



# FARM STRESS AND MENTAL HEALTH

< a fact sheet for agricultural advocates >

**IOWA STATE  
UNIVERSITY**  
Extension and Outreach



**IOWA DEPARTMENT OF  
AGRICULTURE &  
LAND STEWARDSHIP**



## When farm problems become family problems

Many Iowa farmers and their families are struggling as they deal with long-term financial stress, weather disasters and concerns, and the continuing pandemic. Research shows that suicide rates are higher among agricultural producers than most other occupations. Compared to the general population, agricultural producers also are more likely to face common mental health conditions, such as depression and anxiety.

Farm problems soon can become family problems. Farmwomen are more likely than men to experience stress as they balance taking care of the family with on- and off-farm jobs. Farm children also experience uncertainty and stress, even if their parents are unwilling to talk to them about the family's financial situation. A 2020 Harris Poll study commissioned by the National 4-H Council found that 55% of teens say they have experienced anxiety, 45% have experienced excessive stress, and 43% have experienced depression.

Despite this great need, research shows that farmers and their families face barriers to seeking mental health care, including cost and access, waiting time for appointments, and lack of available, culturally and linguistically appropriate information. In addition, 92 of Iowa's 99 counties face a shortage of mental health professionals.

## How you can help

Some farmers and family members would benefit from professional behavioral health services. However, additional options are available for improving mental health on the farm, in the family, and in your community – and you can help. As an agricultural advocate you can

- participate in stress assistance and suicide prevention education so you can better respond to crises,
- share resources to increase mental health literacy in your community, and
- direct individuals to crisis hotlines.

By educating yourself and providing information to others, you can increase the capacity of farmers, families, and your community to respond early to mental health or substance use issues, or even to prevent them from occurring.

Iowa State University Extension and Outreach and the Iowa Department of Agriculture and Land Stewardship offer farm stress resources to help you focus on mental health literacy, stress assistance, suicide prevention, and family wellbeing for your agricultural community.

# 2

## REFER TO HELP

### Be familiar with available resources

If an emergency/crisis, refer to:

- **National Suicide Prevention Lifeline: 800-273-8255**  
[suicidepreventionlifeline.org](https://suicidepreventionlifeline.org)  
24/7, free, and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.

If not an emergency or immediate crisis, refer to:

- **Iowa Concern Hotline: 800-447-1985**  
[extension.iastate.edu/iowaconcern](https://extension.iastate.edu/iowaconcern)  
Free and confidential services to help Iowans, available all hours, all days. Call, chat, or email a trained staff member with questions related to legal education, finances, stress, and crisis/disaster resources.
- **Your Life Iowa: 855-581-8111 or Text: 855-895-8398**  
[yourlifeiowa.org/finder](https://yourlifeiowa.org/finder)  
Iowans can chat live, text, or call for reliable information and treatment options, and locate state recognized community mental health center and substance use treatment centers.

# 1

## EDUCATE YOURSELF

**Sign up** for a class to learn what to look for and how to respond to mental health or substance use issues.

- **Mental Health First Aid**  
[extension.iastate.edu/humansciences/MHFA](https://extension.iastate.edu/humansciences/MHFA)
- **Question. Persuade. Refer**  
[extension.iastate.edu/humansciences/QPR](https://extension.iastate.edu/humansciences/QPR)

These classes, led by Iowa State University Extension and Outreach, will help you know what to say and do in situations of high stress and crisis. Check the class webpage for more information and registration details.

**Learn more** about mental health literacy, stress assistance, and suicide prevention specific to the ag community in this fact sheet.

# 3

## SHARE RESOURCES

Increase mental health literacy in your community, and direct individuals to crisis hotlines using the resource sheet for farm families.







## **Understanding Mental Health and Farm Stress**

**Mental health awareness is achieved with an understanding of how to obtain and maintain positive mental health. People with limited mental health awareness may be unable to recognize signs of distress in themselves or others, which can prevent them from seeking support.**

### **Unique Aspects of Farm Stress**

Farm stress is the stress experienced by farmers and their families as a result of the unique agricultural work environment. Farm stress can be experienced by the farmer/producer, agricultural workers, and/or farm families.

### **Signs and Symptoms of Mental Health Concerns**

- Changes in routines or social activities
- Decline in the care of domestic animals
- Increase in illness or other chronic conditions
- Increase in farm accidents
- Decline in appearance of the farmstead
- Signs of stress in children including struggles with school
- Decreased interest in activities or events

Source: Substance Abuse and Mental Health Services Administration (SAMHSA)

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## Death by Suicide in Agricultural Communities

Suicide is a leading cause of death in the United States. The effects of suicide go beyond the person who died. Suicide can have a lasting effect on family, friends, and communities.

