct to farming, something to be fitted in when the 'real work' is done, will inevitably contribute to increased stress levels.

- There are also important differences for farmers such as vagaries of the weather and an emotional attachment to key business assets (the land) which may have been carefully protected and passed down through generations.

- The experience of being a farmer or a member of a farming family has changed profoundly in the last twenty years and, in all probability, will continue to do so. Since the late 1990s, farmers have faced drastic falls in income from farming enterprises (although incomes are now rising) even though the value of their assets have probably appreciated. Many feel that key stressors such as government policy are beyond their control and this exacerbates stress.

- A more enduring change relates to the position of farmers in society. Castigated for their role in the 'theft of the countryside' in the 1970s and 1980s, farmers have also had to adjust to changing societal expectations, and demographic changes in their own communities. The result is that farmers can feel that they are not understood, that they are under-valued or even unwanted. The evidence reviewed here suggests that these changes have contributed to farmers and their families being vulnerable to stress.

- Perception plays an important role in contributing to stress. For example, evidence suggests that newcomers to rural areas are often not as hostile to agriculture and farmers as farmers themselves think they are (Winter et al 2000). In part, this miss-perception may be due to the tendency among farmers for self isolation (identified in earlier chapters). Furthermore, incomers may be seen as a vulnerable group themselves – farmers and other neighbours can be very difficult to get to know and often regard incomers as 'townies' in a derogatory sense.

- Isolation emerged as an important but contested issue with some researchers suggesting that it is unimportant while others identify it as an important stressor. This is an area requiring further research (see below). Rather than physical isolation, it appears that social isolation, particularly working alone, as well as a tendency to self-isolation can be an important stressor for farmers.

- Farmers are very reluctant to seek formal advice for psychological problems, turning to family, friends and those they trust for help.

- Those who are most psychologically distressed will arguably be the least well-placed to take advantage of new policy incentives and re-build or realign their businesses.

- The impact of FMD has yet to be fully assessed. Some research suggests little impact on depression levels and much of the other stress research would suggest that once the stressor is removed, stress levels return to normal. However, research undertaken in Wales points to ongoing 'flashbacks' and evidence of post-traumatic stress disorder.

- Farmers are a high risk suicide group. This is unlikely to be fully explained or understood by reference to their occupation alone. Rather it is the interaction between occupationally induced stress and depression and wider factors such as social fragmentation in rural areas.

- GPs need to be more aware of the suicide risk amongst male farmers who present with either chronic or episodic physical problems who are actually seeking psychological help.

- Access to the means of suicide (such as firearms and poisons) amongst farmers and the possibility of reducing access to means that facilitate impulsive suicide should be recognised.

- In urban areas social fragmentation is the most important geographic indicator of suicide risk; the contemporary measure is explicitly biased against rural areas but could provide a new key indicator (this requires further research)

Other issues

- Medical professions are able to effectively target and intervene in communities if they are able to identify them quickly and accurately. Data need to be of better quality and available more quickly when required to facilitate medical intervention.

- The complexity of contemporary rural life is not always well understood by medical researchers, hence the common assumption that rural equals agriculture.

Research recommendations

A range of future research needs have emerged from this review:

- There is an urgent need to expand the body of research on stress in rural areas and, at the same time, redress the balance that has seen an emphasis on farmers at the expense of the wider rural population.

- The academic disciplines involved in stress research (e.g. medical sciences, geographers, sociologists) have much to learn from each other. Unfortunately to date, research has been 'fractured' between the different disciplines. Some social science research may suffer from a lack of medical rigour while research from a medical perspective can be poorly informed in terms of understanding the nature of contemporary rural society, agricultural change and farm household behaviour.

- Following on from the above point, there is a need for a multidisciplinary perspective and collaborative working in future research.

- Much previous research undertaken in the UK has been based on small samples. There is a need for multidisciplinary studies taking a 'broad and shallow' approach (large scale quantitative surveys) to establish 'baseline' data and 'narrow and deep' investigations of the experience of stress in different contexts. In particular it is important to explore differences between rural locations rather than simply contrasting rural and urban.

- Most of the at risk groups remain under-researched in a rural context. This particularly applies to women as a number of projects suggest high levels of stress among rural women but there has been little in-depth investigation.

- There is scope for more focused research on social exclusion, coping and social support.

- Research is needed to understand the process and nature of social fragmentation in rural areas, including the development of suitable indicators.

Other recommendations

- **Education about the realities of contemporary rural life and the diffusion of research findings:** in addition to the development of baseline indicators, consideration should be given to the means of disseminating research findings in a timely and accurate manner. It is also important that all those involved in stress related interventions are well informed about the realities of contemporary rural life. Continuing Professional Development courses covering contemporary agricultural change, the nature of rural economies and communities, etc should be made available to members of the medical services, social workers, community workers, and others involved in stress initiatives.
- Women in rural areas are an 'at risk' group. In focusing on 'farmer' stress, the needs of women may have been neglected. **Future initiatives should consider how to better identify and respond to the needs of women in rural areas**.
- Those involved in interventions should be sensitive to the context in which they work and take the time needed to develop trust based relationships in the community. Professionals cannot be simply 'parachuted' in and expect to achieve results.

References:

Amato, P. R. and J. P. Zuo. 1992. "Rural Poverty, Urban Poverty, and Psychological Well-Being." *Sociological Quarterly* 33:229-240.

Aneshensal, C. 1992. "Social Stress: theory and research." *Annual Review of Sociology* 18:15-38.

Anglia Television Community Action Unit. 2002. "Stress at Work." Anglia Action, Ipswich.

Anxiety Disorders Association of America. 2004. "Anxiety disorders." vol. 2004: www.adaa.org/AnxietyDisorderInfor/OverviewAnxDis.cfm.

Armstrong, P.S. and M. Schulman. 1990. "Financial strain and depression among farm operators: the role of perceived economic hardship and personal control." *Rural Sociology* 55:475-493.

Asthana, S., J. Halliday, P. Brigham and A. Gibson. 2002. "Rural deprivation and service need: a review of the literature and an assessment of indicators for rural service planning." Bristol: South West Public Health Observatory and the Department of Social Policy and Social Work, University of Plymouth.

Bachrach, L. L. 1983. "Psychiatric services in rural areas: a sociological review." *Hospital and Community Psychiatry* 34:215-226.

Bailey, C. et al 2003. Narratives of trauma and on-going recovery: the 2001 foot and mouth disease epidemic. *Auto/Biography* xi (1&2):37-46

Belyea, M. J. and L. M. Lobao. 1990. "Psychosocial consequences of agricultural transformation: The farm crisis and depression." *Rural Sociology* 55:58-75.

Bennett, K., T. Carroll, P. Lowe and J. Phillipson. 2002. "Coping with crisis in Cumbria: the consequences of foot and mouth disease." Newcastle-upon-Tyne: Centre for Rural Economy, Department of Agricultural Economics and Food Marketing, University of Newcastle-upon-Tyne.

Blank, M. B., M. M. Eisenberg, D. S. Hargrove and J. C. Fox. 1996. "Introduction to special issue - Health care reform and rural special populations." *Community Mental Health Journal* 32:427-429.

Booth, N. J. and K. Lloyd. 2000. "Stress in farmers." *International Journal of Social Psychiatry* 46:67-73.

Boulanger, S., A. Gilman, J. Deaville, and L. Pollock. 1999. "Farmers' Stress Survey. A questionnaire carried out at the Royal Welsh Show into stress factors experienced by farmers." Institute of Rural Health.

Bunting, J and S Kelly. 1998. "Geographic variations in suicide mortality, 1982-96." *Populations Trends* 93:7-18.

Burnett T.M. & Mort M. 2001 Improving access to healthcare for farming communities. Final Report to NHS Executive on the Farmers' Health Project: RDF/LSC/98/0037, Institute for Health research, Lancaster University.

Campbell, D. 2001. "Stress in Buckinghamshire Farming." Bucks Rural Stress Group, Quainton, Buckinghamshire

Centre for Stress Management. 2003. "Definitions of Stress." vol. 2004: www.managingstress.com/articles/definition.htm.

Christensen, P., J. Hockey and A. James. 1997. "`You Have Neither Neighbours Nor Privacy': Ambiguities in the Experience of Emotional Wellbeing of Women in Farming Families." *The Sociological Review* 45:621-644

Cloke, P. Milbourne, P. and Widdowfield, R. 2003. "The complex mobilities of homeless people in rural England." Geoforum 34:21-35.

Congdon, P. 1996. "Suicide and Parasuicide in London: A Small-area Study." *Urban Studies* 33:137-158.

Cowley, D. 2001. "Rural Stress Initiative of the Rural Community Councils." vol. 2001: www.lampdirect.org.uk/news/id01.htm.

Cox, T. 1978. *Stress*. Basingstoke: Macmillan Education.

Cox, J. 1998. "Poverty in Rural Areas." *British Medical Journal* 316.

Deary, I. J., J. Willock and M. J. McGregor. 1997. "Stress in Farming." *Stress Medicine* 13:131-136.

Deaville, J., J. Kenkre, J. Ameen, P. Davies, H.W. Hughes, G. Bennett, I. Mansell and L. Jones. 2003. "The impact of the foot and mouth outbreak on mental health and well-being in Wales." Newtown/Pontypridd: Institute of Rural Health and University of Glamorgan.

DEFRA. 2000. Rural Stress Action Plan.

DEFRA. 2003. "Rural Stress Action Plan receives £300,000." vol. 2004: www.defra.gov.uk/news/2003/030407b.htm.

DEFRA. 2004. "Review of the Rural White Paper. Our countryside: the future." London: Department for Environment Food and Rural Affairs.

Department of Health. 2002. "National Suicide Prevention Strategy for England." London: Department of Health.

Doyle, B.P. 2000. "Stress on Farms: An Australian Study (Draft Report)." Armidale: The Rural Development Centre, University of New England, Armidale, NSW.

Dudley, K M. 2000. *Debt and Dispossession: Farm Loss in America's Heartland*. Chicago: University of Chicago Press.

Eberhardt, B.J. and A. Pooyan. 1990. "Development of the farm stress survey: Factorial structure, reliability and validity." *Educational and Psychological Measurement* 50:393-402.

Eisner, C.S., R.D. Neal and B. Scaife. 1999. "The effect of the 1996 'beef crisis' on depression and anxiety in farmers and non-farming controls." *British Journal of General Practice*: 385-386

Fairburn, D.U. 1995. "Stress in the Farming Community: Its Effects and Mitigation. Some observations from France and New Zealand." Nuffield Trust.

Fuller, J., J. Edwards, N. Procter and J. Moss. 2000. "How definition of mental health problems can influence help seeking in rural and remote communities." *Australian Journal of Rural Health*: 148-153.

Gerrard, N., J. Kulig and N. Nowatzki. 2004. "What doesn't kill you makes you stronger: Determinants of stress resiliency in rural people of Saskatchewan, Canada." *Journal of Rural Health* 20:59-66.

Gray, I. and G. Lawrence. 1996. "Predictors of stress among Australian farmers." *Australian Journal of Social Issues* 31:173-189.

Gregoire, A. and G. Thornicroft. 1998. "Rural mental health." *Psychiatric Bulletin* 22:273-277.

Hansard. 2002. "Rural policy." vol. 2004: www.publications.parliament.uk.

Harvey, D. 2000. "Rural Psychologists' Network." *Australian Journal of Rural Health* 8:173-174.

Hawton, K., S. Simkin, A. Malmberg, J. Fagg and L. Harriss. 1998. "Suicide and Stress in Farmers." London: The Stationery Office.

Heppner, P.P., S.W. Cook, A.L. Strozier and M.J. Heppner. 1991. "An investigation of coping styles and gender differences with farmers in career transition." *Journal of Counselling Psychology* 38:167-174.

Hodge, I .Monk S. 2003. The Economic Diversity of Rural England: Stylised fallacies and uncertain evidence. Paper prepared for 77th Conference of the Agricultural Economic Society. University of Plymouth.

Holmes, T.H. and R.H. Rahe. 1967. "The Social Readjustment Rating Scale." *Journal of Psychosomatic Research* 11:213-218.

Hoyt, D.R., D. O'Donnell and K.Y. Mack. 1995. "Psychological Distress and Size of Place: The Epidemiology of Rural Economic Stress." *Rural Sociology* 60:707-720.

Hoyt, D. R., R. D. Conger, J. G. Valde and K. Weihs. 1997. "Psychological distress and help seeking in rural America." *American Journal of Community Psychology* 25:449-470.

Hsieh, H., S.C. Cheng, A. Sharma, R. Sonders and C. Thiessen. 1989. "The Relation of rural alcoholism to farm economy." *Community Mental Health Journal* 25:341-347.

Hughes, H.W. and J. Keady. 1996. "The Strategy for Action on Farmers Emotions (SAFE): Working to address the Mental health Needs of the Farming Community." *Journal of Psychiatric and Mental Health Nursing* 3:21-28.