### Warning Signs

- Talking about suicide and history of suicide of family member or friend
- Changes in sleep and/or eating patterns
- Stopped taking medication as prescribed or is hoarding medication
- Increased use of drugs or alcohol
- Preoccupation with death
- Giving away possessions
- Obtaining firearms
- Withdrawing from family, friends, and routines that were pleasurable
- Talking about being a burden to others
- Feeling trapped – like there is no way out
- Talking about being in unbearable pain

Source: Substance Abuse and Mental Health Services Administration (SAMHSA)

### Resources

- **National Suicide Prevention Lifeline: 800-273-8255**
- **Farm Aid Hotline: 800-327-6243 (FARM-AID)**
- **Crisis Text Line: Text HOME to 741741**
- **National Alliance on Mental Illness (NAMI): 800-950-6264 or email [info@nami.org](mailto:info@nami.org)**



## FAST FACTS

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**Almost 90%** of people who die by suicide have an underlying, and potentially treatable, mental health condition.

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The most recent death by suicide rate for men in the category of farmers, ranchers, and other managers was **32.2 deaths by suicide for every 100,000 working aged adults** compared to only 17.3 deaths by suicide for all occupations.

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**Suicide is related to brain functions** that affect decision-making and behavioral control, making it difficult for people to find positive solutions.

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**Limiting a person's access to methods of death by suicide** dramatically decreases suicide rates in communities.



## Co-Occurring Disorders: Depression and Alcohol Use

Alcohol use disorder (AUD) and depression often occur in tandem. Learn how to recognize these two conditions.

**Depression:** Depression is one of the most common mental health disorders in the U.S. It can happen at any age. Depression is diagnosed when a depressed mood or a loss of interest or pleasure in daily activities occurs for more than two weeks. The mood represents a change from the person's baseline.

**Alcohol Use Disorder (AUD):** Problem drinking that becomes severe is diagnosed as an AUD. Depression and anxiety are two of the most common mental health conditions associated with AUD.

### Signs and Symptoms

#### Depression\*

- Depressed mood or irritability most of the day nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful)
- Decreased interest or pleasure in most activities, most of the day
- Significant weight change or change in appetite
- Change in sleep (insomnia or hypersomnia)
- Fatigue or loss of energy
- Expresses thoughts of death or making a suicide plan

\* *Not everyone who is depressed experiences every symptom.*

#### Alcohol Use Disorder

- Drinking more or longer than intended
- A desire to cut down or stop drinking but cannot
- Spending a lot of time drinking
- Drinking often interferes with taking care of home or family or causes problems with a job

Risky alcohol use is drinking more than the single day or weekly amounts identified as low-risk drinking.

Harmful alcohol use is drinking more than the single day or weekly amounts identified and having negative effects from drinking such as accidents, not being able to stop drinking, or not doing usual activities (work, family, school) because of drinking.

#### Resources

- SAMHSA National Helpline, 800-662-4357
- Rural Prevention and Treatment of Substance Use Disorders Toolkit: [ruralhealthinfo.org/toolkits/substance-abuse](http://ruralhealthinfo.org/toolkits/substance-abuse)
- Alcohol Addiction Hotline (American Addiction Centers), 855-831-2384
- Alcohol Patient Education: [sbirt.care/education.aspx](http://sbirt.care/education.aspx)

Source: Substance Abuse and Mental Health Services Administration (SAMHSA)

### Low-Risk Drinking Limits

To stay low risk, keep within **BOTH** the single-day **AND** weekly limits.

	MEN	WOMEN
On any single DAY	No more than <b>4</b>  drinks on any day	No more than <b>3</b>  drinks on any day
Per WEEK	No more than <b>14</b>  drinks on any Week	No more than <b>7</b>  drinks on any week

# After Suicide: Supporting Farm Families

## Immediate Actions

- Access immediate support from a colleague or friend. Learning of the suicide death of a person you have worked with or know well often produces feelings of shock, sadness, and disbelief. Seeking immediate social contact to discuss or debrief can help put this death in perspective and may assist in the grieving process.
- Take time off as needed. This allows time to engage in self-care strategies.
- Understand and respect confidentiality. Many families would like to keep information about the cause of death private.
- Contact or leave messages letting surviving family members know you are thinking about them and are there for them. Also, ask if they need anything, such as easy-to-heat frozen meals, or would like some additional resources.
- Even if they say they do not need anything, let them know that you can contact them to check-in and will continue to be available if needed. Individuals can be impacted by suicide in many ways, and it is important to help connect family members to supportive resources to help them cope.
- Send messages of support via text if you are comfortable texting.

## Commemorate the Deceased

- Participate in the funeral service or visitation.
- Show restraint. Do not memorialize in dramatic or glorified fashion.
- If you were close to the person and unable to attend the visitation or funeral service, visit the gravesite to pay respects.
- Potentially help the surviving family members establish a memorial place and/or a symbol to help honor the person who died. For example, setting up a designated place in the home (e.g., yard, patio, converted bedroom) can assist with the grief process.