Internet Mental Health. 2004. "Disorders." vol. 2004: www.mentalhealth.com/p20-grp.html.

Jacob, S., L. Bourke and A. E. Luloff. 1997. "Rural community stress, distress, and well-being in Pennsylvania." *Journal of Rural Studies* 13:275-288.

Johnsen, S. 2003. "Contingency Revealed: New Zealand Farmers' Experience of Agricultural Restructuring." *Sociologia Ruralis* 43:128-153.

Jones, P., K. Hawton, A. Malmberg and J.W. Jones. 1994. "Setting the Scene: the background to stress in the rural community, causes, effects and vulnerable groups." in *Rural Stress: Positive Action in Partnership*, edited by N. Read. National Agricultural Centre, Stoneleigh Park

Jones, J.W. 1997. "Tackling Rural Stress. The causes, the effects - the way forward." in *The All Wales Conference on Rural Stress*, edited by N. Read and R. Hughes. Gregynog Hall.

Kelly, S., J. Charlton and R. Jenkins. 1995. "Suicide Deaths in England and Wales, 1982 to 1992: the contribution of occupation and geography." *Population Trends* 80:16-25.

King, M. and W. Schafer. 1992. "Religiosity and stress: a community survey." *Sociological Analysis* 53:37-45.

King, E. 1999 Defining and measuring Social Exclusion. Office for Public Management Discussion Paper, London.

Lasley, Paul. 1995. "The Impacts of financial hardship on familial well-being." Pp. 127 - 142 in *Beyond the Amber Waves of Grain*, edited by K. Meyer. Boulder/SF/Oxford: Westview Press.

Lazarus, R.S. and S. Folkman. 1984. *Stress, Appraisal and Coping*. New York: Springer.

Lewis, G. and A. Sloggett. 1998. "Suicide, deprivation, and unemployment: record linkage study." *British Medical Journal* 317:1283-1286.

Lester, D, C H Cantor, and A A Leenars. 1997. "Suicide in the United Kingdom and Ireland." *European Psychiatry* 12:300-304.

Lobley, M, Shepherd D, Whitehead I, Winter H and Winter M. 2000. "CAP Reform as it Affects Land Management in the South West Forest." The Countryside Agency, Cheltenham

Lobao, L.M. and K. Meyer. 1991. "Consumption patterns, hardship, and stress among farm households." *Research in Rural Sociology and Development* 5:191-209

Lorenz, F. O., R. D. Conger, R. B. Montague and K. A. S. Wickrama. 1993. "Economic-Conditions, Spouse Support, and Psychological Distress of Rural Husbands and Wives." *Rural Sociology* 58:247-2

Jacob, S., L. Bourke and A. E. Luloff. 1997. "Rural community stress, distress, and well-being in Pennsylvania." *Journal of Rural Studies* 13:275-288.

Malcolm, H. 2000. "A Primary Mental Health-Care Model for Rural Australia: Outcomes for Doctors and the Community." *Australian Journal of Rural Health* 8:167-172.

Martineau, J. 2003. "Rural Stress Action Plan: a role for rural micro-businesses." Stoneleigh Park: Cornwall Rural Community Council.

McGregor, M. J., J Willock and I J Deary. 1995. "Farmer Stress." *Farm Management* 9:57-65.

McGregor, M. J., J Willock, B. Dent, I J Deary, A. Sutherland, G. Gibson, O. Morgan, and B. Grieve. 1996. "Links between psychological factors and farmer decision making." *Farm Management* 9:228-239.

McLaughlin, B. 1986. "The rhetoric and reality of rural deprivation." *Journal of Rural Studies* 2:291-307.

Melberg, Kjersti. 2003. "Farming, Stress and Psychological Well-being: The Case of Norwegian Farm Spouses." *Sociologia Ruralis* 43:56-76.

Meyer, K. & Lobao, L. 2003. Economic hardship, religion and mental health during the midwestern crisis. Journal of Rural Studies. Vol 10, (2); 139-155.

Midgley, J., I. Hodge and S. Monk. 2003. "Patterns and concentrations of disadvantage in England: A rural-urban perspective." *Urban Studies* 40:1427-1454.

MIND. 1998. "Love Life and See Good Days; Meeting the Challenge of Rural Stress. A Multi-Agency Conference." Beverley: Hull & East Yorkshire Mind, East Yorkshire Community Healthcare NHS Trust; Hull & Holderness Community Health NHS Trust, The Samaritans, Bishop Burton Agricultural College, KEY Churches Together and TGWU.

MIND. 1999. "Mental Health in the Countryside. Report of a conference held on 3rd February 1999 at the Commonwealth Institute, London." Mind on behalf of ruralMinds, the Institute of Rural Health and the RSIN.

Monk, A.S. and C.L. Thorogood. 1996. "Stress, Depression and isolation and their effects on the rural sector: are the younger rural population equipped to overcome these problems?" *Journal of Rural Management and Human Resources* 1:16-23.

Monk, A.S. 1997. "Stress, Depression and Isolation and their Effects in the Rural Sector: Are the Younger Rural Generation Equipped to Overcome these problems? Part II." *Journal of Rural Management and Human Resources* 1

Monk, A.S. and I.B. Robson. 1999. "The Increase of Psycho-social and Stress-related Problems in UK Agricultural Colleges: the wardens' experience." *Journal of Further and Higher Education* 23:329-337.

Monk, A.S. Undated. "Rural Isolation as a Stressor: Physical, Cultural, Social and Psychological Isolation in Rural Areas of Great Britain, Northern Ireland and Eire. Report for the Countryside Development Unit and the Rural Stress Information Network." Newport Shropshire: Harper Adams University College.

O'Brien, D.J., E.W. Hassinger, and L. Dershem. 1994. "Community attachment and depression among residents in two rural midwestern communities." *Rural Sociology* 59:255-265.

Ortega, S.T., D.R. Johnson, P.G. Beeson and B.J. Craft. 1994. "The Farm Crisis and Mental Health: A longitudinal study of the 1980s." *Rural Sociology* 59:598-619.

Palmer, S. 1989. "Occupational stress." *The Health and Safety Practitioner* 7:16-18.

Panelli, R., Little, J. and Kraack, A. (forthcoming 2004) 'A community issue': women's feelings of safety and fear in New Zealand. *Gender, Place and Community*, vol X, (3)

Pavis, S., G. Hubbard and S. Platt. 2001. "Young people in rural areas: Socially excluded or not?" *Work Employment and Society* 15:291-309.

Paykel, E. S., R. Abbott, R. Jenkins, T. S. Brugha and H. Meltzer. 2000. "Urban-rural mental health differences in Great Britain: findings from the National Morbidity Survey." *Psychological Medicine* 30:269-280.

Peak District Rural Deprivation Forum 2004. Hard Times: a research report into hill farming and farming families in the Peak District, PDRDF, Hope Valley

Pearlin, L. 1989. "The sociological study of stress." *Journal of Health and Social Behavior* 30:241-256.

Peck, D. F., S. Grant, W. McArthur and D. Godden. 2002. "Psychological impact of foot-and-mouth disease on farmers." *Journal of Mental Health* 11:523-531.

Phelps, C. 2001. "Stress in farming in North Yorkshire. WPS/01/06. Phase 1 Report." Sheffield: Health and Safety Laboratory.

Philo, C., H. Parr and N. Burns. 2003. "Rural madness: a geographical reading and critique of the rural mental health literature." *Journal of Rural Studies* 19:259-281.

Price, L.M. and N.J. Evans. (forthcoming) "Work and Worry: revealing farm women's way of life." Worcester: Centre for Rural Research, Geography Department, University College, Worcester.

Raine, G. 1999. "Causes and effects of stress on farmers: a qualitative study." *Health Education Journal* 58:259-270.

Read, N. 1995. "Rural Stress and the Clergy." Stoneleigh Park: RSIN.

Read, N. and H.W. Hughes. 1997. "Tackling Rural Stress. The causes, the effects - the way forward." in *The All Wales Conference on Rural Stress*, edited by N. Read and H. W. Hughes. Gregynog Hall: RSIN.

Reed, M., M. Lobley, M. Winter and J. Chandler. 2002. "Family Farmers on the Edge: Adaptability and Change in Farm Households." Newton Abbot: University of Plymouth, Department of Land Use and Rural Management, Seale Hayne.

Reed, M. and M, Lobley 2005. "More than picturesque". *The Rural Notebook,* Blackwells. (in press)

Shaw, S. 1997. "Sources of Stress in Upper Teesdale."

Shaw, S. 2001. "An Evaluation of the Rural Stress Action Plan." Stoneleigh Park: RSIN.

Shucksmith, M., P. Chapman, G. Clark and S. Black. 1994. "Social-Welfare in Rural Europe." *Journal of Rural Studies* 10:343-356.

Shucksmith, M. and P. Chapman. 1998. "Rural development and social exclusion." *Sociologia Ruralis* 38:225-242.

Shucksmith, M. 2000. Exclusive Countryside? Social inclusion and regeneration in rural areas. Joseph Rowntree Trust, York.

Singleton, N., R. Bumpstead, M. O'Brien, A. Lee and H. Meltzer. 2000. "Psychiatric morbidity among adults living in private households, 2000." London: The Stationery Office.

Slee, P. 1988. "Crisis on the Farm: A Telephone Survey of Rural Stress." *Australian Social Work* 41:9-13.

Social Exclusion Unit (2001) Preventing Social Exclusion. SEU, London

Stang, D. 2004. "Calming Down." vol. 2004: http://mednews.healthology.com.

Sutherland, V.J. and C.L. Cooper. 1990. *Understanding Stress: a Psychological Perspective for Health Professionals*. London: Chapman Hall.

Sutherland, R. and R. Paxton. 2000. "Coping with Stress in Farming in West Northumberland: Improving Responses." West Northumberland Primary Care Group.

The American Institute of Stress. 2001. "What is stress?" vol. 2004: www.reutershealth.com/wellconnected/doc31.html.

The American Institute of Stress. 2004. "Mementos." vol. 2004: www.stress.org/Mementos.html.

Thomas, H. V., G. Lewis, D. R. Thomas, R. L. Salmon, R. M. Chalmers, T. J. Coleman, S. M. Kench, P. Morgan-Capner, D. Meadows, M. Sillis and P. Softley. 2003. "Mental health of British farmers." *Occupational and Environmental Medicine* 60:181-185.

Voss, S. L. 1996. "The church as an agent in rural mental health." *Journal of Psychology and Theology* 24:114-123.

Whitley, E, D Gunnell, D Dorling, and G Davey Smith. 1999. "Ecological study of social fragmentation, poverty, and suicide." *British Medical Journal* 319:1034-7.

Wijnberg, M. H. and K. M. Reding. 1999. "Reclaiming a stress focus: The hassles of rural, poor single mothers." *Families in Society-the Journal of Contemporary Human Services* 80:506-515.

Winter, D M and L Rushbrook. 2003. "Literature Review of the English Rural Economy." Centre for Rural Research, Exeter.

Zigmond, A.S. and R.P. Snaith. 1983. "The Hospital Anxiety and Depression Scale." *Acta Psychiatrica Scandinavica* 67:361-370.

Appendix 1: Rural stress and mental health researchers and networks

Name	Institution
Katy Bennett & colleagues	Centre for Rural Economy, University of Newcastle upon Tyne
Ian Deary (appears to be no longer active in stress research)	School of Philopophy, Psychology & Language Sciences, University of Edingburgh
Jenny Deaville, Sandra Boulanger & colleagues	Institute of Rural Health, Powys
Alain Gregiore	Rural Mental Health Research, University of Southampton,
Keith Hawton	Centre for Suicide Research, University of Oxford
Keith Lloyd	Mental Health Research Group, Peninsula Medical School, Universities of Exeter & Plymouth
Alison Monk	Harper Adams
Maggie Mort, Cathy Bailey, Ian Convery, Josephine Baxter & Justin Wood	Institute for Health Research, University of Lancaster
David Peck	Department of Nursing & Midwifery University of Stirling
Ceri Phelps	HSE
Chris Philo & colleagues	Department of Geography and Geomatics, University of Glasgow
Linda Price & Nick Evans	Centre for Rural Research, University College Worcester

Networks

Rural Health Forum - a UK wide partnership, working to promote the health and well-being of rural communities: http://www.ruralhealthforum.org.uk Website also includes good range of links.

Rural Community Gateway – information and services gateway for rural communities in Scotland. Members receive regular updates, access to 100s of links and discussion forums including a funding forum and a health & caring forum.