## Self-Care Strategies

- Participate in physical activity.
- Meditate, practice mindfulness, or engage in spiritual reading or prayer.
- Eat healthy, balanced meals.
- Avoid alcohol or drugs.
- Prioritize time for sleep and social activities.
- Volunteer for an organization or cause that is important to you.

## Share a Message of Hope

- Provide a strong and clear message that mental health issues are treatable and suicide is preventable. Consider adding that exact phrase in your communications.
- Include the National Suicide Prevention Lifeline, 800-273-8255, and the Iowa Concern Hotline, 800-447-1985, in your communications.

## Prepare for Anniversary or Milestone Reactions

For many, the death anniversary might bring up sad or traumatic memories. This is a good time to honor the loss or celebrate the life that was lived. This may be done privately or in an organized manner, such as at a holiday event, reminding people of the “empty chair.”

## Focus on Prevention

Get trained in Mental Health First Aid or Question. Persuade. Refer. These low-cost trainings are available to communities across Iowa.

## Resources

- **Grief and Bereavement - Iowa Funeral Directors Association, [iafda.org/general/custom.asp?page=grief](http://iafda.org/general/custom.asp?page=grief)**
- **Uniting for Suicide Postvention, [mirecc.va.gov/visn19/postvention](http://mirecc.va.gov/visn19/postvention)**
- **Coping with Suicide Loss, [mirecc.va.gov/visn19/postvention/docs/Together\\_We\\_Can\\_Coping\\_With\\_a\\_Suicide\\_Loss\\_CLEARED\\_508\\_12-19-19.pdf](http://mirecc.va.gov/visn19/postvention/docs/Together_We_Can_Coping_With_a_Suicide_Loss_CLEARED_508_12-19-19.pdf)**
- **A Manager's Guide to Suicide Postvention in the Workplace: 10 Action Steps for Dealing with the Aftermath of Suicide, [idph.iowa.gov/Portals/1/Files/SubstanceAbuse/managers\\_postvention.pdf](http://idph.iowa.gov/Portals/1/Files/SubstanceAbuse/managers_postvention.pdf)**

**C**hoose to engage.

**O**ffer support, listen, and respectfully ask, "Are you thinking about killing yourself?"

**R**efer person to helplines, lifelines, or local resources.

**N**ever leave the person alone or without a plan, and **never leave the person without hope.**

# HOW TO HELP SOMEONE IN CRISIS

**C:** Care for others by choosing to engage a person in distress or who may be suicidal.

**O:** Offer support by listening and respectfully asking the tough question, "Are you thinking about killing yourself?"

**R:** Refer person to emergency assistance, helplines, or local resources as needed.

**N:** Never leave the person alone or without a plan, and never leave the person without hope.

**Keep the CORN card in your wallet or purse to remind yourself how to refer a person to help.**

## References

- Juhnke, G. A., & Granello, P. F. (2005). Shattered dreams of professional competence: The impact of client suicides on mental health practitioners and how to prepare for it. In T. Duffey (Ed.), *Creative interventions in grief and loss therapy: When the music stops, a dream dies* (pp. 205-223). New York, NY: Routledge
- Baile, W. F., Buckman, R., Lenzi, R., Glober, G., Beale, E. A., & Kudelka, A. P. (2000). SPIKES - A six-step protocol for delivering bad news: Application to the patient with cancer. *The Oncologist*, 5(4), 302-311.
- Uniting for Suicide Postvention (n.d.). Reminders for suicide postvention during national emergencies. VHA Office of Mental Health and Suicide Prevention, Rocky Mountain Mental Illness Research, Education and Clinical Center (MIRECC). Retrieved from [mirecc.va.gov/vish19/postvention/docs/USPV\\_Resource\\_Cleared.pdf](https://mirecc.va.gov/vish19/postvention/docs/USPV_Resource_Cleared.pdf)
- Fairfax County, VA (2020). Suicide postvention toolkit: Resources to help organizations support their communities after a loss. Retrieved from [fairfaxcounty.gov/neighborhood-community-services/sites/neighborhood-community-services/files/assets/documents/prevention/partners%20in%20prevention/suicide%20postvention%20toolkit%20-%20209-20.pdf](https://fairfaxcounty.gov/neighborhood-community-services/sites/neighborhood-community-services/files/assets/documents/prevention/partners%20in%20prevention/suicide%20postvention%20toolkit%20-%20209-20.pdf)
- Carson J Spencer Foundation, Crisis Care Network, National Action Alliance for Suicide Prevention and American Association of Suicidology (2013). A manager's guide to suicide postvention in the workplace: 10 action steps for dealing with the aftermath of suicide. Denver, CO: Carson J Spencer Foundation. Retrieved from [idph.iowa.gov/Portals/1/Files/SubstanceAbuse/managers\\_postvention.pdf](https://idph.iowa.gov/Portals/1/Files/SubstanceAbuse/managers_postvention.pdf)

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