HSE Stress Solutions discussion group – designed to share ideas, experiences & questions with interested organisations and individuals: http://webcommunities.hse.gov.uk/ui/inovem.ti/group/stress_solutions/grouphome

Scottish Council for Voluntary Organisations Research Network – "an umbrella bringing together information on researchers, research networks and existing research into the voluntary sector from around Scotland. This has also been designed to tie in with the other UK nations, whose councils of voluntary organisations are implementing similar gateways": http://www.scvo.org.uk/research_network/default.htm

Appendix 2: Rural stress and mental health: evidence from non-UK research

Introduction

The main emphasis of the review undertaken in the main report was on UK based research and literature. However, there is a large body of relevant literature from the USA in particular as well as New Zealand, Australia and elsewhere in Europe. This appendix presents a selective review of some of the key non-UK stress research. Clearly, geographical specificity, social, cultural and economic differences means it is not possible to directly translate the North American experience for example, to the UK. There are however, some similarities and some more generic findings that are worthy of inclusion particularly in the light of limited UK stress research. The non-UK research is dominated by research from the USA (largely stimulated by the 'farm crisis' of the 1980s) and this is considered first followed by research from elsewhere.

The 1980s Farm Income 'Crisis' in the USA

As a prelude to reviewing some of the key research findings contained in the American literature it is useful to briefly review what is widely referred to as the farm crisis of the 1980s. The restructuring of the USA agriculture sector had, as in the UK, been underway since the end of the Second World War, the number of farms reducing by two thirds from 1940 to 1990 and the farm population declining from nearly a quarter of all Americans to just 2% (Lobao and Lasley 1995). This situation, however dramatic in scale, was relatively stable in its effects, and was associated with a sense of inevitability in the general population. However, this changed in the late 1970s after a period of relative prosperity caused by worldwide demand for US farm products and low-cost credit. Restricted credit in response to the rising inflation rate together with rising interest rates (18.9% in 1981) made the cost of borrowing prohibitive for all, but was especially severe for farmers (Dudley 2000). Worst hit were the family run commercial farms which were more exposed to financial changes due to high debt ratios. Ironically, the most vulnerable were those that had invested heavily in the 1970s, were medium sized, profit-oriented and run by younger, well-educated producers without hired labour (Belyea and Lobao 1990).

The scale and rapid progress of the crisis was surprising to both the federal government and observers, and resulted in a plethora of literature from a number of perspectives:

> [The farm crisis] remains important to rural sociologists and to the larger community of scholars. Like the Great Depression, the farm crisis can be characterized as an instance of radical social change, one of those rare moments from which sociologists gain insight into the relationship between macro social change and individual well-being (Lorenz, Elder et al. 2000)p51.

Early studies of the farm crisis concentrated on farm operators, followed by studies which compared rural farm and non-farm couples, rural and urban populations and rural communities. Most of the quantitative studies concentrated on the psychological mechanisms linking objective economic conditions to psychological well-being. From a socio-psychological perspective, a key reference for this period is the 1995 Lasley *et al* book about how the crisis shaped the lives and enterprises of farm people in the grain-producing heartland of the Midwest. The study of more than 7000 farm men and women in the 12 North Central states, the region hardest hit by the crisis, differed from many others produced during that period by being widely generalisable, including women, and dealing with a broad array of issues from objective financial well-being to subjective perceptions about the quality of personal and community life and the coping responses employed in the face of economic hardship. The research spawned a series of papers by Lasley, Lobao, Meyer and various collaborators that form the core of the sociological literature reviewed.

Stressor literature

A key response to the crisis in the Midwest was the development of the Farm Stress Survey (FSS) (Eberhardt and Pooyan 1990), in which 362 farmers were used to develop and test a psychometrically sound measure of farm stress. It used 28 items designed to measure five dimensions of stress: economics, geographic isolation, time pressure, climatic conditions and hazardous working conditions. Six reliable, interpretable factors from this process were used to predict life satisfaction, emotional strain and illness frequency, finding that personal finances and time pressure were the most significant

predictors of the criterion variables. This influential study formed the basis of subsequent surveys including the McGregor, Deary *et al* work in the UK.

Coping and adaptation

The literature revealed a number of issues regarding coping and adaptation that could usefully be related to the UK situation:

- Farm women score significantly higher on the stress scale than men (Heppner, Cook et al. 1991; Lobao and Meyer 1991)
- Women's adaptive strategies centre round consumption , making sacrifices in terms of spending, the household budget etc as opposed to men who worry more about the stigma attached to their perceived failure – see below (Lobao and Meyer 1991)
- Farming men react differently to stressors than women, reflecting a more pervasive and ambiguous sense of personal failure linked to their traditional need for achievement (Heppner, Cook et al. 1991). The stigma of the farm crisis in terms of personal failure was alleviated to a certain extent by the knowledge that others had suffered the same fate (Swisher, Elder et al. 1998)
- Farming men are more vulnerable and exposed to stressors than other rural men because their way of life is guided by a different set of values. They are more vulnerable to financial and job-related events and family conflict than non-farmers (Swisher, Elder et al. 1998)
- The stress process causes depression and this is mediated by 'economic hardship' and personal control in a causal sequence (Armstrong and Schulman 1990; Belyea and Lobao 1990; Lobao and Meyer 1991)
- "Stress appears to result more from behavioural attempts to cope with and perceptions about one's situation than from the actual situation itself" (Lobao and Meyer 1991)
- Adaptation reduced the levels of familial well-being during the crisis, particularly in operatives with high debt-asset ratios (Lasley 1995)
- According to recent studies the preferred mechanism for coping with stress in farm families is reframing. This involves identifying the positive function of the

problem in order to normalize a problematic issue. This changes the perception of the stressor event to redefine the situation in a less destructive and more useful way (Wilson, Marotz-Baden et al. 1991)

- Religious affiliation did not buffer stress but reduced the chance of depression resulting (Meyer and Lobao 2003)
- One study found that alcohol was not used as a maladaptive coping mechanism during the farm crisis, and that farm suicides were lowest in 1981, remaining quite stable since (Hsieh, Cheng et al. 1989).

Stress Outcomes

Building on the work of Armstrong (Armstrong and Schulman 1990), Lorenz (Lorenz, Conger et al. 1993) used data from the Iowa Youth and Families Project to produce a key paper that showed adaptation to economic hardship is the point at which family members suffer symptoms of depression. Following up this research with a study of farming and non-farm families after the crisis, they found that there is little support for the argument that low levels of family income at the beginning of the crisis initiated high, sustained levels of stressful life events, or for the assertion that initially high levels of stressful life events sent couples on a trajectory of high, persistent depressive symptoms. Rather:

> the effects seem to be short-lived: people who experienced 'bad' years, as witnessed by a short-term accumulation of stressful events, apparently were affected only in the year in which the events took place. As the stressors receded, emotional health seems to have returned (ibid, p69).

Hoyt *et al* (Hoyt, O'Donnell et al. 1995; Hoyt, Conger et al. 1997) look beyond the impact of the farm crisis on the farming families, and relate the long-term effects of the crisis to various types of rural settlement. After the farm crisis, the worst affected areas have moved from economic crisis to a condition of chronic stagnation - America's rural ghetto – and poverty is now approaching inner city levels. While a lot of the rural stress literature in the past decade has focused on the farm crisis and farmers, psychological stress is associated with regional economic conditions as well as to personal hardship. The hypothesis of this study is that people living in small towns and villages will have greater increases in depressive symptoms over time than those living in cities or rural areas. The study examines the potential long-range mental health impacts of economic

and demographic trends accelerated by the farm crisis of the 1980s in the north central US. Research focusing on the farm economic crisis demonstrated the association between economic hardship and psychological distress, but this was shown to be temporary, and levels returned to normal when economic conditions improved. This did not necessarily apply to rural villages, where levels remained higher than average. Regional structure and culture were adversely affected by the farm crisis in two ways: direct economic impacts resulting in out migration and decline; decline in local support resources as a result of these demographic changes. This in turn led to feelings of social isolation and hopelessness amongst the community resulting in increased levels of depression. These impacts were not obvious in larger centres and at the farm level. Results showed that persons living in rural communities had significantly higher levels of depressive symptoms than farm and small town residents, the effects being concentrated among those with low levels of social support. There was no evidence from the survey that urban places can be assumed to generate higher stress levels. The results suggest that rural communities may be influenced by community-level effects of the local social and economic conditions, and there is speculation that this may be concentrated on the erosion of communal identity and a decreasing sense of collective concern.

Rural stress

Research involving stress in non-farm populations is represented in this review by two papers, one looking at rural community stress, distress and well-being in Pennsylvania (Jacob, Bourke et al. 1997), and the other examining community attachment and depression among residents in two rural Midwestern communities (O'Brien, Hassinger et al. 1994). Jacob *et al* conclude that stress is associated with difficulties in coping with daily life whether in urban or rural settings, although levels are lower in regions exhibiting more evidence of an interactional community. In regions with poor economies, specific groups are more likely to experience stress *e.g.* women, younger people, primary wage-earners, and people with health problems. Well-being did not significantly vary across communities although there are differences in social welfare, education, poverty and welfare participation between urban and rural residents. All the communities appear to be subject to much the same external forces. With stress identified as a common problem in rural areas, the lack of service provision could be seen as a major issue. The interactional community concept is the focus of O'Brien *et al's* research, which

hypothesises that a weak sense of community attachment will be associated with higher levels of symptoms of depression among rural residents, suggesting that stress research should focus on the way in which individuals are integrated into the local community and the effect this has on their mental health and well-being.

Urban/rural comparisons

Ortega *et al* (1994) employed a representative state-wide sample of Nebraskans, including residents of different types of rural and urban communities interviewed in 1981, 1986 and 1989. The findings suggest that social factors and life events are part of the aetiology of mental disorder, with the rate of depression among farmers appearing to be directly tied to changes in the farm economy, and the prevalence of psychological symptoms among rural populations being associated with economic changes. Individual economic prospects account for some of the variation between communities in levels of psychological symptoms, but not all. Furthermore, they suggest that service providers should respond to economic crisis with both individual and community level mental health prevention and intervention programmes. Untreated, depression is likely to seriously limit the ability of individuals to benefit from programmes designed to provide new economic opportunities. The latter are important as mental health responds to upturns in the rural economy. A finding of note is that the effects in the seven community type categories chosen do not follow a strict continuum from more to less rural and there is much research to do in detecting differences in the social organisation and culture of different types of communities, and in the mediating aspects of rural and urban *culture* and lifestyles.

Amato and Zuo (Amato and Zuo 1992) are concerned about the link between poverty and psychological well-being:

> The poor are more likely than others to be exposed to stressful life events, such as unemployment, crime victimization, and illness; they also live with chronic strains such as economic hardship, job dissatisfaction, and frustrated aspirations. Besides being stressful in their own right, these experiences are likely to lower people's self-esteem and diminish their sense of control over life (ibid, p229).

The poor also lack the resources to maintain extended social networks, receive lower support from immediate family members, and suffer from poor quality marital relations,

increased risk of divorce and general dissatisfaction with family life. This all contributes to a lower level of psychological well-being.

The study found that the urban poor report a higher level of health than the rural poor and that rural poverty is more problematic than urban poverty for individual well-being. Urban/rural differences in happiness and depression are not significant. The major finding of this study is that implications of rural versus urban poverty for psychological well-being depend on the race and family status of the individual. Thus poor African-Americans are happier and less depressed in rural areas, whereas poor whites are happier and less depressed in urban areas (the ghetto effect for blacks in contrast to greater dispersal for whites). In terms of family status, rural single men exhibit a particularly low level of well-being whereas urban married women with no children exhibit a particularly high level. This may be because rural social networks tend to be kinship based to a greater degree than urban ones. Rural men without wives who usually take on the kinkeeping role are more likely to be socially isolated. They may also be seen as more deviant in a more 'family oriented' rural society.

This study, and the paper by Blank *et al* (Blank, Eisenberg et al. 1996) highlight the major differences between the UK and USA experiences of 'rural'. Whereas in the UK, poverty in rural areas tends to be dispersed and hidden, in the USA it is much more commonplace, and, outside the farming/ranching sector, ubiquitous:

> Rural residents are more likely to be without a regular source of health care, and less likely to seek care for illnesses than their urban counterparts. They are less likely to see a physician, and those without medicaid or private insurance are the least likely to do so. Despite the assertion that the gap between rural and urban access to medical care is narrowing, patterns of utilization, mortality and morbidity still reflect great disparity. Ability to pay for care is an obvious key concern for individuals needing health care. With a higher poverty rate in rural areas, fewer rural individuals are able to purchase insurance. This problem is compounded by agricultural and small business employers who are less likely to provide insurance in rural areas. Medicaid coverage is also less extensive in rural areas. Among the poor, more persons without insurance and without medicaid coverage live in rural areas (ibid, p428).

Religion as social support

King and Schafer's (King and Schafer 1992) random, digit dialling telephone survey of 502 adults in a nonmetropolitan northern Californian community was used to examine the association of religiosity and perceived stress. Findings suggested that individual religiosity may serve to ameliorate the effects of life's frustrations and difficulties by providing personal meaning and broader perspective and by invoking social and inner resources in the face of stressful events. This is supported by three arenas of social psychological theory: attribution theory, social learning, and social support. In terms of the latter, religion should, by providing a meaningful social network, mitigate stress for the religious person. There is thus considerable theory suggesting that those who are involved with institutional religion might receive both social support and a framework for viewing stressful events in a way that provides meaning and leaves them feeling empowered in the face of stressful events. However, this is not backed up by much research. The study focuses on people's perception of stress rather than on the harmful effects of stress or the ways that people cope with it, the results showing an almost negligible general association between religious experience and stress. The conclusion is that attendance at church does not provide the social support needed to strengthen psychological functioning.

Identifying the specific mental health needs of rural America, Voss (1996) suggests that poverty and the stress associated with that is the major issue. Financial pressure (*e.g.* the farm crisis) has a long term effect on farmer/wife depression, and rural economic problems are having an effect on adolescents. Alcohol and spouse abuse are problems in some rural areas, and counselling needs are often unmet. The church as central to the rural communities can help to meet these needs. However, rural Americans are self-sufficient and do not seek help because of their rural values. Apart from 'moral' problems, many people seek help from the clergy - less than 20% go to professional mental health workers. Mental health centres do not work in rural areas as they do in urban areas because of the sparse population, poor people, transport, weather etc. This is counteracted by local mental health professionals travelling to towns and villages to provide services, and engaging local people where professionals are in short supply. It is suggested that paraprofessionals from within the community, trained in preventative and educational approaches, would get better results than indigenous 'therapists'. The church can help,

but there are problems sometimes with the secular community of professionals. The author appears to recommend the appointment of Christian counsellors by alliances of churches, or for a therapist to establish a referral network, but this is not the paraprofessional strategy noted above. He also recommends the promotion of mental health education and enrichment activities through ministries to avoid the stigma associated with mental health issues, and the creation of support groups for specific issues. He also supports the notion of using paraprofessionals in the church to implement a more applicable and indigenous mental health programme. Quoting D'Augelli (1982, p221) … "Paraprofessionals in rural communities are potentially capable of accomplishing what their urban counterparts may not, namely, a central role in prevention and enrichment of community life versus rehabilitation of the 'mentally ill'" (ibid, p121).

Research beyond the USA

The stressors identified by Gray and Lawrence (1996) and Doyle (2000) in their research on farming stress in Australia are listed below:

- Chronic pressures experienced by farmers: commodity prices, seasonal conditions, government regulations or policies, time pressures, financial difficulties and overwork (these are the most difficult in chronological order) (Doyle 2000)
- The top stressful life event was found to be 'living with tight money', while death, injury, and divorce followed (ibid)
- Overall, the correlations for stress levels showed that work pressures, living with tight money, work responsibilities v. own needs topped the list of stressors while isolation was last, all mediated by mastery and social support (ibid)
- 63% of farmers were found to be 'very much stressed', while 53% were 'fairly stressed' and 106% were 'a little stressed'. The results of the study suggest that counselling designed to assist farmers with relationship problems and deal with low mastery could provide social and economic benefits to a large number of farmers (ibid)
- Financial condition, perception of what is at stake, the combination of on-farm and off-farm obligations and the general frustrations of farm life are found to predict stress among both men and women (Gray and Lawrence 1996)

- Gender relations and attachment to farm life emerge as stronger predictors for women, while youth is a stronger predictor for men (ibid)
- Attempts to develop and preserve the family farm may be creating stressful situations which threaten the family relations upon which the farming system is based (ibid).

Gray and Lawrence (ibid) highlight 2 issues from the few published Australian studies of farm stress:

1. There is an association between economic conditions and stress levels, but the latter decline as conditions improve
2. Stress is related to the particular nature of economic life in non-metropolitan regions of Australia

Their own study drew a purposive sample of 245 people on 106 farms from four (farming) industries, finding that 'general frustrations' which can occur at any time on a farm are the factors most strongly correlated with stress:

Aspects of identity, gender relations and values intervene to make the relationship between farm financial decline and stress complex. Financial condition alone is not a sufficient predictor of stress, as many factors related to social relations on the farm have also been found, in this study and others, to be significant predictors. Those factors include perceptions of what is at stake and the many problems which can arise on a farm regardless of the economic climate. They also include aspects of social relations within the farm family as the growing economic pressures force farmers to take on new family and farm related tasks (ibid, p184).

The authors point out that a focus for future research should be gender, identity and individual expectation amid the structural forces bringing change to farm families:

> Social and welfare workers and rural counsellors should be made aware that the taking of off-farm work as well as the increased self-exploitation of family members in farm work, will bring greater stress and, potentially through family tensions, the destruction of personal relationships and the break-up of the farms which families are striving to nurture and preserve (ibid, p186)

There are clear parallels here with research from the UK and the USA

The Doyle report (2000) also identified some coping mechanisms, support networks and internal resources of farmers:

- Personal support in the form of someone to talk to or someone to help on the farm if illness struck was available to over 2/3rds of farmers, while financial assistance would be available to less than 1/3rd
- Social support came largely from family, friends and neighbours, while doctors and church would help about 1/5th of farmers
- In terms of personal resources, the study treats 'mastery' as a mediating factor rather than as an indicator of stress (like Pearlin et al '81). 67% of farmers disagreed or strongly disagreed that they felt helpless in dealing with the problems in life, and 89% agreed or strongly agreed that being their own boss was one of the major reasons for enjoying farming
- In terms of coping, nearly all the respondents would analyse the problem first to try to understand it, and then some would make a plan of action and follow it (problem-focused coping). Nearly one third would use prayer and faith in God as a coping mechanism, and over one third would accept what could not be changed (emotion-focused coping). Nearly half the sample said they would never seek professional help, only 4% saying they would seek help often.

Because of Australia's vast rural areas, there is interest amongst the literature reviewed in rural and remote places. Some of the points made in this literature have relevance for research in the UK's more remote areas. Harvey (Harvey 2000) describes how The Australian Psychological Society has established an Interest Group in Rural and Remote Psychology, the aims of which are to foster research into psychological issues concerning rural and remote communities and to provide a support network for psychologists working in rural and remote areas. Contact details regarding activities and membership are outlined. The intentions of this group are not to promote a special 'rural psychology', but rather to meet two general aims: to clarify which special aspects of rural and remote

area life health professional need to understand and to provide training and professional network systems to provide support for colleagues working in distant locations.

Fuller et al (Fuller, Edwards et al. 2000) seek to understand how definition of mental health problems can influence help seeking in rural and remote communities. The Australian Mental Health Strategy identifies mental disorders as:

> those that affect a person's cognitive, emotional or social abilities and attract a diagnosis of psychiatric illness. Mental health problems also affect these abilities, but not to the extent that they warrant a formal illness diagnosis (ibid, p148).

Fuller et al argue that there is a significant reservoir of untreated mental disorders nationally, the rural component of which warrants special attention. The study uses 2 characteristics of rural and remote areas that suggest the mental health experience there may be different from that in urban areas: the physical nature of the environment; and the self-reliant and stoical nature of rural and remote cultures.

Mental health problems were found to be far more prevalent than classifiable psychiatric disorders, and people were happy to discuss them as problems of everyday living rather than as illness. They ranged from mild to severe distress and from moderate to quite disabling disruption of life. People's perception of mental health was of severe mental illness requiring detention; they equated it with insanity, except where it involved themselves. They always referred to their own problems as something other than mental health problems. For this reason mental health problems were stigmatised and associated with fear. People see mental health as being one step from the asylum. Rural and remote communities have developed a culture of self-reliance in which people meet their own needs. The difference in response to perceptions of mental health between rural and urban dwellers is likely to be due to the stoic nature of rural people. This often constrains help-seeking. Here, again, there are strong parallels with the UK experience of rural cultures:

> If we accept a definition of culture that includes the historical and contemporary traditions of social interaction that we need as we negotiate social life, then the nature of rural and remote communities must be seen as a key cultural element in its own right. That is to say, the social and cultural context related to what our informants define as mental health problems and what people do in times of need, is something that has to be understood when

> mental health interventions are developed for rural and remote communities (ibid, p152).

Resiliency is the focus for Gerrard et al's (2004) study of how rural people in Saskatchewan respond to stressful events and adversity without outside interventions. "Resiliency is the capacity of individuals to not only survive adversity but also thrive in the face of it, thereby enhancing their health" (ibid, p59). Stress is considered to be one stimulus for resiliency, which has been perceived as a set of traits or attributes that a person has or lacks (e.g. self-esteem, internal locus of control, self confidence, the ability to learn from experience, courage etc). Usually applied at an individual level, resiliency has only recently been examined at the collective, or neighbourhood, level, which has the effect of contextualizing the concept. The essence of resiliency was captured by a respondent … "what doesn't kill you makes you stronger" (ibid, p61). It is the ability to 'bounce back' from adversity; coping is defined as 'getting by' and is a skill necessary for resiliency but not sufficient in itself. Barriers to resiliency were defined as internal and external, and included:

- internal - growing older, lack of communication, fear (of the unknown and of failing), emotional, geographical and intellectual isolation, lack of knowledge, and the perception of self;

- external – lack of privacy (in terms of community support v. fear of perceived failure), communication (leading to community problems), resistance (to participation in community life by some), and stigma.

Broader categories of barriers to resiliency are equivalent to the chronic stressors identified in other parts of the literature:

- depopulation and the subsequent loss of a way of life,
- fragmentation of work and living,
- off-farm working for women,
- financial difficulties,
- the farming 'way of life'

- lack of support and care resources. Overall resiliency is adversely affected by the perception of a lack of control. The authors conclude that resiliency is both reactive and proactive:

The goal in resiliency was to go beyond where one was before to be stronger, more capable, and prepared to deal with the next adversity. Resiliency was also defined as dynamic, relational, and temporal. It is both a process and a product, changeable over time, and involves preparing for and responding to adversity at the individual, family, community, and state levels (ibid, p65).

Melberg (Melberg 2003) examines the relationships among farm-related stress, social support and psychological health in Norwegian farm spouses. The paper is based on research confirming the positive relation between social support and mental health. Melberg states that there are few studies examining stress and social support in farmers, which is what she sets out to do in this paper. She observes that present-day circumstances are contributing to a generally lower quality of life and well-being, central to which are various work-related stressors particular to farm family life. The article suggests that these influences affect farmers' general well-being, although in different ways for men and women. In spite of structural changes Norwegian farmers hold a unique position as a long-standing and essential part of national identity and rural vitality … "Contemporary farm spouses live on the borderline between tradition and modernity, experiencing the conflicting demands and expectations of rural and urban life" (ibid, p57). She identifies the changes that have occurred in Norwegian farming, which are similar to those experienced elsewhere in Northern Europe and which revolve round the disconnection of agricultural production from family life.

This paper offers seven hypotheses based on the 'couple' as the main economic unit in Norwegian farming and is based on a theoretical model illustrating the relationships between farm stress, social support and psychological well-being. The main argument is that farmers' and farm spouses' well-being is being negatively influenced by stress domains assumed unique to farm families e.g. economic hardship, heavy work load, off-farm work and severe working conditions. These are moderated by different kinds of social support and social activities. Psychological well-being is assumed to be influenced both directly and indirectly by age, education, social support and stress.

The study supports the view that stress is a constant feature of contemporary farming, but it reveals that farmers have been particularly able to adapt to, handle and resist work-related stress. Husbands and wives experienced similarities in psychological stress, possibly because of their close work/life relationship. The most salient stress factor was financial. In conclusion the general assumptions about the relationship between stress, social support and well-being cannot be directly extended to explain Norwegian farmers' reaction to stress, and having a partner is not an obvious moderator of experienced stress in farming. Secondary social support is of little importance to farmers. Norwegian farmers can thus be seen as particularly resistant to distress.

Johnsen (2003) examines the legacy of the NZ agricultural restructuring of the 1980s from the perspective of the immense social and psychological impacts rather than from an economic perspective (which has been the focus of much NZ-restructuring research). Johnsen argues that government discourses had underplayed the severity of the 'pain' associated with the 'crisis', inferring incompetence on the part of farmers who were badly hit. In reality, stress and physical ill-health was the result for many farmers well into the 1990s. The study uses an actor and context sensitive conceptual approach, based on Gray's notion of consubstantiality, where actors, enterprise and household are constrained both by property (place) and context. Interview data emphasises the variability of the impacts at the farm level and the unequal ability of farm families to respond to their new circumstances. Some adopted short-term survival strategies while others had to continue with such modifications as permanent features of their new farm structure. Women seemed to cope better than men during the downturn, appearing to be more resilient and adaptable to change. The paper concludes that outcomes were complex and contingent on the interface between farm unit, individual actor and the broader context. Farm level experiences were mediated by enterprise indebtedness, household division of labour and lifecycle stage, and the size and quality of the farm property. In addition, the personal attributes of individual actors, especially their gender, knowledge and experience, values and attitudes and goals for the farm were mediating factors, as were relationships with the farm property and embeddedness within networks of actor relations. Furthermore, contextual change affected farm level experiences and responses, altering actors' 'room for manoeuvre'. While the paper is more concerned with the agency of actors and their propensity to act in certain ways, this also has application for stress studies in so far as events affect different people in different ways, depending on their personal

circumstances, and the mediating factors identified by Johnsen could just as easily have been stress factors.

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